



SLÀINTE AGUS CÙRAM SÒISEALACHD EILEANAN SIAR

Health and Social Care Western Isles



Colleagues

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Who'd have thought that the rather dry subject of information governance would have made international headlines this week? We often talk about this important concept in health and social care circles - people's right to have information held about them securely and the need for us to acquire their consent to share that information. This is often frustrating for us when we want to link data for the purposes of improving a service but if ever there was a demonstration of the importance of consent it came this week with the allegation that the data of 50 million Facebook users across the globe had been stolen and sold for nefarious purposes. Astonishing.

We received an inspection report from the Mental Welfare Commission this week following a visit to Ardseileach care home last November, which provides care and support to people with learning disabilities. There are eight permanent residents, three respite places and one which may be used as an emergency placement. There are two semi-independent studio flats and two three-bedded units for the permanent residents. Here is a flavour of the report:

The residents we spoke to were positive about the care and treatment provided by Ardseileach. There was good evidence of participation in a range of activities. There was good evidence of involvement of residents and their families in care planning and reviews. GPs routinely visit the care home to review treatment and we heard there is a good relationship between the care home and hospital staff, and the consultant psychiatrist. Members of the community learning disability team also support staff to provide care as necessary. The care home scores well across the full range of assessed areas in Care Inspectorate reports.

There were a couple of minor suggestions for improvement of course - there always is - but well done to all involved with the service. Great work.

My mother was a social worker and so in the early part of his career was my dad. I didn't follow them into the family trade but they imbued in me a sense of the values that sit at the heart of the profession. I mention this because it was world social work day this week, and 50 years since the landmark 1968 social work Act. The '68 Act recognised that social work provides the voice that speaks up for the most disadvantaged and vulnerable and marginalised in our society. Often, difficult judgement calls have to be made about how best to support someone's needs - with access to increasingly scarce resources. The landmark 21st century review of social work described the work of the profession well:

The social worker's task is to work alongside people to help them build resilience, maintain hope and optimism and develop their strengths and abilities. Social workers must meet people on their own terms, in their own environment whilst retaining the professional detachment needed to help people who use services to understand, come to terms with or change their behaviour. Social workers also have a role as agents of social control. They must confront and challenge behaviour and manage situations of danger and uncertainty. In this role they have statutory powers to act to protect individuals or communities. They are closely associated with the management of risk and with the distressing consequences of things going wrong in people's lives.

So here's to all my social work colleagues. Your role has never been more important.

Your stereotypical image of a social worker may be cord trousers and trendy scarf, or relaxed day wear. This week I happened upon my social work colleague Kirsty Street, who, in pursuit of the elusive 10,000 steps per day, was dressed in vibrant luminous pink, head to toe, including sparkly pink trainers. Nearly blinded me.

The IJB met this week in the council chamber and agreed its budget for 2018/19. We had to identify well over £1 million of efficiencies as we continue to live through public sector austerity but the choices we put forward are measured and can be delivered without impacting the quality of our service offer. But I am ever more aware of the increasing strain and workload on the members of staff who continue to man the barricades - that needs careful reflection moving forward, as demand for services continues to grow.

The IJB also received updates on mental health redesign, the GP Contract, the Carers Act, and signed off on the refresh of our strategic plan. Though undoubtedly all of the reforms we signalled are challenging, I remain optimistic about the journey we're on.

My colleague Ishbel Macdonald is leading our preparations for the Carers Act - it comes into force in April. Adult Carer Support Plans (ACSP) will replace the existing Carer Assessments. Where a person identifies that they are a carer they may request an Adult Carer Support Plan, and, if they appear to meet the definition of a carer, then the local authority must prepare a plan, which will identify the needs of the carer; the goals and aspirations of the carer; the actions required to achieve these; who will do this and by when. This will ensure that the support planning process is outcome focussed; completed in collaboration with the carer and is measurable.

Carer involvement is a key principle of the Act and representation on various groups and consultations ensured that their voices were heard and were instrumental in the creation of the new methodology.

You may be aware that we have established a multi-professional group to develop a commissioning strategy for palliative care. We have an emerging view that we need to develop more effective hospice at home across the Western Isles. We are seeking to develop a new model which is proactive, planned, and well-coordinated, capable of drawing on the relevant capacities, across professional disciplines. The service would be built around the needs of the patient and family/carers, and would help provide crucial affirmation and support to carers when they need it. It would be supportive and help with bereavement processes as well. We had a good workshop session on Monday looking at our options about how best to develop more robust hospice at home.

On the same subject, here is a quote from a favourite author - Atul Gawande - on the unique contribution of hospice care

The difference between standard medical care and hospice is not the difference between treating and doing nothing. The difference is in your priorities. In ordinary medicine, the goal is to extend life. We'll sacrifice the quality of your existence now—by performing surgery, providing chemotherapy, putting you in intensive care—for the chance of gaining time later. Hospice deploys nurses, doctors, and social workers to help people with a fatal illness have the fullest possible lives right now. That means focussing on objectives like freedom from pain and discomfort, or maintaining mental awareness for as long as

possible, or getting out with family once in a while. Hospice and palliative-care specialists aren't much concerned about whether that makes people's lives longer or shorter.

Carpe diem

Ron

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