



Health and Wellbeing sub-group: Report to Neighbourhood Partnership - 11 Jan 2012

1. Monitoring mental health services

A meeting was held with the South Mental Health Clinical Nurse Manager looking at the reporting of key performance indicators and mental health outcomes. NHS IT Reporting would let us know how the report could be produced.

2. Community Plan 2011-14: Health Outcomes

The subgroup liked the format of the Action Plan and particularly that it identified the work plans of local organisations and needed to be kept up-to-date and monitored. It could identify which organisation does what and should link to the other subgroups. All organisations would check the Action Plan to see if it adequately described their current contributions.

The meeting thought the indicators suggested to measure outcomes were very negative and it would be good to report on the positive outcomes being achieved. It was agreed to ask organisations to share their key outcomes from their SMARS and collate these to support the reporting on the Action Plan. One or two case-studies would add real interest.

3. Case management services or targeted individual support or Wrap-around services

The Health Case Manager at Community Renewal described the case of a person she had worked with, how she had worked with them, the other services involved and the progress the person had made. The term, 'Wrap-around services', was used to describe the process. The salient points were:

- A standard, simple assessment form
- Establishing a statement of personal hopes
- Confidentiality was based on informed consent and 'need to know'.
- The process was circular not linear, which meant concepts like through care needed to be re-evaluated
- Reporting and recording were important, but could be verbal as well as written and at this stage paper systems would suffice

It was agreed that people who were vulnerable to three or more 'life-wrecking' issues; drugs, alcohol, domestic violence, abuse etc would benefit most from such a service.

A balance was required between making the process too formal and putting off organisations which tended to work naturally in this way and being too informal so that important issues, like confidentiality, were over-looked.

Some single speciality practitioners would not consider themselves as 'Wrap-around Co-ordinators'. They needed to know however, whether a person was being supported by a Co-ordinator. The recording and reporting back should therefore be as easy as possible. It was thought that, with experience, a Co-ordinator should develop a good idea of what other

support services might be needed by a person and could alert these services to the potential new case.

An important element was working with people to set out personal hopes and develop personal statements, which they can take with them to new support services. This would help single speciality practitioners focus on what needed doing straight away; they would not have to worry about all the other issues a person might be bringing with them.

The aim of the approach is to help people make significant progress in their lives, indeed transform their lives. This was summed up by using a swimming metaphor, where someone whose life had been transformed was swimming in society, finding their own buoyancy aids of family, friends, work and community to keep them afloat.

The subgroup hoped this way of working would gain acceptance by connecting with similar systems being developed in the Recovery Hub, GIRFEC etc. A simple guide could be produced so each agency could examine their own practice in light of it. It might then be possible to call a wider conference to showcase what was being done.

4. Single Access to Treatment Pilot – Recovery Hub

The pilot of a single access point to treatment for people with drug and alcohol issues is now called the Recovery Hub. A lease for all the Kintry Cottages has been agreed and work was now being carried out to move services in.

How the services will work together is being thought through. The basics are there will be drop-in access, triage and allocation to the appropriate treatment service. Most people will self-refer. There is quite a lot of work to be done to show the system has changed and there are no longer gatekeeper services that are the only point of access.

The services involved are the Castle Project, NHS's Alcohol and Community Drugs Problems Services, CEC Health & Social Care Alcohol and Drugs Referral Teams. The voluntary sector partners are VOCAL, ELCA, Simpson House for training and Crew 2000.

Immediate access means that at triage the person will be told what their choices are and the recommendations for them. If the choice is to be allocated to a service within the Recovery Hub they will get an appointment to be seen in the next three weeks. The partners want to be able to offer appointments straight away, but they will not be able to achieve this immediately; if there is a waiting list the person will be offered an intermediate intervention. The subgroup thought the Recovery Hub would prove a real improvement to drugs and alcohol services in the area.

5. The White House

The subgroup welcomed a report from Craigmillar Activity Trust on their plans for the White House, particularly that interest was being expressed in health and wellbeing activities. They thought the mix of information provision; meeting places; a café; and function suite for community and social events would help build social capital in the area.

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