



# Joint Community Care Plan

## 2004 - 2007

Sections of this plan can be made available on request in a variety of formats including braille, large print, on tape and in different languages. Please call 01592 413200.



# JOINT COMMUNITY CARE PLAN 2004-7

## INTRODUCTION

This year the Joint Community Care Plan will look very different from other years. The intention is to create a way for people, managers, staff, service users, carers and the public to link into detailed information held elsewhere. We have therefore produced an electronic Plan held on the internet. You can access the Plan on [www.fifedirect.org.uk](http://www.fifedirect.org.uk) on [www.show.scot.nhs.uk/fhb](http://www.show.scot.nhs.uk/fhb) and on [www.CVSFife.org](http://www.CVSFife.org).

For those who do not have access to the internet you can still ask for the documents which are referred to and underlined in the text. Please phone or write and ask for copies of the documents that you need quoting the relevant page number of the Joint Community Care Plan. You can also access the internet at most local libraries. If you need sections of the plan provided in other formats or languages please use the contact number below.

A wide range of partners are involved in planning and providing community care in Fife:

- Fife Council services such as Social Work Service; Housing Service, Local Office Network, Community Services
- NHS Fife
- Voluntary sector service providers
- Private sector providers of care
- Voluntary sector user and carer groups
- Service users who help us plan and provide invaluable feedback
- Carers and young carers who contribute a large proportion of the total community care provision by caring for their relatives, friends and neighbours.

This Community Care Plan is, in fact, a series of plans brought together in one place. We hope you will find this a useful tool for accessing information easily. This is our first attempt to use technology in this way and we hope to develop and update the information as it becomes available.

If you have any comments or suggestions or need further information, please get in touch by emailing: [catriona.lyon@fife.gov.uk](mailto:catriona.lyon@fife.gov.uk) or write to:

Catriona Lyon, Service Manager Performance Management and Planning, Fife House, North Street, Glenrothes, KY7 5LT (Telephone 01592 413316 or featurenet 700 3316). Please clearly mark your correspondence **Joint Community Care Plan** so that your query can be dealt with speedily.

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## **OUR JOINT VISION FOR COMMUNITY CARE IN FIFE**

**In partnership, we will improve both health and social care and provide modern, integrated services for the people of Fife. We will do this by involving service users, carers, staff and communities in all future service planning and by fundamentally changing our ways of working together.**

## **OUR JOINT AIMS**

- 1. In partnership, we aim to promote, safeguard and improve both health and social care for the people in Fife. We will enhance our ability to do this by developing a coherent and robust structure that flows from the Community Planning framework and focuses on the care and treatment of vulnerable groups in Fife.**
- 2. We aim to anticipate, prioritise and co-ordinate a range of integrated services that are modern, inclusive and represent best value. We will do this by providing clear leadership and ensuring that this agenda is driven forward effectively.**
- 3. We will involve service users, carers, staff and local communities in all future service planning as we fundamentally change our ways of working**
- 4. We aim to promote a learning environment that encourages excellence, supports innovation and enables flexible working across traditional boundaries. We will do this by encouraging the development of joint training and promoting and developing evidence based practice. We will develop services on the basis of “what works”.**

# **COMMUNITY CARE AND SUPPORT: YOUR RIGHTS AS A SERVICE USER OR CARER**

You have a right to:

1. Services that do not discriminate on the grounds of age, gender, ethnic group, religion, disability, personal relationships or living and caring arrangements
2. Confidentiality
3. Clear information about the choices available to you as an individual
4. receive care/support to enable you to live as independently as possible
5. make decisions about the way your own care and support should be delivered
6. have someone of your choosing to support you or speak for you
7. an assessment of your needs (whether you are a service user or carer)
8. refuse an assessment (except on the very limited occasion when required by law)
9. be fully involved in your assessment
10. to agree if your assessment information can be shared with other professionals
11. a plan after an assessment which clearly states the care and support you will receive
12. receive services in your own home or as near to your own home as possible
13. be offered a cash payment (called Direct Payments) to purchase care/support for your assessed needs
14. be admitted to hospital if your condition cannot be treated in the community
15. expect, if you are in hospital, that you will not be discharged home until the care/support you have been assessed for are in place
16. be involved in regular reviews of your situation
17. appeal against any decision made
18. complain about any aspect of your care or treatment and to be assisted to make a complaint

Alongside the rights of service users and carers sits the right of health and social care practitioners to work without fear of verbal or physical attack.

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# SECTION 1: NATIONAL AND LOCAL CONTEXT

## WHAT'S HAPPENING IN SCOTLAND AND IN FIFE?

The past year has again been a year of accelerating change in all areas of community care with national legislative and policy direction driving service development in Health, Social Work and Housing and impacting on voluntary and private sectors of service provision. Developments in Community Planning, and the requirement for a Local Housing Strategy and a Local Health Plan also impact on the local Fife picture.

New laws and a number of Government and local policy initiatives are making a fundamental difference to the way that community care services will be delivered in Fife in the future.

### **Recent legislation that affects all community care groups include:**

- [Community Care and Health \(Scotland\) Act 2002](#) provides a legislative backing for a number of improvements in care services for example to Direct Payments and Carers. This legislation also enables local authorities and NHS bodies to further develop joint working through Joint Future.
- [The Housing \(Scotland\) Act 2001](#) provided a strategic framework for housing partnerships to improve the understanding of, and response to, housing, homelessness and related issues.
- [Adults with Incapacity \(Scotland\) Act 2000](#) which changed the system for safeguarding the welfare of people who are unable to take some or all decisions for themselves.
- [Race Relations \(Amendment\) Act 2000](#) placed new duties on public authorities to eliminate discrimination and promote equal opportunities and good race relations.
- [Local Government in Scotland Act 2003](#) gives local authorities the duty to secure Best Value which means achieving continuous improvement in the performance of all their services and to maintain a Community Planning process for consultation and cooperation in the provision of local public services. Local authorities are now being audited on Best Value every three years.
- [Freedom of Information \(Scotland\) Act 2002](#) will come into force on January 1 2005. It will give people the right to request to see non-personal information held by public authorities within certain restrictions.
- [The Regulation of Care \(Scotland\) Act 2001](#) established the [Care Commission](#) which has core duties such as registration, inspection, complaints and enforcement of care services and the [Scottish Social Services Council](#) which regulates the social service workforce and their education and training. Social workers and social care workers in Fife are due to be registered with the SSSC in 2005.

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## **New legislation on the way:**

- The [NHS Reform \(Scotland\) Act 2004](#) covers a number of different issues including: dissolution of National Health Service Trusts; Community Health Partnerships; public involvement and a duty to promote health improvement.
- The Scottish Executive's Health White Paper "Partnership for Care" required NHS Boards to bring forward proposals for the dissolution of Trusts by April 2004 and to consolidate health services organisationally around NHS Boards as an integrated single system.

The same White paper also sets out the context for partnership working in Scotland and the development of Community Health Partnerships. Community Health Partnerships will put the needs of patients and communities first, and empower those who provide care to deliver service improvements through changes in the way skills and resources are deployed locally

Legislation that is related to specific client groups is highlighted in the individual sections of this plan.

## **Related plans and partnership working include:**

- The [Fife Community Plan "A Stronger Future for Fife" \(2004\)](#) provides the key framework for every strategy and plan put together by community planning partners – Fife Council, NHS Fife, Fife Constabulary, CVS Fife, Scottish Enterprise Fife, Fife's Further and Higher Education Sector and Communities Scotland.
- [Fife Council Improvement Plan 2004-2007](#) outlines how the Council will contribute to taking forward the Community Plan. Council priorities relevant to the Joint Community Care Plan include: meeting the needs of vulnerable and elderly people and planning for the future, ensuring the provision of good quality, suitable housing, addressing drug and alcohol abuse and its effects, and focusing on the needs of vulnerable groups.
- [Joint Future](#) focused in the first year on services for older people and now is extended to other community care groups such as learning disability and mental health. The [Joint Future Extended Local Partnership Agreement](#) outlines the partnership model being developed in Fife between NHS Fife, Fife Council and CVS Fife and describes the governance framework and joint management arrangements.

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- [The Local Health Plan 2004-2007](#) is updated annually. Its primary purpose is to deliver real improvement in both health and health services at a local level. It reflects local and national priorities to achieve these aims as well as details of services commissioned, or contributed to, on a regional basis. [Report of 25 May 2004 – Draft Local Health Plan 2004-2007.](#)
- The Fife Housing Partnership has now launched the [Local Housing Strategy 2003-2008](#) providing a framework for partnership approaches to meet special housing needs in Fife. The LHS highlights as a priority the development of a Special Needs Housing Strategy during 2004-2005, bringing together a range of client interests through the Special Needs Housing Forum. An element of this forum's work will be to review and update the Fife Housing Systems Analysis in relation to particular and special housing needs.
- [Joint Health Improvement Plan – A Healthier Future for Fife](#) is a partnership document which lays out how we will work towards improving health and wellbeing in Fife over the next three years. It emphasises that improving health is a complex, long-term process and that its main impact is likely to be felt in 10-20 years.
- [Improving Health and Wellbeing in Fife](#) – Annual Report of the Director of Public Health provides key facts about public health
- [The Framework of Services for Older People in Fife \(Appendix\)](#) provides a directory of activity across the Community Planning partners under 15 aims identified by older people in Fife.
- [Fife Council Supporting People Strategy 2003-8](#) contains a detailed action plan under a range of client groupings.
- [Right for Fife](#): In July 2001, Fife Health Board considered the key messages from the formal “Right for Fife” consultation process regarding the future shape of health services in Fife.
- The Fife Acute Hospitals Division received approval of its Outline Business Case in late summer 2003. This details the capital investment required to progress the strategic direction previously agreed by the Board for General Hospital and Maternity Services. Since approval of the Outline Business Case, attention has focussed on clarifying the models of care and establishing robust project management arrangements to ensure timely progress of the full business case production by autumn 2004. [Board Report: Right for Fife Progress to Date \(27 January 2004\)](#)
- [CVS Fife](#) (Council for Voluntary Service) is an umbrella organisation covering the whole of Fife. There are over 1,200 voluntary organisations in Fife many of which provide community care to vulnerable people.

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## **Demographic pressures impacting on community care**

### **Older People**

In 2004 there are approximately 57,500 people living in Fife who are over 65 and this figure is expected to rise by 22% to over 70,000 by 2016. The increase is even greater for people aged over 85 (38% rise). The number of people with dementia is also set to rise by around 22% by 2016. There is likely to be an increase in the number of older people with depression and with sensory impairments. The increase in the number of very old people, which puts further pressure on the range of services, is likely to have a profound effect on the demand for intensive care at home packages, and the level of funding for residential/ nursing home care.

Alongside this, informal carers are getting older and themselves need health and social care support which puts further pressure on Social Work services.

### **Adults**

The number of people with a range of disabilities is likely to increase over the coming years for a number of reasons: increased life expectancy particularly for people with Downs Syndrome; increased survival rates for babies, children and young people with complex disabilities who survive into adulthood; a sharp rise in the incidence of Autistic Spectrum Disorders.

The number of people who are affected by the misuse of alcohol and drugs is increasing in Fife and if this trend continues there will be a significant impact on health and social care services.

### **Impact on future services**

Demand for community care services is increasing due to changes in demography. In addition, public expectations are rising. The level of resources cannot rise at the same rate. It is thus essential that we continue to improve and change the way we deliver services by:

- Improved and extended partnership arrangements
- Improved processes
- More flexible workforce
- Considering the balance between “universal” and “targeted” services
- Reviewing eligibility criteria

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## **We are changing the way we do things in Fife**

Over the past year we have established six Joint Future Local Management Units (LMUs) which bring together managers from Health, Social Work, Housing and Local Office Network. Their remit is to drive the service re-design agenda and be responsible for planning and delivery of service (Schedule 6 in Extended Partnership Agreement Minute of Agreement)

The next year will see further change in joint working arrangements with the development of [Community Health Partnerships](#).

Individual partner organisations continue to change and evolve:

### **NHS Fife**

Following a consultation period that lasted two months, Fife NHS Board agreed at a special Board meeting held on 10 September 2003 to ask the Minister for Health and Community Care to dissolve the two Fife NHS Trusts on 30 September 2003.

The Board's submission sought approval for the replacement of the two Trusts (Fife Acute Hospitals NHS Trust and Fife Primary Care NHS Trust) by two operating divisions within a single, integrated NHS Fife healthcare system.

The Minister agreed these proposals and the two operating divisions (Fife Acute Hospitals Division and Fife Primary Care Division) were established within a unified single system on 1 October 2003.

[Report to the Board on 30 September 2003: Dissolution of Trusts and Establishment of Integrated Healthcare System within Fife.](#)

### **Social Work Service**

The Social Work Service management structure is being modernised to take into account the many significant challenges and complex policy initiatives which provide the national and local context for social work.

The Social Work Service is a large and complex organisation made up, until April 2004, of three distinct but related services - Community Care, Children and Families and Criminal Justice supported by various support services. The restructure of the Social Work Service brings together Children and Families and Criminal Justice under one Senior Manager, and splits responsibility for Community Care into Services for Older People and Services for Adults and Disabilities. The Resources Service supports the Service to effectively manage the budget of £112m.

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Over the next months the management structure for community care services will change to take into account the split between Older People and Adult services.

## Housing Service

In delivering a strengthened strategic and enabling role provided through recent legislative changes, the Housing Service has been undergoing a restructuring within its Development and Strategy function. This has included the establishment of a Social Inclusion Team to develop and take forward the enhanced housing contribution to Joint Future, and the development of approaches to a range of community care client needs through a Special Needs Housing Strategy.

In relation to Homelessness, the Housing Service is establishing 5 strategically located HOME4GOOD Centres to develop a seamless service approach for homeless people. The approach involves staff from the Homelessness Service, Voluntary Sector, Local Office Network, Social Work, and Health. The development of a culture of joint-working to prevent and tackle homelessness underpins the Fife Homelessness Strategy and Health & Homelessness Action Plan. This programme will be completed by March 2007.

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## SECTION 2: GENERAL ISSUES

### HOW DO WE MEASURE PERFORMANCE?

Each organisation is required to measure and demonstrate its performance in a variety of ways.

#### **Measuring performance in the Local Authority**

Local Authorities are required to demonstrate Best Value or continuous improvement in all areas of work. Under the Local Government (Scotland) Act 2003 Audit Scotland have the duty to audit Local Authorities every 3 years to ensure that the following statutory duties are being properly carried out:

- The duty of Best Value, that is to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and have regard to economy, efficiency, effectiveness and equal opportunities requirements and to contribute to the achievement of sustainable development
- The duty to achieve break-even in trading accounts subject to mandatory disclosure;
- The duty to observe proper accounting practices;
- The duty to make arrangements for the reporting to the public of the outcome of the performance functions.

Local Authority services such as Social Work and Housing are required to:

- Produce an annually updated 3 year [Social Work Service Improvement Plan](#) and [Housing Service Improvement Plan](#)
- Produce [Statutory Performance Indicators](#) for Audit Scotland
- Contribute to the Council Public Performance Plan [Measuring Up](#)
- Undergo ad hoc audits by Audit Scotland on particular services. In 2003/4 the following audits were undertaken [Audit of Commissioning of Older People's Services](#), audit on [Occupational Therapy](#).
- Undergo inspection every four years against the national performance standards set by Communities Scotland, the housing regulator.

#### **Measuring performance in Social Work**

The Social Work Service also produces monthly and quarterly Activity reports for managers.

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## Key performance figures for 2003/4 are:

- There was an increasing number of community care assessments carried out in Fife until 2003/4 when the rate has fallen slightly to 17,049. This represents a rate of 62.3 per 1,000 population (64.6 in 2002/3; 61.2 in 2001/2 and 57.9 in 2000/1)
- Similarly, there was an increase in the number of people receiving a community care service until 2002/3 when numbers then fell back slightly in 2003/4 to 22,683 or 82.8 per 1,000 population (83.8 in 2002/3; 80.6 in 2001/2 and 75.4 in 2000/1)
- The balance of care between expenditure on residential/ nursing care provision (48.6%) and care in the community (51.4%) has fallen slightly from 2002/3 where the proportion was 45.7% and 54.3% respectively. Expenditure has continued to rise per head of population (care in the community 2001/2 £169.83; 2002/3 £199.77; 2003/4 £209.24; residential care 2001/2 £142.67; 2002/3 £168.32; 2003/4 £197.69)
- The home care service is provided to 5,692 people aged 65+ which is down from the previous year (6,082 people received a service in 2002/3)
- However, the rate of people receiving more than 10 hours a week of home care has been increasing since 2001/2 from 9.9 per 1,000 of people aged 65+ in 2001/2 to 10.4 in 2002/3 and 10.6 in 2003/4.
- The rate of people receiving care at weekends has increased from 43.2 per 1,000 population in 2001/2 to 45.1 in 2002/3 then fell slightly in 2003/4 to 44.2.
- The rate of people receiving care in evenings /overnight has fallen slightly (19.0 per 1,000 population in 2001/2; 18.9 in 2002/3 and 18.5 in 2003/4).
- The provision of residential carer respite for older people stands at 24,286 nights in 2003/4 which is 421.19 nights per 1,000 population of people aged 65+. 5,939 hours of respite care were provided at home, 56,987 hours of day respite and 222 nights of overnight respite.
- The provision of residential carer respite for adults is 7,896 nights or 36.53 nights per 1,000 population of adults 18-64. 24,746 hours of respite care were provided at home, 67,672 hours of day service respite and 329 nights of overnight respite. 6,082 people received a service in 2002/3.
- Despite an increase in activity for the provision of occupational therapy equipment (increase in requisitions from 2,320 in January 2002 to 2,411 in January 2004 and deliveries of 1,706 in January 2002 to 1,723 in January 2004) the average response time fell from 7.3 days to 3.8 days and for urgent requests from 3.1 days to 2.8 days.

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- in January 2004) the average response time fell from 7.3 days to 3.8 days and for urgent requests from 3.1 days to 2.8 days.
- The number of adaptations provided increased from 459 in January 2002 to 567 in January 2004 and the average time till provision or purchase in weeks increased from 2.1 to 3.8.
- The number of delayed discharges fell steadily from 130 in March 2003 to 94 in December 2003. This has now risen to 128 on 15<sup>th</sup> March 2004.
- The number of Direct Payments have increased from a total of 80 in June 2002 to 176 in June 2004.
- 38% of staff working with older people in residential establishments were qualified in 2002/3 an increase from the previous year (32%) The target for 2003/4 is 45%.
- 29% of staff working with adults in residential establishments were qualified in 2002/3 an increase from the previous year (25%) The target for 2003/4 is 33%.

## **Measuring performance in Housing Service**

The Housing Service manages performance through a variety of mechanisms:

- Fortnightly/monthly system-generated performance reports to Team Leaders and front-line management
- Quarterly Service Plan exceptions reports to senior management
- Quarterly performance reports to senior managers and to Area Services Committees within Fife Council

## **Measuring performance in NHS Fife**

The Scottish Executive has set out a wide range of performance management standards and targets for the NHS in Scotland. These are set out in the Performance Assessment Framework (PAF) which is part of the new NHS Scotland management and accountability arrangements.

The standards and targets range from waiting times to quality measures and include the measurement of effective service user involvement in NHS decision making.

The PAF has seven fields and each field contains a range of qualitative and quantitative indicators against which NHS performance against local and national priorities is monitored. The PAF informs the annual Accountability

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Review visits by the Scottish Executive.

A number of subsidiary PAF documents also feed into the main document ranging from Children's Services to Health Improvement and Joint Future. NHS Fife uses the PAF documents to gauge performance and progress against priorities and targets with progress reports being submitted for discussion at each Board meeting.

Further details of NHS Fife Board meetings and the PAF are available at [NHS Fife](#)

## Measuring Performance on Joint Working

In addition, the Joint Future Unit requires us to produce a Joint Future Performance Management Framework.

Circular CCD9/2004 "[Local Improvement Targets for the Joint Future Agenda](#)" was published on 30 July 2004 and provides guidance for taking forward the development of Local Improvement Targets as outlined in the National Outcomes Paper of March 2004.

National outcomes focused on individual service users and their carers have now been developed along with core areas for Local Improvement Targets. We are now developing our **local** Fife draft targets and these will be submitted to the Scottish Executive by 1 September 2004.

## What money do we spend?

### Social Work

	2004/05 Budget £'000	2003/04 Actual £'000	2002/03 Actual £'000
Total home and community-based care services	60,189	57,295	54,278
Total long term residential and nursing home	55,867	54,134	45,958
<b>Total Community Care</b>	<b>116,056</b>	<b>111,429</b>	<b>100,236</b>
Ratio – home and community based to long term residential/nursing	1.077	1.058	1.181

Expenditure on Community Care has risen year on year and the budget for 2004/05 reflects this. However, this rise is in the context of ever increasing demand for services.

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## Housing

A range of financial contributions are made via the housing system using both revenue and capital finance against housing needs and services arising in the public and private housing sectors. These contributions provide for new housing, adapted housing and services enabling access to, or sustaining people in, appropriate housing. The types of assistance and support provided include, for example, adaptations to homes, Care and Repair, garden maintenance, community alarm provision, sheltered housing and other Supporting People services.

The Scottish Executive provides funding to implement the homelessness strategy. A total of £2.066m is available from 2004/05 to 2005/06. The main focus of the Homeless Outcome Agreement will be the development of the Home4Good Centres, Section 7, intensively supported accommodation, and improvement to the homelessness services across the full range of Partners.

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## NHS Fife

NHS Fife is responsible for the provision of primary and secondary health care services in Fife. It also commissions secondary and tertiary care services for Fife residents from other health care providers outside Fife.

Fife NHS Board was asked to approve the resource allocation and financial framework for 2004/05 at its May meeting. Its total allocation amounts to approximately £371m. Final budgets have not yet been approved but the provisional position is as follows:

	Provisional Budget £m
Fife Primary Care Division	165.875
Fife Acute Division	130.777
Tayside University Hospitals	19.738
Lothian University Hospitals	15.061
Other health services	16.170
Resource Transfers	11.589
Headquarters	3.997
Local Health Council	0.848
Other	6.572
<b>Total</b>	<b>370.627</b>

The Board receives monthly monitoring reports of performance against target activity levels and budgets.

[Report to Board on 25 May 2004: Resource Allocation and Financial Framework 2004/05 and Activity and Finance Report](#)

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## **SECTION 3: OVERARCHING STRATEGIES**

### **INVOLVING PEOPLE WHO USE OUR SERVICES AND THEIR CARERS**

#### **Introduction**

Service providers in Fife have been committed to involving people who use our services and their carers for a long time. Successful involvement plays an essential part in achieving organisational goals and in meeting the legislative requirement to be needs led. People who use services and their carers are volunteering many hours of their expertise to help change our services to better meet needs and to deliver better outcomes for all.

#### **Legislation, Policy and Guidance**

The policy of user involvement is now explicit in most statutory and voluntary initiatives:

- **Modernising Community Care: an action plan**
- **Community Care: A Joint Future**
- **Same as You**
- **Better Government for Older People: All our futures in Scotland**
- **Partnership for Care: Scotland's Health White Paper**
- **Our National Health, a plan for change a plan for change (2001)**
- **The development of Community Health Partnerships**

All address the importance of achieving real partnership between those who use and those who provide services.

#### **Needs, Gaps and planned changes**

Enabling people to be involved in a meaningful way is still not straightforward. There will be a need to engage communities both by geographical area and by groups with common shared interests. Various methods are needed to ensure that the views of all groups are heard.

Our planning structure is changing with only a few of our previous strategy groups still remaining; Carers Strategy Group, the Sensory Impairment Strategy Group, the Mental Health Steering Group and the Advocacy Strategy Group. Improving the way meaningful involvement can take place is now being progressed through:

- Fife NHS Board working with all relevant partners to progress a Patient Focus and Public Involvement Framework in Fife. An involving People

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Group comprising membership from the NHS, Fife Council, Voluntary Sector, Health Council, FRAE Fife and members of the public has been established to lead on this work.

- 6 Local Management Units (LMUs). Each LMU has a remit to redesign and develop services in their specific local area and to fully involve all stakeholder including people who use service and their carers in that process. Action plans, to that effect, have been or are in the process of being drawn up.
- Strengthening the voice of people who use services and their carers through independent user lead organisations; the TODAY Group (mental health), Local forums for Community Care (People who use Community Care Services), Fife Independent Forum on Disability and Age Concern User Panels
- The involvement of People with Learning Disability is supported by a co-ordinator
- For Fife's black and ethnic minority communities (see section)
- Local and Fife wide events
- Support to ensure that people who use services and their carers are empowered to speak out is being developed through the Advocacy Strategy Group and its Action Plan.
- Systems to ensure that people who use services and their carers are able to feed back their experiences of our service delivery are being developed or are already in place, for example; the Home Care Service, Single Shared Assessment and Health Services through the use of a network of feedback systems.
- Whether or not there should be remuneration for those who offer their expertise is under discussion. Currently travelling expenses only are being paid.

**For further information see:**

- [Modernising Community Care: an action plan](#)
- [Community Care: A Joint future](#)
- [Same as You](#)
- [Better Government for Older People All our futures in Scotland](#)

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- [Partnership for Care, Scotland's Health White paper 2003](#)
- [Our National Health, A plan for action a plan for change \(2001\)](#)
- [The development of Community Health Partnerships](#)

## **CARERS AND YOUNG CARERS**

### **Introduction**

It is estimated that 4 out of 5 people in Scotland will take on caring responsibilities for a family member, partner or friend at some point in their lives. When completing the 2001 census, 33,808 people in Fife declared themselves to be carers. This equates well with the estimate that at any one time 13% of the adult population are undertaking caring responsibilities. The last census also indicated that 1.4% of Fife's population belong to black and ethnic minority communities. This statistic would suggest that there are 473 adult carers in Fife in those communities.

### **Legislation, Policy and Guidance**

Key documents are as follows:

- Carers Recognition and services Act 1995
- National Strategy for Carers 1999
- Carers and Disabled Children Act 2000
- Community Care and Health (Scotland) Act 2002.

Sections 8 to 12 of the [Community Care and Health \(Scotland\) Act](#) are a group of provisions concerning carers which took effect from 1 September 2002. Briefly speaking, these provisions are as follows:

- A right for carers to request an assessment from local authorities in their own right
- A right for carers under the age of 16 to request an assessment
- A duty on local authorities to inform carers of their right to an assessment
- A duty on local authorities to take into account a carer's view when constructing a care package for a cared-for person
- A duty on health boards to submit to Ministers a "Carer Information Strategy" which will outline how they will inform carers of patients of their right to an assessment.

These provisions are all currently being addressed in Fife.

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## Funding

Fife Council spends a considerable amount of money in support of carers. The main emphasis is on respite care but it also includes day care. Although day care is primarily for the service user, it is seen as another source of support by carers. The tables below give a breakdown of what was spent on these services in 2002/2003 and what the projected spend is for 2003/2004.

SPENDING ON RESPITE CARE	ACTUAL 2002/2003 £'000	PROJECTED 2003/2004 £'000
Respite Care in local authority residential houses for older people	1,592	1,593
Respite Care in local authority respite units for adults	559	603
Respite Care in voluntary and private sector residential homes for older people and adults	1,359	1,445
Community Living Scheme for Respite Care	6	Subject to demand
Crossroads Care Attendant Schemes	83	99
Respite Fife	221	226

SPENDING ON DAY CARE	ACTUAL 2002/2003 £'000	PROJECTED 2003/2004 £'000
Day Care for adults in local authority day centres	5,845	5,921
Day Care for older people in local authority homes/centres	942	1,049
Day Care in voluntary and private sector homes/centres	1,164	2,913

OTHER SUPPORT TO CARERS	ACTUAL 2002/2003 £'000	PROJECTED 2003/2004 £'000
Princess Royal Trust – Fife Carer's Centre	50	57

## User Involvement/Advocacy

- Carers are equal partners with statutory and voluntary representatives on the Carer's Strategy Group
- The Carer's Strategy Group host three "Open Meetings" per year to involve carers who cannot or do not wish to attend each Strategy Group meeting

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- Carers were fully involved in the development of Fife Carer's Strategy
- The Carer's Strategy Group host a Carer's Day during Carer's Week to which carers and those with an interest in carer's issues are invited
- Fife Carer's Centre distribute a newsletter to some 1200 carers
- Fife Carer's Centre advocate on behalf of carers on request
- The Hidden Carer Project seeks to identify and involve carers using health services in Fife

## **Needs/Gaps**

In the preparation of Fife Carer's Strategy, carers identified the following issues as requiring further work:

- Assessment
- Short breaks
- Information
- Transport
- Young people leaving the education system
- Joint working
- Health issues
- Hospital discharge
- Facilities in the community
- Employment and further education
- Remote and rural areas
- Quality services

## **Actions**

The Carers Strategy Action Plan details actions in terms of the following objectives:

- Ensure that Fife fulfils its responsibilities in relation to Carer Assessment
- Increase the range of short break services to all care groups
- Improve access to short break services
- Ensure that access to information is made easier for carers
- Keep carers informed of the progress of the transport schemes being piloted in East, West and Central Fife
- Seek to ensure services are in place when young people with disabilities leave the education system
- Involve carers as full partners in the planning and development of services
- Develop awareness of carers' issues within health services
- Fully involve carers in the discharge from hospital of the cared-for person
- Seek to ensure that community facilities meet the needs of people with disabilities and their carers
- Seek to ensure that working practices meet the needs of carers

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- Seek to alleviate the problems that affect carers because they live in a remote or rural area
- Ensure good quality services to carers and the cared-for person

## Further information

- [Fife Carers Strategy and Action Plan](#)
- [Fife Carer Assessment Process information](#)
- [Fife Social Work Service - Carer's Leaflet](#)
- [Fife Carer's Centre web site](#)

## YOUNG CARERS

### Introduction

Carers have always existed but it was not until 1990 when the NHS and Community Care Act came out that carers were actually acknowledged as having a role in community care. Generally, people do not recognise themselves as carers, they are parents, husbands, wives, friends and relatives who care because of a relationship. Current legislation has further raised the profile of carers, acknowledging how important it is to help and support them in their caring role. This applies even more so to young carers; children and young people who look after a relative.

The 2001 Census estimates that there are about 16,700 young carers in Scotland, this would mean around **1,170** in Fife. We currently work with around 100 young carers, which indicates how great the need is to get them to come forward and ask for help.

### What is a Young Carer?

There appears to be a spectrum of view points on what is a young carer. The definition that is currently being used in Fife is one agreed by Carers National Association:

*“Young carers are children and young people under the age of 18 years, whose lives are in some way restricted because of the need to take responsibility for the care of a person who is ill; has a disability; is experiencing mental distress; who is affected by an alcohol or drug problem or by HIV/AIDS.*

*A young carer could be in any family and from any social or cultural background. Most are caring for a parent, commonly in a single parent family, but some take responsibility for a grand-parent, a sibling or other family member. Some may be the primary carer, the only person providing care but others, secondary carers, may share the responsibilities with other family members.”*

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## Legislation, Policy and Guidance

- ◆ The **NHS and Community Care Act 1990** set the framework for implementing community care policies & procedures and establishing support for carers as a national priority.
- ◆ The **Carers (Recognition and Services Act) 1995** gave carers who provide “a substantial amount of care on a regular basis” the right to an assessment of their needs which should focus on their ability to continue to provide care.
- ◆ In November 1999, the Scottish Executive published **the Strategy for Carers in Scotland**, some of which foreshadowed Sections 8 to 12 of the **Community Care and Health (Scotland) Act 2002**, a group of provisions concerning carers, which took effect from 1<sup>st</sup> September 2002.
- The **Children (Scotland) Act 1995** which came into force in 1997. Young carers are ‘Children in Need’ as defined in Section 22 and ‘Children Affected by Disability’ as defined in Section 23.
- **Education (Scotland) Act 1980** as well as Standards in Scottish Schools Act 2000 and Improvement Framework for Education in Scotland.
- **The UN Convention on the Rights of the Child**, Articles 2,3,6,12,28 and 31.

## Needs

Young carers needs have to be met in a different way to those of older carers. Respite care for them means that they get a break away from home, either through a support group or by going on holiday. Community care services such as Home Care can help to alleviate their problems, but that does not help them to cope with the responsibility they have.

Listening to young carers is important and we met with groups of them during organised Open Evenings to find out what they felt their needs were. These are as follows:

- ◆ Recognition
- ◆ Information
- ◆ Someone who will listen to them in confidence
- ◆ Someone who will share the responsibility
- ◆ Freedom to take part in activities
- ◆ Individual space
- ◆ To meet with other young carers

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The main issues identified for them were:

- ◆ Raising awareness of the role of young carers particularly in schools.
- ◆ Professionals need to listen and take on board what is being said.
- ◆ Health care professionals should recognise that young carers need to know about the illness or disability that affects the person they are caring for.
- ◆ They need more support groups.
- ◆ They need a break from caring.

## **Funding**

A considerable amount of funding goes into respite care, which is of direct benefit to carers. However, as stated previously, respite care provision for the “cared for person” does not benefit young carers. Fife Council Social Work Service employed a Young Carers Development Worker in 2002 to raise awareness of the existence of young carers and their needs. Support was already being provided for around 50 young carers in the form of voluntary support groups. £5,000 from the Carers Strategy Funding was given to these groups to help them with transport and activity costs. The groups were run by volunteers and were stretched to their limits.

A successful application was made to the Changing Children’s Services Fund in 2003 for funding to employ four Young Carer Support Workers, three to carry on running the existing groups and a fourth to set up services in North East Fife, where none existed. This fund will be in place until end March 2006.

There is also a Respite Fund of £10,000, which is open to any young carer to access a set amount to help towards a break from caring.

## **What are we already doing?**

- Have produced Young Carers’ Assessments Forms.
- Looked at who should carry out a young carer’s assessment.
- Produced a Training Pack for use in schools.
- Provide support to three voluntary support groups.
- The young carers made a video highlighting their role as young carers.
- A Support Worker has now established two groups in the North East Fife area.
- A Respite Fund for young carers.

(A more detailed look at what we are doing can be found in the Carers Strategy Document on Fife Direct)

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## **Actions**

Below is brief outline of what we intend to do for young carers over the next three years. A more detailed action plan can be found in the Carers Strategy Document.

- Provide additional support to young carers in NE Fife.
- Produce a Young Carers Strategy working jointly with young carers.
- Develop clear pathways into service provision.
- Produce criteria for accessing the respite break fund.
- Look at setting up a Young Carers Project in Fife.
- Produce a report for the Senior Management Group with recommendations from the Assessment Seminar on who should carry out young carer assessments.
- Train staff in the use of the assessment tool.

## **Conclusion**

We are currently working with young carers to produce a Young Carers Strategy, which will be a separate document from the Carers Strategy. The young carers will say what it is they need and how they think those needs should be met. This document will be available by the end of 2004.

# **DIRECT PAYMENTS**

## **Introduction**

The experience of many people with a disability has been one of fitting in with what services and resources have been able to offer. This has limited their independence and offered few life style choices. Fife is committed to tackling inequalities and discrimination. Direct Payments empowers people who need help and support to take control over their own lives, and gives them greater choice and flexibility.

Fife has been a leading developer of Direct Payments and continues to have the highest proportion of people in receipt of this service in Scotland. Fife Direct Payments Support Service can offers support with administrative tasks, for example, wages, taxes etc. to people in receipt of Direct Payments.

## **Legislation, Policy and Guidance**

Local authorities have a duty to make direct payments available to disabled people of all ages, children and families and other groups. People in receipt of direct payments will often be expected to receive assistance in managing their

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payments from individuals and support organisations. This means that even people with the most severe disabilities will come within the boundaries of entitlement.

- Community Care (Direct Payments) Act 1996
- Regulation of Care (Scotland) Act 2001
- Community Care and Health (Scotland ) Act 2002

## **Needs, gaps and areas for change**

In Fife, each year the number of people in receipt of Direct Payments has doubled compared with the previous year. Continued growth will have implications for existing services and will require careful monitoring. A **National Finance Project Report** for Direct Payments Scotland concluded that funding Direct Payments from existing budgets required bridging finance to be made available to reduce or re-provision existing services. It further concluded that the introduction of Direct Payments should not stand alone but should be progressed within the context of overall service strategies and improved approaches to service delivery all designed to promote the aim of independent living.

### **For further information see:**

- [Community Care \(Direct Payments\) Act 1996](#)
- [Regulation of Care \(Scotland\) Act 2001](#)
- [Community Care and Health \(Scotland \) Act 2002](#)
- [Fife Direct Payment Support Service in Partnership with Fife Council Social Work Service](#)
- [Social Services in Fife; Service for People with Physical Disabilities](#)

## **ADVOCACY**

### **Introduction**

The Social Work Service and NHS Fife continue to support full involvement of service users and carers in decisions affecting them and their communities. The role independent advocacy is playing in social inclusion and the need to listen to the views of people who use community care services and act upon them is fully recognised. (Also refer to section: *Involving people who use services and their carers*). Investment in and support of professional and collective advocacy and capacity building, particularly among people with

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mental health problems, learning disability, children with disability and older people is acknowledgement of Fife's commitment to different models of independent advocacy. The aim is to have integrated independent advocacy services properly resourced and available to those who most need them by 2010.

## **Legislation, Policy and Guidance**

The need for service users and carers to have a say in their services is recognised in legislation, for example:

- The [Disability Discrimination Act \(DDA\) 1995](#) requires services to make reasonable adjustments so that employees or potential service users are not excluded from using services or contributing.
- The [Race Relations \(Amendment\) Act 2000](#) makes it a requirement for public bodies to tackle racial discrimination and promote equality by enabling people to have a say in and as much informed choice as possible in their individual care.
- Now for the first time in UK legislation in [the Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) access to independent advocacy has been cited as a "right!"

## **Service Planning**

Fife Advocacy Strategy Group is responsible for co-ordinating the Advocacy Action Plan. Members include representatives from the local authority, NHS Fife and a range of advocacy agencies and service users from collective advocacy groups.

Work within the Advocacy Strategy Group is based on the knowledge that some people need short term individual advocacy (paid or unpaid). Other people who are at risk and have no natural advocates may need a citizen advocate who will be partnered with them on a long term basis or for life if necessary. Some people benefit from collective or group advocacy where they come together with people in similar situations to plead for a common cause.

## **Needs and Gaps**

There are still significant gaps in independent advocacy provision. Particularly among "hidden" groups that fall outwith the major client group categories, such as:

- individual advocacy for people with physical disabilities and acute health care needs
- homeless people

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- people affected by addictions
- those leaving prison and other marginalised individuals:

## **Fife's Independent Advocacy Action Plan 2004-7 (draft)**

**Fife's Independent Advocacy Action Plan 2004-7** outlines our joint commitment to finding ways to increase access to independent advocacy agencies that are of high quality, responsive and most importantly are independent of the commissioner or provider of services.

### **Plans for 2005**

- Advocacy for minority ethnic groups, support for existing organisations
- Advocacy for people in residential and hospital settings (NHS funding £10.000 for development worker through The Elderly Forum. Network of volunteers is proposed. Local committees)
- Two community development workers have been employed to establish a network of citizen advocacy for people with learning disabilities
- Advocacy for children (funded by the NHS and the Changing Children Services Fund)
- The additional need for advocacy as a result of the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) is currently being assessed with a view to meeting legislative requirements.

## **Inclusiveness and involvement of people who use services**

The strategy group has organised a number of consultation events including a focussed session in March 2003, to ascertain what the priorities for advocacy planning and development should be.

### **For further information see:**

- [Disability Discrimination Act \(DDA\) 1995](#)
- [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
- [Race Relations \(Amendment\) Act 2000](#)
- [Local Health Plan 2004/5](#)
- Fife's Independent Advocacy Action Plan 2004-7

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# SUPPORTING PEOPLE

## Introduction

Supporting People is a policy and funding framework for housing support for vulnerable people. Nationally, the Supporting People initiative is seen as a key element of the drive towards social inclusion. Fife Council has developed a Supporting People Strategy which sets out the following key objectives:

- To establish Supporting People in such a way as to cause minimum disruption to service users and provider agencies
- To establish good relationships with landlords/provider agencies
- To involve service users in determining the arrangements of their own support
- To ensure best value in relation to housing support services
- To ensure that existing services delivering good quality and best value housing support are maintained and developed
- To move towards a market where housing support is not dependent on tenure
- To develop the range, shape and type of housing support services
- To integrate planning for housing support with other significant strategies and plans.

## Legislation, Policy and Guidance

[Section 91 of the Housing \(Scotland\) Act 2001](#) states that grants may be paid to local authorities towards expenditure incurred by them in providing, or contributing to the provision of, prescribed housing support services.

## Funding

New services to the value of nearly £11 million were introduced in 2002/2003. These services were provided to a wide range of service users as outlined below:

Service User Group	Grant Value (£000)
Learning disabilities	5,602
Mental Health	2,604
Older People	911
Physical Disabilities	692
Young People	623
People with HIV	142
Sensory Impairment	123
Homeless	93
Domestic Abuse	30
Alcohol/Drug Misuse	26
Offenders	17
<b>Total</b>	<b>10,863</b>

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The overall budget which has been proposed for 2004/2005 is £25,919,000.

## **User Involvement/Advocacy**

- An information leaflet has been produced for service users outlining key elements of Supporting People
- Service users will be involved in the specification, contracting and review of support services
- An annual conference will be held for service users and carers aimed at involving them in the development of the Supporting People Plan
- Further opportunities will be developed, beyond the annual conference, for service users and carers to influence the Supporting People Plan

## **Needs/Gaps**

- A lack of floating support services across all client groups
- A lack of crisis response services apart from those in relation to homeless people
- A lack of services covering rural areas
- A lower level of services in West and East Fife
- A lack of services for people with housing support needs living in the owner occupied sector
- A lack of provision for people with complex needs eg autistic spectrum disorder
- A lack of suitable “move-on” housing
- Better co-ordination of transition periods for service users, particularly in relation to “handovers” from one provider to another

## **Actions**

The Fife Supporting People Strategy 2003-08 contains a detailed action plan under the following headings:

- Best Value and Service Review
- Assessment
- Commissioning
- Relationships with Providers
- User Involvement
- Communication
- Planning and Information
- National Policy Issues
- Older People with Support needs
- Homeless People
- Women Escaping Domestic Violence

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- Young People with Housing Support Needs
- People with a Learning Disability
- People with a Physical Disability (including People with a Sensory Impairment, Acquired Brain Injury or who are Chronically Ill)
- People with Mental Health Problems
- Offenders/Ex – Prisoners
- People with Substance Misuse Issues
- People with HIV/Aids
- People from Ethnic Minority Groups.

**For further information:**

- [Fife Council Supporting People Strategy 2003-08](#)
- Supporting People Update – Report to the [Adult Services Committee on 27 February 2004](#) – Para 88
- [Supporting People Leaflet](#)
- [Housing \(Scotland\) Act 2001 – Section 91](#)
- [Criminal Justice Strategic Plan 2002-5](#)

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# DEVELOPING COMMUNITY CARE SERVICES WHICH MEET THE NEEDS OF BLACK AND ETHNIC MINORITY GROUPS

## Introduction

The [Race Relations \(Amendment\) Act 2000](#) places duties on public authorities to promote race equality, in particular to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunities
- Promote good relations between people from different racial groups

Fife Council Social Work Service and NHS Fife are committed to achieving and promoting racial equality in the provision of health and social care to the diverse communities in Fife. Both organisations are working closely together to develop effective ways of meeting and talking with black and ethnic minority community groups so that we can develop services sensitive to the diverse needs of the people of Fife. Detailed [Race Equality Action Plans](#) have been developed which cover the following areas:

**Element 1 - Energising the Organisation:** setting up mechanisms to ensure that race awareness becomes part of the mainstream work of our organisations.

- Fife Council Social Work Service and NHS Fife have ensured a high level of commitment to the issue of Race Equality. For example the Joint Race Equality Strategy Group meets regularly to ensure objectives contained within the organisations Race Equality Action Plans are taken forward.
- In order to equip staff throughout the organisation with the knowledge and skills to allow them to meet the needs of individuals from black and minority ethnic backgrounds, a process of awareness raising and cultural sensitivity training is being developed and implemented.
- A Race Equality information booklet containing a wide range of information on minority ethnic and cultural issues has been developed and is available to all staff.

**Element 2 - Demographic Profile:** knowing our diverse community and the different needs of individuals within it.

- Information relating to the ethnic minority population in Fife, taken from 2001 census, is used for planning and research purposes by NHS Fife and

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Fife Council Social Work Service.

- The Single Shared Assessment form, developed by NHS Fife and Fife Council Social Work Service, includes a section on ethnic minority status.
- “Ageing in Fife” – a multi-agency conference held in 2001, obtained views from older members of the ethnic minority population of Fife.

**Element 3 - Access and Service Delivery:** ensuring that we do not inadvertently discriminate against particular individuals and groups by working to identify and remove any barriers to accessing services.

- A Community Forum has been established with representation from local community groups. This forum has been established by NHS Fife, Fife Council Social Work Service and [FRAE Fife \(Fife Race Action and Equality\)](#) – a group dedicated to capacity building among the black and minority ethnic groups in Fife). This forum will form a consultative body to address general and specific health and social care issues within Fife.
- A series of “Diversity Lunches” has commenced. Again, these have been organised on a partnership basis with Fife Council Social Work Service and NHS Fife and facilitated by FRAE Fife. Diversity lunches provide an informal setting in which local people from ethnic minority community groups throughout Fife, can discuss different topics with staff from NHS Fife and Fife Social Work Service. Four Diversity Lunches have taken place since October 2002. Each lunch explored a different topic eg improving access to services, catering requirements, needs of carers and ways to improve communication for people from ethnic minorities. Feedback was collated after each lunch and used to make improvements to services for people from ethnic minorities.

**Element 4 - Human Resources:** developing a comprehensive training agenda for staff at all levels in the organisation and positive action in recruitment to ensure that the workforce mirrors the diverse community in Fife.

- As well as ensuring that staff are equipped to meet the individual needs of every service user, the service must ensure that the recruitment process is inclusive and that all staff, regardless of ethnicity, are treated fairly and receive the same opportunities for development and promotion within the organisations. A system of monitoring is being developed to ensure that the organisations meet these responsibilities, with positive action being taken to address areas of concern.
- Fife Council Social Work Service is working with EMET (Ethnic Minorities Education and Training Network) to encourage people from different ethnic backgrounds to enter the profession at a number of levels.

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**Element 5 - Developing communities:** working with FRAE Fife to build the capacity of community groups and improve information on public services specifically targeted for these groups.

- Fife is fortunate to have FRAE Fife, a Social Inclusion Partnership supported by Fife Council and NHS Fife, dedicated to capacity building among the black and minority ethnic groups in Fife. By working closely with FRAE Fife, the Social Work Service and NHS Fife are more likely to succeed in including the minority ethnic population in the design and development of services in Fife. The inclusion of these groups in service design and development is more likely to produce an inclusive service. The establishment of a community consultation forum, with representatives from the local ethnic minority communities is a key priority.
- A Social Work Service Information pack is available in a number of languages including Urdu, Punjabi, Arabic, and Chinese and a large number of NHS Fife leaflets are available in various languages.
- A rolling programme of information meetings designed to tell people from different ethnic backgrounds about health and social care services and how to access them is being developed with NHS Fife and Fife Council Social Work Service.

**For further information:**

[Social Work Race Action Plan](#)

[NHS Fife: Race Equality Strategy and Action Plan](#)

[Race Relations \(Amendment\) Act 2000](#)

[FRAE Fife](#)

[Multilingual Health Information](#)

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## Section 4: MAIN CLIENT GROUP PRIORITIES IN FIFE

### SERVICES FOR OLDER PEOPLE

#### Introduction

The planning and delivery of services for older people is now clearly established through the Joint Future arrangements in Fife and the details of this are outlined in the **Extended Local Partnership Agreement for Community Care Services (April 2004)**. Joint working between NHS Fife and Fife Council Services of Social Work, Housing and Local Office Network has now been formalised through a joint governance system. A Joint Strategy and Resources Group, a Joint Senior Managers Group and 6 Local Management Units (LMUs) have been set up. The LMUs have been designed to encourage and facilitate joint redesign and delivery of services which are best suited to each of the six communities they relate to.

#### Legislation, Policy and Guidance

Joint Future is a far-reaching national policy initiative to affect Community Care since the **NHS and Community Care Act 1990**. The Scottish Executive produced a report in December 2000, "[Community Care: A Joint Future](#)" which contained a number of recommendations. The primary intention was to redesign services to lessen duplication and improve outcomes for older people. The approach would then be extended across other community care groups from 2004 onwards. This new joint approach would ensure that agencies such as Social Work, Housing and Health jointly plan and deliver community care services that would shift the balance of care from residential and nursing home care towards care at home.

Key national and local priorities are to:

- Reduce the number of older people who are in hospital but whose discharge has been delayed due to non-medical reasons
- Develop rapid response systems to deal with emergency situations where a person's ability to remain at home is jeopardised
- Develop Out of Hours services
- Increase the availability and flexibility of short break services to support carers
- Ensure the provision of shopping and domestic services
- Provide four weeks Free Home Care following discharge from hospital
- Provide Free Personal Care
- Develop a Joint Hospital Discharge Protocol

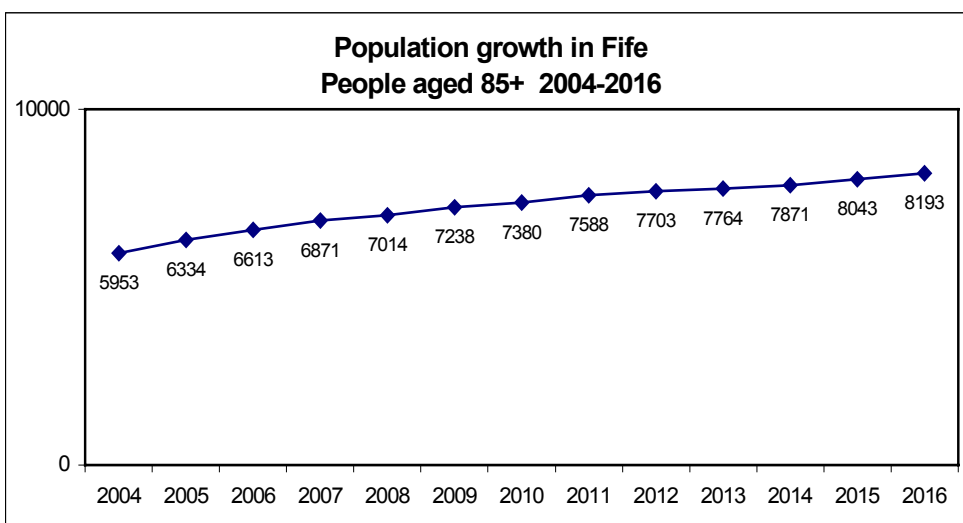
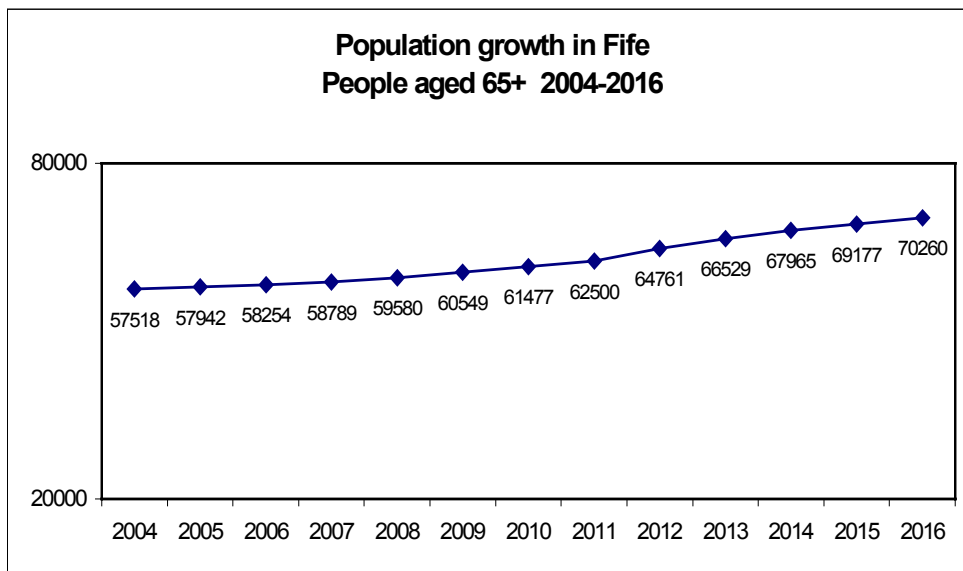
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## Population Projections

The demand for health and social care services is increasing particularly for older people. Furthermore, the number of people in all the older age groups in Fife is projected to increase substantially by 2016 – **22% for those aged 65+ and 38% for those aged 85+**. The projection is that Fife will experience a larger increase than that projected for Scotland (17% for those aged 65+). The increase is not projected to be evenly spread across Fife, but to be greatest in West Fife and smallest in East Fife. At the same time the total population and the population of working age are both projected to decrease slightly (by 1% and 2%). This means that both an absolute and a relative increase in the number of older people is projected.

### Population growth in Fife – older people

#### *Population growth in Fife – older people*



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The growth in the number of older people, particularly those over 85 will have an impact on the demand for health and social care provision in the future. **The Council Improvement Plan 2004 – 2007** highlights these significant population changes and identifies the need to re-focus budgets and effectively manage risk eg the ability to meet often very complex and demanding social care needs of older people and other community care groups. One of Fife Council's policy priorities is to: meet the needs of vulnerable and elderly people and to plan for the future. This requires the Council to:

- draw up a long term strategy to address the changing needs and demands of older people
- redesign a joint approach across council and health services which promotes local flexibility in the delivery of services for older people in line with the Joint Future Agenda
- implement the actions outlined in the Framework of Services for Older People

Work is ongoing in the Council Finance Service to consider the budget implications of this increase in demand.

## **What are we already doing?**

### **Framework of Older People's Services**

**The Framework of Older People's Services: A Community Planning Approach** has been developed as a response to the projected demographic changes. It is critical that partners work together to properly plan and co-ordinate strategies for ensuring older people can continue to fully contribute to their communities and receive the support they need in the future.

A group has been set up to engage with all Community Planning partners and other relevant groups and organisations to develop the Framework. Their role is to:

- Raise awareness and understanding of needs of the diverse and growing population of older people in Fife
- Advise on the overall priority given to the development of services relevant to older people including shifts in resources
- Better co-ordinate the development of services covering the whole spectrum of mobility, health improvement, quality of life and specialist health and social care.
- Provide a comprehensive map of activity and future plans so that appropriate links can be made and duplication minimised
- Identify and find ways of addressing gaps in service provision

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- Review the information being provided to older people on the services that are available to them and how to access them
- Develop a system for monitoring and review

The Framework is built around 16 aims. These aims were identified by older people in Fife.

1. To ensure older people can live safely in their communities
2. To ensure older people live in warm, safe, appropriate housing
3. To provide equality of access for all older people by improving their mobility through the provision of accessible and affordable transport services and infrastructure
4. To encourage social participation and active citizenship in older people
5. To maximise the income of older people
6. To take into account that older people make up a hugely diverse group in terms of age, ability, race, spiritual beliefs and sexuality
7. To ensure older people know what services are available and how to access them
8. To work to maintain and improve the health and wellbeing of older people
9. To ensure all older people with sensory impairment have access to the full range of Fife Council and health services relevant to their needs
10. To ensure older people who can stay at home are offered this opportunity
11. To enable older people who have dementia and other illnesses that affect the mind to remain in their own home wherever possible or in a homely environment in their local community and to ensure that their health and social needs are met
12. To ensure that older people with learning disability continue to receive appropriate support and help in a community based setting
13. To ensure responsibility for care on families does not exceed that which is comfortably tolerable to them
14. To ensure going into and coming home from hospital is a positive experience
15. To make the transfer to long term care a positive experience
16. To ensure that health care systems meet the needs of older people and link effectively with social care systems

Each aim has beneath it a number of objectives for which there are specific actions.

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## **Older People Strategy Implementation Group**

The Older People's Strategy Group is a joint group which has a focus on the development of models for care within health which, as part of the Right For Fife Strategy contribute to modernising health services in Fife.

The Group are responsible for the planning and delivery of models of care in hospital as well as ensuring the proper connections are made to community services to allow a smooth transition back to home for those who have been admitted to hospital.

Within its remit the group focuses on three main areas:

- Strengthening our communities
- Smoothing the pathway in and out of hospital
- Provision of NHS continuing care for older people.

## **Delayed Discharge Action Plan**

The Delayed Discharge Action Plan is developed on an annual basis and seeks to strengthen community infrastructure to either avoid unnecessary admission to hospital or to support early discharge to allow people to return home with appropriate care packages.

The Scottish Executive measures the success of this work through the reduction in numbers of delayed discharges. A patient who is counted as a delayed discharge is someone who is medically fit for discharge but cannot either go home because the appropriate care package is not immediately available to support them or someone who is awaiting placement in a care home setting.

The number of delayed discharges in Fife have reduced by 50% over the last two years and currently sit at 124.

## **Further information:**

- The impact of demographics and the related financial implications (Forward Planning Budget Working Group 14 June 2004)
- Framework of Services for Older People in Fife: [Adult Services Committee 23 June 2004 – Para 131](#)
- [Older People in Fife: insights from local and national data](#)
- [Delayed Discharge – Joint Action Plan](#) – Report to NHS Board 4 November 2003
- Delayed Discharge – End of Year Performance Report – Report to NHS Board 30 March 2004

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# SERVICES FOR PEOPLE WITH A LEARNING DISABILITY

## Introduction

The National Review Report on learning disability services “The Same As You?” launched in May 2000, set the agenda for learning disability services in Scotland. In Fife we set up the SAY Project to oversee the implementation of the 29 recommendations in the report. **The Partnership in Practice Agreement (PiP) 2001 –2004** set out how we were going to do this in the first three years.

The Scottish Executive carried out a survey of services provided by local authorities in Scotland for adults with learning disabilities. The final figures will be published in [Scottish Community Care Statistics 2003](#).

As a result of this survey they concluded that, overall local authorities were making good progress with the implementation of *The Same as You?* However, the Partnership in Practice Agreements did show an overall weakness in certain areas. As a result the Scottish Executive have sent out new guidance for the 2004-2007 Partnership in Practice Agreement. The main areas to be addressed are:

- Autistic Spectrum Disorder
- Change Fund Spend
- Disseminating the Partnership in Practice Agreement
- Involving the Private Sector
- Involving People with a Learning Disability and Family Carers.
- Progress from the first Partnership in Practice Agreement
- Transition.
- Vulnerable Adults.

## Legislation, Policy and Guidance

- Aiming For Excellence: Modernising Social Work Services in Scotland.
- Modernising Community Care: An Action Plan
- The Same As You? : A Review of Services for People with a Learning Disability.
- Promoting Health Supporting Inclusion Nursing Review (2002)
- Review of Speech and Language Therapy for Adults with a Learning Disability (2003)
- NHS Scotland’s Health Needs Assessment Report – People with Learning Disabilities ( Feb 2004)
- Joint Future.

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## Numbers of People with a Learning Disability

The SAY National Review Report (May 2000) indicates that in Scotland there are:

- 20 people for every 1,000 with a mild or moderate learning disability
- 3-4 people every 1,000 with a profound or multiple disability.

In Fife this would mean that there are approximately 7,000 people with a mild to moderate learning disability and between 1,050 and 1,400 with a profound or multiple disability.

UK research has shown that since 1960 the number of people with a profound or multiple disability has increased by 50% in the UK. The number of people with a mild or moderate learning disability is likely to have increased in much the same way. The research suggests that the number of people with learning disabilities will continue to grow by over 1% a year over the next 10 years.

Demography is changing due to an increased life expectancy at all ages and all abilities including the survival of very premature and low birth weight infants. This has resulted in a growing number of older adults with learning disabilities and also a growing number of people with severe and profound learning disabilities in all age groups.

## Children with Learning Disability

- Between 20-25% of children and young people with learning disabilities have epilepsy. These children also have an increased risk of visual and hearing impairments.
- 31-50% of these children may also have a mental health or behaviour problem. Comparisons with children in the general population demonstrate that children with learning disabilities have a 3-5 times higher prevalence rate of mental ill health and behaviour problems.

## Older people with Learning Disabilities

- About two thirds of older people with learning disabilities have an additional mental health disorder.
- Dementia is about 4 times more common in people with learning disabilities and is particularly common in people with Down's syndrome, about 50% of whom will acquire clinical dementia in middle or older age.
- Older people with a learning disability have health needs that are higher than age defined comparison groups without learning disabilities.

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## Family Carers of people with Learning Disabilities

- Family carers play a crucial role in the development and well-being of people with a learning disability, but the impact of providing this level of care and support can have an effect on the carers' health and well-being.
- UK studies have reported increased rates of stress and depression amongst family carers.
- Women who are family carers experience depression 3.7 times more commonly than other women.
- Men who are family carers report cardiovascular problems 2.5 times more commonly than the general population.

## Autistic Spectrum Disorders

- The prevalence of autistic spectrum disorders in children is estimated as 60 per 10,000 children. Of these 20 per 10,000 will have an autistic disorder and learning disability and the remaining 40 per 10,000 will have autistic spectrum disorder such as Asperger Syndrome.

## Numbers of People with a Learning Disability in Fife

The prevalence rates above show that there could be as many as 1,400 people with a learning disability in Fife. This number will include children. It is difficult to identify the actual number of people in Fife with a learning disability, we can only attempt to do this by looking at those people we give a service to.

A survey carried out on adults with a learning disability living at home with parent/carers showed that there were 343 in November 2003. There are 110 people in group homes and 50 users through Housing Support. Although the Community Living Scheme is primarily to provide respite care, some people do have permanent places with Community Carers.

Around 600 people attend the Adult Day Centres for people with a learning disability and 106 receive a service from the West Fife Community Support Service. The survey carried out on people living at home with parent/cares showed that 104 people living at home do not attend a day centre.

It would appear from the above that we know around 800 adults with a learning disability.

## What we are already doing

The **2001-04 Partnership in Practice Agreement (PiP)** shows the achievements of the 11 working groups set up to take forward some of the recommendations of the SAY Report and the projects set up through the

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Change Fund. A new version of the PiP, 2004 –07 will be available by September 2004.

Apart from ongoing work within the SAY Project, other initiatives have been taken forward such as the closure of Woodlands Day Centre in November 2002, which was replaced by 9 bases in the community. The new service is called the West Fife Community Support Service (WFCSS). It uses a person centred approach that aims to offer individual support to around 106 adults with a learning disability. ([Adult Services Committee Report 23 June 2004 – para 129](#))

Scottish Human Services (SHS) carried out a review of the new service between June and November 2003 and a paper is available outlining the significant difference this service has made, such as:

- Better opportunities in the community.
- Increasing opportunities for working and learning.
- Improving relationships.

(The Main Findings of the ‘Learning into Action’ Participatory Appraisal of West Fife Community Support Service – [SHS Trust.](#))

Adult Day Services continue in other parts of Fife offering a service to people in a day centre as well as providing opportunities to access facilities within the community such as leisure facilities and colleges. Many of the people attending the day centres no longer attend 5 days a week, they have the opportunity to do voluntary work or sheltered employment. Approximately 600 people with a learning disability receive a service through the day centres on a regular basis.

The Fife Employability Team works with people with a learning disability to find them paid and unpaid employment. They are working with 304 people, 217 of which are in some kind of employment, 161 paid, 55 unpaid. Those people in paid employment earn the National Minimum Wage or above.

Work is in progress to produce an Action Plan, as requested by the Scottish Executive, to achieve the discharge of the existing residents of Lynebank Hospital, or confirm plans for their discharge by December 2005. This presents a major challenge for appropriate assessment, provision and funding which needs to be identified to sustain this. It is important to stress however that community based infrastructure to support people discharged from Lynebank needs to be identified across services but with particular reference to health provision.

## **Needs identified**

Adults Day Centre Services are developing local action plans based on [⇐Back to Contents](#)

consultation with existing service users and carers, staff teams and other services. From the local consultations a number of key themes have emerged:

- The need to develop and extend friendships for service users.
- The need to develop more flexible transport solutions.
- The need to work further with other services and local communities to expand inclusive activities and opportunities for service users.
- The need to continue to adopt a person-centred approach with service users.

The action plans are being developed in a rolling programme and there is commitment and enthusiasm from service users and staff teams. Adult Day Services continue to aim to ensure that adults with a learning disability can have the same opportunities as other members of the local community, with the amount of support that the individual requires.

The need for a Forensic Team based on multi-agency provision has been identified through work on-going in the SAY Project. Agreement must be reached on how the existing provision managed through the SAY Project is taken forward across Fife. The suggested target date for this agreement is September 2004.

Within the new Social Work Structure arrangements have to be agreed on the way in which teams are identified between generic Community Care provision and specialised provision for Older People, Disability including Learning Disability and Mental Health. The common approach for all groups will be Single Shared Assessment. Options for the establishment of multi-agency Learning Disability Teams need to be explored.

## **Actions**

The main actions for Learning Disability Services will appear in the new Partnership in Practice Agreement in September 2004. Other actions will be highlighted in the local action plans produced by the Learning Disability Day Centre Services.

In order to meet other needs identified, a number of management arrangements have to be confirmed and significant consultation has to take place to agree a redesign of services so that the SAY Project and its significant achievements can be mainstreamed. There are already good joint arrangements but specific issues to be considered as a priority for Joint Management and Joint Resourcing outlined in **the Extended Local Partnership Agreement** are:

- Lynebank Discharge
- Locality Teams and Specialist Teams.
- Fife Wide Forensic Service

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- Fife Wide Resource Provision from Social Work
- Mainstreaming the SAY Project in relation to its principles and service provision.

## **Further information**

- [Aiming For Excellence: Modernising Social Work Services in Scotland.](#)
- [Modernising Community Care: An Action Plan](#)
- [The Same As You? : A Review of Services for People with a Learning Disability.](#)
- Partnership in Practice Agreement (PiP) 2001-4
- [Promoting Health Supporting Inclusion Nursing Review \(2002\)](#)
- [Review of Speech and Language Therapy for Adults with a Learning Disability \(2003\)](#)
- NHS Scotland's Health Needs Assessment Report – People with Learning Disabilities ( Feb 2004)
- 'Learning into Action' Participatory Appraisal of West Fife Community Support Service – [SHS Trust](#)
- Extended Local Partnership Agreement
- [Adult Day Services in Fife: Adult Services Committee Report 23 June 2004 – Para 129](#)

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# PEOPLE WITH MENTAL HEALTH DIFFICULTIES

## Context

The strategic objectives for improved mental health services have their origins in the **1997 Framework for Mental Health Services in Scotland**. Those objectives are also reflected in the major changes that have occurred within the political, legislative and organisational context within which mental health redesign takes place, such as; the new [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#), [Community Care: A Joint Future](#), **Community Health Partnerships** and related initiatives, such as [Designed to Care](#) and the [Primary Care Modernisation Report](#). In addition [Towards a Healthier Scotland](#) outlined objectives for improving public health and read with [Our National Health](#), includes measures to prevent suicide, promote positive mental health and well-being and address the stigma and discrimination that people with mental health problems can face.

From April 2004 Community Mental Health Services fall within the Joint Future framework and community services will increasingly be co-ordinated and eventually managed by Joint Future Local Management Units (LMUs). The **Extended Local Partnership Agreement** (ELPA) contains details of joint arrangements, as far as they have been agreed to date.

## The new Mental Health Care and Treatment (Scotland) Act 2003

A group has been set up to prepare for introduction of the new Act. **Fife's Joint Implementation Plan** on how the Mental Health (Care and Treatment) (Scotland) Act 2003 will be implemented in 2005 was submitted to the Scottish Executive on 31 March 2004 in draft.

## Needs, gaps and demographic changes

Overall Fife's population has remained static but Locally the population has been increasing around the Forth Bridge and in the Tay Bridge area. As people live longer the proportion of older people is growing. Because of this an increase in the number of people with dementia is expected.

Other reasons for the need for changes are:

- A shortage of health professionals coupled with recruitment and retention issues.
- The European Working Time Directive applying to junior doctors from 2005.

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- The Introduction of the new Mental Health (Care and Treatment) (Scotland) Act 2003 Act will have a significant impact on the way services are delivered.
- The recent National Assessment of Mental Health Services identified an underdevelopment in “out of hours” and forensic services in Fife which will impact on our ability to meet the requirements of the new Mental Health Act.
- New GP contracts will impact on the organisation of out of hours services
- Other issues are risk assessment and provision and resourcing of respite care

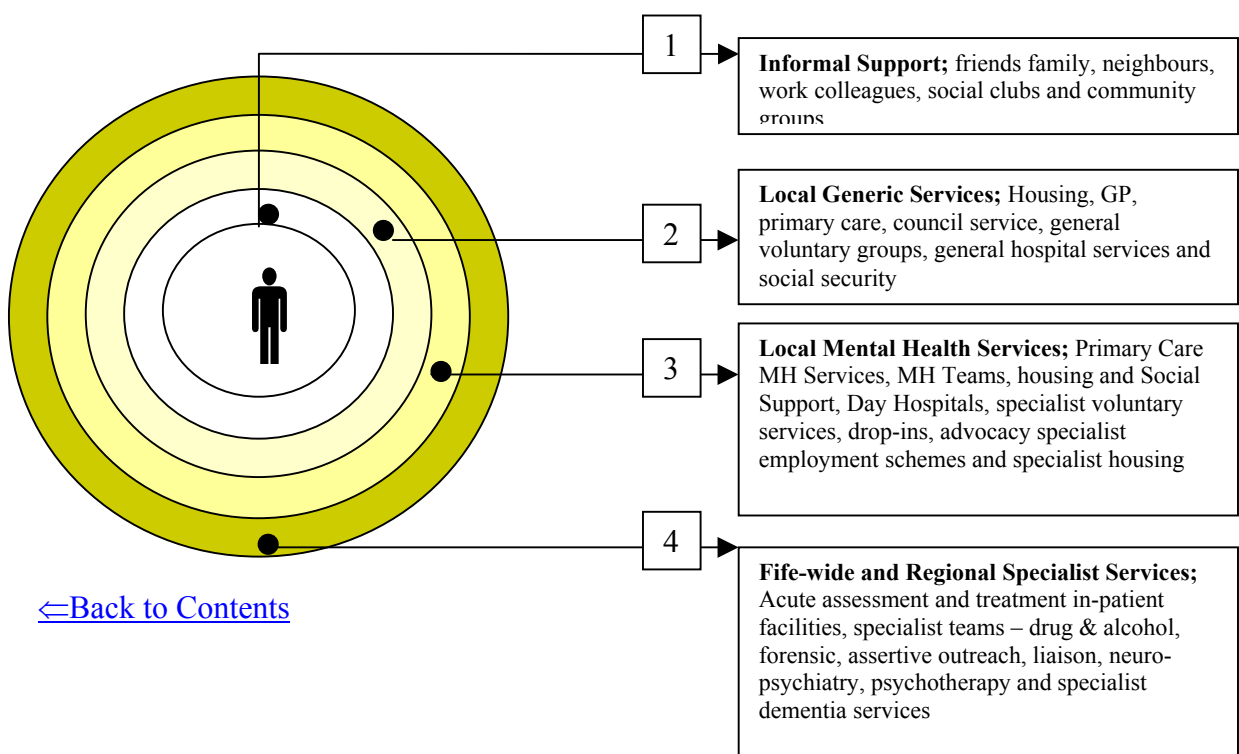
## Vision

Our vision is for services that restore and enhance an individual’s mental health in the widest sense and in so doing their quality of life. Care provision is delivered in the individual’s home community with the minimum necessary reliance on inpatient services. This vision is set out in our **Strategic Statement for Mental Health and Well Being in Fife**.

## Towards our Vision

The **Strategic Statement for Mental Health and Well Being in Fife** outlines how well we meet the core service elements set out in the **Framework for Mental Health Service in Scotland 1997**, and the actions needed to achieve the outstanding ones. Our plans and developments are designed to bring us closer to the vision we have agreed for Fife. To assist progress it is anticipated that, in terms of change and innovation, Mental Health will receive between £150,000 –200,000 next year.

A person centred approach towards this vision sees developments continuing on all four levels outlined below. This plan, however, is mainly concerned with levels 3 and 4.



Work towards this vision is continuing with all partners:

## **Local Mental Health Services**

- **Primary Care Mental Health Services** to include; Counsellors, Cognitive Behavioural Therapists, Practitioners and Clinical Psychologists. A recent, successful pilot project, which included Social Work has shown the value of including social support services as outlined in the **Evaluation Report of the Netherlea Project**.
- Suggestions for **Locality Mental Health Teams**;
  - 8 Adult teams and 6 Old Age Teams
  - A changing role for Day Hospitals towards Community Resource Centres
  - Increased role for people who use services and voluntary sector

Steady progress is currently being made towards setting up Adult Local Mental Health Teams in all areas of Fife.

- **Outcomes from evaluations** of some current services will assist in future developments:
  - A Report from a review of Rehab Services for Adults with functional illness is expected in summer 2004
  - A review of all our day services is due to report at the end of June 2004
  - The Mental Health and Well-being Groups Race Equality Assessment has just been completed by our Health Service

## **Fife-wide and Regional Specialist Services**

### **In-Patient Mental Health Services.**

The vision is for more community based services but there continues to be a need for in-patient services. Based on a number of patient focussed public involvement events it is hoped that in-patient sites will be reduced from 3 to 2 by April 2005. Further information is contained in the **Right for Fife Implementation Plan (Report to the Board on 30 March 2004)**.

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## **Mentally Disordered Offenders**

The Scottish Office published a document in 1999 entitled **Health, Social Work and Related Services for Mentally Disordered Offenders in Scotland**. It made proposals for the organisation and development of services throughout Scotland and marked the growing concerns on both a public and political level about the lack of co-ordinated, cohesive service provision for this particular client group.

In Fife, a multi-disciplinary Mentally Disordered Offenders Sub-Group was established by the Mental Health Strategy Group to provide advice on taking forward the guidance. Work is also ongoing with neighbouring NHS Boards and Local Authorities with a view to setting up a Regional Network of services for this client group.

The evaluation Report “**Mentally Disordered Offenders Mental Health Officer (Police) Pilot Project May-October 2003**” on a pilot Project for a Mentally Disordered Offenders MHO (Police) Out of Hours service concluded that the need for an enhanced MHO service to meet the needs of this difficult, yet vulnerable, client group remains. This will become increasingly evident given the profile of this client group within the new Mental Health Act due to be introduced in April 2005. Proposals for further funding for this project is included in the **Fife’s Joint Implementation Plan** sent to the Scottish Executive on 31 March 2004.

## **Advocacy**

The new [Mental Health Care and Treatment \(Scotland\) Act 2003](#) places a duty on Health Boards and Local Authorities to secure the availability (to persons in its area with a mental disorder) of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services.

The local authority and Fife NHS fund Fife Advocacy to provide professional advocacy for adults (over 16) with mental health or dementia. In addition to paid professional advocacy there are a number of user lead associations that provide independent and collective advocacy for people with mental health problems across Fife. Further information is available in **Fife’s Draft Independent Advocacy Action Plan 2004-07**.

A review of the over all provision of advocacy in Fife has been suggested. A group is looking at changes resulting from the [Mental Health \(Care & Treatment\) Scotland\) Act 2003](#) to ensure that we meet the requirements of a new **Code of Practice for the provision of Independent Advocacy**.

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## National Programmes

### Suicide Prevention

[Choose Life, a National Strategy and Action Plan to Prevent Suicide](#) was launched in 2001. Progress on the Suicide Prevention Programme is outlined in Fife's **Choose Life Action Plan**:

In Fife 2 people have been trained through the Applied Suicide Intervention Skills Training Course (Asist). Further courses are being planned.

### Post Natal Depression

Services are developed along recommendations in **SIGN Guideline 60** by a NHS Steering Group:

- An integrated Care Pathway is in use throughout Fife
- As recommended by **SIGN Guideline 60** the Edinburgh Post Natal Depression Scale is used to identify people at risk
- An independent audit by Napier University and Glasgow University has taken place

### Stigma

Planned work ties in with the anti stigma campaign "**See me**":

- Focussing on young people an event is being planned towards the end of this year
- Carers and members of the Family Support Project have raised concerns based on the level of stigma still experienced by them. An event around the issue is proposed

### Review of Planning Structures

The present structure dates from year 2000. Developments outlined above make this a timely opportunity for a fresh look at joint planning, funding and delivery of services.

NHS Fife is in the process of establishing six **Strategy Implementation Groups (SIGs)** to reflect main responsibilities of unified NHS Boards and the NHS Change and Innovation agenda. It is proposed that the **Mental Health Project Board (MHPB) becomes the Mental Health SIG** with the following remit:

- Determine the strategic direction for Mental Health Services in Fife
- agree strategic implementation plans

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- Monitor the progress of implementation
- Facilitate redesign and innovation
- take an overview of the programme budget of mental health
- commission short life working groups for project implementation and redesign
- make recommendation to the Joint Strategy and Resources Group on priorities for joint commissioning

It is expected that the Mental Health Strategy Group continues as a wider reference group and meet a maximum of 4 times and a minimum of 2 times per year.

In 1999 the multi-agency Fife Mental Health Strategy Group set up 4 multi-professional and multi-agency Area Redesign Teams (ARTs). Since then, the Teams have been active in developing community focussed services. They are now also fully involved in the public involvement work to design our bed based mental health services. ARTs will continue to take a local focus on Mental Health issues and priorities but align themselves much more closely with the Local Management Units (LMUs).

## **Dementia and Services for older people with mental health problems**

Security for some current services and new and developing services for people with dementia:

- core funding for memory clinic
- early onset support worker
- Change & Innovation funding to roll out the EAST Project across North East Fife
- Development worker for people with co-morbidity; learning disability and dementia
- Flexible day care
- Locality mental health teams for older adults

### **Further information:**

Framework for Mental Health Services in Scotland

[The new Mental Health Care and Treatment \(Scotland\) Act 2003](#)

[Designed to Care](#)

[The Primary Care Modernisation Report: Towards a Healthier Scotland](#)

[Partnership for Care, Scotland's Health White paper 2003](#)

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[Our National Health: A plan for action, a plan for change](#)

[The development of Community Health Partnerships](#)

[Choose Life, a National Strategy and Action Plan to Prevent Suicide](#)

[Improving Health in Scotland – The Challenge](#)

[Health, Social Work and Related Services for Mentally Disordered Offenders in Scotland](#)

[Community Care: A Joint future](#)

## Local information

- Extended Local Partnership Agreement
- Strategic Statement for Mental Health and Well Being in Fife
- Fife's Joint Implementation Plan
- Evaluation Report of the Netherlea Project
- Fife's Draft Independent Advocacy Action Plan 2004-07
- Code of Practice for the provision of Independent Advocacy
- Mentally Disordered Offenders Mental Health Officer (Police) Pilot Project May-October 2003
- SIGN Guideline 60
- Right for Fife Implementation Plan (Report to the Board on 30 March 2004)

## Dementia and Services for older people with mental health problems

The prevalence of dementia varies according to both age and gender. Using Hofman's (1991) prevalence rates by gender and age, which have been validated by studies across a number of European countries, and combining these with the 2000 based population projections of the Registrar General (Scotland), it is possible to estimate the number of people in Fife likely to have dementia in each year up to 2016.

The table below shows the number of people projected to have dementia by 3 year intervals to 2016. The chart following shows that the number of people with dementia is projected to increase faster than the elderly population as a whole during the next few years before slowing down.

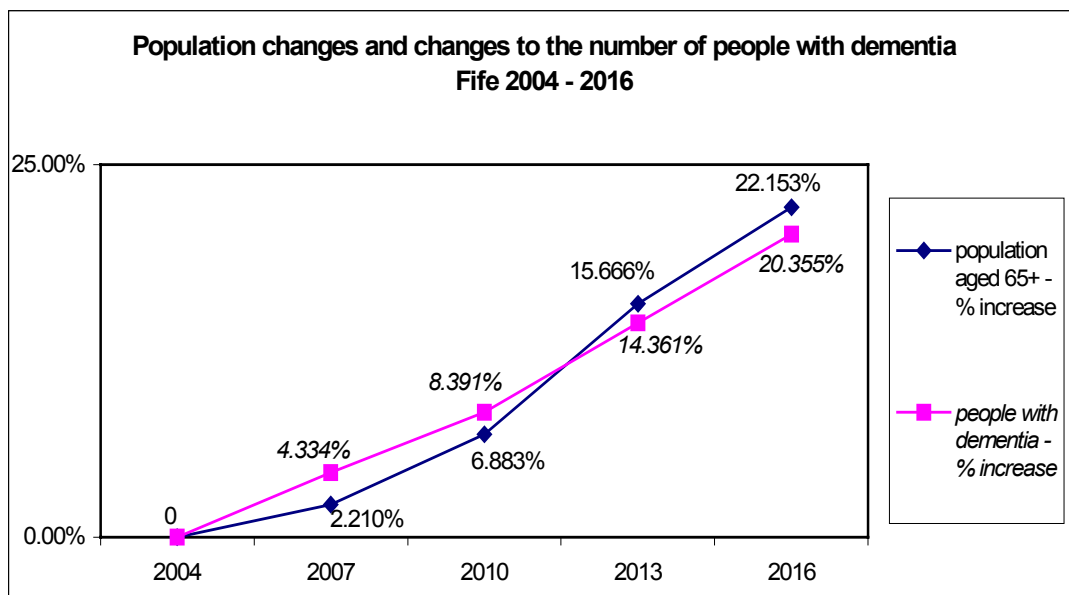
### Dementia Projection

	2004	2007	2010	2013	2016
*population 65+	57518	58789	61477	66529	70260
+people with dementia	4338	4526	4702	4961	5221
Additional people		188	364	623	882

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\*using the 2000 based population projections of the Registrar General (Scotland).  
 +Total figure for people with dementia includes those under 65 who are projected to number 112 in 2004, 112 in 2010 and 110 in 2013 and 2016.

Dementia (65+) calculations based on prevalence rates in Hofmen, Rocca et al. (1991), "The prevalence of dementia in Europe: A collaborative study of 1980-1990 findings". *Int. J Epidemiology* 20(3), pp 736-48. Calculations for those under 65 based on prevalence rate in Harvey R. (1998) "Young onset dementia; epidemiology, clinical symptoms, family burden, support and outcome". London: Dementia Research Group, Imperial College School of Medicine.



It is difficult to translate figures for the number of people with dementia into a need for services, because much will depend on both the severity and the availability of informal care and social supports. A study in England and Wales found that approximately one third of those with dementia needed 'critical interval care', defined as a need for care or supervision continually or at brief irregular intervals each day (Audit Commission, 2000). This would imply that in 2004 some 1,432 people with dementia required care or supervision according to this definition. By 2007 this is expected to increase by 62 to 1,494.

Because dementia is largely, though not exclusively, a disorder of old age many of these people may have required some intensive support anyway because of co-existing medical conditions. In addition, however, some kinds of care and support may be specific to dementia. A study in central Scotland (Gordon et al, 1997) found that 48% of dementia sufferers needed help more than once a day with mobility, 70% with personal care, 75% with domestic tasks and 57% because of behaviour. This last seems likely to be almost

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exclusively a result of the dementia. In addition 54% needed help at night because of behaviour and 59% with personal care. The particular needs of those with dementia is therefore likely to place increasing demands on Social Work services.

## **Actions**

Security for some current services and new and developing services for people with dementia:

- core funding for memory clinic
- early onset support worker
- Change & Innovation funding to roll out the EAST Project across North East Fife
- Development worker for people with co-morbidity; learning disability and dementia
- Flexible day care
- Locality mental health teams for older adults

## **PEOPLE AFFECTED BY DRUGS AND ALCOHOL**

### **Introduction**

Fife Drug and Alcohol Action Team (DAAT) is a strategic partnership responsible for planning drug and alcohol services in Fife. It implements national strategies at local level, taking into account local need and priorities and plays a key role in the joint commissioning process. DAAT assesses and monitors local need for prevention, treatment, rehabilitation and employability services and identifies gaps in existing provision.

DAAT helps to disseminate research findings and information on good practice as well as ensuring that a wide range of relevant and up to date information is collected and shared.

### **Legislation, Policy and Guidance**

- The main legislation covering DAAT's work is the **Misuse of Drugs Act, 1971**. This was recently amended moving cannabis from Class B to Class C.
- Bearing in mind that substance misuse can result in physical, emotional, social and legal problems for individuals, families, friends and the community a range of legislation, policy and guidance impacts on and influences the work of DAAT.
- Scotland is currently in the midst of a review of liquor licensing laws. The Nicholson Committee was established in 2001 to review liquor licensing and its recommendations form the basis of a White Paper currently out for consultation.

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## **Funding**

DAAT makes recommendations on how best to allocate funds from a number of sources. This includes nationally agreed funding, for example, drug treatment and rehabilitation funds, and funds allocated by Fife Council and NHS Fife to non-statutory services. Other funding streams include Changing Children's Services Fund, Social Inclusion Partnership, New Opportunities Fund and charitable trusts.

For the first time, Scottish Executive is making available specific funds to support the implementation of the National Plan for Action on Alcohol Problems. Fife's allocation is £199,000 in 2004-05 rising to £332,000 in 2005-06.

DAAT has established a Commissioning Sub-group to make recommendations on how best to utilise ring fenced funds. In addition to making recommendations to NHS Fife and Fife Council, the Group decides on allocation of funds from other sources. The Commissioning Group has initiated the development of treatment outcome measures in partnership with local specialist services. Funding decisions are based on evidence of need, knowledge of effective models of practice, clarity in respect of what services are needed in Fife and information on outcomes.

## **User Involvement/Advocacy**

Most treatment and care agencies provide advocacy support to their service users. DAAT has recognised the importance of user involvement in the planning, designing and delivery of services and has invested £150,000 over three years to appoint a User Involvement Development Officer. This will create opportunities for service users to receive training to prepare to join and actively participate in DAAT working groups as well as carrying out work to gather a user perspective of the accessibility, equity and effectiveness of local specialist services. DAAT is working in partnership with Scottish Drugs Forum to deliver effective user involvement in Fife.

## **Needs/Gaps**

A review of Drug Treatment and Rehabilitation Services, the process to agree priorities for 2004-05 and the development of Fife Alcohol Strategy highlighted the following:

- Services for young people, particularly under 16's and including children of substance misusing parents.
- Equity of services across Fife.
- Development of alcohol services for young people and adults.
- Lack of Single Shared Assessment and Joint Assessment

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- The need for more flexible services, for example services that are open outwith the hours of 9-5
- Most services are working to capacity and lack of further investment may hamper our ability to meet national targets

## **Actions**

- DAAT's priorities are contained within Fife DAAT's Corporate Action Plan (CAP) 2004-05. The CAP includes work to support national priorities and locally agreed priorities and covers prevention, treatment, rehabilitation and employability.
- Extend the range of services available to young people in line with guidance on effective models of practice.
- The Scottish Executive has introduced a Waiting Times Initiative (April 2004) to monitor the length of time that people wait to access specialist services and the length of time that people wait for treatment once assessed. DAAT and Scottish Executive will receive quarterly management reports from the DAAT Support Team.
- Treatment Outcome Measures were agreed by DAAT in June 2004 following a period of consultation with service providers. Work is underway to implement the outcome measures and agree performance indicators.
- DAAT is working on a number of relevant issues in relation to the Joint Future agenda such as Single Shared Assessment, multi disciplinary training, user involvement and joint commissioning.
- Work to tackle binge drinking amongst young people and the general population
- Delivery of a range of materials to highlight key themes within the Alcohol Strategy. For example, Drink/Driving and young people's drinking.
- Development of alcohol treatment services
- Work with Housing Services to support people with substance misuse issues to secure and retain tenancies.
- The development of a more integrated approach to delivering treatment and rehabilitation services.

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## Further information

- Fife DAAT Corporate Action Plan 200405
- Fife Alcohol Strategy incorporating Fife Alcohol Action Plan 2003-6. Health Needs Assessment and Report on anecdotal information gathered by the DAAT Support Team
- 'Getting Our Priorities Right': Joint Action Plan. This document details priorities agreed by DAAT and Child Protection Committee to implement the main themes contained within Scottish Executive guidance for working with children and families affected by substance misuse.
- Drug Court Pilot
- [Fife Drug Court Team](#)

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## Section 5: OTHER MAIN CLIENT GROUPS

### PEOPLE AFFECTED BY A SENSORY IMPAIRMENT

#### Introduction

There are many forms of sensory impairment and estimating the number of people with a sensory impairment who may need a social work or health service is difficult.

#### Visual Impairment

People who are blind or partially sighted can register with local authorities, which can give us some idea of the numbers involved. However it is not compulsory to register and only between a quarter and a third of visually impaired people are registered. Almost 4 out of 5 of those registered are over the age of 65 years.

In 2003 the number of people registered as blind or partially sighted in Scotland was estimated to be 38,000, (0.75% of the population) up 2 percent on 2002. The majority of those registered were blind, 62% and 38% were partially sighted. (Scottish Community Care Statistics 2003: [www.scotland.gov.uk](http://www.scotland.gov.uk)).

Based on these estimates there should be **2,620** registered in Fife. However, if we assume that only a third of people who could register, are registered, then the number of people in Fife who are blind or partially sighted could be as high as **7,860**.

In Fife, there are **2,157** people, blind or partially sighted, known to Fife Society for the Blind, 1,035 people registered blind (48%), 819 registered partially sighted (38%) and 303 unregistered. Below is breakdown of the age profile:

Age	Number
0 – 20 years	94
21 – 40 years	149
41 – 60 years	235
61 – 70 years	192
71 – 90 years	1177
91 plus	310

#### Hearing Impairment

As with visual impairments there are degrees of hearing impairments; mild, moderate, severe and profound hearing loss. People with a mild hearing loss

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have some difficulty following speech, mainly in noisy situations. People with a moderate hearing loss have difficulty following speech without a hearing aid. Those with a severe hearing loss rely a lot on lip-reading even with a hearing aid and BSL may be their preferred language. People with a profound hearing loss usually have BSL as their first or preferred language and also rely a lot on lip-reading.

There are estimated to be about 9 million deaf and hard of hearing people in the UK (15.3% of the population) and the number is rising as the number of people over 60 years increases. About 698,000 of these are severely or profoundly deaf. (7.75%)

In the UK there are more than 30,000 deaf children and young people, (0.05%) about 20,000 of these are moderately to profoundly deaf. About 12,000 of these were born deaf.

In Scotland there are an estimated 212,000 people aged 16 and over with all degrees of deafness. (4.2%) This would mean around 14,676 people in Fife. ([RNID](#) Information January 2003)

The population of Deaf and hard of hearing people in Fife is also difficult to calculate. Although some people with a hearing impairment use Social Work Services, not all Deaf people would want, or need, to use these services. The prevalence rates suggested by the RNID have been used to estimate the numbers of people with varying degrees of hearing impairments in Fife.

• Mild deafness	4.6%	16 – 60 years	10,306.3
-	28.1%	61 – 80 years	14,147.5
-	18.4%	81years plus	1,176.9
• Moderate deafness	1.6%	16 – 60 years	3,584.8
-	16.5%	61 – 80 years	8,307.3
-	57.9	81 years plus	3,703.3
• Severe deafness	0.2%	16 – 60 years	448.1
-	1.9%	61 – 80 years	956.6
-	13.2%	81 years plus	844.3
• Profound deafness	0.1%	16 – 60 years	24.0
-	0.4%	61 – 80 years	201.4
-	3.6%	81years plus	230.3

(\* Based on Census 2001 information for Fife of a population of 349,429 – adult population – 280,793.)

As can be seen from the figures above, by far the largest group of hearing impaired people are the mild and moderately deaf, otherwise known as hard of hearing. They number, collectively, 41,225 with 2,904 being severely or profoundly deaf.

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## Dual Sensory Impairment

There are about 23,000 deafblind people in the UK - 0.04% of the population. Some are totally deaf and totally blind and others have some hearing and vision. In Fife, based on the Census population of 349,429, there are probably 139 deafblind people.

The statistics on visually impaired people show that 20% of those registered as visually impaired had additional disabilities. Of these 35% were deaf. However, given that nearly 80% of registered blind people are over 65 years and approximately 70% are over 75 and 55% of people over 60 are deaf or hard of hearing, it can be assumed that the number of people with a dual sensory impairment is quite significant.

## Rationale

Legal requirements for local authorities to provide social work services for people with a sensory impairment are laid down as part of their responsibilities to people who have a disability. Various Acts state the local authority's legal obligations:

- Social Work (Scotland) Act 1968
- Education (Scotland) Act 1980
- Disabled Persons (Services, Consultation and Representation) Act 1986
- [NHS and Community Care Act 1990](#)
- [Carers \(Recognition and Services \) Act 1995](#)
- [Disability Discrimination Act 1995](#)
- [Children \(Scotland\) Act 1995.](#)
- [Standards in Scotland's Schools etc. Act 2000](#)

"Sensing Progress" a report by the Social Work Services Inspectorate in 1998 was produced to assist Social Work Services to work with people with a sensory impairment, by suggesting they put in place robust, adaptable models of service delivery for the future. The report states:

*"... people who use our services should be at the heart of developments in those services. Their active participation in shaping the future will ensure that opportunities are made available for them to lead ordinary lives as valued members of society."*

Many of the initiatives that are now in place for people with a sensory impairment, in Fife, meet the recommendations suggested by "[Sensing Progress](#)".

The following documents/reports are the ones that the Sensory Impairment Steering Group will be taking forward over the three-year duration of this plan.

- [Sensing Progress 1998](#)

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- [Disability Discrimination Act 1995](#)
- [RNIB Standards in Good Practice](#)
- [RNID Standards of Good Practice.](#)
- [The Scottish Council on Deafness](#)
- [Sense](#)
- [Section 7 Guidance - Department of Health](#)
- [Community Care Services for People with a Sensory Impairment – an Action Plan.](#)

## Needs

The needs of people with a sensory impairment are no different from the needs of other care groups, they need to communicate, they need information, counselling services, provision for young people leaving school, provision for older people. How these needs are met is the challenge to the statutory and voluntary agencies.

They also want to access facilities within the community open to non-sensory impaired people such as leisure facilities. People with a sensory impairment tell us of the problems associated with accessing cinemas and theatres, no sub-titles on films or interpreters for plays. Swimming pools, sports clubs and shops do not all have loop systems making it difficult for people who are hard of hearing to use these facilities. Fire alarm systems tend to be heard but not seen, again putting unnecessary barriers in the way of Deaf people.

The list is endless of the number of barriers in the way of people with a sensory impairment. The Sensory Impairment Steering Group will endeavour to knock down some of these barriers in order to make life more inclusive for people with a sensory impairment.

### **People with a sensory impairment need:**

- Communication in the form of:
  - ◆ BSL interpreters for those people who are severely or profoundly deaf.
  - ◆ Lip reading classes for those who are moderately deaf or have been deafened in later life.
  - ◆ Hearing aids for those who have a mild or moderate hearing loss.
- Information in a format that is accessible to all people.
- Raised awareness of the needs of older people living in residential accommodation – dual sensory loss.
- Services for children with multiple disabilities and sensory impairments.
- Provision for young people leaving school.
- Social provision/facilities for Deafblind people in Fife.
- Counselling services for people who have become deaf or blind in later life.
- Specialist counselling services for people who are Deaf and have a mental health problem.
- Access to all leisure facilities.

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## Action Plan

### Objective 1

Ensure that communication support is available so that people with a sensory impairment can be involved in planning for services and be involved in their own communities.

Actions:

- Establish the need for Lip-reading training for people who are hard of hearing.
- Promote awareness training within the Health Service and Education Service.
- Check on the use of stickers on medical notes within the Health Service, suggest it is part of induction training for new receptionists.
- Check on the progress of the NHS Fife database for information.
- Increase the number of Social Work staff attending sensory awareness training from 30 to 60 per month.
- Raise awareness of the existence of the Healthy Living Centre.
- Look at getting Sensory Awareness training on to the Single Shared Assessment.
- Extend “How to use a Sign Language Interpreter” course from the Deaf Communication Service, to Social Work staff.
- Develop and enhance the work of the Deaf Communication Service by looking at their need for more resources/staff.
- Review the Sensory Impairment Awareness Raising Training.

### Objective 2

Ensure that information is in a format that is accessible to all people, so that people with a sensory impairment can be involved in planning for services and be involved in their own communities.

Actions:

- Ensure all leaflets are provided in formats accessible to BSL users and people with a visually impairment.
- Ensure all official documentation such as Council Tax requests are issued in accessible formats.
- Meet with service users to look at the best ways of involving them in the planning of services.
- Look at the best use of services within the Fife Sensory Impairment Centre.

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- Set up a library of information within the Fife Sensory Impairment Centre for Deaf and hard of hearing people.
- Develop cards for displaying in reception areas of social work offices, doctors surgeries, leisure facilities etc., for people who are Deaf or hard of hearing, so that staff are made aware of the person's disability.

### Objective 3

Raise awareness of the dual sensory loss that can be experienced by older people living in residential accommodation.

Actions:

- Chair of Sensory Impairment Steering Group to write to Joint Future manager about a pilot to run in residential care homes.
- Raise awareness with staff working with older people that sensory loss can be misinterpreted as dementia in some cases.
- Raise awareness of the fact that sight loss can be a consequence of strokes. Look at putting together a proposal for early intervention.
- Liaise with Dementia Services Scotland about joint research.

### Objective 4

Provide services to children with multiple disabilities and sensory impairments.

Actions:

- Look at numbers of children using the RNIB Pathways.
- Look at extending the toy library to include parents of children not attending the clubs.

### Objective 5

Ensure provision is in place for young people with a sensory impairment leaving Education Services.

### Objective 6

Ensure that the social needs of Deafblind people in Fife are being met.

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Actions:

- People with a dual sensory loss are to be included in a project funded by Scottish Community Action Research Fund (SCARF) looking at how to involve people with a sensory loss in planning and developing services.
- Check on progress of Healthy Living Projects and their involvement with people with a dual sensory loss.

## Objective 7

Provide a comprehensive counselling service to people who become deaf or blind or deafblind.

Actions:

- Measure unmet need.
- Look at the outcome of the Scotland wide research.
- Increase number of trained counsellors in Audiology.
- Provide classes to people who have become deaf or blind to enable them to regain their confidence and to cope with their anger and anxiety.
- Liaise with Audiology Department to get better information for new patients, in a written format that they can read later at home.

## Objective 8

Improve resources for people with a sensory impairment and a mental health problem.

Actions:

- Set up a meeting with the Mental Health Strategy Group.

## Objective 9

Improve access to leisure facilities for all people with a sensory impairment

Actions:

- Conduct a survey of all Council buildings to ensure they have loop systems and alarm systems that meet the needs of all people with a sensory impairment.
- Encourage swimming pools to provide people who are deaf or hard of hearing with coloured arm bands so that they are easily recognisable to staff.

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## Further information:

- [Sensing Progress 1998](#)
- [Disability Discrimination Act 1995](#)
- [RNIB Standards of Good Practice](#)
- [RNID Standards of Good Practice.](#)
- [The Scottish Council for Deafness Section 7 Guidance](#)
- [Community Care Services for People with a Sensory Impairment – an Action Plan](#)

## PEOPLE AFFECTED BY PHYSICAL DISABILITY

### Introduction

The experience of many people with physical disability has been one of limited access and opportunity, poverty, unemployment, segregated education and leisure facilities. In Fife we are committed to improve services for older people and people with disabilities (**Fife Partnership, Community Plan 2004-2010**). A suitable philosophy when developing future support for people with physical disability might be the International Independent Living Models philosophy:

- All human life is of value
- Anyone whatever their impairment is capable of making choices
- People who are disabled by society's reaction to physical, intellectual and sensory impairment have the right to assert control over their lives
- Disabled people have the right to participate fully in society

The principles underpinning our developments for people with physical disability in Fife remain:

- Listening to and involving patients, users and carers
- Empowerment
- Social inclusion
- Independent living
- Equitable access
- Dignity and respect

### Legislation, Policy and Guidance

These principles are supported by current legislation. The Scottish Executive has set out clear direction on how service for people with physical disability should develop over the coming years to improve health and well-being, modernise service provision and strengthen their rights:

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- **Joint Future Report 2000** and consequent guidance on partnership working and single shared assessments
- **Community Care and Health Act (Scotland) Act 2002** introducing direct payment for all adults with physical impairment from June 2003 and removing obstacles for joint working
- **Our National Health, a plan for action, a plan for change (2002)** sets out a modernising agenda to achieve a patient centre approach to service delivery
- **Partnership for Care, Scotland's Health White paper 2003** encouraging greater integration across the acute/primary care interface and with Social Care Services and also promotes the Health Improvement agenda
- **Disability Discrimination Act 1995**, which strengthens the rights of disabled people within their community and addresses access in its widest sense. It requires all agencies to address issues of access by October 2004.
- **Adults with Incapacity Act 2002** helps adults with an incapacity to exercise a greater degree of decision making, autonomy over their lives, finances, personal welfare and medical treatment. It has as its central principle "minimum intervention, allowing the individual to make decisions for themselves but when they need help with decisions, ensuring that help is given in a way which respects them as people and listens to them.

## **Need, Gaps and Planned Changes**

The 2001 census show that there are 43,183 persons between the ages of 16-64 with limiting long term illness including any long term illness, health problems or disability which limits daily activities or work. Coronary heart disease, stroke and diabetes are major causes of death and long term disability in Fife. This is both a national priority and a local priority as part of Fife's Community Plan. Further information in the **Local Health Plan 2004/5**.

Plans include:

- Establish specialist Community Rehabilitation Teams (Stroke) by 2005
- Provide patient and carer support available in the community (Stroke)
- Ensure equity of care for people during rehabilitation from acute heart attacks throughout Fife by 2005
- A longer term goal is preventative measures to reduce the impact of coronary heart disease and stroke amongst the people in Fife

## **Current service provision**

The leaflet on Physical disability details our current services. These include:

- Provision of occupational therapy equipment
- Provision of adaptations and planning to meet the needs of tenants and homeowners with physical disabilities

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- Provision of special needs housing
- Day services
- Supported employment
- Job coaching
- Home care service
- Independent living and supported living services
- Respite/short breaks
- Supported accommodation
- Direct Payments

### **Further information:**

- [Joint Future Report 2000](#)
- [Community Care and Health Act \(Scotland\) Act 2002](#)
- [Our National Health, A plan for action a plan for change \(2001\)](#)
- [Partnership for Care, Scotland's Health White paper 2003](#)
- [Disability Discrimination Act \(DDA\) 1995](#)
- [Adults with Incapacity Act 2000](#)
- [Local Health Plan 2004/5](#)
- [Joint Report on the Management of Community Equipment and Adaptations 2002/03](#)
- [Fife Partnership, Community Plan 2004-2010](#)
- [Social Work Services leaflet on Physical disability](#)

## **YOUNG PEOPLE AFFECTED BY DISABILITY - TRANSITION TO ADULTHOOD**

### **Introduction**

Detailed information on children affected by disability is to be found in the Children's Services Plan 2004-07. This section covers those young people who are leaving school and approaching adulthood.

It is our aim that all young people approaching adulthood will have access to any aspect of community life that has value to us as adults. For some young

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people who have special needs due to disability this means having access to varying degrees of support and additional and often specialist resources.

If inclusion is to become real for all young people with a disability, service providers need to review their ways of working, their structures, their funding arrangements, their processes and procedures. We all need to value the diversity and difference in people and fully embrace the fact that everyone has value and worth regardless of ability and disability.

Life long funding for this group of young people has always posed major difficulties for public agencies and is an issue that still needs to be resolved. Different agencies provide support at different periods in a person's life.

- ◆ The Health Service plays a key role when the person is a baby and young child.
- ◆ The Education Service then takes over as key agency from the years of 3 – 18.
- ◆ As the young person leaves school and becomes an adult, the Social Work Service has responsibility for providing key services. These services may include:
  - ☞ supported accommodation,
  - ☞ day services,
  - ☞ home care support,
  - ☞ and support in employment.

Each year additional new funding has to be found to ensure that each young person receives the level and type of support required to meet their needs as they leave the education system and embark on adulthood. Young people affected by disability have a wide range of needs depending on the severity and complexity of their disabilities.

Each year a small but varying number of young people with very complex needs are leaving school. Their disabilities may include severe learning disability, profound communication needs and physical disabilities, which require hands on care with all aspects of daily living. Additional support packages for individual young people can cost between £3,200 and £56,000 per year.

## Services for young people affected by disability

Many of the generic services relevant to this group of people are provided by Learning Disability, Physical Disability and Sensory Impairment services. They are also related to particular developments in Joint Future, e.g. single shared assessment, developments in Home Care and Occupational Therapy Services.

There are some particular services which relate to this group specifically.

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**The Inclusiveness Project “!Involve”** is now up and running. It aims to help young people at risk of social exclusion access the full range of post-school opportunities. Resources are targeted at young people with the highest level of support needs to help them get maximum benefit from services. Two specific target groups have been identified:

- pupils in transition from Behaviour Support Centres
- college students leaving supported learning provision in all four Fife colleges.

A principle part of the Project is to provide an extra level of key worker support to provide a consistent, single point of contact every time these vulnerable young people face a transition.

**Fife Rehabilitation Service** aims to provide assessment and rehabilitation to those with physical disability aged 16 – 64. A Young Disabled School Leavers Service has been developed which links closely with Education, Fife Careers and Social Work.

A weekly clinic is held for young people who live with cerebral palsy, traumatic brain injury, muscular dystrophy, spina bifida and other conditions. Key roles of the YDSL service are:

- ☞ to smooth the transition from the paediatric service to adult services,
- ☞ to provide medical assessment and review,
- ☞ to link with assessments and other inputs from Allied Health Professionals (AHPs)

Part of the process is to assess the individual’s functional abilities, the potential for rehabilitation and the possibility of moving on to independent living. The service brings together speech and language therapy, clinical psychology, dietician, vocational assessment and rehabilitation as well as links to Social Work and Education.

**RNIB Pathways** set up a specialist unit for children with multiple disabilities who are due to leave school. They are able to attend the RNIB unit at the Sensory Impairment Centre two days per week and use outreach facilities three days a week when the young person leaves school.

## **PEOPLE AFFECTED BY BRAIN INJURY**

### **Introduction**

Brain injury is the biggest cause of death and disability in young people. Each year it leaves about 11,000 people in UK in need of life long care. A brain

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injury can change the way a person thinks, acts, feels and moves the body. It can also change the complex internal functions of the body, such as regulating body temperature; blood pressure; bowel and bladder control. These changes can be temporary or permanent. They may cause impairment or a complete inability to perform a function.

## Legislation

The Scottish Executive's direction on how service for people with physical disability should develop over the coming years to improve health and well-being, modernise service provision and strengthen their rights is also relevant for people with a head injury:

- [Joint Future Report 2000](#) and consequent guidance on partnership working and single shared assessments
- [Community Care and Health Act \(Scotland\) Act 2002](#) introducing direct payment for all adults with physical impairment from June 2003 and removing obstacles for joint working
- [Our National Health, A plan for action, a plan for change \(2001\)](#) sets out a modernising agenda to achieve a patient centre approach to service delivery
- [Partnership for Care, Scotland's Health White paper 2003](#) encouraging greater integration across the acute/primary care interface and with Social Care Services and also promotes the Health Improvement agenda
- [Disability Discrimination Act 1995](#), which strengthens the rights of disabled people within their community and addresses access in its widest sense. It requires all agencies to address issues of access by October 2004.
- [Adults with Incapacity Act 2000](#) helps adults with an incapacity to exercise a greater degree of decision making, autonomy over their lives, finances, personal welfare and medical treatment. It has as its central principle "minimum intervention, allowing the individual to make decisions for themselves but when they need help with decisions, ensuring that help is given in a way which respects them as people and listens to them.

## Needs, gaps and planned changes

In the **Review of Progress since the SNAP report on Huntington's Disease, Acquired Brain Injury and Early Onset Dementia** the Scottish Executive has outlines the key areas to be addressed in promoting best practice and continued improvements in care:

- More information and planning to meet the needs of these people and their carers
- Greater involvement of service users and carers in planning and decisions about their care
- Closer working with the voluntary sector to ensure long term rehabilitation, education, training and supportive care when it is required

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The report also pointed out that we do not know how many people are in need of services. It requested each area of the country to try harder and use all interested stakeholders to meet the needs of their population in this regard. This will require opinion formers and decision makers to be more aware, willing to lead and co-ordinate endeavours to address the needs of these people through joint planning at a high level across sectors and involving voluntary organisation.

## **Current Service Delivery**

The leaflet on **Brain Injury** details our current service.

- [Joint Future Report 2000](#)
- [Community Care and Health Act \(Scotland\) Act 2002](#)
- [Our National Health, A plan for action, a plan for change \(2001\)](#)
- [Partnership for Care, Scotland's Health White paper 2003](#)
- [Disability Discrimination Act \(DDA\) 1995](#)
- [Adults with Incapacity Act 2002](#)
- [The Social Work Service leaflet on Brain Injury](#)

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# PEOPLE AFFECTED BY A BLOOD-BORNE VIRUS

## Introduction

The incidence and prevalence of blood borne viruses, primarily HIV, Hepatitis B and Hepatitis C, continue to increase in Fife. This reflects the national and international situation. Blood borne viruses are often seen as an individual or public health issue, however the choices which result in the transmission of these viruses are primarily social, relating to drug use and sexual behaviour.

Figures produced by the [Scottish Centre for Infection and Environmental Health](#) (SCIEH) indicate that in the three months to 31<sup>st</sup> March 2004 there were 79 new diagnoses of HIV in Scotland bringing the cumulative total to 3,937. The equivalent figures for Fife are 2 and 145.

SCIEH have to date only published figures for Hepatitis C up to 30th June 2002 which indicate that at that time 14,390 individuals had been diagnosed in Scotland of whom 365 were Fife residents. The Royal College of Physicians in Edinburgh estimate that between 300,000 and 600,000 people in the UK are Hepatitis C positive, the bulk of whom will be undiagnosed. This would suggest a figure for Fife of between 2,000 and 3,000. Although some people spontaneously clear the virus the majority will become chronically ill and will require medical and social services.

SCIEH reports for Hepatitis B indicate that in 2002 there were 354 new diagnoses in Scotland of whom only 7 were Fife residents. In terms of population this figure seems very low and may reflect different rates of testing in different Health Board areas.

## National Strategic Framework

The national and local response to the issues raised by HIV and other BBVs is underpinned by the [Report of the HIV Health Promotion Strategy Review Group](#)

The Scottish HIV and AIDS Group, known as [SHIVAG](#) (multi-disciplinary but primarily clinically based) and [HIV Scotland](#) (multi-agency but primarily voluntary sector based) are the key policy organisations in the field of HIV in Scotland.

In terms of Hepatitis C, the [National Hepatitis C Resource Centre](#) provides a national focus for the development of an effective response to the Hepatitis C epidemic.

Effective links have been established between these organisations and key players in Fife, such as the BBV Task Group, the Specialist BBV nurse and Fife Positive Support (Fife Council's Service for people affected by blood borne viruses).

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## Local Strategic Framework

This is an exciting time in the field of HIV and Hepatitis C in Scotland with national involvement by Fife stakeholders contributing to the growing trend towards integrated work across disciplinary and geographical boundaries. The development of Managed Care Networks will support the provision of accessible quality services. Clinical Services (Blood Borne Virus (BBV) and Genito-Urinary Medicine (GUM)) and Fife Positive Support have links with services across Scotland and have expressed commitment to the development of Managed Networks.

Key National developments which have implications for Fife services are the forthcoming publication by SHIVAG of National Standards of Care for people with HIV. (Standards for England have already been published and can be found at the [Medical Foundation and Sexual Health](#) and the development of Managed Care Networks for HIV and Hepatitis C services. This will improve the quality of the links between services in Fife and the larger centres.

## Funding

During 2003/2004, Fife Health Board spent £408,061 on HIV/AIDS Health Promotion and Prevention. This funded services in Fife Primary Care Trust, Fife Acute Hospital Trust and the voluntary sector

## User Involvement/Advocacy

A proposal has been formulated by Fife Positive Support whereby a National HIV organisation would provide the administrative infrastructure to assist service users in contributing to the planning process. Links have been established with Hepatitis C service user groups in Glasgow and Edinburgh with a view to examining models of user involvement.

## Service Provision

NHS Fife's BBV service (leaflet available in GP surgeries) is staffed by a Consultant in Infectious Diseases, a half time staff grade physician and a specialist BBV nurse working in the community as well as in the clinical setting. The Genito-Urinary Medicine (GUM) service undertakes testing for blood borne viruses and have been involved in discussions with the BBV service regarding a move to a more integrated model of working.

[Fife Positive Support](#) is staffed by two Social Workers. The team is part of the BBV clinical team and has developed close working links with the GUM service as well as offering broad based services to people in the community. Fife Positive Support has dedicated access to a small team of specialist Housing Support workers who support individuals within their own homes.

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## **Actions**

The BBV Action Plan details actions in terms of the following objectives:

- Improve experience of service users eg provide welcoming services that value the user
- Reduce stigma and discrimination
- Produce a directory of current services aimed at service providers
- Improve access to services for users with soft tissue infection
- Improve inter-agency communication
- Develop a training strategy and implementation plan for BBV in Fife based on a needs analysis and national strategic direction

Other proposed developments:

- Service user involvement initiative
- Children's Loss and Bereavement Worker
- Develop Managed Care/Clinical Networks
- Continue the work of the Task Group
- Increase availability and uptake of testing for BBVs
- GUM/Fife Men initiative to increase the usage of Fife GUM services by MSM (men who have sex with men)

## **PEOPLE AFFECTED BY HOMELESSNESS**

### **Introduction**

The Fife Homelessness Strategy (2003/08) was endorsed by Fife Council and NHS Fife in 2003. The Strategy is closely linked to the Fife Health & Homelessness Action Plan (2002/05) and to the Supporting People Strategy (2003/08). All are sub-sets of the [Fife Local Housing Strategy](#).

The Homelessness Strategy aims to prevent and alleviate homelessness in Fife by building on the existing Fife Partnership to develop a seamless approach to delivering a range of high quality services to homeless people. Home4Good Centres are at the very heart of the Strategy, providing one-stop shops where staff from a range of statutory and voluntary organisations will work together to build a new culture of serving homeless people.

The Strategy is now in its second year of implementation.

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### **The main achievements for 2003/04 were:**

- First Home4Good centre established at Leven
- Reduction in Bed and Breakfast usage by 71% over the year
- Increase in permanent accommodation let to the homeless
- Decrease in voids in temporary and supported accommodation resulting in increased access for homeless people
- Development of the independent homelessness advice service (CHAT)

### **The main priorities for 2004/05 are:**

- Further reduce the use of Bed and Breakfast in Fife for homeless people
- Further increase the opportunity to access permanent accommodation
- Increase opportunity for the homeless to access employment and training
- Establish the second and third Home4Good Centres at Cupar and Dunfermline
- Enhance temporary accommodation in East Fife.

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The Joint Community Care Plan 2004-2007 can be accessed through the following websites and it links to a wide range of relevant documents and national websites. Use of computers and access to the internet is free at your local library.

[www.fifedirect.org.uk](http://www.fifedirect.org.uk)

[www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

[www.cvsfife.org](http://www.cvsfife.org)

## Useful telephone numbers

### Main Social Work Offices

Kirkcaldy	01592 412424
Glenrothes	01592 415252
Rosyth	01383 313333
Leven	01333 592460
Cowdenbeath	01383 313233
Cupar	01334 412121
Dunfermline	01383 609111
Social Work Out of Hours	01592 415000

### Citizens Advice and Rights Fife (CARF)

Kirkcaldy	01592 412330
Glenrothes	01592 415050
Cowdenbeath	01383 314510
Dunfermline	01383 312255
Cupar	01334 412485
Levenmouth	01333 592600
CVS Fife	01592 414588
Fife Healthline	0845 7626799
PRT Fife Carers Centre	01592 642999



Fife NHS Board  
Springfield House  
Cupar, Fife KY15 5UP



Social Work Service  
Fife House, North Street  
Glenrothes, Fife KY7 5LT

For leaflets and further information please contact us on 01592 411604