

A Report To
Kirkcaldy & Levenmouth Health and Well-being Forum

4th April 2007

by

Jim Bett, Voluntary Sector Representative

1. Introduction

This is my first report to the Forum following my election as representative for the voluntary sector on the Kirkcaldy and Levenmouth Health Partnership (CHP) committee. Prior to commencing this new role, I had been Chair of the Forum for approximately one year till autumn 2006. In the past, I have also represented the Voluntary Sector/CVS Fife on the old Local Health Centre Co-operatives (LHCCs).

I'm Service Manager of Fife Alcohol Support Service (FASS) and I highlight this particularly because one of the activities of the CHP that I report on is having a direct impact on voluntary sector drug and alcohol services.

Overall I've had an interesting first six months. At times it has been a struggle to balance the demands of this role with that of working for FASS, however it has been an often enjoyable challenge.

2. Events Attended

Event	Date	Venue
CHP Committee Meetings	10th October 2006	Town House, Kirkcaldy
	12th December 2006	Carberry House, Leven
	13th February 2007	Town House, Kirkcaldy
CHP Development Sessions	16th January 2007	Old Manor Hotel, Lundin Links
	13th March 2007	Dunnikier House Hotel, Kirkcaldy
Voluntary Health Scotland AGM	30 th November 2006	Edinburgh

3. CHP Committee Activities

3.1 Review of Mental Health Services in Fife - Update

Forum members may recall a consultation paper that was circulated by the CHP in April 2006. This paper outlined options for ‘future planning, management and decision-making arrangements to support Mental Health service delivery in light of the establishment of the CHPs and the strategic context’. This paper represented the culmination of work by a Mental Health Review Group that had included a number of stakeholders though not from the Voluntary Sector:

Kirkcaldy & Levenmouth CHP
Glenrothes & North East Fife CHP
Dunfermline & West Fife CHP
Fife Mental Health Services
Staff Side Representation
Learning Disabilities Service

I understand that comments on the consultation paper have been submitted, however it appears that a final paper has not been published. I’m currently contacting people for more information. If I have this available, then I’ll provide a progress update during the Forum.

3.2 Review of Addiction Services

The CHP manages NHS Addiction Services which includes a number of treatment teams for drug and alcohol problems. In December 2006 Dr Bissett, Clinical Director, informed the CHP Committee that a review of service was to be undertaken. Refer to Appendix I for an outline scope of this review which in its introduction states:

“A number of factors have led the NHS to the conclusion that there was a need to review the NHS Fife Addiction Services to ensure that they continue to best meet the needs of the population of Fife, and also to ensure that they integrate optimally with the Community Health Partnerships”.

I was asked to nominate two representatives from the voluntary sector that would be willing to participate as members of a Review Group:

Nomination	Area of expertise
Robert Grant, Manager, Drug & Alcohol Project Levenmouth	Drug issues and interventions

Elaine Dall,
Counselling Service Co-ordinator,
Fife Alcohol Support Service

Alcohol issues and
interventions

There is also representation from:

Kirkcaldy & Levenmouth CHP
Glenrothes & North East Fife CHP
Dunfermline & West Fife CHP
Fife Council
NHS Addiction Services

The first meeting took place on 28th February 2007 with Elaine Dall attending. The focus of this meeting was not the NHS' own Addiction Services as expected but now also other services including voluntary sector agencies.

A second meeting took place on 22nd March. Robert Grant was due to attend but had to submit his apologies. Prior to this meeting Robert informed voluntary sector managers of his concerns about the review's direction and whether in the circumstances he could properly represent all voluntary agencies delivering drug and alcohol services. Refer to Appendix II for Robert's email.

There clearly has been confusion regarding the scope of this review with subsequent concern about its potential impact on voluntary sector agencies. Consultation with stakeholders prior to commencement has perhaps not been what it could have been. Meantime I have spoken with Douglas McLellan, at CVS Fife with a view to finding the best way to advocate for the voluntary sector within principles of good partnership working.

3.3 Mental Health Delivery Plan

In early December 2006, NHS Scotland published 'Delivering for Mental Health', a document outlining 14 commitments and three targets for mental health service delivery by CHPs.

Targets	Timescale
1 Reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero by 2009/10.	2009/10
2 Reduce suicides in Scotland by 20% by 2013 (existing target)	2013
3 We will reduce the number of readmissions (within one year) for those that have had a hospital admission of over 7 days by 10% by the end of December 2009	Dec 2009

3.4 Draft Long-term Conditions Tool Kit

‘The toolkit forms an essential part of the approach to the management of long term conditions set out in ‘Delivering for Health’, which aims to develop systematic approaches to the provision of services for those with one or more long term conditions as close to home as possible. Use of the Toolkit is therefore part of the process of shifting the balance of care into the community and improving the responsiveness of service to the needs of each individual. The key outcome will be to improve the quality of life for those with a long term condition and their carers. A long term condition is broadly defined as one that requires ongoing medical care, limits what one can do and is likely to last longer than one year. Because the Toolkit is generic, it does not relate to any one condition, care group or age category.’

The Toolkit provides a self assessment process for the CHP and is intended to be completed annually. It is designed to help the CHP evaluate and improve its long term conditions care.

Nicky Conner is leading work with the Toolkit. She is hoping that Voluntary Sector ‘Carer’ organisations will be able to participate in development of a model of care, linked to the Toolkit, that encompasses social as well as medical interventions – a generic framework for long term conditions care. There is a particular role for the voluntary sector in development of actions to meet Toolkit Standards 2, 3 and 4 outlined below.

Standard

- 1 Organisation of Long Term Conditions Management
- 2 Patient Information and Supported Self Care
- 3 Service Design and Multi-disciplinary/Multi-agency working.
- 4 Inter-disciplinary Education and Training
- 5 Information and Intelligence
- 6 Quality and Delivery

Overall the model of care is to include actions that:

- 1 help prevent development of long term conditions
- 2 provide management of on-going long term conditions
- 3 provide special interventions for severe long term conditions

Initially, work will focus on 3 areas:

- 1 Respiratory Disease such as Chronic Obstructive Pulmonary Disease
- 2 Vascular Disease
- 3 Neuro-muscular-skeletal conditions such as Multiple sclerosis (MS) and Rheumatoid Arthritis

The first objective is to complete a Toolkit Action Plan that includes details of how the Voluntary Sector will be involved. It is anticipated that this will happen within approximately three months. Any carer organisation interested in participating and/or requiring more information can contact Nicky Conner on 01592 643355.

4. CHP Development Sessions

- 4.1** 16th January 2007 at the Old Manor Hotel, Lundin Links. The Agenda for this session focussed on development of communication between CHP Managers and the Committee. Workshops examined information that the Committee needs to fulfil its function and how this can be communicated in a form that is understandable and helpful.
- 4.2** 13th March 2007 at Dunnikier House Hotel, Kirkcaldy. This session focussed on two presentations outlining developments in mental health services:
- 1 'Access to the Mental Health Services, Out of Hours' a proposal presented by Mike Kelly that aims to:
 - establish 'out of hours' service provision
 - develop a competence framework for mental health workers in an Unscheduled Care Mental Health Service
 - identify perceived skills gaps
 - 2 'The Advice Co-ordination and Empowerment Project' presented by Oonagh Williamson and Jackie Hancock. This was an overview of a service that has operating in the Kirkcaldy area for the past year. It aims to help people address mild to moderate depression and anxiety through:
 - a supportive assessment and advice session
 - one or two follow-up sessions
 - use of self help materials
 - sign posting to voluntary sector agencies who can help with related issues

Jim Bett
Voluntary Sector Representative
Kirkcaldy & Levenmouth CHP
March 2007

Appendix I: Addiction Services Review

Introduction

A number of factors have led the NHS to the conclusion that there was a need to review the NHS Fife Addiction Services to ensure that they continue to best meet the needs of the population of Fife, and also to ensure that they integrate optimally with the Community Health Partnerships.

A group is to be set up to take forward the Review, and its role, remit and membership is described below.

Role and Remit

- Clinical staffing
- Care Pathways
- Waiting Times
- Relationship to/representation on DAAT
- Involvement with CHPs
- Involvement with the Area and Local Mental Health Partnerships
- Engagement with the Voluntary Sector
- Relationship with the Local Authority
- GP Enhanced Service

Membership

- Two representatives from each CHP
- Representation from the Addiction Service
- Representation from the Local Authority
- Representation from the Voluntary Sector
- Staff side representation
- Patient involvement

The Review is expected to start in early January 2007 and hopefully completed within about four or five months.

Appendix II: Email from Robert Grant to Voluntary Sector Managers 20/03/07

CHP Review of NHS Fife Addiction Services

Dear Colleagues

Please find attached the minutes of the Addiction Services Review Group held on Thursday 28 Feb. Unfortunately I was unable to attend, however the voluntary sector was represented by Elaine Dall of FASS.

The CHP paper outlining the remit of the review made clear that the focus would be on reviewing NHS Addiction Services. but there now seems to be some confusion. It would appear that this review is not in fact entirely focused on NHS Addiction Services as originally presented but will now take in voluntary services. The CHP paper only said that there would be “engagement with the voluntary sector”. I now feel unsure that I have the mandate to represent the voluntary sector given the lack of clarity regarding the scope of this review. I originally expected to be assisting with the review of the NHS Addiction Services as discussed at the last voluntary sectors managers meeting.

At the first review meeting on 28 February Elaine Dall and others were asked to give an overview of the purpose and operations of their own individual services. This reinforces my concerns that the voluntary sector as a whole is not being fully represented but instead particular focus is on individual agencies.

Those of you who attended NHS Addiction Services reconfiguration meeting on 24 January will be aware that Lynda Mays presented an outline of the intended reconfiguration of services. Thisw go ahead in April 2007. There was also the comment from Lynda that Dr Bissett was keen to have NHS monies for addictions under one umbrella.

As you will know from the feedback from the DAAT reps to the voluntary sector managers, the review was supposed to be of NHS Addiction Services but how can they be carrying out an internal reconfiguration of service prior to the findings of the CHP review? Another concern is that the review panel includes the Consultant and Manager of the service which was supposed be originally under review.

I am also perplexed that given the DAAT has recently undertaken a full review of all drug and alcohol services, that this work has not been taken into consideration by the review panel, and that there is no official DAAT representation present at the panel.

I fully intend to bring this up as a full agenda item at the next VSMG meeting and have discussed it with Laura Crombie (permanent chair) and have copied this message to Jim Bett as a matter of courtesy as he is voluntary sector rep on the Kirkcaldy and Levenmouth CHP Committee.

Finally, I believe now more than ever that a proper, rigorous and independent review of NHS Addiction Services is required.

Robert Grant