



Note of Meeting of

Health and Social Care Forum

Thursday 12 May 2016

Craig Mitchell House, Flemington Road, Glenrothes, KY7 5QF

Present:

Helen Walkingshaw
Norma Philpott
Ross Livingstone
Jim Bett
Jo Clark
Christine Davison
Irene Blackburn
Paul White
Bill Baird

Barony Housing Association
CARF
Circles Network
Fife Alcohol Support Service
Fife Voluntary Action
Fife Voluntary Action
LinkLiving
LinkLiving
Royal Voluntary Service

Apologies:

Kenny Murphy (Chair)
Gail Carstairs
David Ross

Fife Voluntary Action
Enable
Fife Society for the Blind

Health and Social Care Landscape Update, Jo Clark, Fife Voluntary Action

Health and Social Care Partnership Strategic Plan 2016-19

The full strategic plan for Health and Social Care Integration in Fife has been [published](#). The Plan has been formally approved by the Integration Joint Board (IJB), the governing body of the Health and Social Care Partnership.

Key sections third sector organisations may wish to read include:

- Section Six – Understanding our system
 - Specifically the section on ‘Our Partners – The Third Sector’ (page 31 in full plan)
- Section eight – Transforming Services
 - Specifically ‘Strategic Priorities’ as this links ‘commissioning intentions’ to the ‘core indicators’ which will be used to measure the nine national outcomes. (page 59-63 in full plan)

The Strategic Plan outlines Four Strategic Priorities: 1. Prevention and Early Intervention, 2. Integrated and Coordinated Care, 3. Improving Mental Health Services, and 4. Reducing Inequalities.

These Priorities are further broken down and explained in three sections (page 8-11 in the summary plan):

1. KEY AIMS: Which outline what the main priority areas within this section are;
2. WHAT WE INTEND TO DO: Which outlines what the partnership intends to commission, including examples of work that has already been commissioned;
3. IMPACT OF WHAT WE INTEND TO DO: Which outlines how they will measure the impact of services commissioned.

Discussion points

- Recognition that investment in Prevention and Early Intervention needs to increase but is difficult to achieve. Focus needs to shift towards a more holistic definition of prevention to ensure people are supported before they access ‘high tariff’ services.
- Workforce development aims to deliver across the whole, cross-sectorial Health and Social Care Workforce.

NHS Clinical Strategy

Jo Clark, Project Manager at Fife Voluntary Action and Pam Butter, Area Manager, The Richmond Fellowship and chair of the Adult Providers Forum have been attending meetings for the NHS Clinical Strategy as Third Sector Representatives. [Summing up, the third sector has been acknowledged as a key partner in the room].

Key points discussed at meetings include:

- Importance of shared accessible electronic records;
- Development of a more generalist, flexible workforce – linking into experts in other parts of Fife and Scotland;
- The development of ‘hubs’ – it is recommended that a group should be set-up to figure out what a ‘hub’ would look like and what it would be;
- Where possible services should be community based.

Current Landscape and future

Jo gave a brief overview of the history and drivers leading up to the Integration of Health and Social Care Integration from: Christie Report, Reshaping Care for Older People (RCOP), Self-Directed Support, Self-Management, Personal Outcomes, and the Integrated Health and Social Care Partnership and Partnership arrangements.

Current Activity: Locality Plans

Locality Plans are the next step in the Integration of Health and Social Care. As well as the overarching Fife Strategic Plan each of the seven localities will require a locality plan to identify the needs of the local communities and how these needs will be met. Seven Locality Plans will be drafted this year. These will feed into the Strategic Plan.

The Future: Commissioning of Services

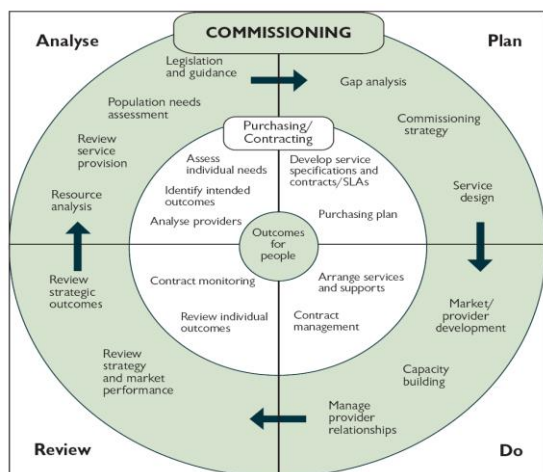


Figure 1 is the Joint Improvement Team (JIT) diagram of the commissioning cycle. It highlights the differences between commissioning (outer circle) and the more traditional purchasing/contracting (inner circle). Commissioning involves ‘purchasing’ outcomes rather than outputs (i.e. services). The aim is to shift from outputs which show what activities have been done (number of events, clients etc.) to what change has been achieved through these activities (increased confidence etc.). *Figure 1 – Joint Improvement Team Commissioning Cycle.*

Workshop:

How can the third sector fit into, communicate with and influence this landscape effectively?

Jim Bett shared his experience of working with Fife's Alcohol and Drug Partnership (ADP) and how they have been working with a focus on delivery of quality outcomes for some time. He raised the point that there may be an issue with collecting indicators and outcomes for organisations that don't

have robust administrative support. Fife Alcohol Support Services (FASS) have been collecting outcomes data since 1995 and are able to build on their measurements due to the rich data they have. Jim emphasised the importance of this as measuring and reporting in this way can change the way you sell your services. Jo invited Jim to speak at a future Forum about the work FASS have done to collect outcomes data and to update the forum on their plans for the future.

Irene Blackburn shared her experience of carrying out a Social Return on Investment (SROI) within LinkLiving. Irene said that they could show a financial saving but that the process was quite challenging.

AOCB

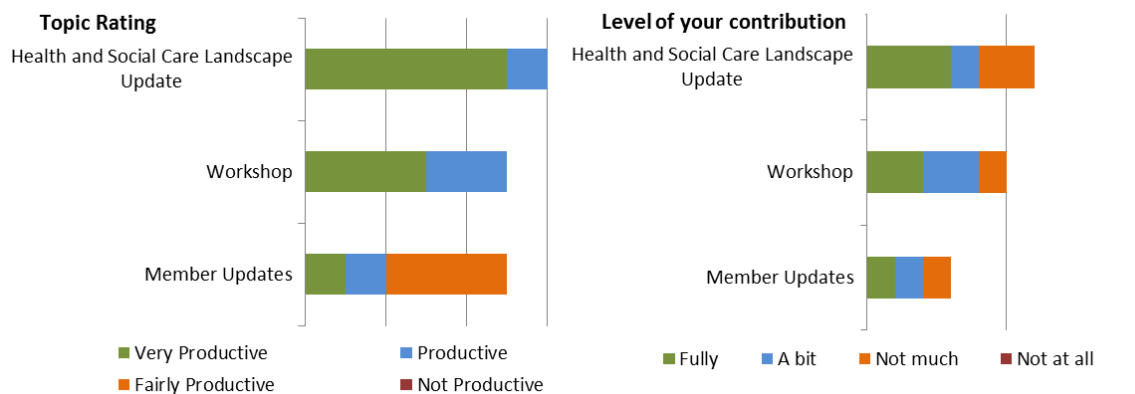
A Living Wage for Social Care Providers

A living wage for all Social Care providers will be live from October 2016 with an impact on providers with existing contracts.

Joint Improvement Team absorbed into Health Improvement Scotland

The work of the Joint Improvement Team (JIT) will now be covered by Health Improvement Scotland (HIS). The Forum discussed the impact of this.

Feedback



Future Attendance

