

Health and Care Report to the Executive of the Joint Forum of Community Councils in West Lothian September 2021

My Last Report.

Since the day my wife died in May 2019, 30,000 feet up in an aeroplane over Cumbria, I have been trying to lessen my involvement with a range of groups and organisations and that process is coming towards an end. I recently stood down from being the WL Senior People's Forum nominee on West Lothian Council's Health & Care Policy Development & Scrutiny Panel and on the Voluntary Organisations PDSP.

Last year I stood down as Chairman of Craigshill Community Council and I have not put my name forward for the current WL Community Council elections. Accordingly I will stop being a member of the Executive of the Joint Forum. I remain a member of a few groups but now only have minimal involvement with one West Lothian group and one national body. I can cope with that.

I had thought about continuing with my reports even after coming off the Joint Forum but realised that they were becoming a chore rather than a pleasure, so **I am calling a halt to my general comprehensive reports. This is the last.** I have had some nice conversations with people who wish me to keep in touch and health and care is a massive important subject, so it may be that I issue an occasional bulletin, perhaps to fewer people, if I see a big subject coming up. I'll just have to see how things progress.

Analogue to Digital Telecare Transition.

Telecare has been provided in West Lothian since 1999 promoting independence at home and offering individuals reassurance of being able to summon help if needed. The Home Safety Service currently provides telecare equipment in over 3700 homes. The emergency alerts are transmitted to Careline via the service user's analogue telephone line, which by 2025 will no longer be supported by telecom providers.

In addition to the service user's personal pendant, to press in the event of requiring assistance, a range of additional sensors can be provided depending on need. These can detect issues such as fire, carbon monoxide, falls, periods of non-movement, exiting the property during the night or if a service user does not return to bed or has a seizure.

My late wife Carol was linked in to the service for a number of years. I can recall two instances of my wife falling while I was out, one of which resulted in an ambulance being needed. The "customer service" we received was first rate, particularly when my wife went out forgetting to tell them and I would get a call on my mobile to ask if she was OK as no movement detected in the house!

The transition to digital has 3 elements: the upgrade to the Alarm Receiving Platform (scheduled to become operational last month), the hubs within people's homes and the devices staff use to instal, maintain and program the alarm hubs. Capital funds of £850,000 have been allocated for the transition to digital.

Senior Health Appointments.

Professor Alison Strath has been confirmed as the Scottish Government's Chief Pharmaceutical Officer. She has been working within the Scottish Government since 2002, is a Fellow of the Royal Pharmaceutical Society and is an Emeritus Professor at Robert Gordon University.

Professors Graham Ellis and Nicola Steedman have been appointed Deputy Chief Medical Officers. Professor Ellis has been with the Scottish Government since 2019, recently as Senior Medical Officer for Ageing and Health. He is a member of the SAGE Social Care Working Group. Professor Steedman is an Honorary Consultant Physician in Sexual Health and HIV at the Western General Hospital in Edinburgh.

Future Pandemic Expert Group.

An expert group of leading scientists and medical specialists, set up to advise the Scottish Government on preparing for the threat of future pandemics, met for the first time on 19 August. The Standing Committee on Pandemics will be tasked with ensuring that the country is as prepared as possible for any future risks from novel pathogens.

The committee will provide expert advice across a range of areas including public health, epidemiology, virology, behavioural sciences, global health, zoonotics (*yes I had to look that up!*) and statistical modelling.

Professor Linda Bauld of Edinburgh University chaired the meeting in an interim capacity while a permanent Chair is sought. The existing COVID-19 advisory group will continue to sit and advise on the current pandemic. The new committee will focus on preparedness for other future emerging threats.

Valneva Livingston.

Valneva Scotland is taking on 200 new staff as the expansion of its Livingston vaccine site continues. Skilled manufacturing roles are currently being recruited, particularly at supervisor/ shift leader level.

A brand new state of the art manufacturing facility is nearing completion, developing the only inactivated, adjuvanted, whole virus vaccine against COVID-19 in clinical trials in Europe. *An adjuvant is a substance, or combination of substances, which increases the efficacy of something else.*

While the recruitment campaign is focussed on manufacturing, vacancies also include quality control and assurance, engineering, supply chain and support functions.

West Lothian Mental Health and Suicide Prevention Group update.

In August, Public Health Scotland and National Records Scotland released the Probable Suicides statistics for reporting year 2020. In Scotland there were 805 deaths, a decrease of 3% on the previous year. In West Lothian there were 23 deaths, the same number as the previous year. 6 were female, 17 were male. West Lothian has the 11th lowest suicide rate of the 32 local authority areas and is below the national average. Nationally, men aged 35-44 are highest risk. Age breakdown in local authority areas is not available.

Due to COVID-19 restrictions it has not been possible to deliver any group training and Scottish Mental Health First Aid has been temporarily unavailable as the licence does not cover online delivery. Public Health Scotland have not publicly said whether they will continue to fund this resource and there is only one trainer in West Lothian for the 2-day programme, and 10 for the Young Peoples programme with the majority being based in education.

6 trainers have now been identified for the NUCO Mental Health for First Aid programme, an internationally recognised qualification, enabling an SVQ level 3 qualification. This is a good alternative as it can be delivered in a shorter time and done online.

Since the new reporting system for probable deaths came into force in 2010 one third of those who complete suicide have been involved with a mental health service within the 12 months prior to the event. Some of the recent developments locally are as follows:

- Access to self-management resources and a mental health and wellbeing directory through Westspace.
- Development of the new third sector mental health network, hosted by the West Lothian Social Enterprise Network.
- 10 Mental Health Nurses embedded in, and covering all 22 GP practices.
- Expansion of the Acute Care and Support Team at SJH.
- Expansion of the pilot project with Police Scotland to triage people to the correct mental health support in a more timely and effective manner.
- Development of Unscheduled Care Pathway for those in Distress, working with NHS 24.

- Ongoing funding discussions to establish an associate Distress Brief Intervention programme.
- Youth navigators at SJH.

When the Community Planning Partnership Board met on 30 August, with this item on the agenda, they were told:

“There are no resources available to support this work. We recommend CPP partners discuss what they can contribute in terms of staff time to support either the development or delivery of training in mental health and suicide prevention. We would also ask for a commitment to look at taking part in a campaign to reduce stigma and to engage in opportunities to promote staff wellbeing and manage stress.” Suicide continues to be three times as likely to occur among those living in the most deprived areas of Scotland than in the least deprived areas, therefore work to reduce inequalities is key.

West Lothian COVID-19 Dataset.

- Claimant count has decreased slightly to 4.7% and remains at a lower rate than both Scotland and the UK. Figures still suggest that the furlough scheme continues to insulate the labour market.
- Youth unemployment remains slightly higher than the Scottish average.
- There is uncertainty about the impact on the economy of the potential withdrawal of furlough and Self Employment Income Support. At the end of June, 5% of the West Lothian workforce were furloughed compared to 6% of the Scottish workforce.
- There is concern about the proposed withdrawal of increased Universal Credit payments on the most vulnerable citizens in West Lothian.
- The majority of West Lothian residents claims for COVID self-isolation support grants continue to be rejected, although the number of grant requests received is increasing.
- Scottish Welfare Fund made payments to 10,696 West Lothian people in 2020/21, up from 6,635 in 2019/20. The numbers continue to increase.

- From May 2020 to the end of June 2021, the West Lothian Food Network has provided a total of 1,706,460 meals through its 38 community provider groups. The “nature” of the need relating to food has changed. During lockdown the need arose as people could not access food, however now over 80% of those accessing the food network are financially at risk on low income, unemployed and eligible for free school meals. The Food Network has recently experienced challenges in obtaining food, particularly fresh produce. This is a reflection of what is happening across the whole of the system with distribution challenges across the country.
- Council housing rent continues a high collection rate at 98%. Council Tax collection has increased in the first 4 months of the year compared to the same months in 2020/21 and is also tracking higher than the same months in 2019/20.
- Since September last year the DWP has made a positive improvement in the way it pays Universal Credit to landlords. Money is now received faster as a constant daily stream instead of block payments. This is smoother with lower intra month peaks and troughs, and less customers are triggering the responsive arrears process.

Scottish Government Review of Adult Social Care.

The proposals are now much more extensive than what was proposed by Feeley. The National Care service is to include Children and Young People’s services, all social work services and appropriate elements of Mental Health services. Further views are to be sought on whether Community Justice and Alcohol & Drug services are to be within the NCS. IJBs are to be revamped into Community Health and Social Care Boards (CHSCBs), to be the delivery arms of the NCS and responsible directly to Ministers.

Attached is a consultation document on the subject. Over a hundred pages and 86 questions! Responses are to be in by 02 November.

[A National Care Service for Scotland: consultation - gov.scot \(www.gov.scot\)](https://www.gov.scot/consultations/national-care-service-for-scotland)

I met, at her request, with Fiona Hyslop MSP, face to face at her constituency office, on 30 August to discuss this subject. The meeting was cordial but not productive. I took the opportunity by the way to raise the subject of St. Michael's with her.

Anyway back to social care. She made it clear from the outset that she is no longer a Minister, is not on any committee dealing with the matter, and is just a backbencher.

She said that Jeane Freeman, the former Cabinet Secretary, accepted all 53 of the Feeley recommendations. It is going ahead.

When I spoke to her about workforce problems (see NHS Recovery Plan, below) she said these issues can be resolved through better pay and conditions, careers and training. I told her she sounded like Boris Johnson talking about lorry driver shortages.

She said there will be more money for social care. I said that was good news but she didn't need to reform social care structures to provide that.

Regarding the possibility of there being Super-IJBs she claimed the provision was merely to give Ministers the powers to create them, not necessarily to actually do that!

In discussion with Donald Stavert I have undertaken to revise our submission to incorporate the extra proposals. I will do that. I just haven't had time so far and am about to go on holiday. I will be back by 4 October giving plenty time to respond. I am personally not minded to answer the questions they are asking in their "consultation", rather just to put across the points we want to make. Once I have redrafted, I will put round as before, but, once agreed, it will need to be one of the office-bearers to submit the document, rather than me this time.

Cabinet Secretary Priorities.

The Cabinet Secretary for Health and Social Care has written to the Chair of the Parliament's Health, Social Care and Sport Committee outlining his priorities for this session of parliament, excerpts as follows:

Ongoing Response to the Pandemic – this is the most immediate priority, ensuring vaccination programme is delivered effectively and at pace, booster programme, using local and national public health resource to build and adapt testing, surveillance and public health measures, Long Covid.

Recovery and remobilisation of NHS – NHS Recovery Plan (*see below*), completion of the new National Treatment Centre by 2025/26 a key priority, 1500 additional frontline staff for these Centres, National Cancer Plan, 4-hour Emergency Access Target.

Mental Health Services – plan sets out over 100 actions to address and respond to the mental health effects of COVID-19, CAMHS improvement, clearing waiting lists, Children and Young People Summer programme, 1,000 additional staff to improve advice, assessment and treatment.

Social Care sustainability and establishment of National Care Service – bringing forward legislation to establish an NCS within the first year of the parliament, legislation to support the intent of Anne's Law (ensuring care home residents have contact with their loved ones), improving local implementation of the Carers Act.

Tackling drugs death emergency – a further priority is to support the National Mission to reduce drug deaths and harms, implement the Medically Assisted Treatment standards, widen treatment options, including long-acting buprenorphine treatment, increasing capacity and improving access to residential rehabilitation. Key to the success of this work is fully understanding the environment and circumstances which lead to drug use.

Women' Health – implement the Women's Health Plan, support for those affected by mesh complications, Continuity of Carer for all pregnant women, carer support for vulnerable women, healthcare services for victims of sexual offences.

Health Inequalities – focussed on improving population health in relation to smoking, diet, healthy weight and alcohol, tackling the social determinants of ill health, expanding access to weight management services, halving child obesity by 2030.

Innovation and Investment - £10 billion to be invested in our NHS estate over the next decade, potential in the work to develop digital services.

In addition to all the points set out above, the Cabinet Secretary expects a Common Framework on Public Health Protection and Health Security, Blood Safety and Quality, and Organs, Tissues and Cells Safety and Quality will come to the Committee for scrutiny next year!

To deliver these priorities and reforms, officials have undertaken work on an overarching strategy to give both connectivity and coherence to the approach.

The strategy comprises four strategic reform programmes – Place and Wellbeing; Integrated Unscheduled Care; Preventative and Proactive Care; and Integrated Planned Care. The Cabinet Secretary will be happy to set out more on these programmes in due course.

My main wellbeing issue is difficulty getting off to sleep at night. It may be that a solution for me lies in these documents!

Epilepsy Scotland.

As a former national Chairman I still take an interest in how Epilepsy Scotland is getting on. On Saturday 4 September I went through to the HQ in Govan Road, Glasgow for the AGM. It is at least 3, possibly 4, years since I last entered the building, 11 years since I stood down from the Board and 13 since I was Chairman.

It was a lesson for me in how things change over time. I knew the Chief Executive but none of the other staff. I knew the Chair but none of the other Board members. Even the Auditor was new to me. After the formal AGM there was to be the launch of a new Well-being Garden.

The official opening was to be by the local MSP, Nicola Sturgeon, but I left for my train back to Livingston before she arrived.

NHS Recovery Plan.

I include this subject because it has been high profile, but normally I wouldn't because it is really a statement of intent, rather than a plan of action. Much of its content is contained within the item above on Priorities. *My concerns were best expressed recently by Gillian Bowditch in the Sunday Times. Two of her points as follows:*

- *Another 800 GPs are to be recruited, where from is not clear. A national workforce strategy will be published by the end of the year.*
- *The recovery plan concedes that "gaps in the workforce will limit our ability to deliver this plan" which is another way of saying the plan is undeliverable.*

Procurement West Lothian.

The current provider of support for children affected by parental substance abuse is **Circle Scotland**, whose contract ends on 31 March 2022 with no further extension available. In 2020/21, 43 of the target 45 families were supported. There were good outcomes in the following 5 areas:

- Families living conditions are considered to be a safe environment.
- Parents/carers are able to recognise and meet their child's physical and emotional needs.
- Parents have increased control and involvement over their recovery journey.
- Families are more nurturing.
- Parents and children are involved in activities together and in the community.

Circle Scotland receive match funding of £26.773 from the CORRA Foundation towards an additional staff member. Also, along with Change Grow Lives Recovery Service, they have secured 50% funding for 3 years from September 2021-24 towards a full-time Fathers Support Worker post. Additionally, collectively with the West Lothian Drug and Alcohol Partnership, they have submitted a note of interest for match funding through the National Drugs Mission Fund.

There is uncertainty on how the Scottish Government will roll out the Whole Family Approach National Strategy and associated funding at this time. It would be inappropriate to tender without full knowledge of the strategic landscape and associated funding. Council officers are recommending a direct award of a contract to Circle Scotland for a period of 3 years from April 2022 to March 2025, with an estimated total value of £383,544.

Population Health.

The NHS Boards Chairs' Group on Improving Population Health held its inaugural meeting in May with two subsequent meetings. The group has been developed on the back of discussions between a number of Chairs who are keen to explore what more can be done by NHS Boards to improve population health outcomes and reduce inequalities.

The Group is now working to develop a set of recommendations on how to embed population health improvement in the setting of strategic direction and governance of all NHS Scotland Boards. The Group will complete the initial work around recommendations by the end of November next year!

Child Disability Payment update.

Scotland's Child Disability Payment will open for new applications across the country from 22 November 2021.

Those already receiving Disability Living Allowance for children do not need to make a new application as they will be automatically transferred.

This will happen in a phased approach from mid-October. The aim is to have the transfer process completed by Spring 2023. The cases of those aged 16 or over will be transferred first, with all other clients aged up to 15 being transferred from spring 2022.

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