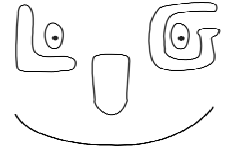




Same As You
inverness



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**Note next venue is at the Shirlie
ymas meeting is 7pm on Thursday 24th November 2011
No December meeting**

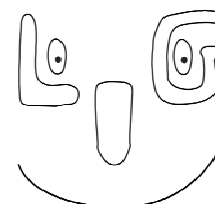
Getting ready for winter – winter is here and the adverts are telling us to get ready for winter but for ‘experts’, carers and carers who work, this is a worry. For support organisations, it can be easy in a memo to remind staff to show staff carers and supported ‘experts’ where the stop-cock is or how to put a washer in a gushing overflow pipe in the roof and have good numbers to call. Also supported ‘experts’ and staff carers can phone the out of hours council services at the moment. But what of parent carers and their unsupported ‘experts’? Carers have to think of how or who the home supported ‘expert’ can call and who is safe. The fire service has had a call out advice campaign to check fire safety in carers and ‘experts’ homes. Maybe from the types of service that are provided under out of hours social work emergency maintenance could share their advice.

accessible health information – A meeting for the ‘Good Information Group Highland’ is on the 21st November. An On-line survey is reviewing different symbols sets that are used in ‘easy-read’ information is at www.ggig.org.uk and <https://www.surveymonkey.com/s/MHGCHR7>. The GIGG link will take you to the home page and explain a bit more about what the survey will do with the results, the Survey monkey link will take you to the actual survey. The survey ends on the 21st November and will help provide a focus for the newly formed Good Information Group Highland. If you and your ‘experts’ are interested in attending the group, please contact david.hughes6@nhs.net or 01463 704000 extension 2279

Centre for Health Science library on Monday 21st November 1.00 pm to 3.45 pm but Wednesday 30th Nov and Wednesday 14th Dec, both 1.30 to 3.30 at the Highland Council Offices on Glenurquhart road.

Modernising your Learning Disability Nurse! – see our discussion sheet on the last page

OUR NEWS



N – Went to Aberdeen with Prospects. It was a great get together of bands from Aberdeen, Edinburgh, Inverness, Dundee, and Glasgow. All ‘experts’ all dressing up, all music, everyone had a great time and are still feeling good

R and E – told us on the TV they had been told to eat like England but both had seen Lardy Cakes! in the English bakers. There was a bit of confusion in the group. These were worse than Scotch Pies. We were puzzled as for good eating we are supposed to eat food like the Italians or Spanish, plenty of tomatoes, olives and fresh fruit, pasta and vegetables. So we all agreed we should stick to the best of all countries like Polish meat, Italian pasta and English vegetables, worldwide fruit and Scottish oats. Most ‘experts’ had been given good NHS advice on a varied diet and had support to cook well but independent ‘experts’ were confused and heavily depended on the news or the one hour support telling them what could be good to eat or their Learning Disability Nurse being given time to support and teach them.

D – has turned to a new talent in being a choreographer and has as usual taken their job very seriously. They have studied Frick Colby and other people on TV, who have inspired them to think of dance routines for the big show. D has now the job of telling the other actors how to move.

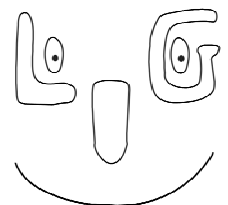
N – has been explaining to folk how the dancers form their lines, practicing to camera and watching out for safety on the stage.

N + C – have a big day coming up at Merkinch soon. one has been practicing very hard, the other gave a guilty smile and we think is going to have to practice very hard before the first. alan handed out print outs of words to help people practice at home

E – Had attended the Merkinch computer course for six weeks. It is £4 per week they thought. people were taught on laptops. Being taught from scratch so no-one missed out training but E was well ahead. People were being shown what all the arrows did and it was with fun at a slow pace. People were being shown how to do searches on the internet such as the meaning of your name. Everyone has been enjoying it

C – Would like to use a laptop. They had used a computer before. All those interested contact Elsie Normington

EVENTS



- Scottish Autism Strategy easy read and full report can be seen

summary www.scotland.gov.uk/Publications/2011/11/01120553/0

easy www.scotland.gov.uk/Publications/2011/11/01102918/0

full www.scotland.gov.uk/Publications/2011/11/01120340/0

- this LDA Scotland newsletter issue carries stories on the

1. The first results from Adult Protection Committees
2. News on the development of personalisation in Glasgow
3. A campaign in the Highland region over transport.

An audio version for those who find it hard to read is available from our website at www.ldascotland.org by clicking on the Information button and then the Newsletter section.

- from RCGP **Scotland** the patient guidance “It’s your Practice”, which has been developed from “What Sort of Practice”.

Imalone@rcgp-scotland.org.uk

- <http://www.siaa.org.uk/content/view/204#care>
website to advocacy stories

- Highland health voice network newsletter
<http://www.nhshighland.scot.nhs.uk/GetInvolved/PublicPartnershipForums/Documents/Network%20News%20Issue%20MT%2067%20Oct%2011.doc>

- Health advice is now live on digital TV

NHS 24 has launched a new digital TV channel to improve patients' access to health information and advice from the comfort of their own home. The channel, available through Freesat, Sky and Virgin, gives people access to health advice and information on local services. An app for iPhone, iPads and Android smart phones also gives access to the digital service.

The channel offers information from NHS 24, NHS Inform and Care Information Scotland web services, improving access to health information for those who don't have home internet access - often those from more deprived communities or older people who could potentially benefit most from this advice. NHS 24 is also using this system to pilot a scheme with Dunblane Medical Practice where patients can book appointments with their GP and which in future may enable them to order repeat prescriptions.

<http://www.scotland.gov.uk/News/Releases/2011/09/27091100>

- Mental Health Strategy for Scotland - Consultation

The Public Health Minister Michael Matheson recently launched the consultation on the Scottish Government's Mental Health Strategy taking place over the next four years.

For the first time the draft strategy brings together all mental health improvement and prevention work into one document. It sets out 14 high level outcomes aimed at increasing people's understanding of their own mental health so that they can seek action or seek help, ensuring care and treatment is delivered safely and efficiently and promoting the role of families and their carers. They wish to consult on:

- The overall structure of the strategy
- What they should be doing to address the key challenges set out under each outcome

- A number of specific questions to address the key challenges set out under each outcome.

After the consultation period, they will publish an analysis of the consultation responses and a final Strategy including an updated set of actions which will be delivered between 2012 and 2015.

The consultation runs until 31st January, 2012, and if you would like to take part you can view the draft document on the website - <http://www.healthscotland.com/documents/5444.aspx> .

- Care Inspectorate

The “Care Inspectorate” is the new name for Social Care and Social Work Improvement Scotland. This is the independent scrutiny and improvement body for care and children’s services which has a significant part to play in improving services for adults and children across Scotland.

The Care Inspectorate regulates and inspects care services and carries out social work and child protection inspections. Their aim is to make sure that people receive the highest quality of care and that their rights are promoted and protected.

For more information about the Care Inspectorate visit their website www.careinspectorate.com or telephone 0845 600 9527.

- Morag E Redwood

Equalities Development Officer, SCVO

Tel:01463 251738 Mob:07968 475 003 Fax: 01463 716003 Textphone 0131 557 6483

<http://www.scvo.org.uk/about-the-sector/scvo-equalities-human-rights/>

<http://microsites.scvo.org.uk/srenonline/>

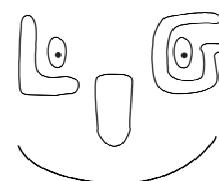
<http://www.hief.org.uk/>

SCVO/GCU 'Masters in Citizenship and Human Rights by Learning Contract' is part funded by the Highlands & Islands European Social Fund. Contact us for further information

THANK YOU TO THOSE WHO EMAILED IN SOME OF THE ABOVE EVENTS INFORMATION

SAY LIG Dates for 2012 are

**12th January
2nd February
1st March**



5th April
3rd May
7th June
5th July
2nd August
6th September
4th October
1st November
6th December

www.highland.gov.uk/socialwork/learningdisability/ligs

Most meetings will be at the Shirlie 01463 716179

Or contact rona.mem@hotmail.co.uk

SAY inverness is the Same As You inverness

we are a group of people with learning disability and/or autism, voluntary and private sector, carers and staff carers, professionals and planners.

we meet to either discuss a set agenda or meet to group advocate or self help, around anything to do with a same as you life. Thus our remit is life wide. Our discussions are shared to aid other planners, staffs, carers and 'experts' (the people using any service) to gain information, improve lives or services and raise awareness around barriers to this. Our meetings are held in a safe and friendly environment. We meet the first Thursday of every month and meet at the Shirlie on the corner of Lotland Street and Longman Harbour Road. Our Newsheet can be accessed on the Highland Council website

rona.mem@hotmail.co.uk

alanryndycz@shirlie.co.uk 01463 716719

IS YOUR LD NURSE MODERN!

We learnt about the framework being written to tell learning disability nurses what needs to be done in their job

We asked do you have an LD nurse, does an LD nurse visit you, and have you heard of the LD nurse, what does your LD nurse do

We were glad we asked these questions because there was confusion, here are a few examples:

Resident – no I don't have an LD nurse, no-one visits, not heard of one, not sure what they do

Resident – don't think so that I have an ld nurse, have not seen one, no have not heard of one, no don't know what they do

centre user – no ld nurse but I have a social worker and a key worker, have heard of an ld nurse, helps you out, comes and visits our house and gives you a talk on things like washing yourself

Independent support – yes got one, yes they visit, yes heard of one, they give coordinate for ld services, services are OT to Physios to personal care

Independent support – yes got one, yes visits, yes heard, get fed by one and cleaned in shower and get medicine from them

independent support – yes gets one in school, get meds in school and get to hospital and check ‘aids’ used in school

Independent support – not got, not need, never heard of them and no input to getting a job, not met one I think

– An ordinary nurse comes in to do the meds and clean, the disability nurse is dealing with equipment but will see to meds and cleanliness too

– If a person goes in hospital does a GP visit, hospital will send a letter to the GP and GP should send an invite to come in and see him

In hospital they have a liaison officer and she will contact the people who need to know and will email for you. GP and nurses and social work and let others know if you want.

When people are getting assessed for a job, they get asked what services they have and tell of social workers, key workers, and GP but not LD nurses

There is confusion over LD nurses and community nurses and support carers they get forgotten and their roles get mixed and forgotten. People remember their GP and some even call the carers an LD nurse. So who is the service for and what does it provide.

from a PC point of view ‘an extra support needs nurse’ would be a better title and be acceptable to some people with LD as some say they do not have a disability so do not need supports and yet when asked what help they need, they list a whole load of supports. People do not like the word ‘disability’ people with autism do not like the word ‘learning’ and disability. Psychologically ‘disability’ means you can not do, ‘additional support’ or ‘extra support’ means you could do it, you might do it soon.

from an information point, the ‘experts’ all value their easy reads and one to one information sessions at home and at places like the Corbett Centre. all of us including carers and staff in voluntary organisations as well as work as paid carers also wanted this information. the workers also wanted advice from them on how to share or teach health information. the NHS promotes good health over a lot of subjects and extra needs nurses should know about all the different ways people need the information and work with other people to find these things out. Subjects should cover eating healthy to having healthy

relationships and not getting ill, even stopping smoking or drinking and healthy feet and teeth. what happens at the doctors and hospital and dentist and even Brook was needed. one person had thought there was an easy read at Brook for people who had girlfriends or boyfriends. we knew there were tests the police had to do sometimes as we had helped with a leaflet but what this showed was health was everywhere and was about tests and mending things sometimes not just stopping poor health so the extra support needs nurses should know all of this and how to help all carer types teach 'experts' young and old about these things before they happen. they should stand up for the rights for all 'experts' to own their own information.

CARER TALK

A carer locally became a quadruple carer in one month over 4 regions. They were happy, after a depressing start in region one, with the discharge process there which recognised the needs of the carer and worked around care for the person but to the carer's ability. They set up things for the carer and got an agency out to help with walking aids and someone to do medication. The carer had decided to disappear for a week so the planners could see the real needs just in case the whole service was put on them but they need not have worried as the planners stuck to their word. In the other region the discharge was not good but the care in hospital was better, the hospital chairs were cleaned, patients chairs were closely guarded, hand gel was very strict and nurses were on hand to answer questions. The other two regions were mixed depending on individuals but there was good mixed agency communication.

For another carer they had a poor death experience in hospital where nurses did not recognise that a visitor had been left with the sadly departed person though a kindly cleaner did look in and comfort.

For another carer their experience was of nurses staying sat in their station, elderly person's left cold and medication being left out during visiting hours and a good nurse only feeling able to speak to the side out of earshot of the lead nurse.

Another nurse was too efficient and cold so that a patient waited for the friendly nurse to come on shift to ask for pain killers.

People recognised that nurses can be rushed and even pushed to work fast but as speed was not seen in two of the stories then it is not always a reason.

one older person remembered nurses sitting in the middle of a ward and they knew everything and could see everything and were on hand to answer questions and keep things exactly right.