

Fife Health
& Social Care
Partnership



NHS
Fife

Home First



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Home First Consultation Workshop Feedback

Fife Voluntary Action Third Sector Interface Forum

11th August 2022

**Caledonia House, Glenrothes
and MS Teams**

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1.0 Introduction

Like many other parts of the country, delayed discharge remains an issue in Fife and means patients are often required to remain in hospital for a period of time after they are medically fit for discharge. This is not in the best interest of the patients involved and adds to the significant pressures on hospital beds during periods of peak demand, and detrimentally affects patient flow through the health and social care system.

The Home First Strategy is being developed in Fife with the aim of transforming the discharge process. This Strategy is being led by the Fife Health and Social Care Partnership with the support of NHS Fife, Fife Council and local partner agencies.

Our vision is that: *"Everyone in Fife is able to live longer, healthier lives at home, or in a homely setting."*

A key objective is to have a single point of access in the community across Fife's seven locality areas.

The Strategy will guide change projects that:

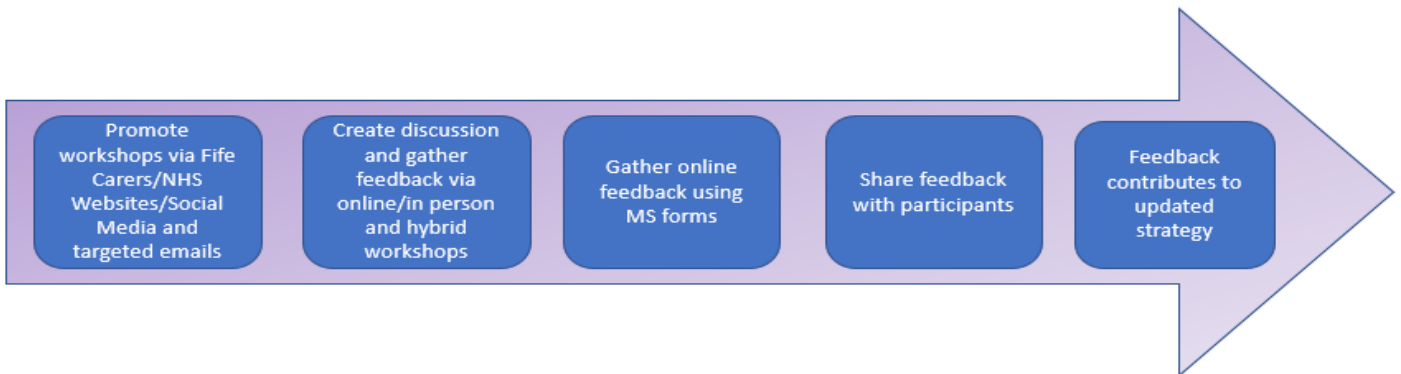
- Improve integration between NHS Fife, Fife Council and the Health and Social Care Partnership Services, to ensure the flow of patients from a hospital environment to a homely setting is safe, faster, with the person at the centre of all decisions
- Help prevent hospital admissions by anticipating need and supporting self-management
- Ensures data will lead the planning and commission of services

As the new Home First Strategy is being developed, the views and experiences of those involved in the discharge process are essential to helping us get things right.

We wanted to hear the views of stakeholders on how we should look to redesign the system that is fit to meet the needs of people both now and in the future, while ensuring that patients remain at the centre of everything we do.

A total of thirteen stakeholder events have taken place from August 2022 through September 2022. Feedback has been collated and analysed. This report outlines the feedback and findings from the Fife's Third Sector Health and Social Care Interface.

2.0 The Engagement Approach



Fife Health and Social Care Partnership Participation and Engagement team have completed the collection of feedback from both in-person workshops and online workshops. A total of thirteen workshops has taken place from 11th August 2022 through 28th September 2022. The purpose of the workshops was to seek stakeholders' views on the proposed Home First Vision and gain feedback for contribution to the draft Home First Strategy. The workshops focussed on four discussion points/questions to gather views and feedback.

- What do you like about the vision?
- What might be some of the challenges and what could we do to overcome these?
- Based on discussion so far what do you think the biggest change would be for you?
- Have we missed anything?

Members of the public were invited to attend the workshops through:

- Fife Carers Centre – a funded organisation that offers support to unpaid adult carers

Other participants groups invited to attend included:

- Extended Leadership Team – Fife Health and Social Care Partnership
- Advocacy Groups via Fife Advocacy Forum
- Fife wide Clinical Quality Leads GP Group
- Staff from Fife Health and Social Care Partnership, NHS and Fife Council
- Third Sector Health and Social Care Interface
- Independent Care Sector
- Fife Care Provider
- Pharmacy colleagues

An [online feedback form](#) with integrated video and presentation was distributed to those who were unable to attend workshops but who still wished to provide feedback.

The workshops were promoted via Fife Carers Websites, SWAY, NHS website, targeted emails and on social media via Facebook on Fife Health and Social Care

Partnership's page. The Participation and Engagement Team used MS Teams as the tool to host online workshops.

During online workshops views were gathered by use of MS chat box and notes were taken from general discussions based around set questions. Breakout rooms were used to keep groups small enough to give everyone the opportunity to share their views and discussions were guided by facilitators. Views were gathered at in person workshops using scribes and facilitators who generated discussion, with participants given the opportunity to record their views on sticky notes and posters throughout each session. When adopting the hybrid approach both methods described were used to gather feedback from participants.

Feedback was collated from this session through MS chat box and scribe notes as well as sticky notes and posters as this workshop adopted the hybrid method of gathering feedback.

Participants were from a variety of backgrounds ensuring a diverse range of views were gathered.

3.0 Feedback

This group had a total of twenty-seven participants. Four attended online with twenty-three attending in person at FVA, Caledonia House in Glenrothes.

3.1 What Do You Like About the Vision?

Overall, the group found the vision aspirational with it being straightforward and simple and felt with its streamlined nature it would be more helpful for services and for individuals. This was expanded as discussion focused around the opportunity and strengths of having a shared IT system which could result in better information processes and as a result less duplication.

The recognition of coming back into the community was welcomed and realisation of how each community wishes to move forward was highlighted as a key contributing factor to the vision. The shift from institutional model care was also raised and this was agreed to offer better choice over support.

There were concerns over the road to achieving the vision. It was agreed that there must be better direction in order to meet the needs and the order in which things happen is key to ensure success. If there are gaps in capacity this will quickly be exposed. Further comments suggested there has to be balance across systems to ensure they collaborate and link into one another.

Another concern raised was the jargon within the vision. It was agreed that the vision, its actions and its outcomes must be transparent and clear for people to understand.

Final comments alluded to the vision having a person-centred focus and confirmed although a general agreement of the vision was shared, it is important that the right actions are outlined and are clear in order to achieve this.

3.2 What Might Be Some of The Challenges and How Do We Overcome These?

This question raised a number of different challenges which highlighted concerns within the group as to how the Home First vision may be implemented. Whilst challenges were discussed some suggestions were also raised for ways in which to tackle these.

The culture shift in communities and also in individuals was discussed in detail with the recognition that communities/people are used to being “looked after” by services and with this, the shift in responsibility for taking care of their own health and wellbeing. Solutions suggested changing how outcomes are reports and to change how services are evaluated rather than the “bums on seats” approach we are used to. A key point raised also identified the need for organisations to be comfortable to “let people go/move on from the service”.

From a service perspective it was discussed the challenge is the processes and the current focus on quantity not on quality. There needs to be a focus on quality and a

power imbalance that must be shifted to treat the third sector and partners as an equal. The third sector need to have a bigger role to play particularly in involvement in care planning and the referral process. In addition to this, avoiding a top-down approach and involving the third sector with meaningful representation could prevent silo working and encourage the provision of preventative support with the encouragement from the third sector that can empower people to be proactive in their own life and health and wellbeing. Making the most of the third sector and their resources could provide strengths and opportunities particularly around the commissioning of services, and those that have already been commissioned, to use resources who know their communities and have strong links within locality planning. The third sector are well placed as they have always led with “do with” and not “do to” and this could shift the “we’ve always done it this way” mindset that some services have.

Additional comments around this challenge suggested the streamlining of services and ensuring systems are able to work together and communicate effectively. At the moment it is recognised there is a lot of overlap across databases which all offer similar services and information with slight variations. This should be more efficient and streamlining may be the answer. Discussion around a single system that flags up services available to a GP for referral.

Involving staff at all levels and ensuring information is shared equally and having all services involved in active changes was also discussed. Including workers on the ground and ensuring they have the right and sufficient support was also noted of high importance.

Technology raised a number of different challenges. Information sharing was a key topic raised across all groups and the recognition that there is a need for information to be shared across organisations and more openly. It was agreed that this is often done but statutory organisations but services and third sector organisations that are on the periphery can’t always share information easily and access the necessary information when required to do so. The challenge identified is what needs to be in place for better sharing and a clearer pathway.

Furthermore, the discussion around sharing information raised the concerns over data protection and how this is often seen as a barrier. However, with the right knowledge around GDPR this could be avoided.

Accessible information emerged as a key theme during discussions and ensuring Easy Read information is available and the correct support to assist those with communication difficulties is crucial to ensure they also receive and understand the same information.

A final thought for the challenges that may be faced is starting with prevention rather than cure. One group identified that small steps now could help longer term and, in the future, so ‘planting the seed’ or identifying areas which could support the improvement of one’s health and wellbeing, with early intervention can lead to prevention of hospital admissions.

3.3 Based on Discussion So Far What Do You Think the Biggest Change Would Be for You?

One group raised the idea that based on discussions so far one of the biggest changes would be that people would be able to access the necessary support services earlier. Focusing on the challenges currently faced it was identified that knowing where to find the right and most up to date information and in which direction to refer people to is one of the major issues. Streamlining these would ensure less time is wasted trying to find out about services, what they do and who to contact, so referral times would be reduced and less confusion as to what is on offer.

A potential change identified was linking more closely with social prescribers and ensuring better links are established between GPs and HSCP funded services. This would help to improve access and save time and could educate professionals to gain a better understanding and learn about other roles and their impacts.

One of the groups felt that this would be a good opportunity to 'go knocking on the doors of those who haven't been knocked on before' to ensure everyone was aware of what was going on and ensuring people are educated about Home First and what it means.

Community capacity was also mentioned and the need for this to be built around the needs of local people. Improving community capital in Fife was also discussed with the recognition that areas in Fife with capital may be able to shift that capital to help other areas in Fife or across the wider remit of Scotland.

One group asked how Home First would be achieved and how it would be implemented, evaluated, and monitored.

A final discussion point highlighted capacity and recognising that some third sector organisations currently have capacity where similar HSCP services are at capacity. Working together and linking closely with these would prove flexibility in HSCP and with the third sector more flexibility can be achieved with less red tape to overcome. For example, where professional support is not required but extra support is identified as a requirement a home help would be a good option which could be provided by third sector.

3.4 Have We Missed Anything?

- Although Covid has delayed changes it is not the reason change hasn't happened
 - Covid has helped services change their ways of working and make developments
 - It is important not to lose what we have gained from these developments
- Person-centred element of any provision is very important
 - Some people are desperate to get back face-to-face where others are still nervous and anxious about Covid and larger groups

- One size does not fit all, and flexibility is needed
- It is important to acknowledge the wide range of good third sector organisations not directly providing Home Care but preventative services that may stop people needing more support in the future
- Grey areas such as local authority borders – some people use some services in Fife and other services out of Fife due to their location
 - E.g., Falkirk/Kinross, Tayport /Tayside, Kelty/Kinross – how will this work?
- If systems are different across organisations, how will we ensure they all marry up and talk to one another and smoothly?
- What are Fife going to say to the Scottish Government as to why we need this extra money? We know we could deliver more with extra capital but why do we need it?
- Ensuring every household in Fife is made aware and is educated about any changes to the systems and services they use
- Resources – there is a current lack of staff to deliver outputs
 - Is this due to a lack of funding to provide decent salaries?
 - We need to make the H&SC sector more appealing to people coming in and to retain staff

4.0 Conclusions

The third sector group generally agreed with the Home First vision and suggested keeping it simple straightforward by using non-jargon language, being clear and transparent and ensuring everyone receives the same information to learn about the Home First vision should be a key priority.

The group also identified and recognised the benefits in utilising third sector organisations to their capacity and taking advantage of the flexibility they have and the less 'red tape' barriers for people to overcome. Streamlining services was also welcomed and ensuring that with streamlining all services should collaborate and work together effectively and efficiently.

A key challenge raised was the recognition of a lot of services on the existing database which have similar services and overlap yet also offer different services. There seems to be a lot of unknown services and it should be simplified so a GP is able to quickly flag up which referral route the patient should go down.

Early intervention and prevention was also discussed in detail with most groups agreeing that small steps to support or provide knowledge for the future can make a huge difference and may prevent admission to hospital.

To conclude this group generally agreed with the vision and although there were challenges raised as a concern suggestions and alternatives were also provided for consideration.