

# HIGHLAND JOINT COMMUNITY CARE PLAN

2001 - 2004



# CONTENTS

<i>Section</i>		<i>Page No</i>
<b>One</b>	<b>Foreword .....</b>	<b>2</b>
	By David Flear, Chairman, Joint Committee for Action in Community Care	
<b>Two</b>	<b>About This Plan.....</b>	<b>3</b>
<b>Three</b>	<b>Introduction .....</b>	<b>5</b>
	3.1 Background .....	5
	3.2 Policy Context .....	5
	3.2.1 Introduction.....	5
	3.2.2 Key Policies .....	5
<b>Four</b>	<b>The Highland Context .....</b>	<b>17</b>
	4.1 New Planning Framework in Highland .....	17
	4.2 Demographic and Geographic Challenges.....	19
	4.3 Spending on Community Care.....	21
	4.4 Recent Achievements .....	29
<b>Five</b>	<b>User and Carer Involvement.....</b>	<b>30</b>
	5.1 Involvement and Planning.....	30
	5.2 Advocacy.....	35
<b>Six</b>	<b>Housing and Community Care.....</b>	<b>38</b>
<b>Seven</b>	<b>User Groups.....</b>	<b>40</b>
	7.A Older People.....	40
	7.B People with Dementia .....	44
	7.C Sensory Impairment .....	49
	7.D People with Learning Disabilities.....	52
	7.E People with Physical Disabilities.....	56
	7.F People Requiring Mental Health Care .....	59
	7.G Children and Young People Affected by Disability .....	62
	7.H People with Addictions .....	66
	7.I People with HIV, AIDS or Other Blood-borne Illnesses .....	69
<b>Eight</b>	<b>Glossary of Terms .....</b>	<b>72</b>
<b>Nine</b>	<b>Contact Details .....</b>	<b>75</b>

Changes in demography, family relationships and moves to reduce the number of people, and length of stay, in hospitals, mean that more and more people in Highland need and receive community care services.

The Highland Council and Highland Health Board and Trusts are committed to working in partnership with users, carers and the voluntary and independent sector to promote high quality services to support people in their own homes in their own communities, wherever possible.

The Joint Committee for Action in Community Care is the key focus for this joint approach. It aims to ensure that strategic planning is informed by robust information on identified need. Government initiatives - Joint Futures; “The same as you?”; and the Mental Health Framework - are the main drivers in modernising community care services. Better and quicker decision making, choice, best value and advocacy are at the heart of this agenda.

Consultation has been an important element in the development of this plan. It is hoped that this has resulted in a plan which will ensure that people in Highland will receive the kind of services they need and want.

**David Flear**

**Chairman, Joint Committee for Action in Community Care**

### 2.1 Introduction

This Plan provides an overview of community care activities and progress at June 2001. Area targets were agreed through local consultation in the eight areas of The Highland Council.

However, as shown in the following sections of this Plan, this is a period of rapid change in community care and therefore a published document such as this one cannot encapsulate all aspects of service development and ongoing change. One significant change is that during the first 6 months of this plan the Highland Health Board and Primary and Acute Health Trusts will be unified as NHS Highland.

Many readers of this plan will have a particular interest in services for specific user groups and the plan is structured with this in mind. Many services and issues are common to more than one user group and there is therefore some repetition.

The following three themes are consistent throughout:

- Agencies working in co-operation at all levels to eliminate duplication.
- Services being targeted to promote independence in the community.
- Active user and carer involvement in service planning and delivery.

All Areas have produced detailed lists of achievements and current developments, as well as future targets. These comprehensive lists appear as supplements to this document. They will be held by Locality Planning Groups and continually amended and updated.

In Section 7, each user group subsection outlines the strategic aims of the service, provides background and information on agreed priorities and under the headings “What have we achieved to date” and “What are we doing now” are lists of some examples from across Highland. More comprehensive lists appear in the eight Area Supplements. Some of the Area targets are aspirations for the future, which may require to be amended in line with developments in corporate policies and priorities.

The Partnership in Practice Agreement, which relates to future service developments for people with a learning disability, appears as supplement nine. Supplement ten is the Advocacy Implementation Plan.

## Section Two: About This Plan

The next three years present us with fresh opportunities. The new policies and new ways of working described in this Plan will have an impact on the way in which community care is managed and delivered across the Highlands. Finding ways to deliver the service improvements and priorities set out in this Plan within the resources available will present particular challenges. This document is being distributed to staff in health and social care settings, service users and carer organisations, and independent sector providers.

The Community Care Plan will be used as tool by locality planning groups. Contact details for these groups appear at the end of this Plan.

### 3.1 Background

The last Community Care Plan for the Highlands, produced by Highland Council and the Highland Health Board, was published in 1997. The final update of that document was produced in June 2000.

This new Plan covers the period 2001 - 2004 and sets out how community care services will work towards (over the next three years) the objectives set by the policies detailed in the following section. Central to achieving these objectives will be working partnerships between people who use services and those who care for them, with all relevant organisations and agencies. It is clear that where people work together to shared objectives more is achieved, and the community care pound goes further.

The Plan includes:

- The integration of community care planning and the Modernising Community Care framework.
- The integration of appropriate elements with the Highland Health Plan building on the vision of the Highland Community Plan.
- The setting of targets, with measurable outcomes and timescales, for community care services over the period 2001 - 2004. (Note: The letters against future targets are to act as a reference for Area Supplements, and do not represent any prioritisation).

### 3.2 The Policy Context

#### 3.2.1 Introduction

There are a number of key policy documents at national level which determine how community care services are planned and delivered. These policies are aimed at promoting social inclusion, modernising public services and improving the quality of services, and the outcomes for those who use them. These national policies reflect the aspirations which service users and their carers have expressed at previous consultation events across the Highlands. They are integral to the development of local solutions to address local issues and priorities. Where appropriate, Highland wide policies have also been developed.

#### 3.2.2 Key Policies

##### [Modernising Community Care - An Action Plan - October 1998](#)

The main focus of this policy reflects the Scottish Executive's commitment to strengthening effective working between and across Social Work, Housing and Health services. In the Highlands, the development of the agenda for Modernising Community Care Services was led by users and carers starting with a seminar in 1999. A follow-up seminar was held in February 2000, which was organised by users and carers, to report on progress with the Action Plan. Their particular focus was on whether they had seen an actual shift in services. The outcome was that the majority felt they had, but recognised that progress still had to be made.

The Modernising Framework sets key objectives:

- ***“Better and faster decision making”*** by building effective partnerships; setting clear goals; reducing bureaucracy; and delegating financial responsibility.
- ***“Caring for people at home”*** by increasing the availability of home based and flexible support to individuals and by shifting the balance of funding from institutional support to community based services. In aiming to achieve this objective, a significant proportion of additional funding secured for the Highlands has been directed towards home based support which includes greater levels of home care and occupational therapy provision. In addition, a review of home care services has led to a more available, flexible and intensive form of assistance tailored to meet individual care needs. It is acknowledged that there needs to be a greater shift from institutional forms of care to home based support in the future.
- ***“Working together locally”*** by ensuring that links are made between high level strategic and resource decisions at area level and local service delivery, with strong co-operation between Health, Housing and Social Work services at both levels.
- ***“Improving quality and effectiveness”***
- ***“Improving joint working”***

Agencies are also required to produce an action plan which sets out local priorities to achieve these objectives, with clear targets, and incorporating a review of progress achieved.

This is being achieved in the Highlands by the creation of the Joint Committee for Action in Community Care, along with the establishment of a post of Head of Integrated Community Care funded by Highland Council and Highland Health Board and Primary Care Trust.

The development of joint planning in the Highlands has led, for example, to the implementation of joint assessment and discharge protocols.

### **Modernising Community Care: The Housing Contribution - July 1999**

This guidance was issued alongside Modernising Community Care - An Action Plan, with the intention that they should be read together. The purpose of the guidance is to help housing, social work, health and other agencies overcome administrative obstacles to co-operation on housing and community care. This should achieve the fundamental aim of enabling people with community care needs to live at home wherever practicable and where it is their choice. The guidance is clear that such co-operation should include the statutory, voluntary and private sectors, and take account of the views of service users and their carers.

The guidance sets out general principles of good practice, together with some points as to how these principles might be implemented. The areas which the guidance considers are:

- Strategic planning - how the housing dimension can be included in community care strategies, and how housing providers, users and carers can be involved in the planning process.
- Local planning - the implications for housing and community care of the growing focus on localities, both for planning and joint working.
- Implementation - issues about the implementation and translation of strategic objectives into the desired outcomes, including funding and co-operation on individual projects.
- Assessments - issues relating to individual assessments, and reassessments, and the importance of an integrated approach, including the role of joint and shared assessments.
- Hospital discharges - issues relating to discharge from both the long stay and acute hospital sectors.
- The home based approach - options for a home based approach, including re-housing and enabling people to remain in their own homes.
- Management arrangements in housing with support - issues such as tenancy rights for individuals, and floating support.
- Monitoring and evaluation - particularly in the context of achieving Best Value.

### Community Care - A Joint Future - November 2000

The Scottish Executive has accepted the recommendations of the Joint Future Group which was set up by Susan Deacon, Minister for Health and Community Care, with the remit to:

- Agree a list of joint measures which agencies need to have in place to deliver effective services, and to set deadlines for these.
- Advise on the balance between residential and home based care.
- Advise on options for charging for care at home.
- Advise on how to identify and share good practice.

Whilst primarily concerning services for older people, this report sets a clear direction for Community Care services in Scotland and the recommendations are fully supported by the planning partners in Highland, who are currently developing corporate proposals for their full implementation. The report makes nineteen recommendations, most of which are for agencies locally. They fall into five main groups:

- To rebalance care for older people with an emphasis on maintaining more people at home.
- To improve joint working between agencies.

- To support joint working and the re-balancing of care through new planning, financial and service management arrangements, locally and nationally.
- To reduce inconsistencies in charging for home care and to provide free home care across Scotland in certain circumstances.
- Improve the sharing of good practice.

The report also sets objectives to ensure that each area benefits from best practice. These include:

- The development of rapid response teams.
- The creation of practical shopping/domestic/household services.
- Increased respite care which is now defined as short breaks.
- The development of joint intensive home support services.
- The integration of equipment and adaptation services.
- The development of single shared assessment procedures and assessment tools, for older people and people with dementia initially and for all community care users at a later stage.
- Joint resourcing and joint management of services for older people by April 2002, and a programme for joint resourcing and joint management of other community care services thereafter.

### [The Health Plan for Scotland - December 2000](#)

“Our National Health: A Plan for Action, A Plan for Change”, was published by the Scottish Executive. This action plan reflects many of the recommendations made by the Joint Future Group and in addition sets out important changes to the way the Health Service in Scotland will operate, including:

- Unifying the NHS Boards to include Local Authority representation.
- Local Authorities to be public health organisations in their own right.
- Local health plans to replace Health Improvement Programmes and Trust Implementation Plans and to be integrated with the Community Plan.
- Developing the role of Local Health Care Co-operatives.
- Integration of Children’s Services.

Implementation of the Health Plan as it relates to community care will be taken forward on a partnership basis under the leadership of the two Joint Committees, namely the Joint Committee for Action in Community Care and the Joint Committee for Children and Young People.

### [The Highland Health Plan - August 2001](#)

In accordance with the National Health Plan, a Highland Health Plan for the NHS in the Highlands has been published. The Scottish Health Plan “Our National Health” outlines a vision for the service across Scotland.

We have taken that vision statement and translated the national aspiration for NHS Scotland into our own local situation.

The new unified Board will:

- Focus on health improvement and the particular health needs of local communities and groups that are excluded because of geography or access to support, or are likely to experience inequalities in health as a consequence of inequalities in life circumstances.
- Work within the Wellbeing Alliance partners - The Highland Council, the Northern Constabulary, Highlands and Islands Enterprise, Scottish Natural Heritage, Scottish Homes and the Voluntary Sector - to achieve joint objectives for the health of the population.
- Listen and respond to the views of individuals and communities.
- Plan our services to ensure that they are patient-centred and joined-up properly.
- Empower front-line staff to be innovative and help us meet national standards.
- Invest our resources to maximum benefit, including targeting the additional resource allocated to the Highlands.

National clinical priorities for the NHS are:

- Mental health.
- Coronary heart disease and stroke.
- Cancer.
- Children, young people and families.
- Health of older people.

Each of these priorities is considered in the Health Plan. Plans relating to mental health, children and young people and older people are described in the User Group sections of the Community Care Plan. Strategies for coronary heart disease and stroke and cancer are being developed, led by the NHS but on a partnership basis.

This means that all the needs of people living with cancer, coronary heart disease or stroke, and their carers, will be addressed.

The Highland Health Plan links closely with both this Community Care Plan, and the overarching Community Plan for the Highlands.

### **Fair Shares For All - September 2000**

This Review, which spans two and a half years and has drawn on a large body of expertise, has taken a fundamental look at the way in which the available resources are distributed between the fifteen Health Boards in Scotland.

The principles guiding the review were:

- Any new method of distributing funds must be fair.
- It must be tailored to Scotland's needs and give everyone in Scotland equal access to healthcare.
- It must take account of the influence of deprivation on healthcare needs and must support the aim of tackling inequalities in health.
- It must take into account the needs of people living in remote and rural areas as well as those living in urban areas.
- It must be based on evidence.
- It must be clearly explained and open to scrutiny.

The key elements in the formula are:

- The share of the Scottish population living in each Health Board area is a major determinate of the way funds are distributed.
- The age structure of the population and the relative number of males and females in the population also influence healthcare needs.
- Levels of deprivation and life circumstances are closely linked to ill health and areas of Scotland with high levels of deprivation have increased needs for healthcare.
- The proportion of population living in remote and rural areas also influences the need for funding because it costs more to deliver healthcare to people in these areas.

Due to the very rural nature of the Highlands, the "Fair Shares for All" formula resulted in an increase in NHS Highland's share of national resources from 4.12% to 4.42%. The effect of this is a £12M (7%) increase in the Hospital and Community Health Services allocation, which will be fully implemented by 2003/04.

### [Aiming for Excellence - Modernising Social Work Services in Scotland – May 2001](#)

This Scottish Executive White Paper proposes significant changes which will have an impact on all Local Authority Social Work Services, as well as care providers in the independent and voluntary sectors. The key themes set out in "Aiming for Excellence" which relate to community care are:

The Development of a Performance Culture - This will have a strong focus on outcomes; meeting individual needs; better partnership and corporate working; and a rigorous search for cost effectiveness.

The Development of National Care Standards - A number of draft national care standards, for example for older people, have been published by the Scottish Executive. It is anticipated that over the period of this Community Care Plan the Scottish Executive will establish explicit standards across all client groupings.

The Regulation of Care Services - The Scottish Executive has created the Scottish Commission for the Regulation of Care, which will come into effect on 1st April 2002. The main functions of the Commission will be:

- Regulation of care services.
- Keeping Scottish Ministers informed about the provision and quality of care services.
- Encouraging improvement in the quality of care services.
- Making information available to the public about the quality of care services.

The Commission will replace the Local Authorities' and Health Boards' Registration and Inspection Units and will regulate the following services:

- Home care.
- Services to promote the social inclusion of adults.
- Care homes for adults (which are both currently residential and nursing homes).
- Housing with support services.
- Nursing agencies.
- Early education and child care.
- Care homes for children.
- Adoption and fostering services.
- Care and welfare in boarding schools and school hostels.
- Care and welfare accommodation for offenders.

The Commission will have responsibility for ensuring national care standards are met through registration and regular inspections. This will include the creation of single care homes. It will have powers of enforcement with in-built mechanisms for appeals.

Regulation of the Workforce - The Scottish Executive has created a Scottish Social Services Council which will register staff in certain groups as a precondition of employment or continuation in employment. Local Authorities will be responsible for improving the quality of services by raising standards in the workforce through education and training in accordance with the requirements of the Scottish Social Services Council. This will come into effect in April 2002.

### [The same as you? - A Review of Services for People with Learning Disabilities - May 2000](#)

Published in May 2000, the learning disability review is the first policy initiative on learning disability services in over 20 years.

A wide ranging review, it provides a policy framework for significant changes to the way in which children and adults with learning disabilities are included in society.

The review began looking at services, particularly social and health care, and their relationship with education, housing, employment and other areas. During the course of the review however, the emphasis changed to focus on people who use services and their lifestyles.

“The same as you?” is consistent with broader social and health care policies on community care and shares the key themes of better results for people through quicker and better decision making, greater emphasis on care at home and agencies working more closely together. Recognition of the need for improved general health for people with learning disabilities is directly related to the aims of “Towards a Healthier Scotland” (White Paper on Health - Feb 1999).

The review sets out a vision for the future which is shaped by what users, carers and professionals have said they want.

It is underpinned by seven key principles:

People with learning disabilities should:

- Be valued in the same way and have the same rights as everyone else.
- Be seen as individual people with individual needs like everyone else, and have help with writing, talking and making their needs heard, if it is needed.
- Be asked about the services they need and be involved in making choices about what they want.
- Be helped and supported to do everything they can and have services which allow as much freedom as possible.
- Be able to use the same local services as everyone else, wherever possible.
- Have special services if they need them as well as, and not instead of, general services.
- Have services which take account of their age.

### Strategy for Carers in Scotland - November 1999

It is recognised that carers provide the major share of health and community care for friends, neighbours or family members who, because of disability, illness or the effects of old age, cannot manage alone without support. Most carers do not wish to give up this role, but need support in fulfilling it. Support for carers was one of the six key objectives of the original community care legislation, and the publication of “Caring about Carers” a national strategy for carers, reinforced this objective as well as providing practical suggestions about what needed to be done.

The Caring about Carers strategy identified three key themes:

- Information
- Support
- Care

### The Highland Carers Strategy - June 1999

This strategy was produced following extensive consultation and involvement with a range of carers and carers organisations. The Highland Carers Strategy was informed by research undertaken by the Princess Royal Trust for Carers: Highland Project, which included “How Do Communities Care?” (research into the position of carers in rural communities); “Older People and Quality of Care” (the impact of the Inverness and Culloden Health Care Co-operative on the quality of care for people aged 65 and over); and research into the needs of young carers in East Sutherland.

To monitor the implementation of the Highland Carers Strategy, a steering group was formed. Members of the group are themselves carers, nominated by pan-Highland Carers Organisations, including Crossroads, Princess Royal Trust for Carers: Highland Project, Alzheimer Scotland Carers Project, National Schizophrenia Fellowship Carers Project, and also carers of children affected by disability in the Highlands.

Representatives from the statutory organisations attend the meetings of the group, and act as channels of communication between the group and their organisations. To date the group has used the strategy to influence the spending of carers funding across the Highlands. They are also actively monitoring the implementation of the strategy. (See Section 5 of this Plan).

### The Community Plan - 2000

Local authorities have been required by the Scottish Executive to take the lead in the production of a Community Plan. The Highland Council was one of five authorities chosen to prepare the first Community Plans. The Council draws together the Community Plan on behalf of a partnership - The Wellbeing Alliance. The partners are:

- The Highland Council
- Highlands and Islands Enterprise
- Highland Health Board
- Scottish Homes
- Scottish Natural Heritage
- Northern Constabulary
- The Voluntary Sector

The purpose of the Community Plan is, first, to map out a course between what Highland is today and what those who live here would like it to be in five, ten or even twenty years from now, and then, secondly, to find ways of making that future vision happen. Creating and implementing such a vision requires a partnership, between communities and providers of services.

In an increasingly complex world, no single agency or sector can deliver all that a modern community needs: more and better jobs, better housing, improved health and wellbeing, higher educational standards, positive opportunities for leisure, and so on.

But, by working together, we can achieve all these objectives, making best use of our expertise and resources to common benefit. So what might the Highlands be like in 2020? Our common vision is of a place which has remained faithful to the inheritance of the past and has built on the best of today, while overcoming the problems which currently beset too many Highland people and their communities.

The aim of the Community Plan is to produce local communities which are:

- Prosperous
- Learning
- Capable and confident
- Healthy and safe
- Rich in their heritage

### [The Community Safety Strategy - June 2001](#)

The Wellbeing Alliance Highland Community Safety Strategy has been developed to maintain and improve upon the healthy and safe environment that exists in Highland for people to live, work and visit.

There is, however, room for improvement. Following consultation and examination of statistics the following priority areas have been identified:

- Crime and fear of crime.
- Domestic abuse.
- Home and fire safety.
- Racial equality.
- Road safety.
- Young people.

Community Safety is one of the key themes of the Wellbeing Alliance Highland Community Plan.

### Supporting People - December 1998

Supporting People is a new funding and policy framework for housing support to vulnerable people (including people with community care needs), which is to be managed corporately by the local authority. It is to be introduced from April 2003 and will replace the various ways in which housing support is currently funded, ie Housing Benefit, Income Support Residential Allowance, and Scottish Homes Special Needs Allowance Package. During the implementation period (up until April 2003), a Housing Benefit Transitional Scheme is in place. This has been designed to:

- Maintain stability in the supported accommodation sector.
- Allow new projects to be developed.
- Provide funding for private sector accommodation.
- Promote transparency.
- Inform the funding requirements for 'Supporting People'.

The overall aim of Supporting People is to provide "...high quality and effective housing support to vulnerable people, to enable them to live independently." (The Scottish Executive)

This aim is to be achieved by:

- Focusing provision on local need: introducing a more systematic and strategic process to assess needs and map the supply of support services in local areas, and jointly commissioning services based on this information.
- Improving the range and quality of services: in the longer term promoting the development of a wider range of support services, based on informed good practice.
- Integrating support with wider local strategies: particularly within local authority Social Work and Housing departments and, where appropriate, the Health Service.
- Monitoring quality and effectiveness: to be carried out in a structured way, integrated with the Best Value regime and the regulation and inspection of support services. This is intended to lead to improvements in the standard of supported accommodation.
- Introducing effective decision making and administration: amending arrangements for funding and management to ensure that there is transparent decision making and cost effective administration.

In order to progress the above achievements, the Scottish Executive hopes to bring the responsibility for administering and funding support services together within the local authority. A series of consultation and guidance documents to help local authorities prepare for this new role is currently being issued.

### Modernising Government and Best Value

The Highland Council is committed to continuous improvement. Local authorities have been challenged by the Scottish Executive to:

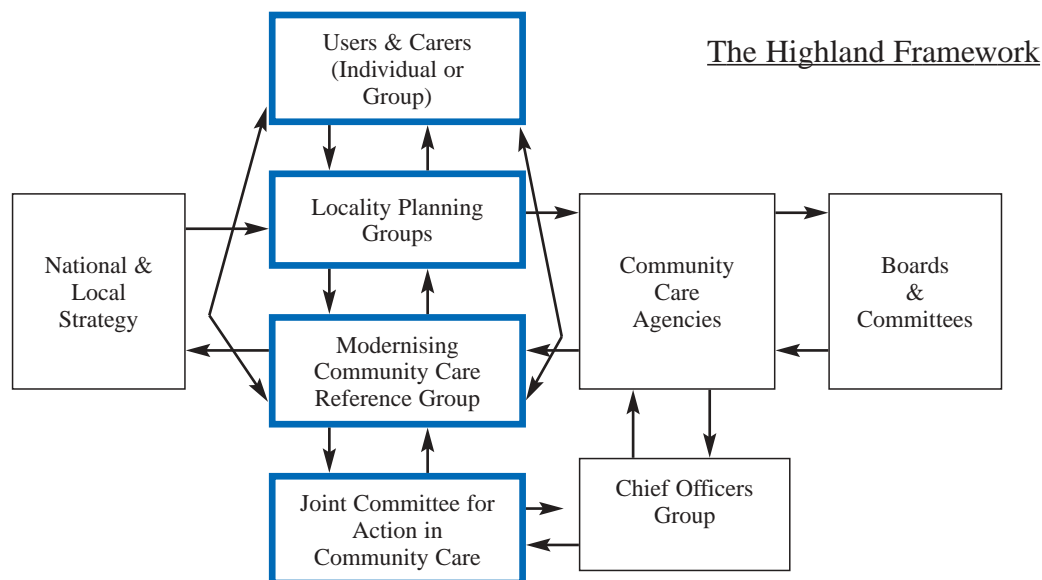
- Focus on results and search for continuous improvements.
- Improve partnership working between the public, private and voluntary sectors.

This applies to community care as well as the range of other services which the Local Authority provides. At a local level, the Modernising Agenda is being delivered through a programme of Best Value reviews.

## Section Four: The Highland Context

### 4.1 New Planning Framework in Highland

The arrangements for joint planning in Highland aim to have users and carers leading the Modernising Community Care agenda. These arrangements have further evolved since the development of the Joint Committee for Action in Community Care and the strengthening of the remit of the Modernising Community Care Reference Group.



The purpose of joint planning is to:

- Integrate and co-ordinate, as far as is practicable and appropriate, the planning for Housing, Health and Social Work.
- Provide a clear, simple and efficient means through which users and carers views can genuinely influence planning.
- Produce statutory plans, which dovetail and are a demonstrable response to need.
- Make it much easier for the public, service users, Government, elected members and officials to find out what is planned for key user groups across the Highlands and why.
- Allow agencies to increase their concentration on the implementation of shared objectives thus ensuring that we achieve the best use of scarce resources.

The key elements of joint planning are:

Locality Planning Groups - are the main building blocks of local planning. They co-ordinate local inter-agency working, identify needs, propose new developments, prepare plans and establish liaison arrangements regarding national strategies.

Membership of Locality Planning Groups include Area Managers of the Highland Council; Highland Council Social Work, Housing and Education Services; NHS Highland, Local Health Care Co-operative, the local Community Care Forum, Voluntary Sector and Independent Providers.

## Section Four: The Highland Context

Several locality groups are reviewing their format to take account of local developments in joint working.

Modernising Community Care Reference Group - this group was originally formed by users and carers who were involved in making presentations to the first Modernising Community Care seminar in April 1999. The Group continues to represent users and carers across the Highlands and has formal representation on the Joint Committee for Action in Community Care. Its remit is to:

- Enable users and carers to play their full part centrally and in the localities in community care planning, monitoring, and service provision.
- Participate in the new Joint Committee for Action in Community Care so that the user/carer perspective is at the centre of planning
- Ensure the philosophy of Modernising Community Care is adopted within the practice of all community care planning and services.
- Ensure the objectives within Modernising Community Care are adopted and become central to all community care planning and services.

The Joint Committee for Action in Community Care - Provides strategic leadership on community care by approving new strategies, monitoring their progress and agreeing the Joint Community Care Plan. The Committee also identifies the financial commitments necessary to implement inter-agency agreements and Community Care Plans. This will include agreeing pooled or aligned budgets. Membership includes:

- Elected members of The Highland Council Housing and Social Work Committee.
- User and carer representatives.
- Executive and Non-executive Directors of Highland Health Board and Highland Primary Care NHS Trust.

Meetings are attended by staff from relevant partner organisations.

The Chief Officers Group - is made up of senior officers of the key statutory agencies namely the:-

- Director of Social Work Services (Highland Council)
- Director of Housing Services (Highland Council)
- Chief Executive of Highland Primary Care Trust
- General Manager, Highland Health Board

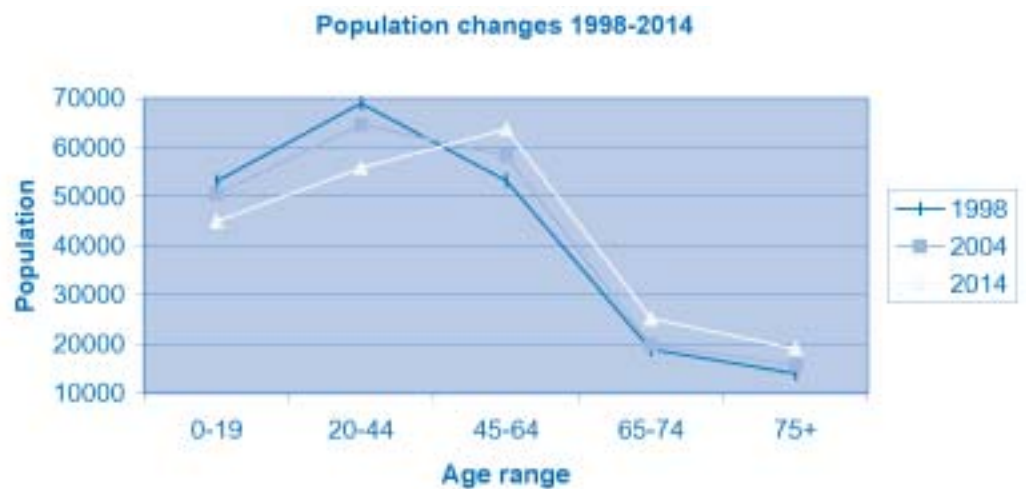
The Chief Officers Group has responsibility for overseeing the community care planning process and for setting the strategic direction for the development of community care services for the Highlands.

### 4.2 Demographic and Geographic Challenges

This group has an important role to play in ensuring that effective co-ordination of planning activity takes place across all agencies in this area, therefore avoiding duplication, overlaps and ad hoc planning within individual agencies.

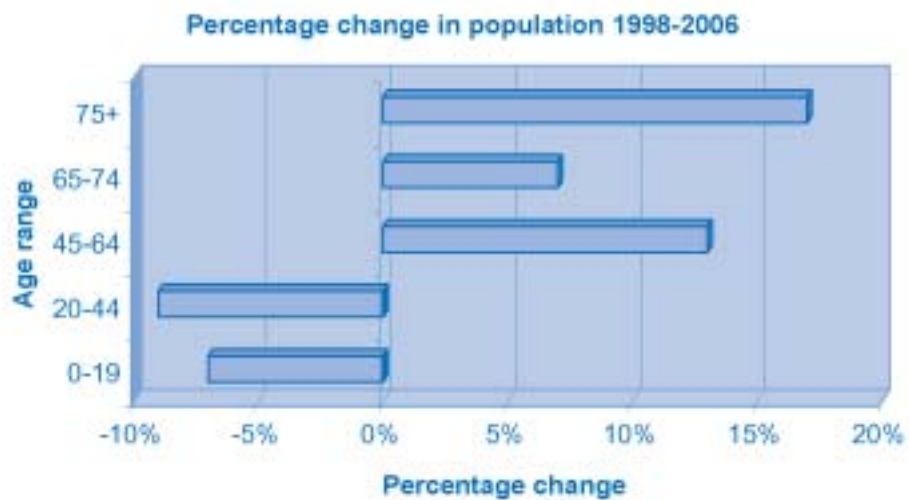
There are approximately 209,000 people living in the Highland area. The population in Highland is projected to remain static between now and 2014. However, within this total, significant change in the age profile is anticipated. Graph 1 below shows the increasing trend towards an older population both during the life of this Plan and beyond. Trends show rural depopulation, particularly in the most remote areas.

Graph 1



Graph 2 below shows the percentage shift in this age structure, and highlights the major increase in people aged 75 and over.

Graph 2



The highest level of demand for Community Care Services comes from people in the 75 and over range.

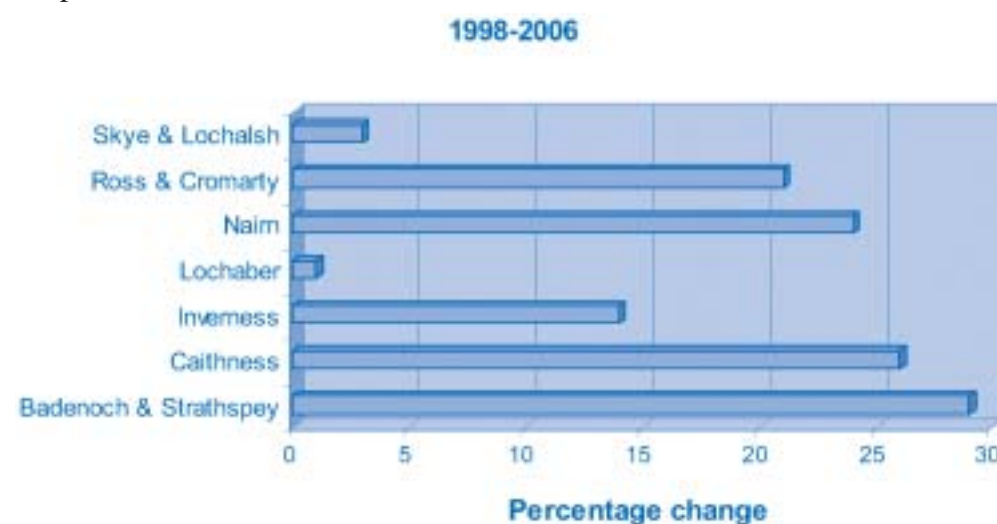
## Section Four: The Highland Context

The following factors also need to be taken into account:

- Young people moving away to find work.
- A resultant lack of the “traditional carer” age group.
- An increase in demand for services by the ageing population.
- A high proportion of older people in the Highlands living in single person households.

In planning future community care services in Highland we need to take account of the considerable variation by Area in the percentage changes in population aged 75 and over. Graph 3 below highlights the future pressure points for local services.

Graph 3



Information taken from a series of Housing and Community Care Needs Assessments published by the Highland Council in February 1999 shows:

- Within the older population (aged 65+), it is estimated that by 2006 there will be approximately 22,300 households with some level of housing and community care need. Around a quarter of these households are likely to need fairly intensive support, ranging from adapted housing and community alarms to intensive, barrier-free housing.
- Within the younger population (aged 16-64), it is estimated that by 2006 there will be an increase in the number of both people with mental health problems and people with learning disabilities, who are likely to have housing and community care needs. Although the increase seems fairly low (4%), it is much higher than the estimated increase for Scotland as a whole (0.6%) over the same period.

These factors will have a significant bearing on the level and type of demand for Social, Health Care and Housing services in the future.

### 4.3 Spending on Community Care

**Table 2 -  
CIPFA Rating  
Comparison  
1999/00**

Of local authorities researched by the Chartered Institute of Public Finance and Accountancy (CIPFA), the Highland Council is currently fourth highest in its expenditure on nursing home care; tenth highest in its expenditure on residential care; twenty-fourth highest, i.e. fifth lowest, on its expenditure on domiciliary based care.

The table below demonstrates this comparatively high level of expenditure on residential and nursing home care, and comparatively low level of expenditure on day care, meals-on-wheels and sheltered accommodation, and a very low level of expenditure on domiciliary care.

<b>Service</b>	<b>Net Expenditure (£000)</b>	<b>Per Head of Population</b>	<b>Benchmarking Expenditure Against Other Scottish Councils</b>
Nursing Home Care	3,990	19.16	4th out of 17 Councils
Residential Care	7,011	33.66	10th out of 28 Councils
Day Centre and Meals on Wheels	638	3.06	15th out of 28 Councils
Sheltered Housing	242	1.16	16th out of 26 Councils
Domiciliary Care	3,262	15.66	24th out of 27 Councils

It can be seen that the Highlands face particular challenges in achieving what the Government requires.

To meet these challenges other local authorities have looked at a range of options and in several instances have either closed or transferred in-house provision.

The Highland Council chose to respond in a more gradual way by increasing the community based infra-structure, reducing bed numbers, increasing day care and beginning to move resources towards home care. A major policy review commissioned by The Highland Council is due to report by April 2002.

In addition, the Highland Housing and Community Care Trust was established to increase affordable and accessible housing for people with community care needs.

Overall community care expenditure in Highland is broadly in line with national figures, however the local factors of rurality and sparsity impose additional hurdles. The balance of spending reflects some progress over the past three years in modernising services. A major transfer of funds away from institutional services to home and community alternatives still needs to be achieved during the life of this Plan, to meet the policy objectives detailed in Section 3.

## Section Four: The Highland Context

The Highland Council, in association with the Health family and independent sector providers, is undertaking a strategic review of community care services for older people. This will report in Spring 2002 and will outline key strategic targets regarding the balance of care.

**Table 3a - Social Work and Housing Service Spend by User Groups**

<b>User Group</b>	<b>1999/2000 Actual £000</b>	<b>2000/01 Estimated £000</b>
Older People	21,896	23,248
Learning Disability	6,414	6,588
Mental Health	2,465	2,546
Physical or Sensory Disability	1,020	1,079
Substance Misusers	401	414
Homeless Vulnerable People	355	366
Care Management (All Groups)	3,501	3,794
Statutory Consultation	172	175
Less Health Board Resource Transfer	-6,400	-6,950
<b>Total</b>	<b>29,824</b>	<b>31,260</b>

## Section Four: The Highland Context

**Table 3b - Social Work and Housing Service Spend by Service Type**

Service Type	1999/2000 Actual £000	2000/01 Estimated £000
Social Work		
Home Care/Support Workers	3,356	3,542
Domiciliary Alarms	112	115
Lunch Clubs/Meals on Wheels	119	125
Supported Accommodation	2,895	3,102
Aids and Adaptations	496	682
Training & Guidance Projects	587	601
Day Care/Drop-in Centres	4,285	4,405
Nursing Care	8,021	8,540
Residential Care	8,006	8,220
Care Management	3,624	3,794
Carers Strategy	0	95
Statutory Consultation	172	175
<b>Housing</b>		
House Adaptations	965	1,020
Enhanced Housing Management	220	234
Garden Maintenance	190	218
Care and Repair	1,550	1,607
House Improvement Grants	1,010	1,076
Less Health Board Resource Transfer	-6,400	-6,950
<b>Total Highland Council</b>	<b>29,208</b>	<b>30,601</b>
<b>Scottish Homes</b>		
House Adaptations	170	184
Enhanced Housing Management	390	415
Care and Repair	56	60
<b>Total</b>	<b>29,824</b>	<b>31,260</b>

## Section Four: The Highland Context

**Table 4a - All Health Expenditure on Community Care User Groups**

User Group	1999/00 Actual		2000/01 Estimate		1999/00 Scotland	
	£000	%	£000	%	£000	%
Mental Health	18,911	33%	20,915	34%	479,290	34%
Learning Disability	6,086	11%	6,458	10%	160,789	11%
Older People	32,764	56%	34,819	56%	788,558	55%
<b>Total Expenditure</b>	<b>57,761</b>	<b>100%</b>	<b>62,192</b>	<b>100%</b>	<b>1,428,637</b>	<b>100%</b>
Other items						
Terminal Care	155		300			
Voluntary Organisations	683		732			
Mental Health Development Funds	154		174			
Misc. Community Care Initiatives	70		269			
	1,062		1,475			
<b>Grand Total</b>	<b>58,823</b>		<b>63,667</b>			

## Section Four: The Highland Context

**Table 4b - All Health Expenditure on Community Care User Groups by Service Type**

Service Type	1999/00 Actual		2000/01 Est.		1999/00 All Scotland	
	£000	%	£000	%	£000	%
<b>Mental Illness</b>						
Inpatients	12,090		13,553		331,829	
Outpatients	381		427		25,922	
Day Patients	101		104		32,271	
Community Services	3,198		3,601		46,915	
Resource Transfer	3,141		3,230		42,353	
	18,911	33%	20,915	34%	479,290	34%
<b>Learning Disability</b>						
Inpatients	3,635		3,784		88,465	
Outpatients	34		35		1,122	
Day Patients	0		0		2,249	
Community Services	582		619		10,797	
Resource Transfer	1,835		2,020		58,156	
	6,086	11%	6,458	10%	160,789	11%
<b>Care of the Elderly</b>						
Inpatients	14,037		15,311		325,801	
Outpatients	85		98		6,187	
Day Patients	859		989		16,839	
Community Services	16,633		16,671		397,218	
Resource Transfer	1,150		1,750		42,513	
	32,764	56%	34,819	56%	788,558	55%
<b>Total Expenditure</b>	<b>57,761</b>	<b>100%</b>	<b>62,192</b>	<b>100%</b>	<b>1,428,637</b>	<b>100%</b>
<b>Other items</b>						
Terminal Care	155		300			
Voluntary Organisations	683		732			
Mental Health	154		174			
Development Funds						
Misc Community Care	70	269				
Initiatives						
	1,062		1,475			
<b>Grand Total</b>	<b>58,823</b>		<b>63,667</b>			
<b>Notes</b>						
1. 1999/00 Expenditure is based on Trust information from provisional cost book information						
2. 2000/01 Estimate is based mainly on HPCT budget information						
3. GP Beds have been included against Care of Elderly expenditure on the basis that the vast majority of activity in these beds relate to elderly clients.						
4. Community services included against Care of Elderly includes all non-specific community NHS services which will, in fact, service all client groups including children and physically disabled to varying degrees.						

## Section Four: The Highland Context

**Table 5a -  
Estimated Sums  
Available to  
Purchase Social  
Care 2000 - 2004  
From Independent  
Sector e.g.  
Residential,  
Nursing Home &  
Home Care  
(at 2001 Prices)**

Projections of funding for future years are based on the best information available, drawn from NHS "National" Budgets and Highland Council 3-year budget plans. Figures for future years may be revised during the life of this Plan.

It is expected that the following sums will be available for spending on Social Care services:

*Table 1: Estimated Sums Available to Purchase Social Care 2000 - 2004*

Source	2000/01 Actual £000	2001/02 £000	2002/03 £000	2003/04 £000
Local authority expenditure	16,399	17,258	17,711	18,025
DSS Resource Transfer	11,550	11,760	14,585	14,933
Scottish Executive Joint Futures Monies		1,071	1,285	2,142
Scottish Executive Carers' Monies	194	387	429	630
'Modernising Community Care' Fund	290	387	389	392
Highland Health Board Resource Transfer:-				
People who are Mentally Ill; who are Older and Mentally Ill or who have Learning Disabilities	5,239	5,244	5,244	5,244
Older People	1,750	2,350	2,790	2,790
Specific Grant Mental Illness	538	568	568	568
Independent Living Fund Transfer	431	436	436	436
<b>TOTAL</b>	<b>36,391</b>	<b>39,461</b>	<b>43,437</b>	<b>45,160</b>

Note: the increase in DSS Resource Transfer in 2002/03 arises from the transfer of financial responsibility for pre-1993 cases from the DSS to local authorities with effect from April 2002.

## Section Four: The Highland Context

**Table 5b - Planned Expenditure on Social Care Purchasing 2000 - 2004 (at 2001 Prices)**

It is expected that the available funds will be spent as follows:

**Table 2: Planned Expenditure on Social Care Purchasing 2000 - 2004**

Source	2000/01 Actual £000	2001/02 £000	2002/03 £000	2003/04 £000
<b>Local Authority Provision</b>				
Residential Care for Older People	2,921	2,751	2,710	2,370
Very Sheltered Housing - Older People	2,648	2,819	2,930	3,036
Day Care for Older People	1,512	1,576	1,650	1,650
Home Care Services - Older People	4,260	5,879	6,274	7,549
Home Care Services - Learning Disability	360	374	274	274
Residential Care - Learning Disability	462	494	494	494
Day Centres - Learning Disability	2,308	2,341	2,341	2,341
Respite Care	470	483	485	500
Aids and Adaptations	437	460	450	500
Physical and Sensory Impairment	60	64	70	75
Other	255	262	232	232
<b>Sub-Total</b>	<b>15,693</b>	<b>17,503</b>	<b>18,000</b>	<b>19,019</b>
<b>Purchased Externally</b>				
Res/Nursing Care for Older People	12,522	12,876	15,375	15,044
Day Care for Older People	110	110	110	110
Home Care Services - Older People	535	950	1,325	1,725
Res/Nursing Care - Learning Disability	1,872	1,650	1,600	1,600
Supported Accommodation - Learn Dis.	624	629	755	895
Day Care - Learning Disability	40	40	40	40
Home Care Services - Learning Disability	32	32	32	32
Res/Nursing Care - Mental Illness	1,550	1,590	1,605	1,695
Respite Care	276	850	1,300	1,750
Mental Illness and Dementia Projects	769	811	811	811
Res/Nursing Care - Physical Disability	556	575	575	575
Day Care - Physical Disability	61	61	75	80
Substance Misuse	376	382	382	382
Other	1,375	1,402	1,402	1,402
<b>Sub-Total</b>	<b>20,698</b>	<b>21,958</b>	<b>25,437</b>	<b>26,141</b>
<b>GRAND TOTAL</b>	<b>36,391</b>	<b>39,461</b>	<b>43,437</b>	<b>45,160</b>
<b>Percentage Purchased Externally</b>	<b>57</b>	<b>56</b>	<b>58</b>	<b>58</b>

There will be a shift from residential and nursing to home based care and the percentage of services sourced externally is likely to increase.

## Section Four: The Highland Context

**Table 5c - Planned Volumes of Social Care Purchasing 2000 - 2004**

Planned volumes of care to be purchased are as follows:

**Table 3: Planned Volumes of Social Care Purchasing 2000 - 2004**

Source	Units	2000/01 Actual	2001/02	2002/03	2003/04
<b>In-House Provision</b>					
Residential Care for Older People	places	320	310	305	290
Day Care for Older People	places	450	460	470	475
Home Care Services - Older People	hrs/wk	13,902	19,185	20,474	24,649
Home Care Serv. - Learn Disability	hrs/wk	909	1,015	1,020	1,020
Residential Care - Learn Disability	places	19	19	19	19
Day Centres - Learning Disability	places	305	305	305	305
Respite Care	weeks	1,924	1,980	2,100	2,100
Aids & Adaptations	number	525	560	560	600
<b>Purchased Externally</b>					
Res/Nursing Care for Older People	places	831	810	967	960
Day Care for Older People	places	110	110	110	110
Home Care Services - Older People	hrs/wk	1,524	2,706	3,774	4,913
Res/Nursing Care - Learn Disability	places	129	130	130	130
Day Care - Learning Disability	places	31	31	31	31
Home Care Serv. - Learn Disability	hrs/wk	85	95	99	105
Res/Nursing Care - Mental Illness	places	102	100	90	90
Respite Care	weeks	1,380	1,980	2,240	2,750
Mental Illness & Dementia Projects	number	12	12	12	
Res/Nursing Care - Physical Disab.	places	72	72	72	72
Day Care - Physical Disability	places	15	15	15	15
Residential Care - Substance Misuse	places	16	16	16	

### 4.4 Recent Achievements

Over the last three years progress has been made in a number of key areas including:

- Support to an increasing number of people with learning disabilities and mental illness in community settings as part of an extensive reprovisioning of hospital services. This has meant a reduction from 60 to 40 beds for in-patients.
- Significant additional resources being made available to support carers.
- A structured approach to improving service quality through a programme of Best Value reviews.
- Strengthening joint planning arrangements, with user and carer representation on key strategic working groups and committees.
- Significant developments in relation to multi-disciplinary teams.
- Development of a multi-agency strategy on services for older people.
- A more integrated approach to the delivery of Occupational Therapy services, including the development of single assessments and joint equipment services, thereby reducing waiting lists.
- The establishment of a rapid response team model of service delivery and the development of hospital discharge protocols.

### 5.1 INVOLVEMENT AND PLANNING

#### 5.1.1 Strategic Aim

To ensure that the user and carer perspective is at the centre of all services.

#### 5.1.2 Policy Context

The theme of users and carers being at the centre is at the heart of national and local policy and is reflected in the following publications:

“The same as you?” - “People with learning disabilities should be able to be at the centre of decision-making and have more control over their care.”

Our National Health - a Plan for Action; a Plan for Change - “A patient-centred NHS must not just be a slogan; it must become a way of life. We want to work with the NHS to ensure that patient focus is embedded in the culture. To make this happen we will make sure that listening, understanding and acting on the views of local communities, patients and carers is given the same priority as clinical standards and financial performance.”

Report of the Joint Future Group - “Local Partnership Agreements should include the performance management framework to be used to monitor progress, evaluate impact and guide corrective action if necessary. (This is likely to include user and carer feedback).”

Social Inclusion - Opening the Door to a Better Scotland - “The benefits of action to promote inclusion will only be sustainable if they enable individuals and communities to take up new opportunities and to take control of their own situations.”

Social Justice - a Scotland Where Everyone Matters - “Community Empowerment policies are all about listening to what communities want, by providing the where with all for them to be heard and by devolving decision-making for services right down to the people who want them. We are:

- Giving power to communities to make decisions and to influence others.
- Building skills, confidence and capacity”.

Community Plan for Highland 2000 - The Wellbeing Alliance partners will:

- Improve the efficiency and effectiveness of consultation undertaken by the partners by providing better information and feedback on the outcomes and engaging people who do not presently make their voices heard.
- Make development and support of Active Citizenship an aim of the Community Learning Strategy for Highland and of local Community Learning Plans.
- Promote active involvement in communities.

### Health Improvement Programme 2000 - 2005: The Highland Health Service -

We believe the empowerment of patients is a key driver to modernising health. The Health Improvement Programme states “... the patients’ voice in the Highlands plays a central role in the design of services. Highland Health Service will use the strengthened patients’ voice to inform its drive to constantly modernise and improve the quality of service patients receive and the clarity and quality of decision-making which underpins the modernisation programme.”

### The Principles of User and Carer Involvement

- Equal opportunity for users and carers to become involved.
- Build on existing community networks.
- Respect the special nature of different communities.
- Involve people from their individual perspective.
- Involve people from the start and agree all stages.
- Work in a community development way.
- Promote a culture of involvement across all services at all levels.

### The Economics of User/Carer Involvement

There are a number of pre-conditions if user/carers involvement is going to be meaningful, relevant, sustainable and above all capable of making a difference to quality of life. Correspondingly if these pre-conditions are not met then involvement will remain a fringe activity designed only to satisfy certain one sided political agendas.

Involving users, carers and community groups can be labour intensive and costly. Costs may include skilled facilitators, interpreters, technical expertise (research methodology) venues, information materials, administrative support and staff time. Transport costs (high in a rural area) must be met and there must be no care deficit - respite and childcare costs must be covered as should loss of earnings.

It might be easier and cheaper to ask for “one - off views” but if sustainable results are the goal then public engagement in the longer-term debate must be the process. This requires resources for capacity building, training, information and skilled facilitators.

### What has been achieved to date?

Users and carers involved in Modernising Community Care Action Plan:

- Seminar 1999
- Seminar 2000
- Highland Modernising Community Care Action Plan
- Joint Committee for Action in Community Care

### What are we doing now?

#### *Users and carers involved in:*

- Modernising Community Care Reference Group (see Section 4)
- Framework for Mental Health (see section 7F)
  - User champions are now in place in the majority of areas.
  - Finance to underwrite the cost of user and carer involvement secured through Mental Health and Wellbeing Fund.
  - A series of local planning events involving users and carers is underway.
- Learning Disability Review Group
- Healthy Living Centre Bid
  - Service users continue to be involved at the second stage of the application process through the Health & Happiness Groups and through Highland wide roadshows. If the bid is successful the involvement of users will remain central to the development and delivery of the whole project.

#### Highland Carers Strategy Steering Group

This group, comprising carers and representatives of caring organisations, monitors and evaluates the progress of the Highland Carers Strategy. Currently the focus is on :

- Clear and relevant information.
- More short break (respite) and care opportunities for all.
- Better and more assessments of carers' needs.
- Carers funding has been targeted to priorities identified within the Highland Carers Strategy including:
  - Assessment of carers needs
  - Young carers support
  - Carers of people with dementia
  - Carers of people with mental health problems
  - Short break (respite care)

#### In addition the group is:

- Identifying new priorities and areas of action.
- Raising the profile and involvement of carers as equal partners.
- Identifying the priorities from the Highland Carers Strategy to guide the allocation of resources.
- Seeking feedback on how the money has been spent.
- Linking with other groups.
- Setting good practice.

### Pilot Carers Assessment - “Carers Support Plan”

A new approach to carers assessment has been piloted by the Princess Royal Trust for Carers: Highland Project in Inverness, Wester Ross and Skye. Key features of this pilot have been:

- Led and monitored by a Carers Assessment Advisory group, facilitated by Highland Carers Project, with carers with a range of experience and representatives from Health, Housing and Social Work.
- Training for carers, to enable them to participate as carer trainers in the training of Health and Social Work professionals to use the new approach.
- Joint approach to assessment with both Health and Social Work professionals being trained to assist carers to complete the Carers Support Plan.
- Close collaboration with Social Work and Health to enable participation of staff in joint training.
- Information provision to be a key feature of Carers Support Plan process.
- Evaluation of training through individual feedback and group comments.

The final report on the pilot is being completed, with recommendations to be presented to the Joint Committee.

### Highland Children’s Forum

This forum:

- Represents and enables the expression of the views and needs of children aged 0-19 years.
- Incorporates the views of their families and carers.
- Shares relevant information and experiences.
- Identifies common concerns and takes appropriate action.

### Young Carers

Two Young Carers Projects (in Skye and Sutherland) are currently in place working with children of primary and secondary school age. The work of these projects has illustrated the need for a strategic approach. It is hoped to develop services to young carers across the Highlands. Funding bids have been submitted through the Social Inclusion Partnership and the Highland Drug and Alcohol Strategy.

### Local Health Care Co-operatives

The value of involving users/carers and their representatives is demonstrated through a variety of mechanisms. The majority of Local Health Care Co-operatives are linking into the well developed user/carer networks of Highland Community Care Forum and the networks of the Health Council.

### Highland Community Care Forum

- Highland Community Care Forum works with users of community care services and their carers to develop the confidence, skills, knowledge, and networks through which they can become the central influence on the services that affect their lives.
- HCCF network (comprising ten local fora, fourteen Highland Users' Group, six People First groups and the Highland Carers' Project) is a major channel for involving users and carers locally, regionally, and nationally.
- Changes have been made in the governance and practice of HCCF. Authority and control of the organisation is now in the hands of users and carers across Highland.
- In addition to local activity, three Highland networking meetings and an Annual Conference are held each year.

### Best Value Review of Information and Involvement Services

As part of their commitment to involvement of users and carers Highland Council Social Work Services has recently completed a Best Value Review of the activities of Highland Community Care Forum, Age Concern Scotland and DASH (Disability Alliance in the Scottish Highlands).

This exercise consulted users and carers among others. A questionnaire was circulated, the results of which indicated a high level of satisfaction with the support offered through the three organisations. Issues raised in the review's improvement plan will be addressed over the coming year.

### Other Activities

In addition, there are a wide range of initiatives involving users and carers which include:

- A number of documents have been produced to begin to address user and carer and public involvement.
- Draft guidelines on patients, carers and community involvement in health care (Primary Care Trust).
- Strategy and outline implementation plan for the involvement of patients, carers and the public in the design and delivery of health services (Primary Care Trust).
- Renewed activity in Putting Patients First Forum in considering the Scottish Health Plan.

Further activities are noted in the Area Supplements.

### What are our future targets?

- a) Implement a rolling training programme on how to involve people for all staff, at all levels, in all services. Training will be by, with and for users and carers.
- b) Deliver programmes of training to build capacity of users and carers to play a part at the individual, organisational and strategic level.
- c) Develop and implement protocol for user/carer involvement in Highland.
- d) Through small scale pilot projects, develop a range of measurable ways that users and carers can comment on services.
- e) Carry out action research looking at ways to engage users and carers who may not presently make their voice heard.
- f) A well developed, integrated and consistent process throughout Highland for user and carer involvement.

## 5.2 ADVOCACY

“It is vital that people who, for whatever reason, are unable to put forward their own case are helped to find a voice to represent their interests and their views, and to ensure that they get the services they need.”

Malcolm Chisolm, MSP  
Deputy Minister for Health and Community Care

### Independent Advocacy: A Guide For Commissioners

“Health Boards and local authorities in Scotland are expected to adopt a proactive approach to commissioning advocacy. The commissioning task is challenging because:

- There are currently major gaps in people’s access to independent advocacy.
- Money for new projects is limited.
- A variety of models and approaches is needed.
- Advocacy crosses different ‘care groups’, and it is hard to gain a consensus on priorities.
- Independent advocacy groups need to be nurtured, but not controlled.”

### Independent Advocacy In Highland: Priorities For Future Development

We want to move towards an ideal where people can access the most appropriate form of advocacy to meet their needs and circumstances no matter where they live in Highland. This will of course be constrained by financial resources. We will work towards a position where the most serious gaps in the current network are filled and people have some access to advocacy across Highland.

This requires a network of advocacy services and groups rooted in local communities or in ‘community of interest’ groups, building on existing provision and comprising:

- Locally based generic individual advocacy services, both ‘episodic’ and longer term citizen advocacy.
- Specialist resources to support the local generic services for priority groups.
- Collective advocacy groups.

People are particularly vulnerable at a time of service change and re-provisioning. It is proposed that during such change, specialist, time-limited advocacy be available.

### Locally Based Services

The Highland Council and Highland Health Board are committed to providing locally based services wherever possible. It would be unrealistic to fund comprehensive, specialist advocacy services for each local area in Highland. The reality is often that a specialist service is not required. The proposed Highland wide specialist services would allow specialist advice and, if needed, specialist interventions to be given when and where required, by the specialist services. However, for most people, individual advocacy could be most appropriately provided by a locally based generic individual advocacy service. It is clear that most stakeholders have firm views that there need to be separate services provided for service users and for carers.

### Specialist Services

There is a need for specialist individual advocacy services for the following groups of people:

- People with mental health problems.
- People with learning disabilities.
- People with dementia.
- People with physical disabilities.
- People with sensory impairments.
- Children and young people.

There would be considerable benefit in all independent advocacy providers meeting regularly in a network to share skills, experience, training, the development of quality standards, etc. This should work to ensure the best use of resources through joint working arrangements and reduce any duplication. It should utilise existing resources.

A range of potential funding packages need to be explored further before a financial framework can be set alongside these proposed developments. At the time of publication of this Plan, the next stage of the process is to:

- Agree the overall funding to be made available by the commissioning agencies (Highland Council and Highland Health Board).
- Identify funding gaps and potential means of plugging the gaps.

- Set out a prioritised plan for year on year developments based on the above.

This plan is to be submitted to the Scottish Executive in October 2001, with a view to implementation from the beginning of 2002. The detailed Independent Advocacy Development Plan for Highland will be available as a Supplement to this Community Care Plan. It includes spending intentions for the £200 k, which has been allocated for the initiative.

## Section Six: Housing and Community Care

### 6.1 Introduction

The overall aim of the Highland Council's Housing Strategy (1998-2003) is to make the housing system work so that people in the Highlands, now and in the future, have a decent place to stay at a price they can afford.

The specific targets within the Housing Strategy which relate to the Community Care Plan are: to ensure that people with care or support needs have better housing opportunities, and a commitment to service user and carer involvement.

As well as the Council's role in enabling people with care or support needs to have better housing opportunities, major contributions are made by Housing Associations and voluntary organisations providing housing and support. Throughout this section, therefore, the terms 'housing' and 'housing agencies' refer to the social housing sector, i.e. Highland Council's Housing Service, Housing Associations, Scottish Homes\* and the voluntary organisations who provide housing as well as support.

\* the role, status and title of Scottish Homes will change during the life of this Plan. It will become a national executive agency with a regulatory role, and will be renamed Communities Scotland.

### 6.2 Housing's Contribution to Community Care

Housing contributes to community care in a number of ways:

- Housing for rent which includes very sheltered and sheltered housing, amenity and wheelchair accessible housing, and housing with community alarm systems.
- Supported accommodation for people with learning disabilities, people with mental health problems, people with mobility impairments, older people, people with drug and alcohol problems, and young people.
- Equipment and adaptations for older people and disabled people, within both the private and public sector.
- Enhanced housing management for people with community care needs, eg warden services within sheltered housing, garden maintenance and tenancy support.

### 6.3 Housing challenges in Community Care

Although housing plays an important role in enabling care in the community by providing a range of services to people with care or support needs, its ability to meet current and future needs is affected by a number of issues.

These are:

- The decline in affordable rented housing (over 10,000 Council homes sold in the Highlands under Right to Buy since 1980: 35% of all the Council's housing stock), compared to a steady increase in demand for rented housing.
- The need to enable the move from institutional models of care to more individual housing with support.

## Section Six: Housing and Community Care

- The overall lack of housing and support available throughout the Highlands, across all community care client groups.
- The overall lack of housing which is suitable for people with mobility impairments.
- The need for more detailed, local information on the housing and support needs of all community care client groups, to inform housing planning and development.
- The need for a range of accessible information and advice on housing for people with community care needs.

### What have we achieved to date?

- Highland wide housing and community care needs assessments for people with learning disabilities, people with mental health problems, people with mobility impairments and older people have been carried out.
- All new housing built with subsidy from The Highland Council or Scottish Homes must now take cognisance of Housing for Varying Needs Standards.
- A Joint Homelessness Strategy for the Highlands has been developed and implemented with our partners.
- The development of a Night Shelter in Inverness for homeless people, with input from Housing, Social Work and Health Services.
- Scottish Homes have increased funding for the Care and Repair Scheme across Highland.
- Additional funding has been secured for Care and Repair, through Highland Health Board resource transfer monies.

### What are our future targets?

- a) Assist people to remain at home and maintain a good quality of life.
- b) Implement, and gain best value from the new Supporting People funding.
- c) Ensure that existing partnership arrangements prioritise, and contribute to, meeting community care needs in housing planning and development.
- d) Continue to develop effective joint working at both the strategic and local level, to ensure that the housing and support needs of service users and carers can be met.
- e) Increase the provision of a range of affordable housing for people with care and/or support needs, built to housing for varying needs standards.
- f) Raise awareness among Housing staff on the housing issues for people with care and/or support needs, and increase knowledge of potential housing options.
- g) Contribute to achieving the aims of the Social Inclusion Partnerships in the Highlands.
- h) Find housing solutions for people with care and/or support needs who are homeless, or at risk of homelessness.

## Section Seven (A): User Groups – Older People

### 7.A OLDER PEOPLE

#### 7.A.1 Strategic Aims

The overarching aim of our multi-agency strategy for services for older people is:

*To maximise the well-being of older people, maintaining their independence in their own communities.*

The following principles have shaped the strategy:

- All service planning should be person centred.
- Local situations require locally developed solutions.
- Multi-disciplinary inter-agency working is the key to success.
- Equity of access to appropriate service provision is sought across Highland.
- All practice must demonstrate quality with underlying systems of quality assurance in place.
- Involvement of users and carers is essential.
- Matching services to the growth in the ageing population, especially the very old.
- Reducing inappropriate admissions to institutional settings, and facilitating hospital discharge and resettlement.

Three key actions areas have been identified:

#### **The promotion of the wellbeing of older people within their homes or their own communities**

Older people will have a greater involvement in their wellbeing and in shaping the services they require. They will have access to information and support to help them make informed choices.

#### **The provision of appropriate community care**

Seamless services will exist within agreed local areas, avoiding gaps, overlaps and barriers. Access to appropriate, defined local services will be rapid, ensuring a continuum for the individual, ranging from home based services through to residential and/or nursing home care to prevent hospital admission.

#### **Responsive acute care for older people when they need it**

There will be rapid access to specialist care and investigation avoiding delay.

## Section Seven (A): User Groups – Older People

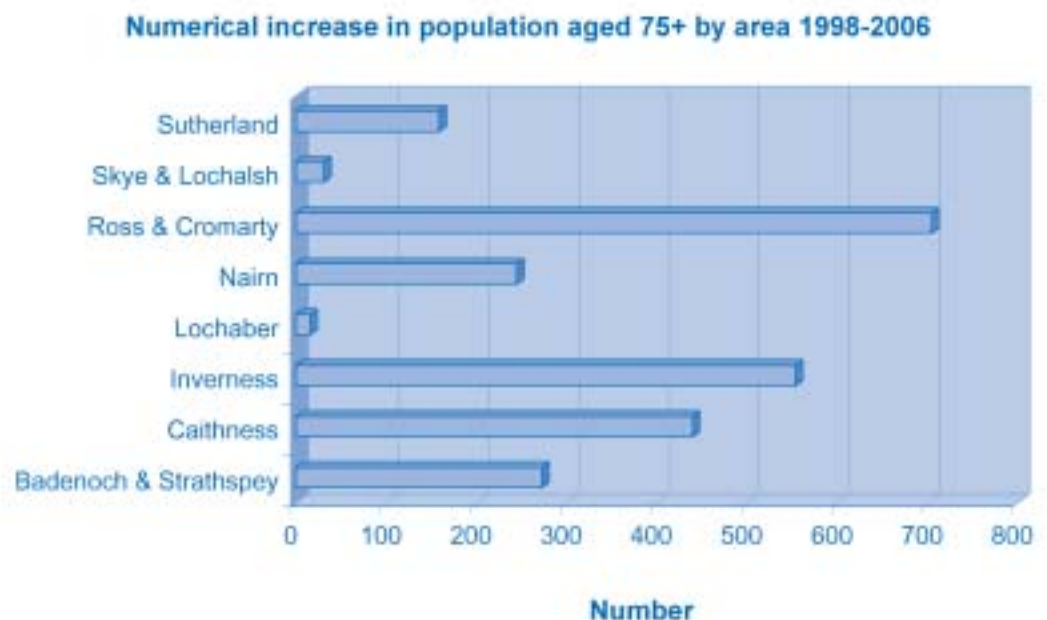
### 7.A.2 Background and Priorities

The Government has made it clear that it wishes local authorities and their planning partners to move resources away from residential and nursing home care to localised models based on the separation of housing and support services.

In the Scottish Social Justice Charter, the Government has set a longterm aim of increasing “the number of older people who enjoy active, independent and healthy lives”. They intend to do this by improving access to care and health services, especially those that can be delivered in older people’s own homes. More specifically, they intend to double the proportion of older people receiving short breaks (respite care) at home by 2020.

This will enable individuals with care needs to live in their own homes, or accommodation with support for as long as possible. The emphasis will be on intensive support, for more people in their own homes, recognising that resources need to be increasingly targeted towards the development of barrier free housing with support, home care, day and respite services, in order to support those whose needs are not currently being met.

New pressures on services for older people will as (highlighted in Section 3) not fall equally on all areas of Highland. The following graph shows the projected increase in the number of people aged 75 and over by Highland Council Area. It will be important to target additional resources in those areas with the greatest increase (e.g. Ross and Cromarty).



## Section Seven (A): User Groups – Older People

### What have we achieved to date?

- Modernising Community Care funding was allocated by a group which includes users, carers and their representatives.
- For older people, funding went to a range of services including specialist respite care for people with dementia, handy person schemes, and home based support services, in various areas of the Highlands.
- An assessment of the housing and community care needs of older people was carried out across Highland, to identify gaps in housing to be addressed by housing agencies in every area.
- A range of joint training and practice developments are taking place across the Highlands involving Health, Housing and Social Work staff. This includes joint training on care management, and the implementation of a single assessment and joint equipment service for occupational therapy. (Ross and Cromarty)
- The Highland Council Review of the Social Work Capital Plan has agreed to implement policy directives which mark a shift in service delivery from institutional care to home based support.
- There has been an increased investment in home based support services.
- The first year of a three year training programme for home carers, on a modernised home care service, has been completed.
- A Best Value Review of home based support services has reported, and the recommendations in it will be taken forward.
- The Inspection and Registration Team of Social Work Services has exceeded its target of two inspections for each residential home, with reports of these inspections published.
- Extension of the provision of day care by groups such as the Dunbeath Day Care Association and the Lybster Day Care Association in Caithness.
- The Local Care Partnership targeting Winter Pressures Money to the effective operation of a Community Rehabilitation Team in Inverness.

### What are we doing now?

- The Joint Committee for Action in Community Care has agreed a strategy for targeting additional resources for community care, amounting to £387,000. This includes the funding of placements to prevent people having to stay in hospital unnecessarily. The funding will also:
  - Enable a rapid response service, at present limited to Inverness, to be developed in other areas within the next two years.
  - Allow Social Work to modernise the meals on wheels service.
  - Extend volunteering in the NHS.
- The Occupational Therapy service across Health and Social Work is being modernised to ensure a greater level of service integration. Developments include:

## Section Seven (A): User Groups – Older People

- Additional staffing resources have been targeted to reduce waiting lists.
  - Single assessments have been piloted in Inverness and include an assessment of health, social and housing needs.
  - A further joint equipment service in Inverness from April 2002. The extending of this to other parts of the Highlands will take place over the next two years.
- Developing self-assessment and equipment selection systems for service users.
  - Thirty five to forty housing units for older people are at a feasibility stage, and work is underway to take forward a variety of housing, day care and respite services.
  - Increased investment in Care and Repair has been agreed as part of a funding package made up of additional community care funding from the Scottish Executive, and an increase in resource transfer for older people from Highland Health Board.
  - Multi-agency adult protection procedures are being reviewed jointly. Accident Prevention Year has resulted in support for new initiatives on home safety, and more training for those at risk.
  - Home Safety Pilot on accident prevention.
  - Increasing Strength and Balance - developing Movement to Music training throughout Highland.
  - The Primary Care NHS Trust are implementing the recommendations of the Scottish Health Advisory Service report.
  - In recognition of the issues of both delayed, and unplanned, discharge, joint protocols on hospital discharge have been developed and implemented.

### What are our future targets?

- a) Eliminate current overspend on residential and nursing home care by investing new resources in community based provision and therefore supporting more people in their own homes for longer.
- b) Eliminate delays in discharging people from hospital when they no longer require hospital care.
- c) Establish comprehensive joint discharge/rapid response services in all Areas by June 2003.
- d) Establish intensive home care support services in all Areas by December 2001.
- e) Provide short breaks (respite) to everyone who requires this service to enable them to continue to live at home.
- f) Measure the need for shopping/domestic/household maintenance services and where needed, improve the availability of these.
- g) Implement single shared assessment tools and procedures by April 2002.
- h) Complete the integration of Occupational Therapy services by April 2003.
- i) Jointly manage and resource community care services by April 2002.

## Section Seven (B): User Groups – People with Dementia

### 7.B PEOPLE WITH DEMENTIA

#### 7.B.1 Strategic Aims

The “*Framework for Mental Health Services in Scotland: A Highland Response*” makes the development of specialist and/or integrated services which meet the specific individual needs of older people a priority. This will involve a combination of age specific services and generic mental health services, recognising that needs rather than age distinctions should be the basis for care and support.

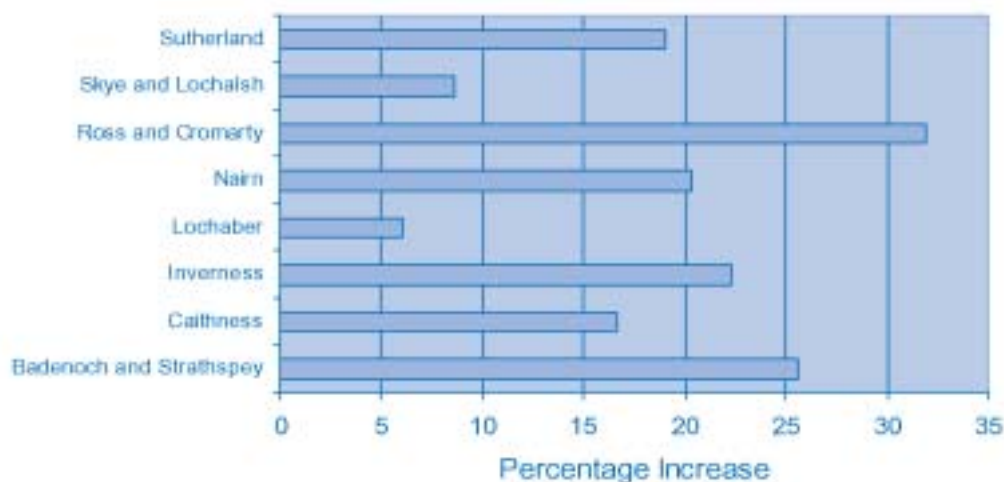
#### 7.B.2 Background and Priorities

Many service users with dementia and their carers will also require mental health or older peoples’ services. The information relating to these services can be found in sections A and F. This section covers additional specialist services.

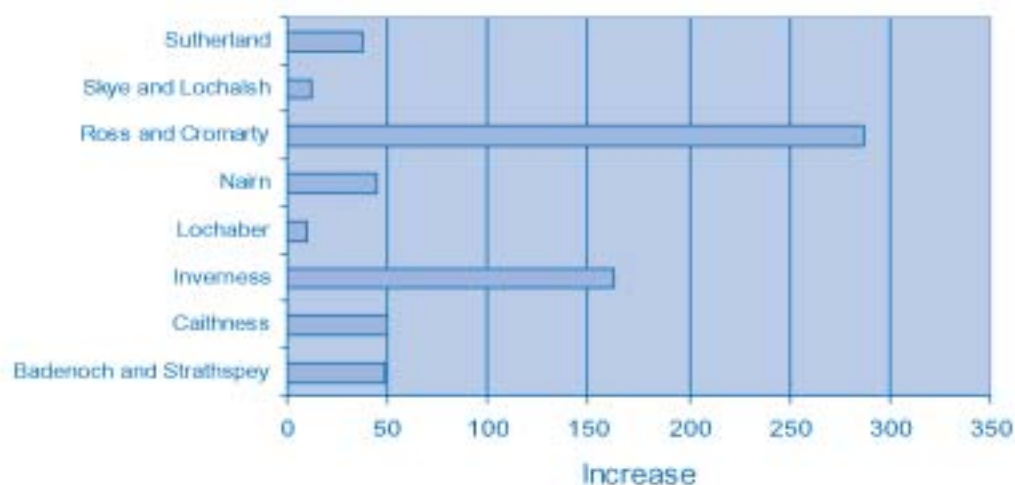
The term *dementia* is used broadly to cover a wide variety of permanent and deteriorating conditions including Alzheimer’s Disease.

A substantial increase in the number of older people with dementia is projected. (Information supplied by Dr C Stark, Highland Health Board)

**Table 1 - Expected Percentage Increase in Number of People with Dementia by Area 1998-2010**



**Table 2 - Expected Increase in Number of People with Dementia by Area 1998-2010**



## Section Seven (B): User Groups – People with Dementia

While the absolute numbers may not appear large, the percentage increases are high and will inevitably place great strains on existing services which already have to work extremely hard to offer appropriate support. The projected increases by Area suggest that the changes will not be uniform. However, these are estimates only and it will be important to review these figures on a regular basis.

The Scottish Needs Assessment Programme Report on Dementia (1997) suggested the following principles as the basis for service provision:

- Services should be flexible and adaptable, affordable and accessible.
- Services should be available 24 hours a day, seven days a week and respond effectively in a crisis.
- Services should be based locally in the community, in small, domestic, home-like settings which promote a domestic, home-like philosophy of care.
- Attention should be paid to the design of the built environment.
- Care staff should be trained in appropriate competencies and supported.
- Informal carers should be trained, informed and empowered.
- Care should be based on a good knowledge of the individual.
- A research project looked at pathways into services for people with dementia in Highland. It gave several messages for service providers including:
  - If person centred care is not to depend on individual “champions”, shared values and good practice guidelines are needed at each level of service planning and provision. They should be agreed and owned by everyone involved and provide the basis for explicit policies, procedures and strategies.
  - All professionals need access to learning opportunities and sources of expert support and guidance about communicating and working with people with dementia.
  - A monitoring service would perhaps be useful for people living alone. It is important also to anticipate an individual’s changing needs as their dementia progresses; and to explore in advance how available resources might be adapted, or new ones created, to maintain their known or chosen priorities.
  - Would it be feasible/appropriate to build into key posts a responsibility to be flexible and creative in looking for, and using/helping to adapt, existing community and other resources?
  - People benefit from having access to an independent advocate to speak specifically on their behalf.
  - Effective communication and “whole system” thinking is needed at every stage from diagnosis and assessment through the planning, provision and monitoring of services.
  - Decisions about where people should live are crucial to them.

## Section Seven (B): User Groups – People with Dementia

- There is a need for more information and advice about available local options. It is also important to define what “local” means in different situations and for different individuals.

These are equally applicable to other user groups. The Highland framework for mental health endorsed these principles. Together with the core principles, they provide a set of statements against which the development of services can be planned and measured.

A review of existing services identified a lack of specialist services for older people. We will therefore seek to develop the following:

Recognition and Assessment - Mental illness in older people is under-recognised. Depression is sometimes assumed to be part of ageing, while dementia can be mistaken for benign forgetfulness. Most forms of mental health problems in older people are treatable. It is therefore important to assess people who appear to have dementia because of the possibility of preventable causes.

General Practitioners are skilled in the treatment of depression, but need to have access to specialist assessment and advice when necessary, particularly in the assessment of suspected dementia. The availability of drugs which offer some symptomatic relief in the earlier stages of dementia also increases the need for early diagnosis. Services should include:

- Availability of assessment and advice through outpatient clinics, home assessments where appropriate, and day care.
- Availability of inpatient assessment if required.
- Provision of advice and support to relatives and carers.
- Clearly defined provision for younger people with dementia.
- Support for the primary care team in the assessment and treatment of older people with mental health problems.

Specialist Treatments and Interventions - Some specialist treatments require a range of professional inputs, often from a multi-disciplinary team. In other cases, treatment from one professional, for example a CPN or Clinical Psychologist is required. Mental health problems in older people can be disabling, with risk of self-harm (by intent or neglect) and risk to others.

In such instances intensive treatment, for example at a day hospital or as an inpatient, may be required. We want to provide, over the lifetime of this plan and beyond:

- Access to specialist treatment as an outpatient, including Professions Allied to Medicine (PAMs).
- Day hospital provision where population numbers make this possible.
- Multi-disciplinary treatments where necessary, including PAMS.

## Section Seven (B): User Groups – People with Dementia

- In-patient treatment, including provision of intensive care when required.
- Use of the Care Programme Approach to help organise a complex package of care if required.
- Provision of services which meet the needs of younger people with dementia.

Support to Remain at Home - Many older people will have brief mental health problems requiring only time-limited support to allow them to continue at home. Other people have more profound or progressive illnesses that result in greater needs for support. Practical support may include:

- Local services, provided at home or in accessible settings.
- Emergency and crisis response.
- Respite care, provided at home or in residential settings.
- Practical support including care and repair schemes, benefits advice, meals, home carers, laundry services.

The Way Services Should be Structured - Most health care for older people with mental health problems is provided in primary care. It is important that primary care teams are able to seek appropriate specialist advice and support for assessment, treatment or long term care, where necessary. Services for older people with mental health problems require staff with specialist skills and experience. We propose the development of a clinical network of people working in this specialist area, to bring together staff from across the Highlands. The network's functions will include:

- Co-ordinating the overall direction, leadership and development of services.
- Determining the overall philosophy of care.
- Serving as a focus for information sharing and learning, and for specialist education and training.

### What have we achieved to date?

- Alzheimer Scotland: Action on Dementia provide day care in several areas.
- Funding has been targeted towards a community respite scheme (Dachaidh-in Badenoch and Strathspey)
- Dementia Services Centre (Stirling University) undertook action research to improve assessment and care planning in Highland.
- Established a specialist older adults mental health team in partnership with Alzheimer Scotland: Action on Dementia in Easter Ross.

## Section Seven (B): User Groups – People with Dementia

### What are we doing now?

- Introducing user held record of care (Team Communication Records) in Inverness.
- Purchasing additional short breaks from Community Care Attendant Schemes.
- Developing service improvement proposals through the Local Implementation Groups for the Mental Health Framework.

### What are our future targets?

- a) Provide Community Mental Health Service staff in all Areas who have special training and expertise in meeting the needs of people affected by dementia.
- b) Provide short breaks (respite) to everyone who requires this service to enable people with care needs to continue to live at home.

Note: Additional detailed targets for people with dementia will appear in the Mental Health Framework Implementation Plan.

## Section Seven (C): User Groups – Sensory Impairment

### 7.C SENSORY IMPAIRMENT

#### 7.C.1 Strategic Aims

The overall aims of the strategy for people with a sensory impairment are:

- To provide a range of services which will enable people with a sensory impairment to reach their full potential, and enhance their quality of life.
- To provide services based on an accurate assessment of need.
- To minimise the effects of disability on the lives of people with a sensory impairment and their families.
- To ensure early identification, and assessment of the needs, of people with a sensory impairment.
- To empower people, and promote their rights to social inclusion and equality of opportunity.
- To encourage the development of co-operative working between agencies to produce comprehensive, integrated services.
- To monitor, review and evaluate services to inform the planning process.

The following principles will be observed:

- The involvement of users and carers.
- All service planning should be person-centred.
- Multi-disciplinary partnership working.

#### 7.C.2 Background and Priorities

The following six areas have been identified for action:

- The planning and distribution of services are not based on a reliable assessment of need. As the Scottish Office report “Sensing Progress” found, for most local community care plans, aggregate needs are not known in enough detail to plan services effectively. This needs to be rectified.
- The number of people registered as blind or partially sighted in the Highland Council Area has doubled in the past 10 years. Services have not developed to match. An assessment of unmet needs and priority areas for attention is required.
- There is a serious shortage of interpreters for people who rely on British Sign Language, and means of communication for deaf-blind people.
- There is a particular need to improve the co-ordination of, and access to, services at the point when initial diagnosis of a sensory impairment is made.
- Present services are very unevenly distributed across the Highland Area. Access to services is poor in many rural areas. Issues of equity need to be addressed.
- User and carer involvement in the planning and management of services needs to be strengthened.

## Section Seven (C): User Groups – Sensory Impairment

### What have we achieved to date?

- Highland Society for the Blind introduced a mobile resource centre which takes a low vision clinic, information and support to six hospitals. This service is also used for home visits in sparsely populated areas.
- Highland Council Education Service and Highland Society for the Blind have developed a close working partnership to meet the needs of children with a visual impairment.
- A Communication Support Service for deaf people has been established, managed alongside the specialist Social Work team for deaf people based in Dingwall.
- A multi-agency committee to co-ordinate services for people who are deaf or hard of hearing.

### What are we doing now?

- Discussion is at an advanced stage between Highland Society for the Blind, Raigmore Hospital, Highland Health Board and the Social Work Service for the Deaf about the development of a Sensory Centre on the Raigmore Hospital site. This would allow much better co-ordination and integration of services, particularly at the point of new diagnosis of sensory impairments.
- A programme of training for Social Work, Health and other services staff on the needs of people who are Deaf and Blind has been prepared. This will be provided over the next three years.
- Developing Highland Deaf Action Group, in partnership with Deaf connections.
- Working with a voluntary organisation to design and commission a communication service (including interpretation, lip-speaking, note taking etc) for the north of Scotland, located in Highland.

### What are our future targets?

#### General

- a) Establish a multi-agency resource group as recommended in “Sensing Progress” by October 2001.

#### Deafness and Hearing Impairment

- b) Establish an integrated and comprehensive communication service for people who are Deaf or have significant hearing loss, to ensure availability of British Sign Language interpreters, lip-speakers, note takers, and Deaf/Blind communicators.
- c) Increase the availability of specially trained support workers, to ensure that this service is available in all areas to those assessed as requiring it.
- d) Improve the co-ordination and planning of services to children who have sensory impairment, and their families.

## Section Seven (C): User Groups – Sensory Impairment

### Visual Impairments and Blindness

- e) Implement the recommendations in section 6 of the Report of the Certification and Regulation Working Group by October 2002:
- Ensure that full assessments of visual impairment are undertaken by multi-disciplinary teams.
  - Develop protocols for assessment of visually impaired people.
  - Maintain an accurate and up-to-date record of all visually impaired people registered or notified.

## Section Seven (D): User Groups – People with Learning Disabilities

### 7.D PEOPLE WITH LEARNING DISABILITIES

#### 7.D.1 Strategic Aims

The Partnership in Practice Agreement forms the broad framework for the development of the Learning Disabilities Strategy and will address:

- A major shift in the balance of care - by eliminating long-stay hospital places and:
  - More use of supported accommodation.
  - Better day and employment opportunities.
  - More children educated in mainstream schools.
  - People with learning disabilities having access to mainstream health, community care and other services.
- New and better ways of working - including jointly commissioned services for people with complex needs, local area co-ordinators, access to advocacy and direct payments, and a life-plan for everyone who wants one.
- A better quality of life - including people having more control of their lives, being more involved in the community, being better understood and enjoying better health.

It will also include

- A systematic assessment of local needs.
- Current and planned quality measures.
- How new and existing resources will be applied.
- How to achieve Best Value.

#### 7.D.2 Background & Priorities

Following the publication of “The same as you?”, strategic planning and development has been taken forward in Highland through a multi-agency steering group which has representation from the key partner agencies and user and carer groups.

The content of the Agreement has been influenced by users and carers and voluntary and independent sector colleagues through involvement in the progression of the Carers and Advocacy Strategies, participation in the day services review and, in March of this year, attendance at a workshop day which was held to take forward the development of the Highland Learning Disability Strategy. Continued partnership working in the evolving development and monitoring process is one of the fundamental principles which underpin the Partnership in Practice Agreement.

The Scottish Executive has provided additional funding to Highland over the next three years of £310,000 (2001-02); £465,000 (2002-03); and £620,000 (2003-04).

## Section Seven (D): User Groups – People with Learning Disabilities

There will be joint accountability and management in relation to the use of this Change Fund and details of planned expenditure are specified in the Partnership in Practice Agreement.

The key principles of social inclusion, equality and fairness underpin the change process and the Partnership in Practice Agreement specifies how Highland Council, in partnership with the key agencies and other stakeholders, will enable people with learning disabilities to live full lives and to:

- Be included, and live in the community.
- Be the centre of decision-making and have more control over their care.
- Have information about their needs and the services available.
- Have opportunities for employment, and to develop as individuals.
- Benefit from new person-centred approaches and get added value from services.
- Be better understood by the communities in which they live.
- Have a circle of friends and enjoy leisure pursuits.

### What have we achieved to date?

- Increased education and job opportunities through developing links with local colleges and projects such as SHIRLIE, Horizons and Jobs 4 All.
- 28 former residents of Craig Phadrig Hospital have moved, with support, into the community. The majority of people moved into their own tenancies and a small number either returned to live with relatives or moved into residential care. Evaluation studies have demonstrated marked improvement in people's quality of life.
- Published "My Brother is Back" - a report which examines the experiences of people who have moved from long stay hospital into the community.
- Established a Learning Disabilities Review Steering Group to take forward strategic development in Highland.
- Increased expenditure on providing a range of flexible short breaks options.
- Established a joint Community Learning Disability Team in Ross and Cromarty.
- Carried out day service reviews using the "Changeover" process, fully involving service users and carers in Inverness, Lochaber, Ross and Cromarty, Skye and Lochalsh.
- Established "People First" groups in Ross and Cromarty, Inverness, Caithness, Nairn and Lochaber.
- A worker has been appointed by the Scottish Autism Society to provide support, advice and guidance (Caithness).

## Section Seven (D): User Groups – People with Learning Disabilities

### What are we doing now?

- Mapping existing services and resources and planning the implementation of “The same as you?”.
- Extending supported employment schemes, employment training and establishing Social Firms.
- Promoting person-centred planning through the “Changeover” process and “Essential Lifestyle” planning.
- Developing and increasing the availability and range of shortbreak options.
- Training support staff in SVQ accreditation.
- Promoting joint working through initiatives such as the Resettlement Team at New Craigs and the addition of two new specialist posts (for Autism and Aspergers) to the Ross and Cromarty Learning Disability Team.
- A working group which involves service users and representatives from Health, Highland Council Social Work and Cultural and Leisure Services, and Private and Voluntary Organisations is involved in developing a bid for a Healthy Living Centre in the Highlands. The bid has been successful at stage one of the application process and the second stage application and business plan submitted.
- Developing flexible support options to meet individual needs and to accommodate changing needs.
- Increasing specialist Social Work staffing in Ross and Cromarty, Skye and Lochalsh.
- Establishing a “People First” group (Skye and Lochalsh).
- Promoting person-centred planning.
- Carrying out a project to re-design healthcare services for people with learning disabilities (Inverness).

### What are our future targets?

- a) To have no adults in long term hospital care by December 2005.
- b) Appoint two Senior Social Workers, Planning and Reviews and implement training to promote personal life planning from November 2001 for all people in residential and nursing home care (including out of authority) and adults in the community who are in receipt of specialist services.
- c) Employ three more full time equivalent job coaches to support a further 20 people per annum into employment.
- d) Increase the number of people in receipt of Direct Payments to a minimum of 15 by June 2004.
- e) Reduce by 10% the number of children in residential schools by June 2004.
- f) Improve transition arrangements for children to adult services through the agreement of a transition strategy, which will be implemented from August 2002.

## Section Seven (D): User Groups – People with Learning Disabilities

- g) Reduce the number of people dependent on centre-based day care services provision by 50% from 296 to 148 by 2004, and replace the service with support that enables people to access mainstream provision and is geared to meeting individual needs.
- h) Develop a 'one stop shop' to provide a single source of information about all services available to people with learning disabilities and their carers by June 2004.
- i) Implement the Highland Advocacy Development Plan which will enable all children, young people and adults with learning disabilities to have access to advocacy services by April 2002.
- j) Place users and carers at the heart of the joint training initiative, involving users and carers in the planning, delivery, receipt and evaluation of all training programmes.

## Section Seven (E): User Groups – People with Physical Disabilities

### 7.E PEOPLE WITH PHYSICAL DISABILITIES

#### 7.E.1

#### Strategic Aims

This section covers services for people with physical disabilities age 16 - 65 years. By disability we mean a physical disability which has a substantial and predominantly long-term adverse affect on a person's ability to carry out normal day to day activities.

We are committed to a partnership approach to the development and delivery of services for people with physical disabilities, in ways which promote inclusion, empowerment and independence. We will:

- Promote a person centred approach which addresses individual needs by developing and designing individual packages of care.
- Involve current and potential users and their carers in service planning and provision by actively consulting with communities.
- Promote and develop services which are locality based, barrier free and accessible, and integrated with other community care services.
- Provide a range of options for people with physical disabilities to access education, leisure and employment opportunities.
- Develop services which provide advice, information and advocacy to people with physical disabilities.

#### 7.E.2

#### Background & Priorities

The development of services for this user group has been impeded by the lack of both national and local strategies. As a consequence, services have tended to be based on large residential or day care unit models, with major housing adaptations undertaken on an individual basis.

Over the next three years priority will be given to:

- The development of a local strategy based upon a robust needs analysis involving all the partner agencies.
- Creating register of adapted housing suitable for the needs of people who have a disability.
- Improving the speed of response to people with a disability through the development of occupational therapy services.
- Moving from a residential model to a housing model of service with equity of access to service users in Highland. This and the preceding bullet point will be of particular relevance to those with an acquired physical disability in order to mitigate against the effects of prolonged hospital or institutional care. They will also ensure, as far as possible, that people can be cared for in their own homes and in their own communities.
- Increasing the availability of services for carers of people with a disability, especially short breaks.
- Working with the private and voluntary sectors to extend and develop the range of services available.

## Section Seven (E): User Groups – People with Physical Disabilities

- Meeting the requirements of the Disability Discrimination Act 1995 are met as far as they apply to the partner agencies e.g. access to buildings. There is a Highland Council Equalities Group, involving all Services which is working to combat barriers to services for people with a disability in Highland.

### What have we achieved to date?

- Undertaken, on a multi-agency basis, a comprehensive review of Occupational Therapy services which has led to:
  - Closer working through the development of single assessments.
  - The introduction of self-assessment for the public, joint equipment stores.
  - Increased funding for additional equipment and staffing.
  - Reduced waiting lists.
- Increased support at home through the strengthening and targeting of the home care service to address personal care needs. This is being supported by joint training, and an increased investment in this service.
- Increased resources secured for short breaks, targeted in ways which meet the recommendations of users and carers.
- The implementation of supported discharge and rapid response developments to prevent unnecessary admission to, or facilitate earlier discharge from, hospital.
- Increased the level of affordable and accessible housing for people with community care needs, along with an increased investment in Care and Repair projects throughout the Highlands.
- The piloting of a Direct Payments Scheme across Highland. At the time of writing this document, it is anticipated the Scottish Executive will make such schemes both compulsory and applicable to a wider age range.
- The development of the Personal Assistant Employment Scheme operated by DASH, which has the remit to support individuals in their role as new employers.
- The Plus One Scheme has been established in the Highlands in conjunction with Cultural and Leisure Services. This enables people with a range of disabilities to have access to cultural and leisure activities by being able to take their carer, free of charge, to assist them.
- Increased awareness in take up of Independent Living Fund.
- Access Panels have been set up in most areas.

## Section Seven (E): User Groups – People with Physical Disabilities

### What are we doing now?

- Implementing the recommendations of the report Community Care: A Joint Future, which are detailed in section 7A as they apply to this user group.
- Supported Employment Schemes are being extended in Lochaber.
- An Occupational Therapy Assistant role is being developed and new post created to reduce waiting times.

### What are our future targets?

- a) Establish joint equipment supply and installation services in all Areas.
- b) Reduce dependence on residential care services by creating more housing based options and enabling all residents who wish to move to their own tenancy to do so.
- c) Achieve full disabled access to all Service Points and GP surgeries.
- d) Promote improved access to all community facilities.
- e) Offer Direct Payments to all people requiring services where this is consistent with their needs.

## Section Seven (F): User Groups – People Requiring Mental Health Care

### 7.F PEOPLE REQUIRING MENTAL HEALTH CARE

#### 7.F.1

#### Strategic Aims

The Framework For Mental Health Services In Scotland: A Highland Response - June 2000 aims to provide a comprehensive service which will address the full range of mental health needs to ensure:

- Multi-agency agreement on the required need for mental health services.
- Provision of integrated community based services, with a range of accommodation, from inpatient provision to independent living, to meet that agreed need.
- Clarification of what services are to be provided, by whom, in what setting, for what type of mental health problem, and who is to pay for which service.
- Clear recognition of the skills and contributions of the agencies and disciplines involved.
- Agreement of mechanisms to monitor and review the provision of services and to ensure the best outcomes and the most efficient use of resources.

The emphasis is on collaboration, to improve the quality of life for those affected by poor mental health, by providing a full range of local services to meet their health, social, housing, educational and other needs.

A local multi-agency mental health service should reflect local needs and value the individual, no matter how severe his or her mental health problems, as a full citizen with rights and responsibilities. This should be promoted by:

- Involving people who use services during the assessment process and thereafter.
- Working with individuals so that they can shape and influence the development of their individual programme of care.
- Recognising the importance of purposeful employment in promoting self-esteem, independence, social interaction and a structured day.
- Providing independent advocacy support where required or requested.
- Providing a comprehensive range of services and accommodation based on individual needs.
- Ensuring consultation and participation in the development of relevant strategies and services.
- Taking account of the needs and views of those who care for the person with a mental health problem during the individual assessment process, in the construction of individual care programmes, and in the development of relevant strategies and services.
- Ensuring that services are sensitive to the need of people with diverse ethnic and cultural backgrounds and to gender specific issues.

## Section Seven (F): User Groups – People Requiring Mental Health Care

### 7.F.2 Background and Priorities

The Framework is based upon a shared vision of the values, principles and service models which are at the core of the proposals contained here. The key features are:

- People experiencing mental health problems should have access to a wide range of services.
- The further development of multi-disciplinary Community Mental Health Teams with common philosophies of care.
- To shift the balance of expenditure from hospital towards locally accessible, and equitably distributed services.
- Inpatient care, provided in both central and community-based beds, will continue to be a crucial component in the comprehensive mental health service.
- Voluntary organisations are important providers of services.
- Services for children and older people are the least well developed of current services.
- Developments in mental health services will reflect the aspects of quality as set out by Highland Users Group (HUG) in January 1998.

#### What have we achieved to date?

- An assessment of the housing and community care needs of people with mental health problems in the Highlands has been completed.
- Established Local Implementation Groups (LIGs) which will assist the integration of primary and community care services.
- Extended CPN/Community Mental Health Team to evenings and weekends in Inverness.
- Osprey House provides outreach for prisoners with drug and alcohol problems and throughcare following release.
- Inpatient services moved from Craig Dunain to New Craigs July 2000.
- Specialist older adults team has been set up in Easter Ross.
- Shared care co-ordinator in place.
- Successful bid to the Mental Health Development Fund for £150,000 funding for prevention and support in mental health emergencies/crises eg places of safety.

#### What are we doing now?

- Highland Framework Implementation underway.
- Local Implementation Groups (LIGs) involving Mental Health Champions from Health and Social Work in all areas developing action plans.
- LIGs mapping current issues, problems and gaps in local areas.
- LIGs producing lists of objectives and priorities for action with timescales and responsible officers to achieve stated outcomes.
- Support provided to implementation process by Scottish Development Centre for Mental Health Services.

## Section Seven (F): User Groups – People Requiring Mental Health Care

- Developing to a multi-agency strategy to tackle domestic abuse in Highland. Recognising the links between domestic abuse, mental health and addiction issues.

### What are our future targets?

- a) Shift balance of care from institutional settings to community based and home support settings targeted at those with severe and enduring mental illness and acute mental illness.
- b) Develop and support community capacity for the improvement of mental health and well-being in local areas.
- c) Achieve wider coverage and access beyond traditional hours of 9.00 a.m. to 5.00 p.m. Monday to Friday. This can include extending access to local mental health services and access to other local health and social care provision.
- d) Improve (statutory and voluntary) housing and access to housing and support for people with mental health problems.
- e) Develop the learning, education and capacity of a range of providers in local areas in relation to mental health and mental illness.

A detailed 5-year implementation plan is in preparation and will be completed by the end of 2001.

## Section Seven (G): User Groups – Children and Young People Affected by Disability

### 7.G CHILDREN AND YOUNG PEOPLE AFFECTED BY DISABILITY

#### 7.G.1 Strategic Aims

In accordance with the Children (Scotland) Act 1995, services must be targeted to ensure effective intervention to enable more children to be cared for within their own families, with the support of mainstream services. This involves a needs-based approach and a commitment to early but minimal necessary intervention. Help should be targeted at ensuring that disadvantaged children and young people are able to take maximum advantage of universal services, in particular education and health. Thorough assessment of the needs of children and families plays an important role in enabling needs to be identified at an early stage. This should ensure that services and support are provided to promote children's health and development.

A standard, comprehensive assessment method, such as The Department of Health's new Framework for Assessing Children In Need and Their Families, can assist staff from every agency in making judgements about which children need services and how best to help them. Accordingly, the Children's Service Plan will include the commitment to the development of such an approach. Effective assessments and effective services will lead to a reduction in the number of children in need and at risk of social exclusion.

#### 7.G.2 Background and Priorities

A Joint Committee for Children and Young People has been established. Its remit is to improve the services for children and young people in need, and those at risk of social exclusion.

The Children (Scotland) Act 1995 places a responsibility on local authorities to consult on, and publish, plans for relevant services for children in their area. This task is being undertaken in collaboration with health services and in partnership with parent/carers and children. The Children's Service Plan (2001 - 2004) will be completed in October 2001. The following is an extract from the draft Children's Plan, with particular reference to children and families affected by disability. It also takes account of the Learning Disability Review. Priorities are:

- To develop mechanisms for early and appropriate sharing of information regarding the needs of children affected by disability between health, social work, education, housing and voluntary sector services by working towards patient/family held records.
- To develop and implement a common multi-disciplinary assessment process for children affected by disability.
- To develop models of inter-disciplinary working with the aim of integrating the services required by each family enabling choice about type and levels of support.
- To increase the number of children affected by disability in receipt of family support services by developing and extending the existing range of supporting networks and practical resources.

## Section Seven (G): User Groups – Children and Young People Affected by Disability

- To maintain commitment towards children and families affected by disability being encouraged to exercise their right of equal access to and inclusion in the educational, leisure and recreational facilities in their local area.

### What have we achieved to date?

- The appointment of a Senior Social Worker to lead the planning and development of services for children and families affected by disability
- Channelled additional funds towards a 20% increase in community based short breaks (respite) e.g. the development of the Speyside Trust Family Support Project, Summer playschemes and weekend respite.
- Established a scheme in two Areas whereby all children with disabilities known to the Social Work Services are referred to the Culture and Leisure service for an assessment and help in providing suitable and supported leisure activities outwith school.
- Provided Support Workers in Thor House, Thurso and the Outreach Children's Centre in Wick.
- Established "Breakaway Plus Scheme" with Crossroads Care and a Transition Strategy Group in Lochaber.
- Established Young Carers project, two support groups, drop-in facility, and information packs for young carers.
- Developed better links with carers through support groups, joint training, Highland Carers Project and the Highland Children's Forum.

### What are we doing now?

- Creating Area Children's Service Forums Groups to:
  - Improve the integration of services to children and families.
  - Carry out a wider needs analysis.
  - Develop more effective joint working between the agencies providing services to children and families.
- Recruiting specialist staff in the Areas to develop and support family based respite carers for children with disabilities.
- Creating a pan Highland Shared Care Scheme for children affected by disability

## Section Seven (G): User Groups – Children and Young People Affected by Disability

- The Child Care Partnership is active in all Areas, assisting the development of childcare and early education services, e.g. a Play scheme for children with autistic spectrum disorder in Caithness.
- Establishing a Community Children's Nursing Service to provide a service at home which can avoid the need for some hospital admissions and enable earlier discharge of children with disabilities from hospital.
- Piloting Parent Support Groups, facilitated by a trained counsellor, at the Birnie Centre.
- Appointing a Development Officer with the Princess Royal Trust for Carers to create a Highland wide network for young carers.
- Increasing the support available to families, e.g. creation of Outreach Post at the Orchard and more support workers trained to work with children affected by disability.

### What are our future targets?

- a) Improve information provision for children, young people, carers and practitioners by creating an Inter-agency Action Team by Nov 2001 to expand the role of current Services e.g. Children in Highland Information Point by Nov 2002.
- b) Strengthen Parent/carer and children's support networks, including advocacy, through financial and other support to Highland Children's Forum, now and ongoing. Develop a Highland Young Carers Project with the Princess Royal Trust Highland Carers Project by Nov 2004.
- c) Increase the provision by Child Care & Early Education services to children affected by disability through ongoing support from the Child Care Partnership. Increase the choice and availability of support to share the care with families by developing an enhanced Highland Temporary Carers Service by Jan 2002 and a Comprehensive Family Support Service by Nov 2003.
- d) Agree and implement a joint assessment process, develop inter-agency approaches to Service provision, improve knowledge and skills of staff working with children affected by disability, and new ways identify to meet needs, especially in preparation for adulthood. Current and ongoing.
- e) Address the inclusion agenda by implementing current and new Education Policies, to provide a continuum of Education Provision by pooling budgets and developing a range of additional Service initiatives, by Nov 2004.

## Section Seven (G): User Groups – Children and Young People Affected by Disability

- f) Build on current Health and Wellbeing Strategies, e.g. early intervention, promotion of independence, health promotion so that we have better resourced Child Health Services by Nov 2004.
- g) Improve Planning and Provision for children with complex care and acute health needs, by exploring the feasibility of small domestic style residences/lifelong homes in and out with Inverness, following Joint audit of need with Health and Education Services in year 1 of the Children's and Young Person's Service Plan.
- h) Develop a Management Information System to facilitate inter-agency Service planning and continuous service improvement in partnership with children and their families, by appointing a researcher in Year 1 of the Children's Plan.
- i) Realise key parts of the Integrated Transport Strategy by maximising the use and sharing of transport resources following a comprehensive audit by Nov 2002.
- j) Collaborate with other Services and Organisations in a continuous Awareness raising campaign.

The Plan aims to reach families who are living with disability and contribute to them becoming less isolated, more confident and more able to lead an ordinary life. Children should have better quality plans for their care, support, and their future.

The full version of targets and implementation plans are contained in the Children's Service Plan (2001 - 2004) which will be completed in October 2001.

## Section Seven (H): User Groups – People with Addictions

### 7.H PEOPLE WITH ADDICTIONS

#### 7.H.1 Strategic Aims

In February 2000, the Highland Drug and Alcohol Strategy Group launched a revised Drug and Alcohol Strategy entitled The Highland Way. The document is reviewed annually and is fully supported by chief officers.

The goal of the strategy is ‘to enable individuals, families and communities in the Highlands to minimise the harmful use and effects of drugs and alcohol’.

The following principles have shaped the strategy:

- Involvement of users, carers, friends and families is essential.
- Equity of access to appropriate service provision.
- Drug and alcohol agencies must take account of best practice guidance, and demonstrate quality with underlying systems of assurance in place.
- Multi-disciplinary interagency working is the key to success.
- Local problems require locally developed solutions.

Whilst this section is primarily concerned with drugs and alcohol, it is recognised that tobacco consumption is also a form of addiction. It is a major cause of preventable death and also a significant financial pressure within health care provision.

There is an interface with Criminal Justice Services for many people who have addiction. We will work with the Criminal Justice Service to develop alternatives to prosecution and imprisonment of offenders with addiction problems. Further, we will support enforcement agencies to continue to identify and respond to the illegal sales of alcohol to under-age young people.

#### 7.H.2 Background and Priorities

At a national level four key action areas have been identified:

Young People - to help young people resist drug and alcohol misuse in order to achieve their full potential in society

Key objective: to reduce the proportion of people aged under 25 reporting use of illegal drugs and alcohol.

Communities - to protect our communities from drug and alcohol related crime and criminal behaviour.

Key objective: to reduce levels of repeat offending amongst drug and alcohol misusing offenders.

Treatment - to enable people with drug and alcohol problems to overcome them and live healthy and crime-free lives.

## Section Seven (H): User Groups – People with Addictions

Key objective: to increase participation of problem drug and alcohol misusers, including prisoners, in drug and alcohol treatment programmes which have a positive impact on health and crime.

Availability - to stifle the availability of illegal drugs on our streets and to more effectively manage the availability of alcohol.

Key objective: reduce access to drugs and alcohol amongst 5-16 year olds.

### What have we achieved to date?

- Established eight Drug and Alcohol Forums, and a Highland Strategy Group. The structure is responsible for assisting community based initiatives, and implementing pan-Highland priorities identified in *The Highland Way*.
- The Strategy Group has compiled an annual Corporate Action Plan for drugs and alcohol. Previous activity and progress is monitored and reviewed, with future actions identified and costed.
- Significant amounts of money have been allocated across Scotland for drug-related initiatives. The Strategy Group is responsible for the management, monitoring and effective spend of the Highland allocation.
- A Review of Addiction Services has been undertaken. Improvements have been made as a result of the review and work is ongoing.
- A jointly funded Shared Care Facilitator Post has allowed considerable improvement in the number of GPs, able to help people with drug and alcohol related problems. Expansion of needle and syringe exchanges, supervised consumption of methadone and improved prescribing practices have all resulted.
- The Mental Health Framework includes targets for people with drug and/or alcohol related problems in recognition of the increasing number of people with a dual diagnosis.
- Link with other strategic initiatives have been made. These include Social Inclusion Partnerships, the Wellbeing Alliance, Highland Youth Voice, etc.
- The Health Board has established a multi-agency tobacco working group which has targeted funding at smoking cessation initiatives. These include a project providing free nicotine replacement therapy (NRT) and commissioning a needs assessment.
- Re-structured and re-launched a Council on Alcohol (Sutherland and Ross and Cromarty).
- Alness Mothers Against Drugs has been formed (Ross and Cromarty).
- Appointed a specialist Social Worker as part of a multi-disciplinary team (Inverness).

## Section Seven (H): User Groups – People with Addictions

### What are we doing now?

- The Strategy Group is undergoing a change of role from being a 'management committee' to a task setting, performance monitoring, evaluating and reviewing body.
- Setting up a number of specific research projects in order to inform service provision and future planning.
- A number of follow-up initiatives from the Grasping the Nettle Conference held last year are planned, including follow-up training and publication of the Grasping the Nettle Conference report. The Conference considered the needs of children in families affected by drug and/or alcohol abuse.
- In relation to tobacco, national policy on NRT has changed to make this available on prescription.
- The tobacco working group is developing a strategy to address issues raised in the needs assessment, concentrating on the national priority groups of young people, pregnant women and people on low income.
- Providing education programmes in schools and communities (Ross and Cromarty, Skye and Lochalsh).

### What are our future targets?

- a) Reduce the incidence of drug and alcohol misuse among children and young people.
- b) Deliver drug and alcohol education programmes in all schools.
- c) Promote positive alternative lifestyles to reduce the harm arising from drug and alcohol misuse.
- d) Increase access to information about services for vulnerable groups.
- e) Reduce the level of drug and alcohol misuse in prison.
- f) Support local initiatives to address drug and alcohol misuse.
- g) Promote drug awareness and health promotion within the workplace.
- h) Increase the number of drug and alcohol misusers who become, and remain drug free, and promote their inclusion in society.
- i) Reduce the number of drug and alcohol related deaths.
- j) Reduce the time people have to wait for appropriate services.
- k) Reduce access to drugs.
- l) Develop and implement a strategy on smoking cessation and tobacco issues.

## Section Seven (I): User Groups – People with HIV, AIDS or Other Blood-Borne Illnesses

### 7.I. PEOPLE WITH HIV, AIDS OR OTHER BLOOD-BORNE ILLNESSES

#### **7.I.1 Strategic Aims**

In 1997, the Highland Sexual Health Strategy Group launched their five-year Strategic Plan. The core principles upon which this Strategy is based are:

- Accept sexual health as part of our overall health and well being.
- Encourage awareness and respect of self and others.
- Ensure the provision of and access to information and services which enable people to exert more control over decisions about their own sexual health.

#### **7.I.2 Background and Priorities**

This Sexual Health Strategy sets out an Action Plan, under the target group headings which include:

- Young people
- People living with disability
- IV drug users

Key challenges allocated to these target groups are associated with outcomes such as:

- Assessing the specific sexual health needs of particular groups.
- Ensuring access to targeted, appropriate and sensitive sexual health services and information provision.
- Ensuring young people are provided with a range of life-skills training.
- Increasing awareness and understanding of sexual health issues and reduce the level of unsafe / unprotected sex.
- Providing a rolling programme of training and support for those working within sexual health promotion.
- Piloting different methods in sexual health education and service provision.

The Sexual Health Strategy will be revised and updated in 2002. This update will take account of more recent relevant policy documents such as:

- The report of the HIV Health Promotion Strategy Review Group, established by Scottish Executive Ministers, and published in January 2001. This review outlines priority groups and recommendations for HIV prevention and those living with HIV.
- Scottish Needs Assessment Programme - Prevention of Hepatitis C in injecting drug users.

## Section Seven (I): User Groups – People with HIV, AIDS or Other Blood-Borne Illnesses

### What have we achieved to date?

- Membership of the Strategy Group has been amended to better represent all those involved in its implementation.
- Links have been made to Social Inclusion Partnerships, New Community Schools, the Wellbeing Alliance - Youth Voice and the Joint Committee for Children and Young People.

### Treatment and Care

- Treatment and care of people with HIV/AIDS is now the responsibility of Highland Sexual Health within the Primary Care NHS Trust.
- A shared care arrangement between Highland Sexual Health and GPs is in place.
- Reach Out Highland, a sexual health charitable organisation, also provides testing, counselling, information and support.

### Prevention and Education

- Links have been made with the Highland Drug and Alcohol Strategy Group, with particular reference to bloodborne viruses and transmission through injecting drug use.
- Local Sexual Health Forums are in place in Skye and Lochalsh, Caithness and Sutherland, Inverness, alongside a pan-Highland forum for sexual health and learning disability.
- Annually, these forums plan local responses to the priorities within the Strategy, with a principle focus on education and prevention. Steps have been made to link these forums with LHCCs.
- A training programme has been commissioned through the Strategy Group, targeting a range of professionals and others.
- Development of a range of resources, including sexual health services information cards, bloodborne viruses resource for professionals, hepatitis B and hepatitis C leaflets for clients of services, hepatitis B immunisation wallet for injecting drug users.

### What are we doing now?

#### Evaluation and service provision

- Reviewing and evaluating the Sexual Health Strategy.
- Evaluating two pilot services for young people:
  - The drop-in in Alness, established by Highland Sexual Health
  - A sexual health session within a drop-in centre in Merkinch, supported by Highland Brook Advisory Service.
- Establishing a needle exchange service within Reach Out Highland.
- Identifying new priorities and targets for sexual health, HIV and bloodborne viruses.

## Section Seven (I): User Groups – People with HIV, AIDS or Other Blood-Borne Illnesses

### Research

- Carrying out an assessment of the information and skill needs of parents regarding relationship, and sexual health education of their children.

### Training

- Ongoing support of teacher training programme for both primary and secondary staff.
- Multi-disciplinary training course for trainers on sexual health and relationships, including staff from the prison, social work, voluntary sector and acute and primary care trusts.
- Piloting a peer support programme with young people who are Looked After and Accommodated (as defined in Children's Scotland Act 1995).

### What are our future targets?

There are no specific pan Highland targets set for this group. These will be incorporated in the revised Sexual Health Strategy which will be completed by April 2002.

## Section Eight: Glossary of Terms

<u>Term/Abbreviation</u>	<u>Description</u>
Adaptations	Changes to someone's house to make it easier for them to live there e.g. taking out a bath and putting in a level access shower.
Assessment	The process of examining all the factors relating to a user or carer so that their needs are fully understood.
Below Tolerable Standard (BTS)	A legal term for houses which fall below agreed national minimum standards.
Care and Repair	A scheme to help owner occupiers to carry out home improvements and adaptations to give a safer living environment.
Care Manager/Care Assessor	A person appointed to carry out assessment and to help people get the services they need (see Assessment above). All Care Managers are Qualified Social Workers.
Carers	People, normally unpaid, who look after family or friends who have community care needs.
Children and Young People Affected by Disability	People under the age of 21 who either have a disability or are affected by the disability of another family member.
Community Alarms	A system which enables people living in their own home to call for assistance in an emergency. (See Helpcall below)
Community Care	Services provided to people who through ill health, incapacity or infirmity need help to continue to live at home.
Community Psychiatric Nurse (CPN)	A qualified nurse who has had special training in the care of people who are affected by mental ill health, dementia, or have drug and alcohol problems.
Community Nurse, Learning Disability (CNLD)	A qualified nurse who has had special training in the care of people who have learning disability.
Day care	Non-residential care provided outwith a person's own home.
Disability Alliance in the Scottish Highlands (DASH)	Voluntary organisation which provides information, support and a voice for disabled people.
Disability Discrimination Act 1995 (DDA)	An Act of Parliament which legislates to prevent people affected by disability from being discriminated against.

## Section Eight: Glossary of Terms

<u>Term/Abbreviation</u>	<u>Description</u>
Equipment	Items to make life more manageable for people with disabilities eg a raised toilet seat. (Sometimes called “aids to daily living”).
General Practitioner (GP)	A doctor working in the community providing a range of general medical services.
Helpcall	A community alarm system operated by The Highland Council.
Highland Community Care Forum (HCCF)	An association of local groups throughout Highland who provide information, support and a voice for people with care needs and their carers.
Home Care	Help provided to people in their own homes to enable them to carry out the activities of daily living (including personal care, domestic tasks and other forms of support).
Independent Sector	Providers of care services other than the Highland Council or National Health Services.
Local Enterprise Company	The organisation responsible for promoting business activities within an area.
Local Health Care Co-operatives (LHCC)	Co-operative groups of GPs, Community Nurses and related services working in localities (There are nine LHCCs in Highland)
Nursing Home care	Full-time residential care provided in an establishment which includes nursing care.
Occupational Therapist (OT)	Trained and qualified staff who help people live more productive and enjoyable lives. Occupation meaning the way in which your time is spent from getting dressed, cleaning your teeth and shopping to undertaking paid work, training, sports, hobbies etc. Occupational Therapists assess for adaptations, aids and equipment.
Older People	People aged over 65.
Residential Care	Full-time residential care provided in an establishment which does not include nursing care.
Respite/Short breaks	Short periods of care provided in a person’s own home or an establishment. Temporary relief to a carer or additional or different care to allow a person to return to or continue living at home.

## Section Eight: Glossary of Terms

<u>Term/Abbreviation</u>	<u>Description</u>
Sensory Impairment	People whose eyesight and/or hearing are impaired.
Scottish Vocational Qualification (SVQ)	Nationally recognised qualification which includes social care.
SHIRLIE	A charitable company providing training, employment, support and rehabilitation services especially to people who have a learning disability.
To be costed (tbc)	Cost information not yet available.
Users/service users	People who receive care services.
Voluntary organisations	Organisations which are usually registered charities who may provide care services or represent people with care needs.
Young carer	A young person, usually of school age, who provides care (usually to a member of their own family, who has community care needs).

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**The Highland Community Care Plan and supplements are available at  
The Highland Council web address:**

[http://www.highland.gov.uk/swintra/social\\_work\\_services/community\\_care/community\\_care.htm](http://www.highland.gov.uk/swintra/social_work_services/community_care/community_care.htm)

Printed copies of the plan and the summary are available from: -

The Highland Council  
Social Work Services  
Kinmylies Building  
Leachkin Road  
INVERNESS  
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Tel: (01463) 703456

If you require the plan in a different format e.g. large print or tape, please contact this address, thank you.



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