

LOCHABER DISTRICT PARTNERSHIP

AGENDA

FOR THE MEETING TO BE HELD ON

TUESDAY 24 JUNE 2014

IN THE COUNCIL CHAMBERS, LOCHABER HOUSE, FORT WILLIAM

THE MEETING COMMENCES AT 2.00 PM

- 2.00pm - 2.10pm - Welcome & Apologies
 - Previous action note of 29 April 2014

Children's Services

- 2.10pm - 2.20pm 1. Children's services staffing, verbal update (GS)
2.20pm - 2.30pm 2. Lochaber Childcare & Family resource partnership (BG/GS)
 3. Children's services AOCB & comments from the public on items

Joint Services

- 2.40pm - 3.10pm 4. Community planning – health priorities (ET) (Report 1)
3.10pm - 3.20pm 5. Draft Lochaber Drug and Alcohol Action Plan for submission to Highland
 Alcohol and Drugs Partnership (DF/BG) (Report 2) - to follow
3.20pm - 3.50pm 6. RCOP project & community networker updates (MS/HW/JH) (Report 3)
 7. Joint services AOCB & comments from the public on items

Adult Services

- 4.00pm - 4.10pm 8. Adult services staffing, verbal update (JH)
4.10pm - 4.20pm 9. Referral pathway (JH) (Report 4)
 10. Adult services AOCB & comments from the public on items

Meeting close approx. 4.30pm

LOCHABER DISTRICT PARTNERSHIP

ACTION NOTE FROM THE MEETING HELD ON: TUESDAY 29 APRIL 2014 AT 2.30PM IN THE COUNCIL CHAMBER, LOCHABER HOUSE, FORT WILLIAM

PRESENT: Bren Gormley (Chair), Allan Henderson, Brian Murphy, Emma Taylor, Stephen Graham, Gerard Storey, Norma Young (HC); Joanna Hynd, Jim Douglas (NHS Highland); Alasdair Nicholson, (VAL); Ellen Morrison (HC-Note)

APOLOGIES: Tricia Jordan, Nick Thomson, Michael Foxley, Fiona MacKellaig, Simon Jeffrey

IN ATTENDANCE: Kit Cameron (NHS Highland)

ITEM	SUBJECT	ACTION AGREED	LEAD	NAMED OFFICER	TIMESCALE
1	<p>Previous action note of 29 January 2014</p> <p>Children's Services staffing (verbal update)</p>	<p>Agreed.</p> <p>Gerard Storey provided a verbal update on staffing. Points for noting:</p> <ul style="list-style-type: none"> • The director of the new Care and Learning Service (a merger of Education Culture, and Sport and Health and Social Care as from 28 April 2014) is Bill Alexander. • Family Teams – all District Managers have been appointed. Next step is to appoint the Practice Leads. • Additional Posts for Lochaber include the early years practitioners; community children's worker and a support work co-ordinator. • Current vacancies are: child protection advisor; health visitor team leader. • Norma Young advised that work is to be done to produce a structure detailing an overview/job titles within the new Care and Learning service. This would be made available for the next Partnership meeting. • It was agreed that a twice yearly report would be presented to 	HC	Norma Young	

		the Partnership detailing statistics on young people ie. number of looked after children; number of adoptions etc.	HC	Norma Young	
2	Children's services digital resource - update	Gerard Storey provided a verbal update. After an initial review it was found that more is required before the Digital Resource can be published.			
3	Lochaber Childcare and Family Resource Partnership	<p>Bren Gormley provided an update from the meeting held on 25 April. Agenda items covered health development; education psychologist and the roll-out of an additional 600hrs for early years. The following was noted:</p> <ul style="list-style-type: none"> • Bren Gormley to speak with Alasdair Christie, Chair of Education, Children and Adult Service Committee in relation to commissioning rates for private run nurseries. • Additional 600hrs for early years – the Care and Learning Service to keep in close contact with partner services regarding delivery of hours. 	HC HC	Bren Gormley Norma Young	
4	Children's Services AOCB & Comments on above items	No business.			
5	Community Planning – Health Priorities	<p>Emma Tayler spoke to the previously circulated report asking the Partnership to agree a mechanism for reviewing the 'healthier section' of the Lochaber community development plan and subsequent reporting to the Lochaber Community Planning Partnership. Points noted from discussion were:</p> <ul style="list-style-type: none"> • The link between the Community Development Plan and its use towards applying for LEADER Funding. • Focus of the District Partnership should be to identify priorities for the healthier section not to work up project ideas. • It was agreed that a working group be set up to review the current Healthier section. Date for first meeting to be arranged. • Partners were encouraged to send Emma Tayler any useful information/consultation feedback which would help 	HC ALL	Emma Tayler	

		<p>discussions to draft priorities.</p> <ul style="list-style-type: none"> Once agreed the re-worked Healthier section to be a standing agenda item. 			
6	Integrated Transport Pilot – progress feedback	<p>Stephen Graham spoke to the report previously circulated and asked that the Partnership notes progress in developing this pilot, action learning project and supports its aims within their respective organisations. The following points were noted from discussion:</p> <ul style="list-style-type: none"> Lochaber Pilot will go live in June 2014 and will run for 12 months. Voluntary Action Lochaber has been appointed to establish and operate the project's central initiative, the Lochaber Transport Advice and Bookings Service. A lot of emphasis has been focused on patient transport, however, the project will cover all aspects of transport within the Lochaber area. The Partnership thanked Stephen Graham for his work undertaken to date. 			
7	Place of Safety	<p>Joanna Hynd spoke to the report previously circulated and asked the Partnership to note the contents. From discussion the following was noted:</p> <ul style="list-style-type: none"> A multi-agency awareness event to be held in autumn 2014. Highland Users Group to be included in future discussions on the matter of a Place of Safety. 	NHSH	Joanna Hynd	
8	Joint Services AOCB & Comments on above items	<p>AOCB noted:</p> <ul style="list-style-type: none"> Lymes disease – Following on from the report presented to the Partnership on 30 October 2014 Dr Jim Douglas provided an update. An online discussion group "Lochaber Tick Talks" has been set up; press articles issued in community press; aim to get more tick removing devices available in more retail shops; encourage accommodation providers to have information/removal devices available and discussions held with senior NHS officials. 			
9	Adult Services staffing (verbal)	<p>Joanna Hynd provided a verbal update on staffing. Points for noting:</p> <ul style="list-style-type: none"> Adult Services Team - the three integrated team leads and professional leads are now in place. 			

	update)	<ul style="list-style-type: none"> • Care Homes are now part of the adult services teams. • A review of community nursing is currently in progress. To be concluded by July. • A meeting on how the GP's/Hospitals/Integrated Teams work together is to be held. • Delivering Services – during the week 2-6 June work will be undertaken to look at the physiotherapy and occupational therapy services with a view to reducing waiting list time. Joanna Hynd to report back to the Partnership on findings. 	NHSH	Joanna Hynd	
10	Care Homes	<p>Joanna Hynd spoke to the report previously circulated and asked the Partnership to note the contents and that a further update report would be presented in 12 months. Kit Cameron, Manager of Invernevis House was also present. Points noted from discussion were:</p> <ul style="list-style-type: none"> • There has been a reduction in demand for residential places. However nursing places demand has increased. • Kit Cameron provided additional information in relation to care homes following on from integration of services and how services for residents/users have improved. 			
11	Adult Services AOCB &	<p>AOCB and public comments were noted as follows:</p> <ul style="list-style-type: none"> • Public concern regarding the recent time change for transport departing from Mallaig and the knock-on effect for onward travel from Fort William. Matter has been raised at senior level within Highland Council. Discussions to be held to find a possible solution. • Dail Mhor House Review– Sunart Community Council asked that the community's view in respect of residential status be taken into account. What are the options on the Ardnamurchan Peninsula if residential care is not going to be provided? • Smoking area at Belford Hospital. The re-location of this area has still not happened. Joanna Hynd to investigate and report back. • Update asked re GP provision Ardnamurchan? <i>A draft action plan has been drawn up and will be put to the communities</i> 	NHSH	Joanna Hynd	

			<p><i>involved.</i></p> <ul style="list-style-type: none">• District Partnership review – what was the current position? A report to be presented to August Committee and to the NHS Highland Board.		
--	--	--	--	--	--

Lochaber District Partnership

Agenda item	4
Report number	1
Meeting date	24.06.14

Report Title	Lochaber Community Plan – Health section
Report by	Emma Tayler, Assistant Lochaber Wards Manager on behalf of District Partnership Development Working Group
Organisation	The Highland Council, NHS Highland, Voluntary Action Lochaber

Situation Summary

At the April 2014 meeting of the Lochaber District partnership it was agreed that a small time limited working group be formed to initially review the current Health section of the Lochaber Community plan.

1	<p><u>Background</u></p> <p>As per agreement at the District Partnership meeting held in April 2014, representatives from Highland Council's Care and Learning, and Chief Executive Service met with NHS Highland and Voluntary Action Lochaber on the 12 July 2014 to review the current 'healthier' section of the Lochaber Community plan.</p>
2	<p><u>Assessment</u></p>
2.1	The current section (Appendix 1) has 5 higher level statements with 25 aims within the plan. The group reviewed these and concluded, with the exception of very minor changes to wording in 1d and 6e, they were content that the document still reflected overall the area's aims and objectives.
2.2	The group concluded however that the document would benefit from putting some working detail behind each of the aims to capture the current projects/initiatives/developments and aspirations. This detail would then enable the Partnership to better support development and monitor progress in the locality.
2.3	The working group agreed to prepare their thoughts on what detail is needed to be included, with the view to discussing it further with the Partners at the June District Partnership meeting. The group agreed that the detail should be in a simple bullet format for ease of reference. Appendix 2 shows the format and beginnings of population for further discussion.
3	<p><u>Summary of actions already completed/in progress</u></p> <ul style="list-style-type: none"> - Working group met 12 July 2014 – initial review complete - Detail template drafted and started population
4	<p><u>Implications</u></p> <p>a) Currently there are no implications arising from this report</p>

Recommendation

The Lochaber District Partnership is asked to endorse the working groups actions to date, agree the format (inclusion of further detail template) and identify content for further inclusion ie. identify local initiatives, projects, forward plans and aspirations for development under each of the specified aims.

Objective 2 – Healthier

1.	What are we going to do?	Support safe, responsible use of the natural environment for health promoting activity	Status	Lead Agency
	How are we going to deliver it (projects)	<p>d. Partners will encourage developments that promote the growing of local healthy foods for own or retail consumption ie creation of allotments, encouragement of local produce markets, social enterprises (food production & retail) & key promotional events</p> <p>e. Partners will review current and explore new opportunities to reduce health inequalities through the use of the natural environment</p> <p>f. Partners will support activity which promotes community members to take up roles as trainers and assessors which in turn support individual and club activity promoting healthy lifestyle choices</p>	A	Highland Council
				NHS Highland
	Who we are going to deliver it with			Highlife Highland
	Contributes to SOA (3) Outcomes	NHS, Forestry Commission Scotland, Highland Council (ECS), Highlife Highland (HLH) Events group, Voluntary Action Lochaber, Lochaber District partnership		
	Contributes to LEADER Priorities	6,7,8		

2.	What are we going to do?	Jointly promote opportunities for increased physical activity and physical & mental health promotion for children and young people	Status	Lead Agency
	How are we going to deliver it (projects)	<p>h. Support initiatives to improve accessibility for young people to engage more readily with health services</p> <p>i. Encourage the further development of the Lochaber youth forum to initiate activity/projects that promote healthier lifestyle choices</p>	A	Highlife Highland
		j. Promote and encourage the use of mobile play resources available to the Lochaber area		Highlife Highland
		k. Complete the implementation of the local play park strategy and promote the principles of the Highland Play Strategy		Highland Council TECs
	Who we are going to deliver it with	VAL, Highland Council (TECs, ECS, P&D), NHS, NC, Highlife Highland, Lochaber District partnership		
	Contributes to SOA (3) Outcomes	4,5,6,7,8		
	Contributes to LEADER Priorities			

3.	What are we going to do?	Support development of innovative and sustainable family support services which meet the changing needs of our communities	Status	Lead Agency
	How are we going to deliver it (projects)	<p>b. Partners will support the development and delivery of parenting courses to ensure those in most need receive the support</p> <p>c. Partners will ensure that family support services are accessible to families across the Lochaber area including those in most need and residing in our rural communities</p> <p>d. Progress the implementation of the new Violence against Women Strategy, with particular reference to joint provision of support to vulnerable families</p>	A	Highland Council HSC
			A	Highland Council HSC
			A	Women's Aid
	Who we are going to deliver it with	Highland Council (HSC), Women's Aid, VAL, Action for Children, Lochaber District partnership		
	Contributes to SOA (3) Outcomes	5,9		
	Contributes to LEADER Priorities			

4.	What are we going to do?	Encourage the adoption of healthier life choices by providing enhanced, locally based projects and initiatives	Status	Lead Agency
	How are we going to deliver it (projects)	<p>c. Partners will explore structures which consider local priorities for alcohol interventions</p> <p>d. Partners will promote the development of community capacity to support self management of initiatives e.g intergenerational projects and support for older people</p> <p>f. Partners will work together to sustain and develop the Lochaber streetwork project which promotes healthier lifestyle choices</p>	A	NHS Highland
			A	Voluntary Action Lochaber
	Who we are going to deliver it with	Lochaber District partnership, NHS, Highland Council HSC, VAL, Highlife Highland		Highlife Highland
	Contributes to SOA (3) Outcomes	6,7,8,15		
	Contributes to LEADER Priorities			

5.	What are we going to do?	Develop and sustain resources that support personal and community well-being	Status	Lead Agency
	How are we going to deliver it (projects)	<p>b. Partners will support the establishment of a business case for future hospital provision on the Blar Mhor site</p> <p>c. Partners will be actively engaged in supporting the development of 21st century care home provision in line with local need</p> <p>d. Partners will support the creation of action plans for medical evacuations from remote areas of Lochaber</p> <p>e. Partners will support the provision of local community medical facilities e.g. defibrillators, with related training</p> <p>f. Partners will support the sustaining and further development of quality facilities & services which encourage the uptake of regular exercise ie sporting facilities, active lifestyle classes etc</p> <p>g. Partners will support the sustaining and further development of transport initiatives/services which assist those less able/vulnerable in accessing facilities and services which encourage health and well-being eg. Lochaber transport pilot</p> <p>h. Ensure adequate provision is in place for rescue/medical helicopter landings and refuelling systems</p>	<p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p>	<p>NHS Highland</p> <p>NHS Highland</p> <p>Scottish Ambulance Service</p> <p>Scottish Ambulance Service</p> <p>Highlife Highland</p> <p>Lochaber Transport Forum</p> <p>Highland Council CEX</p>
	Who we are going to deliver it with	NHS, Lochaber District Partnership, Highland Council (HSC, ECS), Northern Constabulary, Scottish Ambulance Service, VAL, Lochaber Transport Forum, Lochaber Sports Association (LSA), HIFRS, Highlife Highland		
	Contributes to SOA (3)	6,8,9,10,11,15		
	Contributes to LEADER			
	Priorities			

6.	What are we going to do?	Jointly promote opportunities which support active healthy lifestyles in older adults	Status	Lead Agency
	<p>How are we going to deliver it (projects)</p>	<p>a. Develop and ensure appropriate housing is available for older people</p> <p>b. Develop and support initiatives aimed at combatting fuel poverty</p> <p>c. Ensure appropriate mechanism are in place to give the timely availability of aids and adaptations</p> <p>d. Continue to develop and support preventative services</p> <p>e. Partners to work collaboratively to ensure appropriate information and advice is widely accessible and available on services and support to older adults.</p>		<p>Highland Council H&P</p> <p>Highland Council Finance</p> <p>NHS Highland</p> <p>NHS Highland</p> <p>Voluntary Action Lochaber</p>
	Who we are going to deliver it with	NHS Highland, Voluntary Action Lochaber, Highland Council, Age Scotland		
	Contributes to SOA (3) Outcomes	6,7,8,15,16		
	Contributes to LEADER Priorities			

Appendix 2

Lochaber Community plan
 'Healthier Section' – Objective 2
 Further detail regarding plan aims

High Level statement	Aim	Action detail	Who
1. Support safe, responsible use of the natural environment for health promoting activity	<p>d. Partners will encourage developments that promote the growing of local healthy foods for own or retail consumption ie creation of allotments, encouragement of local produce markets, social enterprises (food production & retail) & key promotional events</p> <p>e. Partners will review current and explore new opportunities to reduce health inequalities through the use of the natural environment</p> <p>f. Partners will support activity which promotes community members to take up roles as trainers and assessors which in turn support individual and club activity promoting healthy lifestyle choices</p> <p>h. Support initiatives to improve accessibility for young people to engage more readily with health services</p>	<p>1 Sustaining and expansion of 'SLUG' allotments in Upper Achintore</p> <p>2 Establishment of a local food/craft market in Fort William and / or social retail consortium enterprise</p>	<p>SLUG/FCS/HC</p> <p>VAL</p>
2. Jointly promote opportunities for increased physical activity and physical & mental health promotion for children and young people	<p>i. Encourage the further development of the Lochaber</p>		

	communities	<p>c. Partners will ensure that family support services are accessible to families across the Lochaber area including those in most need and residing in our rural communities</p> <p>d. Progress the implementation of the new Violence against Women Strategy, with particular reference to joint provision of support to vulnerable families</p>			
	<p>Encourage the adoption of healthier life choices by providing enhanced, locally based projects and initiatives</p>	<p>c. Partners will explore structures which consider local priorities for alcohol interventions</p> <p>d. Partners will promote the development of community capacity to support self management of initiatives e.g intergenerational projects and support for older people</p> <p>f. Partners will work together to sustain and develop the Lochaber streetwork project which promotes healthier lifestyle choices</p> <p>b. Partners will support the establishment of a business case for future hospital provision on the Blar Mhor site</p>			
5.	<p>Develop and sustain resources that support personal and community well-being</p>				

			<p>c. Partners will be actively engaged in supporting the development of 21st century care home provision in line with local need</p>			
			<p>d. Partners will support the creation of action plans for medical evacuations from remote areas of Lochaber</p>			
			<p>e. Partners will support the provision of local community medical facilities e.g. defibrillators, with related training</p>			
			<p>f. Partners will support the sustaining and further development of quality facilities & services which encourage the uptake of regular exercise ie sporting facilities, active lifestyle classes etc</p>			
			<p>g. Partners will support the sustaining and further development of transport initiatives/services which assist those less able/vulnerable in accessing facilities and services which encourage health and well-being eg. Lochaber transport pilot</p>			

			h. Ensure adequate provision is in place for rescue/medical helicopter landings and refuelling systems		
	Jointly promote opportunities which support active healthy lifestyles in older adults		a. Develop and ensure appropriate housing is available for older people		
			b. Develop and support initiatives aimed at combatting fuel poverty		
			c. Ensure appropriate mechanism are in place to give the timely availability of aids and adaptations		
			d. Continue to develop and support preventative services		
			e. Partners to work collaboratively to ensure appropriate information and advice is widely accessible and available on services and support to older adults.		

Lochaber District Partnership

Agenda item	5
Report number	2
Meeting date	24 June 2014

Report Title	Draft Lochaber Drug and Alcohol Plan
Report by	Dot Ferguson
Organisation	Highland Council

Situation Summary

It has been agreed that the Community Safety Action Team will, for a trial period of one year, incorporate the Lochaber Drug and Alcohol Forum. The latest Lochaber Drug and Alcohol Plan is now presented for consideration and comment by the District Partnership.

1	<u>Background</u> – the Lochaber Drug and Alcohol Forum (LDAF) has been operational for many years, but in recent times attendance has fallen away largely due to increasing work pressures. It was felt that there would be merit in trialling incorporation of the work of the LDAF within the Lochaber Community Safety Action Team (CSAT), another well-established multi agency / sectoral partnership. At its most recent meeting, the CSAT redrafted the Lochaber Drug and Alcohol Action Plan to reflect current issues.
2	<u>Assessment</u>
2.1	In previous years the LDAF has managed to access around £2,000 from the Highland Alcohol and Drug Partnership (HADP). This funding is spent on low-cost activities which help raise awareness of issues created by the misuse of drugs and/or alcohol as well as the provision of very small grants to local groups for diversionary activity.
2.2	Much of the activity is via media campaigns, but their effectiveness is difficult to monitor. It was also felt that use of leaflets etc may be a dated way to communicate, particularly with young people and that social media / apps may be more effective.
2.3	The updated plan now reflects the same format as the HADP plan, making clearer the connections between actions at a local level and strategic outcomes.
2.4	While the actions and funding levels contained within this Plan largely reflect the previous version, the CSAT recognises the value of including aspirational projects which may attract additional funding.
3	<u>Summary of actions already completed/in progress</u>
	A number of activities are carried out on an ad hoc basis depending on availability of agencies and third sector partners to lead on specific aspects.
4	<u>Implications</u>
	a) There are no resource, legal, equality, climate change or risk implications arising from the Action Plan

Recommendation – the District Partnership is asked to consider the contents of the Action Plan, providing comment or suggested future actions.

LOCHABER DRUG AND ALCOHOL ACTION PLAN 2014-15

OUTCOME 1 - EFFECTIVE DELIVERY CARE PATHWAY OFFERING A FLEXIBLE RANGE OF SERVICES FROM ASSESSMENT TO RECOVERY IS IN PLACE					
Specific Actions	Expected Outputs	Cost	Lead Partner	Review Date	
Identification of local issues and carry out lobbying as appropriate	Increased awareness at Government level of local needs	Nil	NHS via District Partnership	Sept 2015	
Funding identified for intensive training for front-line staff	More confident, effective staff	HC/NHS	HC/NHS via District Partnership	Sept 2015	
Assessment of need for a 'designated alcohol facility'	Evidence of need or otherwise	NHS	NHS via District Partnership	June 2015	
Work with partners to develop effective recruitment methods to ensure continuity of care by sustaining staffing levels in the health professions	Increasing availability of health professionals in Lochaber	Nil	NHS/HC	June 2015	
OUTCOME 2 - HIGHLAND COMMUNITIES FEEL ENGAGED AND ARE EMPOWERED TO MAKE HEALTHIER CHOICES REGARDING ALCOHOL AND DRUGS					
Specific Actions	Expected Outputs	Cost	Lead Partner	Review Date	
Promotion of the Small Bids Grant Scheme	Greater ability for local organisations to promote healthier choices		NHS	Sept 2015	
Awareness raising through media promotion	Increased awareness by target audience	£500	NHS	Feb 2015	
Awareness day / session highlighting dangers of drug and alcohol abuse	Increased awareness	£500	Lochaber Hope	Feb 2015	
Lochaber Section of HDAT website to be updated	Increased contacts	Nil	HC	Oct 2014	

LOCHABER DRUG AND ALCOHOL ACTION PLAN 2014-15

OUTCOME 3 - INDIVIDUALS AND COMMUNITIES ARE PROTECTED AGAINST SUBSTANCE MISUSE HARM					
Specific Actions	Expected Outputs	Cost	Lead Partner	Review Date	
Circulate literature on underage sales, availability and irresponsible promotions at local level circulated to licensees	Increased awareness of issues - decreased incidence of same	Nil	Pubwatch	Sept 2015	
Rollout of 'Get Real' DVD to schools + continuing engagement with schools by Pubwatch	Increased awareness and understanding by young people	Nil	Pubwatch	Sept 2015	
Mapping current and scoping future diversionary activities for children and young people	Decreasing incidences of under-age drinking	£1,000	HLH	Sept 2015	
OUTCOME 4 - CHILDREN AFFECTED BY PARENTAL SUBSTANCE MISUSE ARE PROTECTED AND BUILD RESILIENCE THROUGH THE JOINT WORKING OF ADULT AND CHILDREN'S SERVICES					
Specific Actions	Expected Outputs	Cost	Lead Partner	Review Date	
Continuation of Parenting courses	Reduction in youngsters drinking prior to being teenagers	Nil	AfC	Sept 2015	
Piloting new project (The Bridge) via AfC and VAL	Reduce impact of familial cycle of substance misuse on children and young people as well as promoting social inclusion	Nil	AfC	Sept 2015	
Promotion and distribution of information – development of apps	Increased understanding of issues arising from under-age drinking	£500	HC/HLH	Sept 2015	
OVERARCHING ACTIVITIES					
Support HADP communications and promotions at local level	<i>ongoing</i>				
Support relevant partner initiatives	<i>ongoing</i>				
Share information with partners at a local level as appropriate	<i>ongoing</i>				

Lochaber District Partnership

Agenda item	6
Report number	3
Meeting date	24/06/14

Report Title	Action to Reduce Health Inequalities: Enabling Community Outcomes (ECO) Strategy
Report by	Marion Smith Community Networker & Hugh Wright Community Health Co-ordinator
Organisation(s)	Reshaping Care for Older People (RCOP) Highland & NHS Highland

Situation Summary

The Lochaber Community Networker post is part of a RCOP Highland wide project funded by the Change Fund to support Communities, the Care Sector and Health and Social Care providers across North Highland. The Community Initiative Fund is designed for third sector/community groups to seed new ideas for providing services, activities or care for older people which, will keep them active, socially engaged and, prevent avoidable admission to institutional care.

The Fort William Community Health Co-ordinator post is part of a wider strategy for developing Highland Council (NHS) approach to addressing inequalities. It has been set up to support and sustain a community development, co-production, and asset-based approach to health improvement and social inclusion, encouraging community engagement and social connectedness and, the active participation of residents, volunteers and service users in the planning, delivery, monitoring and evaluation of services. Funding for this comes from the *Preventative Spend* (deprivation strand).

1 Background

The RCOP Community Networker is working with people to make a real difference in the care and support on offer to older people in the Lochaber community.

Key Objective

To ensure that life for older people within Lochaber is full, meaningful and active in which health and social care needs are addressed.

The Fort William Community Health Coordinator initiative seeks to address the social determinants of health that have contributed to inequalities in health within the Fort William district, through a health equity place-based model. Fort William has been selected as a location in which to pilot an approach to reduce health inequalities because of its particular social and demographic profile and poor health outcomes. It is expected that the outcomes of this initiative will be used to inform similar approaches in other areas of the Lochaber region.

Key Objectives

- Strengthening personal, community and organisational problem-solving capacity and, increasing resilience and resourcefulness of individuals and groups (or, 'social capital') in order to address issues associated with health inequalities.
- Increasing the ability of local people to gain understanding and control over personal, social, economic and political forces in order to take action to improve their life situation (or, 'community empowerment').

NHS Highland will bring the new and existing NHS posts of Community Development Officer's (CDOs), dieticians, Community Health Coordinators (CHCs) and RCOP Highland voluntary sector Community Networkers together in local teams based in each district under the relevant locality manager to ensure good communication and avoid duplication of action (Bill Alexander, Director of Health and Social Care, Highland Council and Margaret Somerville, Director of Public Health, NHS Highland, *Position Statement on Preventative Spend and Community Development in Highland*, September 2013).

2 Summary of actions already completed/in progress

Agreement signed between Voluntary Action Lochaber and Highland Third Sector Interface to support the work of the Community Networker post. The RCOP Community Networker has worked with a number of organisations to support older people to access funding for activities to promote health and wellbeing in Lochaber.

Co-location agreement between Voluntary Action Lochaber and Council NHS Highland for hosting the Community Health Co-ordinator post (in progress).

Production of a interim research, planning and evaluation report with the following headings (in progress):

1. Background: Health and Place
2. Health and Equity Profile
3. Conceptualising the Fort William Enabling Communities Outcomes strategy
4. Three levels of intervention:
 - *Community identified projects that address specific health and wellbeing issues*
 - *Initiatives or strategies that strengthen the power of service users, residents and volunteers to plan and monitor health improvement efforts in Fort William*
 - *Initiatives and strategies to strengthen the capacity of health, community service and education agencies to address the social conditions that develop inequalities in Fort William*
5. Health inequities evidence base and community development approaches
6. Participatory planning, monitoring and evaluation approach
7. Monitoring and evaluating outcomes and specific projects/initiatives/strategies

Appendix 1: Visual summary of the Fort William Enabling Community Outcomes – health equity place-based model ¹

The Community Health Co-ordinator and Community Networker are working in collaboration with the Buzz Project and Age Scotland to encourage and support local men to establish a Fort William Men's Shed. Another area of potential collaborative work currently being explored is a Lochaber wide Men's Shed's network.

Footnote

Men's Shed's are based on a unique Australian multi-component community based intervention initiative that provides an access point for health information programmes and opportunities. Although each have their own unique identity and purpose the common theme in all sheds are about men of all ages and backgrounds feeling useful and contributing again to their communities, sharing their skills, knowledge and experiences, and working together on community projects.

3 Implications

- a) Resource
- b) Legal
- c) Equality: **Key measure of improved health and social outcomes:** increasing *numbers* of community-run health improvement and social inclusion activities (The Report by the Director of Health & Social Care Highland Council, *ADULT AND CHILDRENS SERVICES COMMITTEE, Preventative Spend Update*, August, 2013) which, encourages and supports the articulation of practices that, in turn, form an articulation of 'user driven standards' of health inequalities and community development work.
- d) Climate change
- e) Risk

Recommendation

Action being sought from the Lochaber District Partnership:

- Suggestions for a local health inequalities and community development reference group for the work of the Fort William Community Health Co-ordinator post to report to and be supported by.
- Support for the establishment of a local health improvement and community development practitioners network.

¹ Socially-economically patterned health differences between people are termed either 'health inequalities' or 'health inequity'. Harris and colleagues argue for the use of the latter term to encapsulate the view that the poorer health and shorter life spans of socio-economically disadvantaged people are fundamentally inequitable and unjust rather than simply differential (Harris, Sainsbury and Nutbeam, 1999). This report uses the term 'health inequity' to reflect the philosophy underlying the proposed Fort William Enabling Community Outcomes strategy.

Lochaber District Partnership

Agenda item	9
Report number	4
Meeting date	24.06.14

Report Title	Lochaber Service Improvement – Integrated Referral Pathway
Report by	Joanna Hynd: District Manager Lochaber
Organisation	NHS Highland

Situation Summary

In Lochaber there are three new Integrated Teams which include a range of professions including physiotherapy, occupational therapy, mental health, social work and community nursing. Each of these services has different referral pathways by which to access services and there are variations in how referrals are responded to with some services holding lengthy waiting lists.

1	<p><u>Background</u> General Within NHS Highland Adult Services organisational change has seen the development of new Integrated management structures with responsibility for all health and social care staff within defined geographical areas.</p>
2	<p><u>Assessment</u></p>
2.1	These changes are designed to enable services to be delivered in more person centred ways and supporting individuals and their families to achieve better outcomes, reducing unnecessary admissions to hospital and facilitating safe, effective discharges as well as developing innovative and responsive services as alternatives to hospital admissions and supporting individuals within their own homes.
2.2	The objectives are to:- Improve service delivery to public; Improved quality and efficiency of District Services; Improve staff satisfaction through delivering work that's of value to service users; Eliminate waiting lists; Reduce Lead Time; Eliminate variation; Implement Single Point of Access and improve service user and carer experience
2.3	Reviewed current referral pathways; developed future state for single point of access; Developed Integrated Referral Form; Tested Integrated Referral Form Created standard work for Single Point of Access 'Huddle'; Tested Huddle; Developed Integrated Referral Pathway; Tested Integrated Referral Pathway
2.4	Implementing agreed referral pathways and huddle process (continued PDSA). Use existing OT and Physiotherapy waiting lists to test new referral pathway. Adopt SBAR approach as standard for huddle. Progress Action Plan with 30 day goals.
3	<p><u>Summary of actions already completed/in progress</u> An improvement week was held 2nd-6th June, outcome being integrated referral form and pathway. Work will continue to develop to improve the quality and delivery of services with updates at future Lochaber District Partnership meetings.</p>
4	<p><u>Implications</u></p> <ul style="list-style-type: none"> a) Resource: Existing b) Legal: N/A c) Equality: Existing d) Climate change: N/A e) Risk: Ongoing challenges

Recommendation

Lochaber District Partnership is asked to note the contents of this report.



Lochaber Integrated Team

Standard Referral Form

Referral Details: To be completed by Receiving Worker

Referrer and Basic Information

Receiving Worker			
Designation		Date	

Referral made in respect of:

Title	Forename	Surname
Date of Birth: 00/00/0000	Address: Number/Name	
CareFirst Number	Address: Street	
CHI Number	Address: Town	
Telephone Number	Address: Post Code	
Mobile Contact	Email	

Referral made By:

Title	Forename	Surname
Date of Referral	Address: Number/Name	
Telephone Number	Address: Street	
Mobile Contact	Address: Town	
Profession /Relationship	Address: Post Code	
CareFirst Number	Email	

Person Details:

Gender		Living Alone?	
Able to leave the house?		Living with?	
Housing Type		Housing Tenure	
Nearest relative: Name		Relationship	
Caring Relationships?			
Advocate/Representative Guardian/POA/ Named person	(Name and Designation)	Phone:	
		Email:	
Key Holder	(Name and Address)	Phone:	
		Email:	
Ethnicity		Religion	

Referral Details: Continued

Referral Information

<p><i>What is the issue? (Reason for Referral)</i></p>			
<p><i>How is it impacting on the person?</i></p>			
<p><i>Is it Urgent? Is it impacting on the person's safety?</i></p>			
<p><i>What does the person want from intervention? (Identified personal outcomes?)</i></p>			
<p><i>Is the person managing activities of Daily living? Managing Personal Care? Managing Domestic activities? Detail</i></p>			
<p><i>Are there relevant Health (inc. Mental Health) issues or history? Managing Medication? Allergies?</i></p>			
<p><i>Are there relevant social circumstances or history? Cared for? Caring for?</i></p>			
<p><i>Is the Person aware of the referral?</i></p>		<p><i>Do they give their consent?</i></p>	

Referral Details: Continued
Services Currently Involved

G.P Name:		Phone:	
GP: Practice			
Other:	Name	Phone:	
	Designation	Email:	
Other:	Name	Phone:	
	Designation	Email:	
Is the person currently receiving support services? (Yes/No)		If yes, Detail	
Is the person currently in Hospital? (Yes/No)			
Hospital	Ward	Date Admitted	
Communication			
What is the person's preferred method of communication?			
What do people need to know to communicate well with the person?			
Is there any other information an assessor needs to know before visiting? (Risk? Safety?)			

Referral: Outcome			
<i>For the Receiving Worker please identify one of the four options given below for onward referral (or close):</i>			
Does the person have urgent needs which require an immediate assessment? (Yes/No)		If Yes, which Discipline is most appropriate?	
<i>Please record who the urgent referral was passed to for immediate initial assessment</i>			
Initial District Assessor: Name			Phone:
			Email:
Does the person have complex needs which require MDT consideration? (Yes/No)		If Yes, please identify the MDT meeting the referral will be considered at?	
<i>Where needs exist but are not urgent or complex please record which discipline the referral was passed to for initial assessment</i>			
Discipline (Team)			
<i>Where needs do not meet the threshold for onward referral please detail the advice or information offered</i>			