

# **Agenda Item 7**

## **Overview: Local Oversight Arrangements**



## Falkirk IJB Clinical and Care Governance Committee

24 March 2022

### Overview: Local Oversight Arrangements

#### For Consideration and Comment

## 1. Executive Summary

- 1.1 The purpose of this report is to provide an overview of local oversight arrangements that are relevant to the Falkirk Health and Social Care Partnership (HSCP).

## 2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 consider and comment on the contents of this report.

## 3. Background

- 3.1 The report presents to Committee a summary of local oversight arrangements that operate at a Forth Valley and Falkirk level. It is intended to provide assurance to the Committee members of these arrangements, as relevant to the scope of the HSCP.

## 4. Falkirk Public Protection Chief Officers Meeting

- 4.1 The Public Protection Chief Officers Group (COG) has a statutory duty to protect people and communities by providing effective oversight, leadership and governance of public protection arrangements within the Local Authority area. COGs are collectively accountable for public protection and have, as a minimum, Chief Officer representation from the Local Authority (Chief Executive of the Council); Police Scotland (usually the Area Commander); NHS (Chief Executive or designated Chief Officer); Health and Social Care Partnership (Chief Officer); and the Chief Social Work Officer for the Council.
- 4.2 Chief Officers are responsible for ensuring that constituent agencies, individually and collectively, agree and disseminate a clear vision, shared values and aims to promote work to protect children, young people, vulnerable adults, the wider community and reduce reoffending as effectively as possible. Chief Officers are expected to demonstrate effective collaborative working to discharge their responsibilities and consistently promote effective joint working within and across services.

- 4.3 The most recent meeting of COG took place on 16 December 2022.
- 4.4 The Adult Protection Lead Officer gave a presentation about the Escalating Concerns Protocol. The purpose of the Protocol is to ensure a joint response when adults in need frequently come to the attention of services, but where existing legislation or procedures may not apply to that person. It encourages partner agencies to proactively share information and, when certain thresholds have been reached, consider arranging an Initial Referral Discussion (IRD) to jointly assess risks and decide if risk management plans are required.
- 4.5 Data summary reports were scrutinised in relation to adult and child protection performance. Scottish Government, in collaboration with the Improvement Service, continues to collect data from Local Authorities, but the frequency of submission has moved to four-weekly.
- 4.6 Chief Officers received a report providing a detailed overview of the Child Protection Register.
- 4.7 A paper was presented providing single agency updates about the recruitment and retention position in relation to public protection in Falkirk. Partners are experiencing volatility across their workforce and charting numbers of vacancies and losing experience. Work to mitigate risks is taking place on a single agency and partnership basis, and there is a focus on the issues and actions being taken within both the Child Protection Committee and Adult Protection Committee. All partners agreed this is a challenging and ongoing issue, and this is an area of business under constant review; updates will be provided to COG.
- 4.8 Update reports were received on:
- Prevent
  - Community Safety
  - Care Assurance
  - Falkirk Alcohol and Drug Partnership
  - Child Protection Committee
  - Adult Protection Committee
  - MAPPA
  - Community Justice.

## **5. HSCP Clinical and Care Governance Management Group**

- 5.1 The establishment of the Falkirk HSCP Clinical and Care Governance (CCG) Management Group has strengthened reporting and oversight of governance. In line with good governance arrangements, the Senior Leadership Team (SLT) will now take an opportunity to review the process to ensure it continues to meet the needs of the services it delivers and provides assurance to the Clinical and Care Governance Committee.
- 5.2 The CCG Management Group meeting in February 2023 took the opportunity to incorporate a session of systems learning from NHS Forth Valley's Acute Hospital Delivery of Care Inspection report from Healthcare Improvement Scotland (HIS) in December 2022. The 20 recommendations from the report were shared with the managers from services, each service was asked to locally lead a mapping exercise to identify any learning that could be related to their service. This will then report into local service level governance arrangements and be reflected in reports commissioned for the CCG meeting group in early April 2023. This will evidence a systems wide approach to learning and good governance.
- 5.3 Additionally, an opportunity was taken to share 5 recommendations from Bo'ness Community Hospital Mental Welfare Commission report published in November 2022. Again, managers were asked to locally consider all recommendations as an opportunity to learn in a systematic way to improve and enhance the services we provide. The CCG Management Group were asked to follow the guidance set around the process relating to the HIS inspection described above.
- 5.4 The learning from incidents operational group has developed as a subgroup of the CCG Management Group. A second event has been planned for March 2023 with commitment from acute services and both partnerships. This is to follow on from the first event which identified key learning points relating to incidents identified at discharge. This session has Quality Improvement support from NHS FV and Scottish Government and should lead to collaborative solutions and changes required to improve patient outcomes and experience when discharged from hospital.

## **6. NHS FV Clinical Governance Arrangements**

- 6.1 **NHS FV Clinical Governance Committee (CGC)**  
NHS Forth Valley is accountable for the quality of care delivered by its staff and received by its patients. It receives assurance that the Clinical Governance processes are working as intended through the activities of the Clinical Governance Committee.
- 6.2 **NHS FV Clinical Governance Committee (CGC)**  
The Clinical Governance Committee meets quarterly and follows a structured agenda and forward planner to ensure the delivery of effective Clinical Governance.

- 6.3 The Clinical Governance Committee met in November 2022 and received and considered information and documents under the relevant agenda headings which were adapted from the Vincent Framework.
- 6.4 Table 1 details the reports, updates and presentations and discussions given under each heading, which gives assurance of safe, effective, person-centred care.

Table 1: CGC Agenda and Updates received

CGC Agenda Item	CGC Reports and Updates received
In Our Services: Is Care Safe Today? (for assurance)	The Executive Nurse Director provided the CGC with an update on the HIS inspections from both May and October 2022.
Was Care Safe in the Past? (for assurance)	The agenda items under this heading are reports and presentations which are standard items on the CGC agenda. These reports contain key safety metrics and narrative which provides assurance of overall safety in our services. The reports presented at this meeting were: <ul style="list-style-type: none"> <li>▪ Safety and Assurance report July – August 2022</li> <li>▪ Healthcare Acquired Infection Report Template (HAIRT) Quarterly Report 2022</li> <li>▪ Standards and Reviews Report July - August 2022</li> </ul>
Will Care be Safe in the Future? (for assurance)	<ul style="list-style-type: none"> <li>▪ Risk Management Update Quarter 2</li> </ul>
Is Our Care Person-Centered? (for assurance)	<ul style="list-style-type: none"> <li>▪ Person Centered, Complaints and Feedback Report July 2022</li> </ul>
Are We Learning and Improving? (for assurance)	<ul style="list-style-type: none"> <li>▪ The Significant Adverse Event Reviews (SAER) Report November 2022</li> </ul>
Are Our Systems Reliable? (for assurance)	<ul style="list-style-type: none"> <li>▪ The Head of Clinical Governance provided the CGC with a 6-month update on the Patient Safety Conversation Visit Programme</li> </ul>
Further Assurance	<ul style="list-style-type: none"> <li>▪ Code of Corporate Governance</li> <li>▪ Medical Education Appraisal Annual Report was presented by the Director of Medical Education</li> </ul>

## 6.5 Clinical Governance Working Group

The Clinical Governance Working Group (CGWG) is a whole system governance group chaired by the Medical Director, with senior colleagues from Medicine, Nursing, Public Health and Infection Control alongside Service Leaders. It is responsible for providing assurance that all NHS Forth Valley services have a focus on quality and safety.

6.6 Since the previous report, the Clinical Governance Working Group meeting took place in December 2022 and January 2023. The meeting followed the same agenda headings as NHS FV CGC. Table 2 details the reports and updates:

Table 2: CGWG Agenda and Updates received

CGWG Agenda Item	CGWG Reports / Updates
In Our Services: Is Care Safe Today? <i>(for discussion and scrutiny)</i>	The Medical Director and Executive Nurse Director updated the CGWG on the HIS Inspection and Escalation Plan
Was Care Safe in the Past? <i>(for discussion and scrutiny)</i>	<p>The agenda items under this heading are reports and presentations which are standard items on the CGWG agenda. These reports contain key safety metrics and narrative which provides assurance of overall safety in our services. The reports presented at this meeting were:</p> <p><b>December</b></p> <ul style="list-style-type: none"> <li>▪ Safety and Assurance Report including Directorate Assurance Statements September – October 2022</li> <li>▪ HAIRT Quarterly Report July-September 2022</li> <li>▪ Standards and Reviews Report September – October 2022</li> <li>▪ Medications and Practice – Hepma/Trakcare Interface</li> </ul> <p><b>January</b></p> <ul style="list-style-type: none"> <li>▪ Safety and Assurance Report including Directorate Assurance Statements November-December 2022</li> <li>▪ Healthcare Associated Infection Report December 2022</li> <li>▪ Standards and Reviews Report November – December 2022</li> </ul>
Is Our Care Person-Centred? <i>(for discussion and scrutiny)</i>	<p><b>December</b></p> <ul style="list-style-type: none"> <li>▪ Person Centered, Complaints and Feedback Performance Report September 2022</li> <li>▪ Person Centered, Complaints and Feedback Performance Annual Report 2022</li> </ul> <p><b>January</b></p> <ul style="list-style-type: none"> <li>▪ Person Centered, Complaints and Feedback Performance Report November 2022</li> </ul>

CGWG Agenda Item	CGWG Reports / Updates
Are We Learning and Improving? (for discussion and scrutiny)	<b>December</b> Significant Adverse Event Reviews (SAER) Update November 2022 Quality Strategy SPSP Visit Update Safety Culture Event Update <b>January</b> Significant Adverse Event Reviews (SAER) Update January 2022 Learning Summary SAER00040
Are Our Systems Reliable? (for discussion and scrutiny)	<b>December</b> Risk Review January Risk Review
Further Assurance	<b>December</b> Scottish Trauma Audit Group (STAG) – Deferred <b>January</b> SNAP Proposal for CG Reporting 2023/24 Locked Door Policy Organ and Tissue Donation Policy Adults with Incapacity Guidance

## 7. Care Home Assurance

- 7.1 The Committee has received regular updates on Care Home Assurance work. Since May 2020, the Falkirk and Stirling & Clackmannanshire HSCPs and NHS Forth Valley have been working with care homes and care home staff to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met.
- 7.2 This section of the report provides an update on work since the last meeting of the Committee in November 2022 (with the reporting period of October – December 2022), as well as providing assurance to the Committee of these arrangements.
- 7.3 **Social Care CHART team**  
 The social care CHART team continue to work collaboratively with other clinical health teams and considers the following priorities and deliverables to ensure a robust, comprehensive, and efficient response to supporting care homes, residents, and staff. The team will be established on a permanent basis, and this is continuing through the relevant processes.

#### 7.4 Care Home Reviews

For the reporting period October – December 2022, all Falkirk residents residing in a Care Home (assigned to CHART) have had a review of their outcomes. This has included residents where Falkirk Council is the welfare guardian. CHART team are continuing with 6 month and annual reviews to ensure timeous review of residents' outcomes in 2022. In addition, improvements, and further development of the assurance tool to assist when working with care homes, is ongoing.

7.5 The review information for October – December 2022 by locality is set out below:

Central	East	West	Out of Area
49 reviews outstanding	3 reviews outstanding	39 reviews outstanding	11 reviews outstanding

7.6 The context to the review figures over this period is summarised as follows:

- increased support for care homes as part of the large-scale investigation process, including a focus on audit work, risk assessment planning and moving and positioning plan support
- 30 reviews completed over 2 local Large-Scale Investigations
- ongoing enhanced monitoring of a care home recently involved in a large-scale investigation
- Early Indicators of Concern work – an increase of care management role, including supporting families and care home with complaints process and investigation
- introduction of the new Liquid Logic Social Work recording system.

7.7 The reviews are ensuring a robust review of resident views, outcomes, care needs, environment, family views, as well as assessing the impact of Covid-19 on wellbeing and meaningful activities. CHART continually review and revise assurance tools and information recorded on outcome focussed reviews to reflect:

- the Covid-19 recovery period
- the guiding principles in My Health, My Care, My Home healthcare framework for adults living in care homes published by Scottish Government in June 2022, and
- the National Care Standards.

7.8 In response to the changing situation regarding Covid-19 community transmission, monitoring calls are made on an as required basis to care homes and housing with care. During these calls, information and intelligence is gathered, scrutinised, and disseminated as appropriate. A duty rota and dedicated email address ensures a prompt response to enquiries from care homes and families.



- 7.9 Support is offered and requests for support /information are responded to as appropriate, including monitoring of TURAS safety huddle compliance by care homes and information shared within the structural supports (the Care Home Focus group, the Care Home Strategy group and the Care Home Assurance group).
- 7.10 **Care Home Assurance Group**  
The group continues to meet weekly, with a shift in emphasis from a Covid-19 pandemic response to an overarching care home assurance focus. This is building on the work to date, and in partnership with the care homes.
- 7.11 The group is considering the recommendations set out in the Scottish Government healthcare framework for adults living in care homes, "My Health, My Care, My Home." The purpose is to provide recommendations in relation to the provision and delivery of health care for adults living in a care home setting. The framework sets out several recommendations covering 8 themes.

## **8. Falkirk Adult Protection Committee (APC)**

- 8.1 APC has a range of duties linked to local activities to safeguard adults. These include reviewing adult protection practices, improving co-operation, improving skills and knowledge, providing information and advice, and promoting good communication.
- 8.2 Updates on the work of the Continuous Improvement subgroup, Communication and Engagement subgroup and Escalating Concerns subgroup is set out below.
- 8.3 **Continuous Improvement Subgroup**  
The Continuous Improvement Subgroup has responsibility for:
- development and implementation of inter-agency quality assurance mechanisms linked to Adult Support and Protection (ASP) Key Processes
  - producing, presenting, and analysing our ASP data – thereafter planning identified improvement work.
- 8.4 The subgroup has been working on continuous improvement towards ASP Key processes both nationally and locally. Our ASP Key processes are outlined in appendix 1 with a short descriptor of each stage.
- 8.5 Support is being provided to build the resilience of health colleagues trained to participate in Interagency Referral Discussions (IRD). This includes being registered to use the electronic database and training on how to use this effectively. IRD training is delivered quarterly on a three-party basis as standard on the Falkirk ASP training calendar. There has been good uptake of this from health practitioners since eIRD implementation as the roll out of

this new shared platform has reached a wider group of health practitioners. This core training needs to result in subsequent eIRD registration so that timely IRD's can take place operationally involving all key partners.

- 8.6 There is good motivation from operational health staff to train and be involved in IRD. New users have been registered from community district nursing, care home assurance, and inpatient mental health, including our mental health assessment service at Forth Valley Royal Hospital.
- 8.7 **Implementation of a new ASP national minimum dataset**  
The subgroup has been supporting and engaged in the work to establish a new minimum data set in adult support and protection. The new data set has been tested with 5 learning partners (Local Authority areas) working with IRISS and was tested in 2022. Roll out to the remaining 27 Local Authority areas, including Falkirk, will commence on 1 April 2023 with a shift from annual to quarterly return over the financial year.
- 8.8 Subgroup members have been attending national briefings, working locally and liaising with our information system providers to ensure we can meet the new reporting requirements.
- 8.9 It is anticipated that the data set will develop as information being gathered is still ASP key process driven. The aim is to move to more outcome focussed data. This will be influenced by the testing phase from the roll out on 1 April.
- 8.10 **Communication and Engagement Subgroup**  
The Communication and Engagement Subgroup has responsibility for ensuring the promotion of good communication and engagement with 3 key groups, including:
- Adults at risk of harm and where applicable their carers /representatives
  - Adult Support and Protection Workforce
  - General Public.
- 8.11 This is a busy period for the subgroup with National ASP Awareness Day having taken place on 20 February. This is an important day to raise awareness of ASP nationally, locally and to celebrate the multiagency work that provides the support and protection to adults at risk.
- 8.12 The subgroup has representation on the national ASP communications group who developed materials to be used across Scotland. The awareness raising video with a focus on neglect and self-neglect can be found [here](#). This video was shared across Falkirk with a collective effort from all partner agencies to share with their staff teams and on their social media platforms.
- 8.13 The first Forth Valley Adult Support and Protection Conference was held on 21 February at Forth Valley College Falkirk Campus. Over 100 multiagency

partners came together to focus on 'harm to self'. There were inputs from health colleagues on trauma informed and responsive services and lived experience speakers from The Scottish Recovery Consortium and The Resilience Learning Partnership. In the afternoon, workshops were facilitated by Transform Forth Valley, NHS Community Alcohol and Drug Service, Social Security Scotland and colleagues working in Suicide Prevention. This event demonstrated our commitment towards developing our ASP Practice in 'harm to self' and providing trauma informed and responsive ASP interventions.

#### 8.14 Escalating Concerns Subgroup

The Escalating Concerns Subgroup is a multiagency collaborative who have responsibility to continuously improve local early and effective interventions and therefore the outcomes for adults who come to the attention of services at times of high-risk behaviours, distress, and crisis.

8.15 The subgroup is working to strengthen relationships with NHS 24. This work aligns to the remit of the subgroup given the nature of the interventions provided by NHS 24 often relate to adults in crisis and/or distress in the out of hours period.

8.16 We know through audit activity that these needs are significantly represented in the adults meeting our 2 escalation thresholds. These contacts with NHS 24 can often result in contact with Police Scotland and/or sharing of adult support and protection referrals or wellbeing referrals by NHS 24 to the Local Authority.

8.17 The subgroup has worked jointly with the NHS 24 Senior Nurse to develop a 7-minute briefing on expanding the use of the Key Information Summary to capture all important health and social care information found at Appendix 2 and this includes a link to an easy read document.

8.18 The January ASP Practitioner Forum and Care Home ASP Champion Forum was facilitated by the Learning and Development Subgroup. The Key Information Summary was shared with operational staff and generated positive discussion and commitment to taking this forward into practice.

## 9. Alcohol and Drug Partnership (ADP)

9.1 Alcohol and Drug Partnerships were established in 2009 and are responsible for strategic planning and commissioning of drug and alcohol treatment and support services and harm prevention programmes in each local authority area. Preventing problem drug and alcohol use across the whole population is the key objective of ADPs.

9.2 In 2019 a new partnership delivery framework to support the work of ADPs was published by Scottish Government to strengthen the existing partnerships between Health Boards, Local Authorities, Police and Third Sector agencies. This, along with the national strategies, Rights, Respect

and Recovery and the Alcohol Framework refresh, local strategies such as the HSCP Strategic Plan and Falkirk Plan underpin the work of Falkirk ADPs to reduce drug and alcohol related harms.

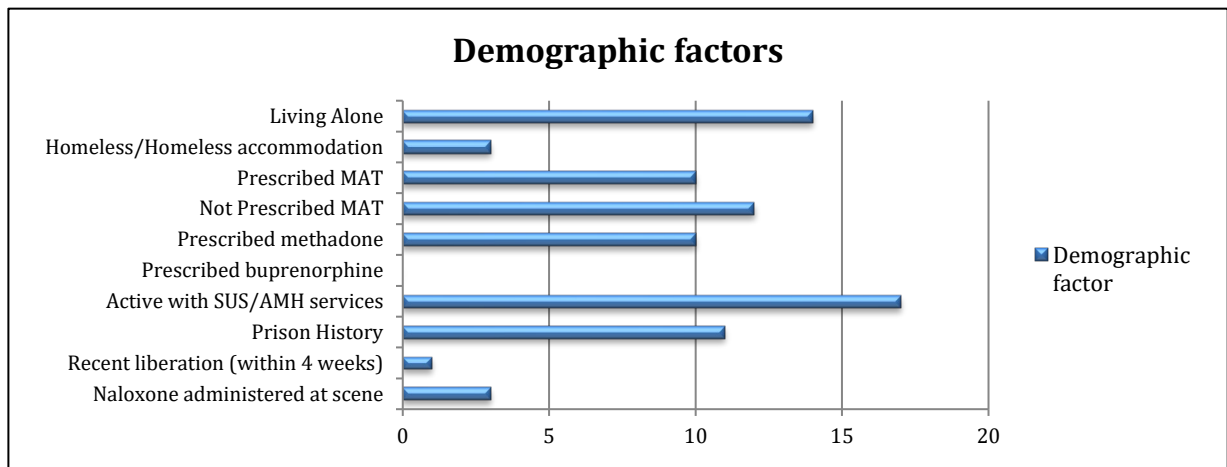
- 9.3 ADP Committee meetings have been ongoing. The ADP Chair and ADP Lead Officer proposed a structural review of the ADP to the ADP Committee in February 2023. This will ensure the operational and strategic membership are best represented and the workstreams are efficiently managed. This will include the development and integration of several subgroups to focus on specific tasks as well as a Lived Experience Panel to ensure the voice of lived experience is central to the decision-making process of the ADP.
- 9.4 The Medication Assisted Treatment (MAT) Standards work is continuing, and this is on the agenda as a separate report.
- 9.5 Substance use services are subject to the Waiting Times Local Delivery Plan Standard which requires that 90% of people wait less than 3 weeks between referral and treatment. Quarter 2 (2022/23) performance for Falkirk ADP area was recorded at 89%. We have arrangements in place across our Third Sector and statutory services to support people waiting above the 3-week threshold for substance use treatments. We will continue to monitor performance against the target and available capacity across services. A submission was made to Scottish Government from the ADP at the end of January 2023, outlining plans to address the issues of compliance with the Waiting Times Local Delivery Plan which include the upcoming commissioning exercise.
- 9.6 Falkirk ADP has begun an important piece of partnership commissioning work with Clackmannanshire & Stirling ADP to review the current model of care along with the current Forth Valley Third Sector substance use contract. This will involve a rebalancing of the system which will aim to address existing bottlenecks and systemic issues which may contribute to excessive waiting times for service users. ADP Leads are working with service managers and the ADP data analyst to map the flow of service users through the system and better understand the demands and opportunities.
- 9.7 The Near-fatal Overdose Team for Falkirk and Forth Valley is operational. This partnership work has an associated evidence base to stabilise and reduce drug-related deaths and has been cited by the Scottish Government's Drug Death Taskforce as a necessary intervention for each ADP to deliver. It has been observed that many of those who suffer a drug-related death have previously experienced at least one near fatal overdose (NFO). This project aims to engage those who experience a NFO by using an assertive outreach model to address any needs of that person and the population. There is planned recruitment to Peer Recovery Workers, led by Recovery Scotland, to augment the Near-fatal Overdose Team. Discussions are ongoing between partners to address this until the posts are filled.
- 9.8 Led by the local Drug-related Death Coordinator, work is continuing to examine recent drug-related deaths (DRD) via the DRD Monitoring Group

and ensure any learning can be captured and responded to. This surveillance work has the potential to influence commissioning decisions and can tie in with local needs assessments to ensure a thorough understanding of localised hotspots and how personal life trigger-events can impact on peoples' lives.

- 9.9 The existing residential rehab pathway, held by NHS Forth Valley, is currently under review by a multidisciplinary Residential Rehab Working Group. There has been significant focus nationally on this work with national commitments to increase referrals to rehab and the development of a national framework for commissioning providers is underway. Falkirk ADP Lead Officer is contributing to this process.

## **10. Falkirk Suicide and Drug Related Death Prevention Update**

- 10.1 There continues to be significant focus on suicide and drug death prevention at both local and national levels. This section of the report provides an update on the work currently being progressed. Over the last 18 months, significant work has been undertaken locally to enhance the drug death review process and to develop the strategic framework required to enhance local leadership oversight and planning influence.
- 10.2 **Drug Related Deaths Prevention**  
The Adverse Death Review Team record suspected drug related deaths. The team continue to work closely with Police Scotland colleagues not only in relation to receiving relevant death notifications but also in terms of understanding the data. Partners continue to explore this data through the review processes as well as other operational forums.
- 10.3 It is anticipated that suspected drug-related deaths for 2022 are lower than the previous year. These figures will be subject to review following publication of the National Records of Scotland (NRS) list later this year. The official report from NRS is expected to be published in June/July 2023 for deaths occurring in 2022 and will be reported to the ADP and CCGC when available.
- 10.4 **Drug Death Review Process**  
By the end of 2022, 101 multi agency drug related death reviews will have taken place in a twelve-month period. This includes 84% of the 2021 cases identified by National Records of Scotland (NRS) as drug related in that time period (58 cases).
- 10.5 By the end of February 2023, 113 cases will have been completed including 63% of the suspected drug deaths being considered so far for 2022.
- 10.6 Some of the key demographics identified are summarised in the table below. Please note that this is based on twenty-two cases from 2022.



- 10.7 Themes and associated actions are now being recorded through the Pentana system. An initial report has now been prepared but requires some minor technical amendments for it to accurately reflect progress to date. This is being actively pursued.
- 10.8 The team are also working with the Public Health directorate to consider further improvements to data collection and potential data links and reports.
- 10.9 **Suicide Prevention**  
Since the last update to Committee, the new national Suicide Prevention Strategy has been published. Creating Hope Together (2022 – 2032) is a joint COSLA and Scottish Government strategy.
- 10.10 Throughout the document, a whole Government and whole society approach is emphasised. This relates not only to influencing wider strategies and policies that can contribute to suicide prevention but also to deepening the focus on tackling the root causes of inequality and the complex interface between the range of biological, social and environmental factors that can increase suicide risk.
- 10.11 The strategy covers all life stages, for children and young people (under the age of 25), for adults (over 25) and older adults (over 65). As well as the life stages, the strategy commits to addressing the promotion of wellbeing (primary prevention), early intervention, intervention, postvention and recovery.
- 10.12 Creating Hope Together also highlights the interface between suicide prevention and drug death prevention with COSLA and Public Health Scotland colleagues linking closely with the national Drugs Mission. Our local approach means that we will be well placed to respond to the expectations of these strands of work.
- 10.13 In terms of local leadership, in line with public protection guidance, the expectation of the national strategy is that accountability for suicide prevention will sit with Chief Officers who will in turn connect with local Community Planning Partnerships (CPPs) to ensure that suicide prevention is considered within the widest strategic context and as a shared priority amongst partners.

10.14 **Suicide Review Process**

At this time, suicide reviews will be undertaken for individuals known to mental health or substance use services in the twelve months before death. This equated to 17 of 36 cases from 2022.

10.15 As with the DRD reviews, moving forward, the Pentana system will be used to track progress against agreed actions. In addition, the intention is to develop the model to ensure that all probable suicides can be reviewed but further consideration will need to be given to the resource and governance requirements to do so.

10.16 **Forth Valley Planning and Oversight Group**

In August and November 2022, workshops were held with members of the local Chief Officer Groups as well as colleagues with a key remit for drug death and suicide prevention including ADP representatives.

10.17 Following group exercises and discussion, agreement was reached to develop a Forth Valley vision and Prevention Plan but, importantly, to ensure flexibility within the strategic and planning framework to support focussed, locality-based work where required.

10.18 The second session further considered the required governance routes. It was agreed that a Forth Valley Suicide and Drug Death Planning and Oversight group would be established to enhance leadership oversight. A draft governance document was circulated to COG members following these sessions.

10.19 Planning is underway for the first meeting of the Oversight Group with further details to be shared as appropriate.

10.20 **Next Steps**

Momentum has been maintained with the DRD review process with plans developing around enhancing the strategic oversight of both drug death and suicide prevention. Fundamental to maintaining this progress is both partner commitment and staffing capacity within the Adverse Review team to support the process.

10.21 At the time of preparing the report, the Strategic Prevention Coordinator post is vacant, although the recruitment process has commenced. The team will be supported by the Service Manager (Substance Use Services / Service Development) until the new postholder is in place. In addition, the fixed term Reviewer post comes to an end in May 2023 and consideration is being given to the resources required to extend this post.

10.22 In addition, there has been regular input across a range of Falkirk strategic partnerships to ensure visibility of the work completed to date. This includes the Falkirk Community Planning Board, the Falkirk ADP and three sessions with Elected Members.



## 11. Conclusions

- 11.1 This report provides a summary of the relevant oversight arrangements and meetings for the CCGC.

### Resource Implications

There are no resource implications arising from this report.

### Impact on IJB Outcomes and Priorities

The meetings represented in the report will ensure oversight of key areas and provide assurance to the IJB on the delivery of services in line with the Strategic Plan.

### Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

### Legal & Risk Implications

There are no legal and risk implications arising from this report.

### Consultation

There are no consultation implications arising from this report.

### Equalities Assessment

EPIA ref: 00474

An initial EPIA has been completed and a full EPIA is not required. This paper provides an overview of local oversight for Committee to note. The Committee is not being asked to make a decision which will impact people, therefore a full EPIA is not required.

Should any reports produced by these groups require an SLT, Committee or IJB decision, an EPIA may be required in that instance.

## 12. Author Signature

Suzanne Thomson, Senior Service Manager

## 13. List of Background Papers

- 13.1 Meeting agendas as noted in the report.

## 14. Appendices

Appendix 1: Adult Support and Protection Key Processes

Appendix 2: Adult Support and Protection Key Information Summary



### Appendix 1 – Adult Support and Protection Key Processes

#### 1. Adult Support and Protection Referral

The local authority receives referrals for adults at risk of harm from a variety of adult support and protection partners. The public and adults themselves also share concerns to adult social work service which triggers the start of ASP procedures as does initiation of procedures internally within the service.

#### 2. Duty to Inquire

The ASP act places a duty to inquire on the local authority when a referral is received. Trained Council Officers inquire into all reports of harm or likely harm through review of records and inquiries with a variety of relevant partners.

#### 3. Interagency referral Discussion (IRD)

An IRD is part of the inquiry process whereby partners from social work, health and police hold structured discussions. This involves sharing information about adults at risk and alleged perpetrators of harm, risk assessment, risk analysis and reaching shared agreement about next steps. Practitioners are supported by a shared electronic IRD database which all three agencies can access, record information, update and review.

#### 4. Investigation

Council Officers in adult social work service lead on ASP investigations. They are trained in a 5-step approach to doing so. They ensure the adult has access to independent advocacy and are informed of their rights in this process. Depending on the nature of the harm sometimes investigations will be carried out by Council Officers only or depending on the nature of the investigation this can include colleagues from health and police.

#### 5. Case Conference

Following investigation where it is found that an adult is at risk on ongoing harm adult social work service will convene a multiagency case conference. This meeting also includes the adult and any representative they wish to have. The Council Officer completes a report and risk assessment for this meeting. A range of wider adult support and protection partners are invited to ensure the correct support and protection is considered for the adult.

#### 6. Protection Plan

The case conference will decide whether they feel the adult should continue to be supported under statutory measures. If agreement is reached then a protection plan is developed and implemented by a core group of professionals alongside the adult. This will be reviewed by regular convening of ongoing case conferences, usually at 3 month intervals or more frequently if assessed necessary.

## Appendix 2



### Key Information Summary

The Key Information Summary or KIS is an extension of the Emergency Care Summary and other information about a person's health and care, such as:

- health conditions and treatment for these
- where applicable a proxy's or carer's name and contact details
- Information about care and treatment preferences
- Where a person likes to be cared for

There is an accessible 'easy read' guide to explain **'My Key Information Summary'** to service users, their proxies, family, and carers. You can find it [here](#). We would encourage all adult support and protection partners to use this, make it visible in their service and share it with all service users they feel would benefit from this important anticipatory care planning.

There are also benefits to professionals and services where good quality key information summaries are in place. It promotes early and effective intervention through access to good quality information enabling the right assessment outcome and interventions. This has a positive impact multiagency collaboration and cooperation in complex care.

Key Information Summaries can be helpful to highlight:

- Long-term health conditions/Multiple medications
- Family member/carers provides care.
- Likely to require care in the out of hours period.
- Difficulty telling others about their conditions and circumstances.

### 7 Minute briefing

- Recorded and reviewed by a General Practitioner (GP).
- Consent is gained from the patient and the patient and GP agree what information can be recorded.
- Easier for NHS staff to find out about important health and social care needs.

Emergency Care summary can be viewed by NHS staff when the patient required urgent care in the out of hours period. This includes:

- A&E, Scottish Ambulance Service (SAS)
- NHS24 Staff, Out of Hours GPs
- Pharmacies

A GP, alongside other professionals may decide that it is necessary to record an emergency care summary without the person's consent or where they have been unable to gain this. The law allows for this practice taking into account GDPR legislation. For example: it is necessary to protect a child at risk or an 'adult at risk of harm' under The Adult Support and Protection (Scotland) Act 2007, danger to self, danger to others.