



Caithness Health Improvement Forum
Meeting Held in the
Mowat Room, Assembly Rooms, Wick
on Tuesday 4 March 2008 at 11am

Present:

Lorna Simpson, Ormlie Community Association
Jean McLennan, MS Society, Caithness Branch
Davie MacLeod, MS Society, Caithness Branch
Anna Swanson, The North Highland College
Douglas Henderson, Caithness Food & Horticulture Limited
Margaret Bremner, Healthy Working Life Adviser – NHS Highland
Margaret Brown, NHS Highland
Deirdre Aitken, Caithness Deaf Care
Esther Dickinson, NHS Highland
Jennie Rawlins, NHS Highland – Oral Health
Fiona Henderson, Caithness Community Care Forum
Christian Goskirk, Voluntary representative - NH CHP Committee
Elizabeth Smith, CHP Committee – Public Partnership Forum Representative
Pauline Craw, NHS Highland – Locality Manager Caithness
Stephen Fraser, Forestry Commission
John Webster, Caithness Community Mental Health Team
David Brookfield, Pentland Housing Association
Mrs Katrina MacNab, Pulteneytown Peoples Project
Sue Mileham, Crossroads Caithness
John McLeod, Stepping Stones, Community Mental Health Team & HUG
Fiona Macleod, NHS Highland – Health Promoting Schools Officer
Anna MacConnell, Caithness Partnership
June Pollard, Caithness Partnership

I. Welcome & Apologies –

Apologies were received from:

George Bruce OBE, Caithness Partnership; Nancy Spiers, Occupational Health, Rolls Royce Vulcan; Margaret Allan, Laurandy Centre; Eann Sinclair, Caithness & Sutherland Enterprise; Helen Skea, School Nurse – NHS Highland; Derrick Milnes, Thurso & Wick Trade Union Council; Miles Greenford - NHS Highland; Fiona Clarke - Health Promotion NHS Highland; Libby Cook – Homestart; Dr Pat Robertson; Ian Hargrave – Corporate Manager THC; Malcolm Smart – NH CHP Public Partnership Forum Deputy Representative; Sylvia Mackay – Voluntary Representative – NH CHP Committee.

In the absence of Mr Bruce, Mrs Pauline Craw kindly agreed to Chair the meeting and she began by welcoming everyone and in particular Fiona Macleod – Health Promoting Schools Officer with NHS Highland and Elizabeth Smith, Public Partnership Forum Representative on the NH CHP Committee.

2. Minutes of meetings held on 14.5.07 & 26.7.07

Mrs Jean McLennan intimated that she is Secretary of the Caithness branch of the MS Society and not the Wick branch. Following this amendment to the list of those present the minutes of the meeting held on 14.5.07 were approved. The minutes of the meeting held on 26.7.07 were also approved.

3. Matters Arising

There were no matters arising that were not already covered on the Agenda.

4. Short Presentation on the Requirements of the Multiple Sclerosis Group (Jean McLennan & Davie MacLeod)

Mrs McLennan and Mr MacLeod delivered informative talks to the meeting (copies of which are attached to this minute). If anyone wishes information on the Caithness branch of the MS Society they can contact Mrs McLennan either by email – jean.mclennan@tiscali.co.uk or telephone: 01955- 602302.

The presentation highlighted the need for respite care for the MS patient and indeed respite care for many other patients and their carers. At present the only respite available is the Queen Elizabeth Assessment and Rehabilitation Unit at Caithness General Hospital or one of the Nursing Homes for the elderly. The Queen Elizabeth Unit is a Rehabilitation Unit and the hospital had to fight to keep the respite beds available.

David Brookfield informed the meeting that Pentland Housing Association are at the very early stages of considering a development of new build respite facilities in Thurso. Discussions have been had with Social Work to quantify needs and a potential site has been identified but its priority for funding is still to be agreed with the Highland Council's Housing Strategy team. One theory is that such a respite facility could have beds available for patients from outwith the area and this would help to bring in revenue and thereby strengthen the business case.

Elizabeth Smith mentioned that five years ago Anne Stewart the MS Nurse did a similar piece of work.

Once MS sufferers reach old age the old age care packages takes over but a respite facility is urgently required for the young and middle aged MS sufferers, as well as an anticipating care package in the event that the carer takes ill.

5. Rural Action Research – Health Improvement Questionnaire

Anna informed the meeting that members of the Caithness Rural Peoples Panel had been asked to complete a health and wellbeing questionnaire on-line. Thirty-four members responded and Anna distributed a copy of the responses. She asked members for their input and endorsement to distribute the questionnaire to the wider community. All present agreed to this. Anna also asked for help distributing the questionnaire and for advice on where to send it. Everyone agreed that face-to-face questionnaires produced the best results. Unfortunately we do not have money to pay for the questionnaire to be circulated in this way but Anna agreed to look at the possibility of this in the future.

There was some concern about asking personal questions without explaining reasons for asking. Esther agreed to email Anna the monitoring statement NHS Highland uses.

6. Update from Community Health Partnership Representatives

The CHP Health Improvement Group, who's membership include Sheena Craig – General Manager, Pauline Crow – Locality General Manager Caithness, Georgia Haire – Locality General Manager Sutherland, Jennie Rawlins – NHS Oral Health Promoter, Fiona Macleod – Health Promoting Schools Officer, Margaret Bremner - Healthy Working Life Adviser and Miles Greenford – Public Health Practitioner, has the remit to develop health improvement action plans for the area. The CHP is presently looking at its own Health Improvement Action Plan.

The government has six national health improvement priorities which are:-

- Inequalities and health
- Mental well-being
- Tobacco
- Alcohol
- Obesity
- Early years

Margaret Brown agreed to email the Health Improvement Performance Management Review action plan to the Partnership for emailing out to the HIF members.

Jennie Rawlins was delighted to report that “ChildSmile” is coming to Caithness. This project will link with the Health Visitors, working with children from 3 months upwards. Childsmile is a preventive program to improve the oral health of children and should also result in increased dental registration for children within Caithness. Children will be offered a fluoride varnish every 6 months from the age of 18 months, through nursery and continuing to school. Fluoride varnish is where a gel is applied to their teeth to protect them and this can be done outwith dental surgeries.

It is hoped to target elderly care homes and daycare centres in the future to ensure that care home clients and elderly patients are receiving improved oral health care.

Esther Dickinson reported that NHS Highland is presently looking at monitoring the way they recruit, understanding the moral reasons for monitoring and also the delivery of training and promoting good relations with community partners.

Healthy Working Lives has a new smoking cessation service.

The North Highland College could possibly have a room available for one-to-one clinics.

Christian Goskirk reported that she is presently carrying out a mapping exercise with the voluntary sector in Caithness & Sutherland. The aim is to identify those voluntary organizations which are providing health/social care related services in the area. A questionnaire has been sent out in Wick via Niall Smith and Fiona Henderson.

Fiona Macleod's remit includes going round primary and secondary schools to help embed health & wellbeing into their curriculum.

Liz has managed to arrange a meeting with Sheena Craig two weeks before the date of each CHP meeting which allows her to raise any issues on behalf of the lay person.

7. A.O.C.B.

Lorna Simpson asked if the public know what the CHP is. Pauline Craw said that this question is something you could take to Liz. Liz has been on the CHP Committee for two years and no-one has come to her in that time. Pauline asked if the CHP should be looking at promoting itself. Liz explained that she was a member of Highland Healthy Voices and through that she became aware of the CHP Voluntary reporting and that's how she joined.

A recent "Get Wise" event which was set up to inform staff of what is happening in the NHS had taken place in Wick and Thurso and only 1 person had turned up at each venue.

Pauline Craw suggested a road show and asked members to email any suggestions to her – Pauline.craw@hpct.scot.nhs.uk

Anna Swanson mentioned that at the North Highland College staff sometimes have to deal with youngsters with mental health problems and she wondered if there was a strategy for dealing with this.

Roger Tosswill deals with children up to 18 years of age and Pauline agreed to email June the relevant website for information on this.

www.headsupscotland.co.uk – a national project for children and young people's mental health

www.handsonscotland.co.uk – a toolkit of helpful responses to encourage children and young people's emotional wellbeing.

Stephen Fraser kindly offered to deliver a powerpoint presentation on how Forest Enterprise is engaging with the health agenda at Rumster Forest. The group was happy for this to go on the Agenda of the next meeting. Stephen also invited members to contact him should they wish to enjoy the health benefits of guided Nordic walks, wildlife walks or informative walks at Rumster Forest.

Email: Stephen.fraser@forestry.gsi.gov.uk Website: www.forestry.gov.uk

Tel: 01593-721204 Mobile: 07771 833377

John Macleod told the meeting about SMART – a self help group dealing with addictions. The group meets in the Haven and Stepping Stones

Pauline thanked everyone for attending and for their contributions.

8. Date of Next Meeting

The next meeting will take place at **10.00am on Tuesday 24 June 2008** in the **Mowat Room, Assembly Rooms, Wick**.

Attachments – Presentations by Jean McLennan and Davie MacLeod

Presentation by Jean McLennan

Scotland has the highest incidence of MS in the world. The further north you travel the higher the incidence gets and Caithness has at least twice the national average. Because of confidentiality no one currently knows exactly how many people here have MS but we know there are over 200. That is a lot for an area with such a small population. Round the table, how many of you don't know someone with MS. My experience says that most people here will likely know at least one person with the disease.

MS arises when the protective sheathing of nerves called myelin starts to break down causing failure of the nervous system to work efficiently, in effect short circuiting it. The sheathing is just like the insulation on an electric cable and its function is similar. No one knows why the sheathing breaks down. In some cases it is stripped completely.

There are different types of MS. Relapsing remitting which is usually the type first diagnosed and which is often followed by secondary progressive and there is also primary progressive in which there is a steady deterioration. Relapsing remitting MS can, in some cases be alleviated by drug therapy. Some people with MS deteriorate rapidly, some slowly and a few people, sadly a few, have some symptoms but are able to carry on relatively normal lives.

Symptoms vary from person to person and include, fatigue, balance problems, visual problems, numbness or tingling (in hands and feet commonly) pain, loss of muscle strength and dexterity, spasms, stiffness, anxiety, depressions, cognitive problems (difficulty with memory and concentration.). As the disease advances there may be speech difficulties and problems swallowing.

There are many theories about what causes MS. The prevalence in countries that are furthest from the equator suggests that exposure to sunlight and vitamin D may be one contributory factor but no one really knows. It is not infectious, but here is a slightly higher chance of having MS if someone in your family has it.

There is presently no known cure and currently we know of some young people in their late teens in the county who are newly diagnosed. If a cure was found tomorrow, unless it reversed the damage to the myelin sheathing, we are going to have people with MS around for a very long time. No-one in the field of research into MS has made what might be thought of as exciting discoveries so a cure could be a very long way off. Each year in the Caithness Branch of the Society we lose several of our members whose main cause of death is MS or is related to the disease.

The MS Society does all it can to support people with MS whether members of the society or not. We do not press people to join the society, that is up to them.

Centrally the MS Society has a big pot of money which they use to fund the generous grant scheme and importantly the Society promotes research into the causes and cures of MS.

One recent potentially exciting advance proposed by the Society throughout the whole UK is the making of a register of people with MS. It is still in discussion stages but if, as we hope, it is to record a range of information regarding each person with MS, then it may point to areas of research that will be fruitful and it will certainly help to draw attention to the parlous lack of services in response to disease specific needs by highlighting the number of people with MS.

One example is the need for continuing physio - one of the very few things that help people advanced in their disease. At present it is usual for the service to deal with crises only.

Most tangible, practical support to people affected by MS comes through branches and Caithness has one of the oldest and most active branches of the Society (founded in 1970) and it has come a long way since its inception. We still have coffee mornings to raise money but they are most definitely not the main branch activity nowadays.

Branches can send money to the fund for research but we also support people who are affected here and now. It's a hard job to decide where the balance should lie and most money donated to us is local and is given on the basis that it should be used to help local people. As a result we do focus on that.

Our biggest current challenge in Caithness is the absence of suitable respite for young. We have people in their thirties and forties who currently spend respite breaks in the local old folk's homes or the geriatric wing of the General. Respite should be a quality experience. The government recognises that it should provide an opportunity to explore and do new things and meet people. None of the local places currently available offer that kind of care. Sometimes people are distressed at going into respite (much needed to give their carer a break) because they are not looking forward to it. And so the carer gets their break with a huge burden of built weighing them down. It's not good. In fact it is awful. It is fair to say that we are envious users of places like the Grant Street facility and would like to have something similar for people with MS who use respite.

So we are lobbying, working with partners including a local housing association, and Caithness Community Health Forum and other health charities to press forward towards achieving a decent, suitable facility. People with MS are not the only potential users. There are higher than expected incidences of Motor Neurone (4X) and Huntingdons (6X) here as well as brain injury, stroke and that is just among the neurological conditions.

Another thing that is happening currently arose when NHS Highland has recognised that services to people with Neurological conditions are not all it might be. They are carrying out a review in which we and the other branches in the pan Highland area are playing an active role.

And, The Scottish Government has some initiatives running that may produce improvements including Living Well with Long Term Conditions. Recently money has been made available to provide capital to improve Wheelchair and Seating services. If you live in a wheelchair it is important to have the right one at the right time. So good things may be in the air.

The Caithness Branch works hard to make sure that we are not disadvantaged by our remote location and that the needs of people with MS are not forgotten. David will have more to say about where we are in the focus of government be it local or national and so here he is now.

Presentation by Davie MacLeod

Parity not priority

In thinking of the subject matter in my presentation, I have decided it important to show why I believe the present difficulties and discrepancies of “disablement” exist when giving thought to physical disablement due to a condition such as multiple sclerosis.

Just as MS is a physically disabling condition it is but one of the several conditions and situations that cause physical disablement.

My apprenticeship of disability started in 1980 which had ironically been deemed the “international year of disabled” At that time there was the “bru” [dept. of employment] and “social” [dept. social security] and I was spirited towards the “bru” where under the disabled persons act I was registered a disabled person, registration number wnc1279, and taken under the wing of the Disabled Resettlement Officer.

At that time ms was realised to be a major problem in the North, having the highest incidence in the world and Caithness one of the highest population of ms “sufferers” This claim may only be diluted by the cosmopolitan content of the county but never the less the numbers and incidence has stayed high.

At that time charities and self help groups were very well supported here and I recall the ms charity and spina bifida being most prominent and action for the crippled child another supported by the numerous religious denominations. The progress from “sick pay” to invalidity was 6 months.

Then on 16/11/06 the mental health bill came was introduced and addressed the wrongful institutionalisation of mental health patients into the role model for Care in the Community.

At the same or similar time political correctness and policy regurgitated all the above and we now have the dept of work and pensions, no invalids but incapacitated on incapacity benefit (to be AWA assisted work allowance from Oct 08(encompassing DLA)) crippled was dropped from action for the child and sufferers were to be people. Disablement resettlement officers were dropped, registered disabled numbers vanished and the disability criteria to include learning disabled, mental health elderly and for the assertion of the care in the community plan heart and stroke and cancer. All applaud able and worthy recognition with a care budget to encompass the philosophy targeted through social care schemes.

When a 1,008 bed hospital is replaced by a 70 bed hospital there is an immediate realisation that the other 938 patients are the recipients of care in the community where a large part of effort and budget must, rightly, be budgeted, this through social services and agencies of care support workers.

To look at the areas of assistance from Highland Council, social work, menu of their web site the following list is displayed · Advocacy Services

- Contracting
- Criminal Justice Services
- Health Improvement
- Learning Disability Services
- Mental Health Services
- Older People Services
- Sensory Impairment Services
- Services to Children and Families

Sensory Impairment could include ms if one or part of the symptoms involved is sensory.

On the whole however, to most, it seems that direction for supporting a physical disablement has disappeared probably along with risk assessment of the labor intensive cost of support.

One terrible realisation has to be made before to many more carbon footprints are made. Many physical disabled are in the care of their own families at present and have been without respite for years, but what are we going to do when these carers become unwell or die? Where will

these costly people go or should I say be put. The aging population we are preparing to cater for include those carers and to date when one does fall into the trap a nursing home or hospital bed is utilized, what when the number in one year reaches double figures? Would it not be prudent to have consideration now to provide facilities in pare with the other disabilities to provide the support they receive.

An adapted house to physical disabled people is only suitable as long as there is carer support and respite would not only provide a break for the carer but also a long term future for the disabled person.

No more bed blocking or nursing home being looked for to be used by a non medical patient.

I know I must have a brass neck making these statements in a time of tight budgeting due to political settlement but if such services as health forums and groups such as disabled access groups are to be considered for cost cutting, the last voices of a knowledgeable base including physically disabled shall be lost and parity harder to achieve.

This is a long term strategy which has to start now or the physically disabled will continue to be farmed out to wherever there is a roof to put over their head.

Sadly but truly when all activities are considered with carbon foot printing and pc in mind I must say that under the first carbon footprints there are still cripples, sufferers feeling abandoned and disillusioned, the only ask is parity. Parity not priority but parity must be the priority.