Draft minute of the **Health and Social Care Special Interest Group** held at 11.00am on Friday 12 March 2021 on Zoom



Present: Rosalind Aitken (Voluntary Action Orkney), Gail Anderson (Voluntary Action Orkney / representative IJB), Tamsin Bailey (Relationships Scotland Orkney), Zelda Bradley (Orkney Rape and Sexual Assault Service), Rebecca Crawford (VAO, Community Engagement Worker), Michele Deyell (Community Link Practitioner), Alice Foulds (Well-being Coordinator Rousay Egilsay and Wyre), Harry Johnson (VAO, Island Wellbeing Project), Robert Leslie (THAW), Karen Mack (VAO Connect Project), Magda Macdonald (Well-being Coordinator Sanday), Margaret Rendall (Vital Talk), Lianne Sinclair (Advocacy Orkney), Gillian Skuse (Age Scotland Orkney), Michelle Ward (Women's Aid Orkney)

In attendance: Cecily Cromby (minutes)

Meghan McEwen, Board Chair, NHS Orkney

1 Welcome and introductions

Rosalind welcomed those present and thanked them for attending.

2 Apologies

Apologies had been received from Phyllis Braby (Orkney Heart Support Group), Erika Copland (Home-Start Orkney), Alison Guthrie (VAO), Pete McAndrew (VAO).

3 Notes of previous meeting held on 15 January 2021

The notes were approved.

4 Matters arising not on the agenda

Item 9 AOCB: Gillian asked if there was an update on the three points raised by Gail. Gail had not yet joined the meeting. Gillian asked if these could be carried forward as an action to the next meeting if an update was not provided today.

5. Discussion: Letter from Minister for Mental Health Clair Haughey (attached) -

- Access to pursue professional counselling qualification
- Specialist trauma support training
- Access to free professional counselling support in Orkney
- Helping communities through the pandemic

Michelle Ward advised that the letter was in response to issues raised by Women's Aid Orkney (WAO) regarding access to professional counselling courses in Orkney. She noted that WAO had approached several bodies and all had stated that counselling courses had to be attended in person, which given travel and accommodation costs was very expensive for people living in Orkney. Michelle noted that WAO were not happy with the response received and wondered if a third sector wide response to the issue in Orkney might be more effective. She highlighted the need for more counselling services in Orkney given the current demand.

Tamsin advised that most counsellors at Relationships Scotland Orkney had completed the COSCA counselling diploma and noted that the process was expensive and time-consuming given travel. Tamsin noted concern that the third sector was at risk of picking up work that the statutory sector was not doing due to capacity and was filling a gap for the CMHT and CAMHS. She highlighted issues around safety and management of risk of third sector organisations working with clients who would be classed as Tier 3 or Tier 4 who should, according to the guidelines, be under the care of the NHS. Tamsin agreed with Michelle that there was a need for more qualified counsellors in Orkney.

Tamsin, Michelle W, Margaret, and Michele D discussed the importance of closer working with the CMHT to gain better understanding of each other's role/services and in managing individual cases to assess risk and best support clients/patients. There was agreement that third sector services were working with clients with increasingly complex needs.

Zelda noted her concern at the medicalisation of emotional and therapeutic support and advised that funding applications often did not recognise qualifications and experience held by those working in the third sector (for example organisations like WAO and ORSAS/Rape Crisis who had a long history of working with trauma). She noted that counselling was not always appropriate for people who were experiencing extreme levels of distress and that support to stabilise them was often not available from the CMHT. Third sector services regularly picked up these cases and provided support but were not always recognised for doing so. Zelda discussed the value of all types of support, notably the provision of a safe space for people to talk rather than a focus on 'counselling'.

Gail noted that discussions had been ongoing for several years on the importance of drawing on all the skills in the Orkney workforce to tackle mental health. She highlighted the importance of agencies (third sector and statutory) working together to highlight the gaps in provision and determine how best these can be filled and needs can be met. The importance of this would be heightened given the predicted rise in support needs as we moved out of lockdown. Gail highlighted proposals for children's services under 'Getting it Right' where third sector and statutory agencies would come together in established joint groups to plan services to best support the individual child. She suggested this holistic approach should be expanded to include all age groups and all people who need support.

Gillian suggested that we were pushing against an open door in relation to the CMHT, noting that the third sector had been invited to participate in the Mental Health Strategy Group and had the opportunity to make changes.

Michelle W noted that feedback from service users at WAO suggested that members of the CMHT did not always understand the dynamics and impact of domestic abuse. She advised that WAO did provide some training to statutory services but that this could be increased.

Robert asked what work had happened since the Steering Group was established following the closure of OACAS. He also questioned where service users could be referred to once they had received support at THAW. Michele D advised that the Steering Group was on hold due to the pandemic. She highlighted that there were a

lot of trained counsellors in Orkney but not enough funding to pay people to provide the service. Michele highlighted training provided by the NHS that she would recommend for all organisations.

Gail advised that discussions on mental health provision had been held at the Third Sector Recovery and Renew Group and it had been agreed to arrange a meeting of relevant services. Gail encouraged members to attend future meetings of the Recovery and Renew group. Michelle W agreed that it would be good to discuss further and have a third sector-wide response to the letter. Issues would also be taken to the Mental Health Strategy Group meetings.

6 Health and social care changes - documents attached for discussion.

Gail noted that the review of adult health and social care looked at the structure of the delivery of social care and, in a sense, centralised this. The document provided recommendations on the structure and operation of Integration Joint Boards. She highlighted that the document was not legislation but options for how things could be taken forward.

Meghan advised that the independent review of adult health and social care had been the subject of lengthy discussions and reinforced that the document was a report and not indicative of any policy direction. She thought it was an exciting document in terms of the discussions it had sparked. She noted that the report did not take due consideration of islands in its findings and that was the subject of national discussions she was currently having. She noted opportunities to make IJBs work better. She noted the importance of commissioning and suggested that the contents of the report would be part of manifestos.

Michele D noted the lack of social care in the islands and the difficulty of residents to put together care packages.

Gail advised that she would circulate a presentation that was given to the IJB on the document.

Action: Gail

Gillian noted that she understood the points made regarding island proofing but advised that there were points in the document that could have positive impacts in Orkney. She suggested that there would be changes in the Care Inspectorate and the SSSC for those in registered services. She noted that the legislation was already in place in Scotland but was not being used, for example using self-directed support in the way it was intended. She suggested that the structure of the delivery of health and social care in Orkney (both on the isles and mainland) should be looked at, ie that care might have to be delivered by people who do not live on the same island. She discussed the importance of looking innovatively at delivery given funding issues and that commissioning should be a partnership rather than a competition between organisations.

Gail noted that our communities are innovative and are developing approaches to support their needs. She highlighted the need to focus on listening to and working with local communities to design and deliver appropriate solutions.

7 Input into Island Wellbeing Survey – Harry Johnson, Project Manager

Please see presentation circulated with minutes.

Harry advised that the data collected from the survey would be available to other organisations and asked members if there was any data they thought would be useful to collect. He noted that the survey would focus predominantly on the islands covered by the Project but could be opened up to other islands depending on funding.

Harry discussed issues regarding survey fatigue and the aim that the results of this survey could be used widely and therefore reduce the need for further consultation. He hoped that the survey would be accompanied by a covering letter from GPs and local Community Councils to explain the purpose.

Zelda noted that questions on stigma were good and that answers regarding perception of community safety would be interesting.

Karen asked the reason for the survey being available to those over 18 rather than over 16. Harry will look at this with a view to changing.

Robert suggested questions be added on fuel poverty.

8 Partner updates

THAW - Robert advised that over £8000 of fuel vouchers had been issued since the beginning of 2021 and advised that different funding was available to householders through THAW.

Vital Talk – Margaret noted that the service was busier than usual and that most clients were still seen online. She noted that the lockdown had provided good training opportunities for counsellors.

Advocacy Orkney – Lianne advised that referrals had increased and that poverty and mental health were both significant issues for service users. She noted that clients were seen face to face when possible. She highlighted the importance of joint working in the third sector and signposting to other organisations.

Orkney Rape and Sexual Assault Service – Zelda advised that ORSAS had seen a 48% increase in referrals. There had also been an increase in professionals contacting the service for advice about how to work with clients and hoped that this closer working would continue. Zelda informed members of an Instagram account set up by a student for a university project which enabled people to anonymously share their stories and that a significant number of posts had been made. The site can be found here: https://www.instagram.com/tak_a_stand

VAO Connect Project – Karen advised that higher levels of vulnerability and mental health issues affected the young people and that they were unable to move on (and out of the project) as quickly as before.

Women's Aid Orkney – Michelle advised that referrals had increased this year and that WAO currently supported over 100 women and children. She noted that people were using the service for longer periods of time. She highlighted the 'Walk a mile in her shoes' campaign that started on International Women's Day.

Relationships Scotland Orkney – Tamsin advised that referrals had fallen slightly compared with this time last year and noted that this reflected the spike in referrals in early 2020 due to the closure of OACAS. She advised that the service remained busy and that counsellors were working at capacity. Clients were also working with the service for longer periods. She noted that all individual counselling clients were now offered a single session of therapy at the time of referral so support was provided at the point of need. She advised that those going on the waiting list for longer therapy found this single session very valuable. She noted that most RSO services did not have a waiting list. Most clients continued to be seen online, but face to face appointments were offered when needed. She encouraged colleagues to get in touch with the service if they wanted more information about the support available to families at RSO.

Age Scotland Orkney – Gillian advised that two new members of staff had been employed in the Dementia Orkney project and that group sessions were planned to start in the summer. She advised that face to face services had been available throughout the pandemic. The good call telephone service had seen a drop in numbers while the here to help in person service had grown – highlighting that service users wanted to see people in person. She advised that ASO were involved in the Scam action group and encouraged people to get in touch for more information.

VAO Community Engagement – Rebecca reported that the consultation had received 300 responses so far. The consultation was open until 21 March and Rebecca encouraged people to get in touch if they wanted further information.

9 AOCB

Rosalind advised that a small Child Poverty Fund was being administered by VAO. Information would be forwarded to members and was also available on the VAO website.

10 Date of next meeting

14 May 2021