



Health & Social Care Integration

POLICY FRAMEWORK

FIFE VOLUNTARY ACTION

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Produced by Fife Voluntary Action, updated February 2015

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How this document is laid out

There are 6 main sections, each numbered according to the key below:



Each section is colour coded according to its area:



<u>Scottish policy context</u>
<u>Fife policy context</u>
<u>Wider context</u>
<u>Research reports</u>

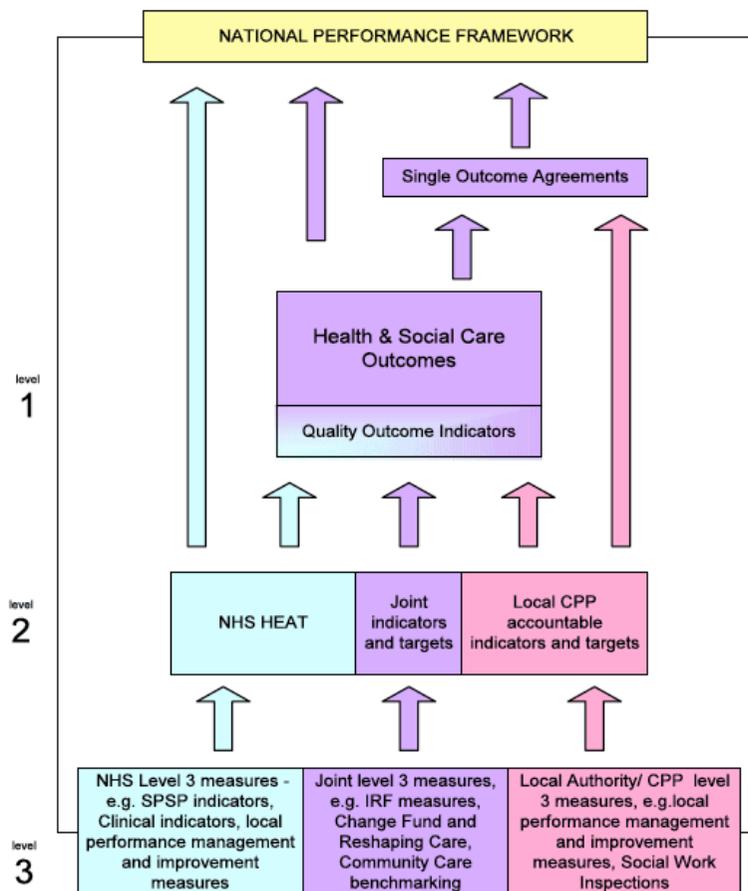
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Relational Map of Quality Outcome Indicators



This diagram illustrates how various sets of outcomes and indicators/measures relate to each other. *It does not represent a governance structure.* The three levels of measurement are defined as follows:

Level 1 – high level outcomes used to drive health and social care quality nationally over time, where progress is reported nationally by a small set of selected national indicators.

Level 2 - publicly accountable indicators and targets for Health Boards, Community Planning Partnerships and Health and Social Care Partnerships used to drive short to medium term improvement and agreed to impact significantly and positively on the level 1 outcomes.

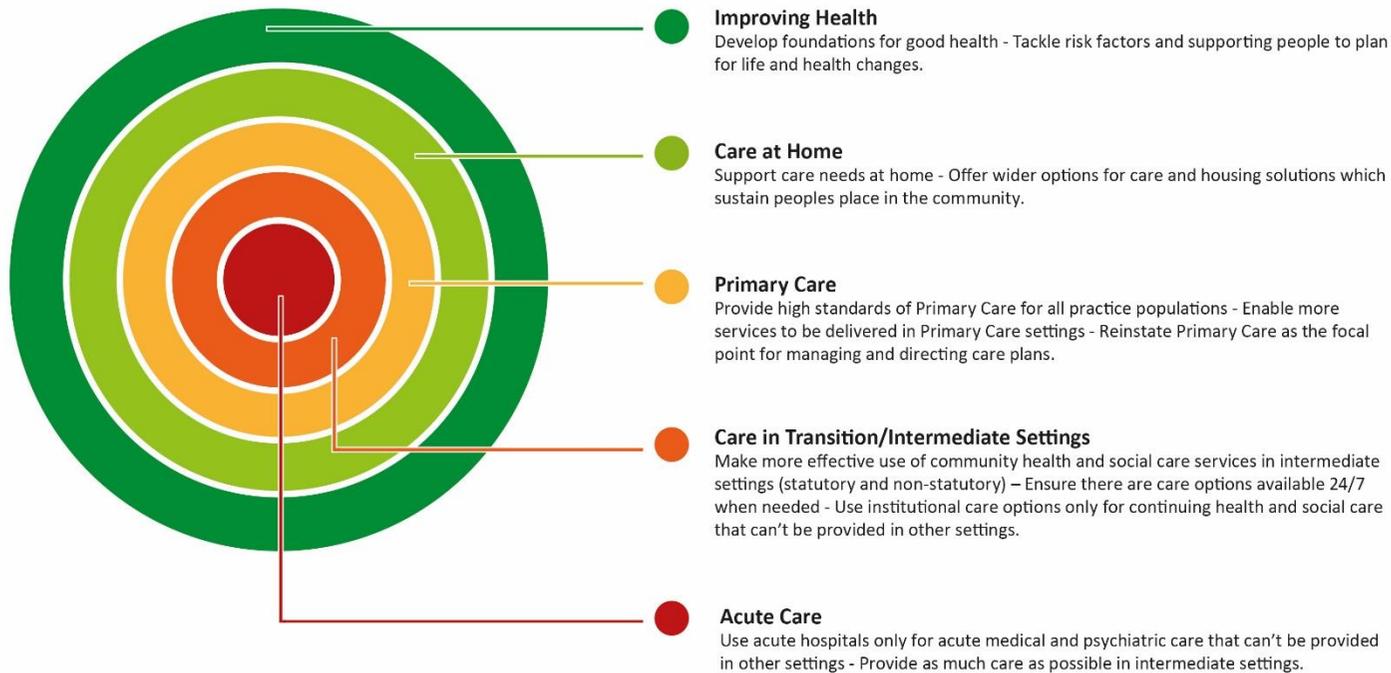
Level 3 - extensive range of indicators/measures used for local improvement and performance management, including core sets of specific indicators for national programmes.

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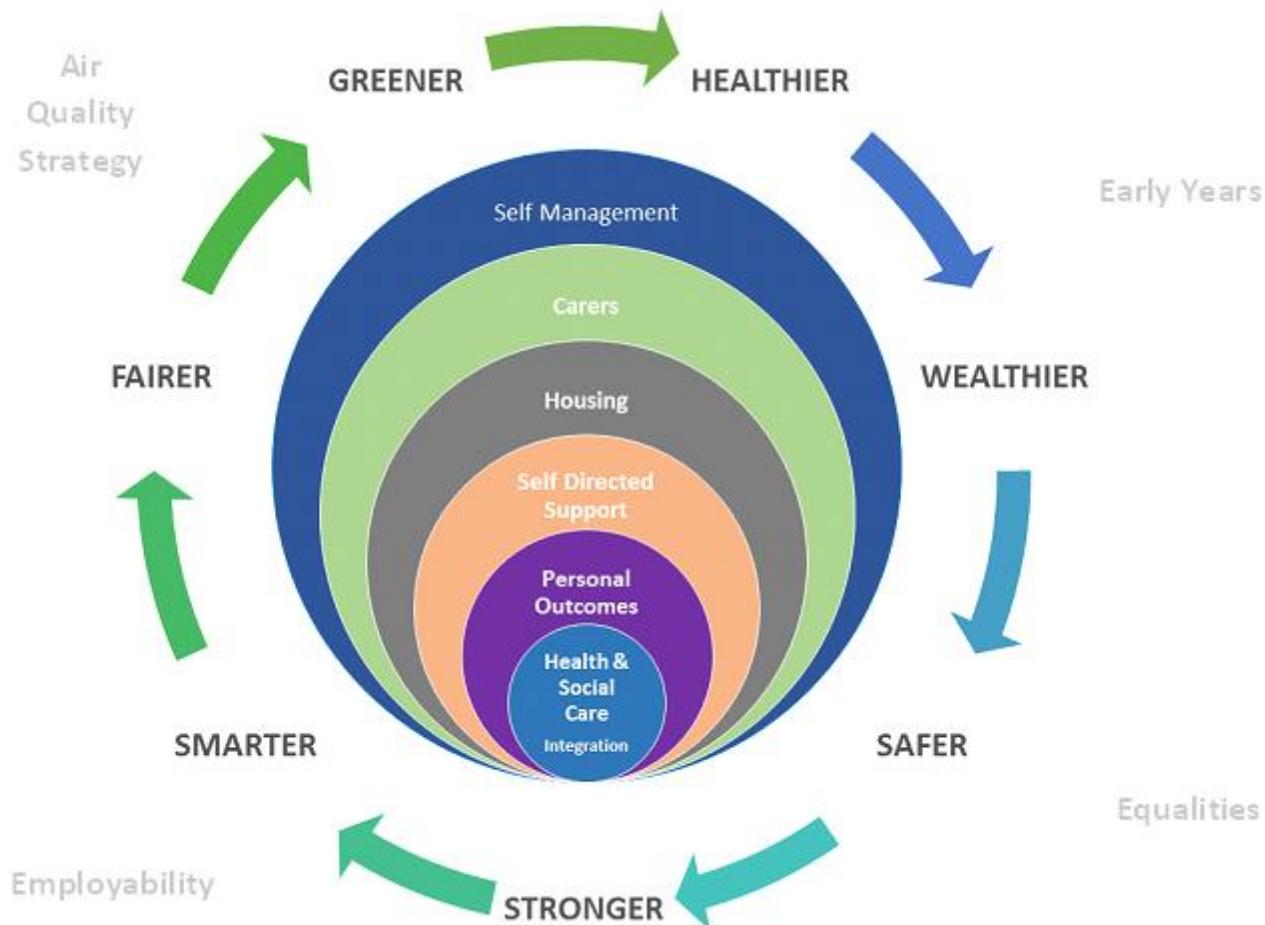


Current Plans for Developments in Health and Social Care in Fife

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1. A Integration of Health and Social Care – Why and How it’s Happening

This section gives the background and reasons for current Scottish government policy on Health and Social Care Integration beginning with the Commission on the Future Delivery of Public Services (authored by Dr Campbell Christie), driven by financial pressures and demographic change and supported by the vision of Scottish public services as supporting a fair and equal society.

<p>Commission on the Future Delivery of Public Services</p> <p>Author – Dr Campbell Christie</p> <p>Publisher – Scottish Government</p>	<p>The “Christie Commission” was published in 2011 and makes the case for major changes in public service provision. The major points it raises are:</p> <ul style="list-style-type: none"> • Reforms must aim to empower individuals and communities receiving public services by involving them • Public service providers must be required to work much more closely in partnership • Economic downturn has put financial strain on public services and will continue to do so - A new collaborative culture is required • Health inequalities make a big impact on service delivery and come about through deep-rooted social problems • Deprivation and low aspiration persist through the lack of social investment in preventative measures • Capacity building is also key • Public services are often fragmented, complex and opaque, lack accountability and is often characterised by short-termism <p>Main principles behind the kind of reform that the Commission makes a case for:</p> <ul style="list-style-type: none"> • Co-production and community design, not top-down service design for administrative convenience • Maximising resource leverage • Understanding of community needs • Prioritising preventative measures • Identifying causes of inter-generational deprivation and low aspiration • Improvement of public services through oversight and accountability • Reform based on outcomes 	<p>Http://fva.direct/ay399</p>
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<p>Commission on the Future Delivery of Public Services (cont)</p> <p>Author – Dr Campbell Christie</p> <p>Publisher – Scottish Government</p>	<ul style="list-style-type: none"> • Long term strategic planning, including greater transparency • Statutory powers and duties common to all public services including presumption of preventative action • Embedding community participation in the design and delivery of services • Improved association of Scottish Government and local authorities to develop joined up working • Inter-agency training • Integration of service provision and employability • Giving Audit Scotland a greater remit to improve performance • Applying commissioning and procurement standards consistently • Reviewing public series in terms of how they affect people’s lives <p>The Commission emphasises the necessity to retain Scotland’s cultural uniqueness and not to allow reforms to public services to run counter to the vision of a fair and equal society, noting specifically and frequently that much of the work to be done is required through failing to adopt preventative measures in the past.</p> <p>Societal deprivation and low aspiration form an intergenerational cycle that must be broken and a new “virtuous cycle” of public spending tied to demonstrably valuable societal outcomes that have meaningful value to the individual must be put in its place.</p>	
<p>Renewing Scotland’s Public Services</p> <p>Publisher – Scottish Government</p>	<p>Details the Scottish Government’s vision for the future of Scottish public services. This follows on from the “Christie Commission” (above). Main themes are:</p> <ul style="list-style-type: none"> • Necessity for renewal • Public engagement • Value for money • Prevention • Integration/Partnership • Workforce and Leadership • Improving Performance 	<p>http://fva.direct/3m2p8 Webpage</p> <p>http://fva.direct/v5vmi PDF</p>

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<p>Public Bodies (Joint Working) (Scotland) Act 2014</p> <p>Publisher – Scottish Government</p>	<p>Sets out the legal structure behind and requirements of the process of integration of health and social care between Scotland’s Local Authorities and NHS Territorial Boards. Covers:</p> <ul style="list-style-type: none"> • Functions of Local Authorities and Health Boards <ul style="list-style-type: none"> ○ Integration Schemes ○ Implementation of Integration schemes ○ Carrying Out of Delegated Functions ○ Strategic Planning ○ Carrying Out of Integration Functions ○ Review of Integration Scheme ○ Supplementary • Shared Services • Health Service functions • Processes supporting and peripheral to the central body of the Act 	<p>http://fva.direct/85n6r</p>
<p>Reshaping Care for Older People – A Programme for Change 2011 - 2021</p> <p>Publisher – Scottish Government</p>	<p>Mission statement - Collaborative vision from COSLA, Scottish Government and NHS Scotland on the future of the care of the elderly. Focusses on:</p> <ul style="list-style-type: none"> • Reasons for change (demographics, financial) <ul style="list-style-type: none"> ○ Old people are an asset, not a burden ○ Need a cultural shift in attitude and approaches ○ Support of the elderly is not just a health or social care responsibility ○ Services should be outcome focussed ○ Good practice sharing needs to be accelerated ○ Partnership resources need to be aligned ○ Additional funding is needed for care 	<p>http://fva.direct/gk2bv Webpage</p> <p>http://fva.direct/0p4tj PDF</p>

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<p>Reshaping Care for Older People – A Programme for Change 2011 - 2021</p> <p>(cont)</p> <p>Publisher – Scottish Government</p>	<ul style="list-style-type: none"> • Expectations of the future of care provision (person-centred) <ul style="list-style-type: none"> ○ Independence and well-being ○ Fairness, affordability, sustainability ○ Personalised care ○ Focus on prevention ○ Community based end of life care • Detail of immediate strategy <ul style="list-style-type: none"> ○ Co-production and community capacity building ○ Creating the right care services and settings ○ Equipment and adaptations ○ Telecare and Telehealth 	
<p>Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014: Core Suite of Integration Indicators</p> <p>Publisher – Scottish Government</p>	<p>Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality. While national user feedback will only be available every 2 years, it is expected that Integration Authorities’ performance reports will be supplemented each year with related information that is collected more often.</p> <ol style="list-style-type: none"> 1. Percentage of adults able to look after their health very well or quite well. 2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. 3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. 4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. 5. Percentage of adults receiving any care or support who rate it as excellent 6. or good 7. Percentage of people with positive experience of care at their GP practice. 8. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. 9. Percentage of carers who feel supported to continue in their caring role. 	<p>http://fva.direct/a8h3a Scottish Government Core Suite of Indicators</p> <p>http://fva.direct/f8g2r Health and Social Care Alliance Brief</p>

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	<p>10. Percentage of adults supported at home who agree they felt safe. 11. Percentage of staff who say they would recommend their workplace as a good place to work.</p> <p>Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.</p> <ol style="list-style-type: none"> 1. Premature mortality rate. 2. Rate of emergency admissions for adults. 3. Rate of emergency bed days for adults. 4. Readmissions to hospital within 28 days of discharge. 5. Proportion of last 6 months of life spent at home or in community setting. 6. Falls rate per 1,000 population in over 65s. 7. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. 8. Percentage of adults with intensive needs receiving care at home. 9. Number of day's people spend in hospital when they are ready to be discharged. 10. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. 11. Percentage of people admitted from home to hospital during the year, who are discharged to a care home. 12. Percentage of people who are discharged from hospital within 72 hours of being ready. 13. 23. Expenditure on end of life care. 	
<p>Health and Social Care Partnership Service Delivery Plan</p> <p>Publisher – Fife Health and Social Care Partnership</p>	<p>Provides National and Local policy context, reporting structures and partnership strategies proposed for specific care groups:</p> <p>Main demographics:</p> <ul style="list-style-type: none"> • Older People • Learning disabilities or Autism Spectrum Disorder • People with and affected by Mental Ill Health • People with Physical Disabilities or Sensory Impairments • People affected by Drug and Alcohol Issues 	<p>http://fva.direct/87ygh</p>

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	Provides Fife Health and Social Care Partnership role and remit	
Health and Social Care Integration Scheme for Fife	<p>Detailed breakdown of integration scheme process. As of 23/02/2015 scheme is under review:</p> <p>To be considered by:</p> <ul style="list-style-type: none"> NHS Fife Board on 24 February 2015 Fife Council’s Executive Committee on 03 March 2015 To be finalised by shadow Board on 19 March 2015 Submission to Scottish Government 01 April 2015 	http://fva.direct/3g54p
“Your Views Matter” Localities Consultation Report Publisher – Health & Social Care Partnership Fife	<p>A consultation on the proposed 7 localities held in 2014 – running from August to November across Fife.</p> <p>Input from:</p> <ul style="list-style-type: none"> Face to face sessions involving 210 people Online questionnaire with 156 responses 244 postal responses <p>There is overall support for the proposed 7 localities</p> <p>Resultant recommendations:</p> <ul style="list-style-type: none"> Note the key relationship to the seven locality planning areas, and that the future management interface should reflect service delivery arrangements as well as seven planning boundaries Confirm that the seven locality planning areas will be used in terms of Strategic planning Further information is required in relation to management scope, arrangements and structure Ensure Clinical Leadership is included at Strategic Planning and Commissioning level 	http://fva.direct/08xp1

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	<ul style="list-style-type: none"> • Ensure Workforce concerns are addressed in future communications and engagement activity • Ensure ongoing Participation, Engagement and Consultation of all stakeholders 	
<p>Health and Social Care Information Sharing – A Strategic Framework 2014 – 2020</p> <p>Publisher - Scottish Government</p>	<p>Details the vision behind cross-sectoral information sharing.</p> <p>New digital models required for shared info across main sectors Information Sharing Board (ISB) will oversee</p> <p>Need:</p> <ul style="list-style-type: none"> • Access info at the point needed, quick, easy, legal • Info to be entered once • Appropriate sharing of information • Cross-sectoral understanding of info held, confident in quality, security, integrity <p>Cross-sectoral info management is vital</p> <ul style="list-style-type: none"> • Public involvement is required, need co-produced records • Information commissioner’s office to give guidance on governance <p>https://ico.org.uk/about-the-ico/who-we-are/scotland-office/</p> <p>The Scottish Accord on the Sharing of Personal Information (SASPI) will be promoted</p> <p>Links with National Information and Intelligence Framework (NIIF)</p> <p>Standards to be developed</p> <ul style="list-style-type: none"> • Consistency • Ownership • Matching services to be developed to identify individuals <p>Use existing info structures</p> <ul style="list-style-type: none"> • Scottish wide Area Network to be used • ISB will coordinate info sharing architecture and common interfaces 	<p>http://fva.direct/7b8e1</p>

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<p>Health and Social Care Information Sharing – A Strategic Framework 2014 – 2020 – (cont)</p> <p>Publisher – Scottish Government</p>	<ul style="list-style-type: none"> • CHI no or UCRN to be used in identifying service users <p>Collaborative working</p> <ul style="list-style-type: none"> • ISB will develop document repository • Practitioner training required • Safe Information Handling to be review to assess suitability for cross-sector working <p>Key principles</p> <ul style="list-style-type: none"> • Proportionate sharing • Transparency, diversity, equality and privacy • Partnership forum to be established • Co-production of information (with service users) • Flexibility to support evolving practice – mobile and remote working • Maturity model • Standards development (in partnership) <p>Requirements for information sharing (headings)</p> <ul style="list-style-type: none"> • Building partnerships • Putting people at the centre of their care • Applying information governance • Developing and using standards • Information sharing technology • Working collaboratively to drive progress. 	
<p>Why Involve the Third Sector in</p>	<p>Examines the current and potential contribution of the third sector to Health and Social Care Integration.</p> <p>Conclusions:</p>	<p>http://fva.direct/s2c5y</p>

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<p>Why Involve the Third Sector in Health and Social Care Delivery?</p> <p>Publisher – Scottish Third Sector Research Forum, Scottish Government</p>	<ul style="list-style-type: none"> ○ Self-Directed Support – advisory capacity ● Community involvement ● Building social capital and developing networks <p>Case studies described:</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><i>Project Title</i></th> <th style="text-align: left;"><i>Issue addressed</i></th> </tr> </thead> <tbody> <tr> <td>Happy Jack</td> <td><i>Health diets for children</i></td> </tr> <tr> <td>Momentum Care</td> <td><i>Acquired Brain Injury</i></td> </tr> <tr> <td>Healthy Communities Collaborative</td> <td><i>Fall prevention in the elderly</i></td> </tr> <tr> <td>Nari Kallyan Shangho</td> <td><i>Women’s Welfare</i></td> </tr> </tbody> </table>	<i>Project Title</i>	<i>Issue addressed</i>	Happy Jack	<i>Health diets for children</i>	Momentum Care	<i>Acquired Brain Injury</i>	Healthy Communities Collaborative	<i>Fall prevention in the elderly</i>	Nari Kallyan Shangho	<i>Women’s Welfare</i>	
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<p>The Emerging Scottish Model – Avoiding Everything Becoming nothing</p> <p>Author – Professor James Mitchell</p> <p>Publisher – What Works Scotland</p>	<p>Brief paper from What Works Scotland</p> <ul style="list-style-type: none"> ● What Works Scotland engages with Community Planning Partnerships involved in design and delivery of public services, to learn does and doesn’t work in local areas in terms of policy development, contribute to Upskilling ● Understanding better policy ● Create case studies for wider sharing and sustainability ● There is talk of an emerging “Scottish model” of policy development ● Be wary of soundbites rather than meaningful reform ● Need to avoid imposing one solution to all policy making problems ● There is symbolic value in in the idea of an “emerging” Scottish model as a means of mobilising support 	<p>http://fva.direct/3e3vu</p>										

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1. B Integration of Health and Social Care – How it Will Affect Mental Health Services

Mental Health services are projected to sustain a substantial impact on service capacity in coming years, primarily through expected rise in population and rises in life expectancy and the percentage of older people per head of population. This is expected to result in an increase in numbers of individuals suffering from dementia. Strategies for accommodating these changes to demographics, from the perspective of Health and Social Care Integration, are considered below.

Mental Health Strategy for Scotland: 2012-2015	<p>“Mental disorders are by far the most significant of the chronic conditions affecting the population of Europe, accounting for just under 40% of all years lived with disability”</p>	http://fva.direct/ylra8
Scotland's National Dementia Strategy 2013-2016 Publisher – Scottish Government	<p>Built on work of Dementia Strategy Published in June 2010 (Under Healthier Scotland). Sets out progress and achievements.</p> <p>Main points:</p> <ul style="list-style-type: none"> • Number of people with dementia is expected to double between 2011 and 2031 • There is no known measure that can prevent dementia • Healthy living is suspected to help prevent dementia but extends lifespans and thus, paradoxically, increases the number of people with dementia. • There is a moral imperative to provide support which promotes wellbeing, protects rights and respects humanity • Diagnosis rates have increased – need to sustain and extend that performance • National commitment to post-diagnostic support for all diagnosed dementia sufferers from 01 April 2013 • National Action Plan in place 	http://fva.direct/jhifp

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<p>Scotland's National Dementia Strategy</p> <p>2013-2016</p> <p>(cont)</p> <p>Publisher – Scottish Government</p>	<p>3 main challenges:</p> <ul style="list-style-type: none"> • Support that promotes well-being, protects rights and respects humanity • Person centred support and continuous improvement of support • Recognise necessity for increase in supporting services through changing demographics <p>Commitments listed in the document, in short:</p> <ol style="list-style-type: none"> 1 – Sustain and improve diagnosis rates 2 – Transform post-diagnostic support, delivering HEAT target 3 – Range of approaches based on 8 Pillars model, centred on Dementia Practice Coordinator 4 – Commission Alzheimer Scotland to produce policy re AHPs via 8 Pillar model 5 – Support safe home environments, adaptations and assistive technology 6 – Promote best practice in advance care planning, the assessment of capacity to consent and adherence procedures for decision for those who lack capacity 7 – Publish a report on implementation of the dementia standards to date 8 – Improve staff skills, with NHS, NES, SSSC, for 2nd Promotion of Excellence Programme Board 9 – Launch digital platform for dementia in partnership 10 – 3-year National Action Plan to improve care in acute general hospitals 11 – Work on quality of care in general hospitals to other hospitals and NHS settings 12 – Partnership for improving service response around care homes, care at home and adult day care services, staff training, post-diagnostic HEAT target reducing inappropriate prescribing. 13 – We will finalise and implement a national commitment on the prescribing of psychoactive medications, as part of ensuring that such medication is used only where there is no appropriate alternative and where there is clear benefit to the person receiving the medication. 14 – We will take account of the expectations and experience of people with dementia and their carers in taking forward the work on outcomes for the integration of health and social care. 15 – Support research - Scottish Dementia Clinical Research Network and Scottish Dementia Research Consortium 	
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	<p>16 – Care pathway for people with dementia</p> <p>17 – To oversee and ensure progress on the dementia agenda and in implementing this Strategy, we will carry over from the first Strategy, Implementation and Monitoring group to coordinate, support and monitor progress on the other commitments outlined in this strategy.</p>	
<p>Charter of Rights for People with Dementia and their Carers in Scotland</p>	<p>Addresses 4 main problems:</p> <ul style="list-style-type: none"> • Cognitive impairment has a significant effect on the ability of sufferers from dementia to protect their own rights • Societal stigma and discrimination is a significant detrimental factor in dementia sufferer’s quality of life • Societal inequalities can affect access to services and services are often patchy through a lack of “mainstreaming” dementia as a clinical priority • Carers are often left out of the picture and can suffer unacknowledged stress <p>Main areas considered by the Charter:</p> <ul style="list-style-type: none"> • Meaningful participation in care plans and national and local dementia policy • Organisations supporting dementia sufferers are accountable • Non-discrimination • Empowerment – access to info, maximum independence, learning, access to legal services • Legal issues • Parity of legal rights with non-dementia sufferers 	<p>http://fva.direct/ztm3d PDF</p> <p>http://fva.direct/fjkgf Webpage</p>
<p>Delivering Integrated Dementia Care: “8 Pillars”</p> <p>Publisher - Alzheimer Scotland</p>	<p>Scottish Government has guaranteed one year of post-diagnostic support for dementia via “8 pillars”:</p> <ul style="list-style-type: none"> • Dementia Practice Coordinators • Support for Carers • Personalised Support • Community Connections • Environmental management • Mental Health Care and Treatment • General Health Care and Treatment • Therapeutic Interventions to tackle symptoms of the illness 	<p>http://fva.direct/i3dyj PDF</p>

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<p>What Matters to you?</p> <p>Publisher – FifeDirect</p>	<p>Responds to Mental Health Strategy Scotland. Focuses on:</p> <ul style="list-style-type: none"> • Strength of individuals • Mental Health promotion (proactive, anticipatory) • "Understanding of how to promote mental health" • "Accept and value what matters to each other" • Re-shaping of services and re-allocate resources • Positive image of mental health • Recognise early signs • Respectful person-centred care • Meaningful opportunities for those suffering from mental health problems <p>4 main aims – projecting a positive image of mental health, recognising early signs, keeping care respectful and person-centred, providing meaningful opportunities</p> <p>Aspirations (listed) –</p> <p>Positivity, awareness, education, holistic approach, community involvement, opportunity for empowerment, listening, information access, pathway access, empathic communication, person-centred care, family and carer consultation, mentally healthy environments, sustainable training programme, community services</p>	<p>http://fva.direct/3ztx4</p>
<p>Health Improvement Strategy for Adults with a Learning Disability in Fife</p> <p>Publishers – Fife Council, NHS Fife</p>	<p>Main points:</p> <ul style="list-style-type: none"> • Respect • Independence and control • Access • Service Gaps • Governance • Needs of people with learning disabilities (LD) 	<p>http://fva.direct/0jfo2</p>

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<p>Health Improvement Strategy for Adults with a Learning Disability in Fife</p> <p>Publishers – Fife Council, NHS Fife</p>	<p>The aims of this Health Improvement Strategy are to:</p> <ul style="list-style-type: none"> • Identify the health needs of adults with LD in Fife • Identify gaps in current service provision • Compile an action plan to address the significant health inequalities which can be experienced by this group of service users <p>The specific outcomes of this Health Improvement Strategy will be to identify areas of evidence-based good practice throughout the health improvement arena in Fife. The approach includes:</p> <ul style="list-style-type: none"> • Identifying key partners • Gaining service users’ perceptions of health • Identifying health needs and health inequalities • Reviewing current NHS Fife local policies and practices • Reviewing current health education and promotion for this population • Providing baseline information on the population of Fife 	
<p>Public Sector Commissioning of Local Mental Health Services From the Third Sector</p> <p>Publisher - University of Birmingham</p>	<p>Detailed paper exploring the issues behind “commissioning” vs “procurement” models of mental healthcare provision.</p> <p>Public sector tendency for “whole system,” change can be highly disruptive to commissioning systems</p> <p>Main areas of discussion:</p> <ul style="list-style-type: none"> • Defines commissioning and explains the realities behind it • Details added values of commissioning and other systemic changes • Discusses how well commissioning has worked so far <p>Conclusions:</p> <ul style="list-style-type: none"> • Commissioning cycle is not yet in operation • Personal relations are of great importance between commissioner and provider • Commissioning staff need skills and experience • Commissioning “ecosystem” could be organisationally fragile, insensitive competitive tendering could be a threat 	<p>http://fva.direct/qzy95</p>

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	<ul style="list-style-type: none"> • Effective oversight and leadership not perceived to be provided by the public sector • TSOs very clear that funding is dependent on evidenced and valuable impact • Rapidly changing commission pictures involving multiple contractors could lead to experience and knowledge gaps 	
<p>The Living Better Project - Addressing Mental Health and Well-being in People Living with Long-term conditions</p> <p>Publisher - Alliance Scotland (in conjunction with Scottish Government)</p>	<p>Detailed and wide-ranging document researching the effects of living with long-term conditions on mental health as a result of the Living Better Project. Cross-reference with Personal Outcomes</p> <p><i>“Recognising the considerable role of the voluntary sector in supporting people with long-term conditions, the Living Better project worked in partnership with four key voluntary sector agencies throughout the life of the project: British Heart Foundation Scotland, Chest Heart & Stroke Scotland, Depression Alliance Scotland and Diabetes UK Scotland.”</i></p> <ul style="list-style-type: none"> • Long term conditions can cause acute and chronic stress • Under-detection of mental health issues in primary care can exacerbate this <p>Key Partners:</p> <ul style="list-style-type: none"> • The Scottish Government Mental Health Division and Primary and Community Care Directorate • The Royal College of General Practitioners (Scotland) • The University of Stirling • The Scottish Development Centre for Mental Health (until December 2010), now known as Mental Health Foundation • Depression Alliance Scotland • British Heart Foundation Scotland • Chest Heart & Stroke Scotland • Diabetes UK Scotland 	<p>http://fva.direct/hxr4x</p>

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<p>The Living Better Project - Addressing Mental Health and Well-being in People Living with Long-term conditions</p> <p>Publisher - Alliance Scotland (in conjunction with Scottish Government)</p>	<p>Five pilot sites were recruited through the project to explore different perspectives on the needs of people with long-term conditions, each focussing on a unique area and developing their own projects:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Angus</td> <td>Angus Self-Management Toolkit, Positive Pathways, Angus Cardiac Group</td> </tr> <tr> <td>East Dunbartonshire</td> <td>Living Better With COPD</td> </tr> <tr> <td>North Lanarkshire</td> <td>Staff Training, Pathway Testing</td> </tr> <tr> <td>South East Glasgow</td> <td>Cultural sensitivity in addressing the needs of the South Asian community</td> </tr> <tr> <td>Western Isles</td> <td>Patient awareness raising, Social networking pilot</td> </tr> </table> <p>The report also considers:</p> <ul style="list-style-type: none"> • Shock of Diagnosis • Restrictions to Activities and Lifestyles • Living with Fear • Financial Concerns • Mobility and Transport Problems • Suggestions for Support 	Angus	Angus Self-Management Toolkit, Positive Pathways, Angus Cardiac Group	East Dunbartonshire	Living Better With COPD	North Lanarkshire	Staff Training, Pathway Testing	South East Glasgow	Cultural sensitivity in addressing the needs of the South Asian community	Western Isles	Patient awareness raising, Social networking pilot	
Angus	Angus Self-Management Toolkit, Positive Pathways, Angus Cardiac Group											
East Dunbartonshire	Living Better With COPD											
North Lanarkshire	Staff Training, Pathway Testing											
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2. Personal Outcomes

A “Personal Outcomes” approach places the individual at the heart of their healthcare and makes the individual’s wellbeing the goal of healthcare rather than adherence to statistical models as the sole understanding of health.

<p>“Talking Points - Personal Outcomes Approach - Summary”</p> <p>Publisher Joint Improvement Team (JIT)</p>	<p>A Brief summary of a larger document – “Talking Points – A Personal Outcomes Approach” published in 2012 by the Joint Improvement Team which clarifies the use and value of the term.</p> <p>Main themes are:</p> <ul style="list-style-type: none"> • Engaging with individuals using services and carers about: <ul style="list-style-type: none"> ○ What they want to achieve in life ○ Assets/strengths they and others bring to achieve this ○ Extent to which their personal outcomes are being achieved, what helps and hinders • Recording of information on outcomes: <ul style="list-style-type: none"> ○ Qualitatively in a language meaningful to the person – the <i>personal outcomes story</i> ○ And that may then be summarised using personal outcomes <i>scales</i> • Using information for decision making including: <ul style="list-style-type: none"> ○ Individual care and support ○ Service delivery and improvement ○ Planning and commissioning ○ Enriching performance monitoring 	<p>http://fva.direct/7d3qz</p>
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<p>Co-Production of Health and Wellbeing in Scotland</p> <p>Publisher – Joint Improvement Team (JIT)</p>	<p>A detailed explanation of co-production and an exploration of its value to policy development and implementation in communities.</p> <p>Main facets of co-production are:</p> <ul style="list-style-type: none"> • an assets approach which builds on the skills, knowledge, experience, networks and resources that individuals and communities bring • built on equal relationships, where individuals, families, communities and service providers have a reciprocal and equal relationship, • an approach where services ‘do with, not to’ the people who use them and who act as their own catalysts for change. <p>Motives for adopting Co-Production:</p> <ul style="list-style-type: none"> • Improving public service quality by bringing in the expertise of customers and their networks • Providing more differentiated services and more choice • Making public services more responsive to users • Cutting costs 	<p>http://fva.direct/tbntq</p>
<p>Many Conditions, One Life</p> <p>Main Publisher – Alliance Scotland (contributions from JIT, Scot. Gov., The Health and Social Care Academy, People powered Health and Well-Being)</p>	<p>Visioning document detailing aspects of health and well-being in people with multiple conditions. Main points:</p> <ul style="list-style-type: none"> • People in Scotland are living longer, healthier lives • Many more people in Scotland are consequently living with multiple conditions. • People with long-term conditions can experience healthcare services as disjointed and non-holistic, multiple appointments with multiple professionals in different locations can be disruptive to lifestyles, particularly in rural areas • Conditions can sometimes be viewed by health professionals in isolation from other conditions rather than as having knock-in effects on each other 	<p>http://fva.direct/i3eps</p>

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<p>Many Conditions, One Life</p> <p>(cont)</p> <p>Main Publisher – Alliance Scotland (contributions from JIT, Scot. Gov., The Health and Social Care Academy, People powered Health and Well-Being)</p>	<p>People with multiple conditions have been consulted and several common themes have emerged from their comments on their experience:</p> <ul style="list-style-type: none"> • “Listen to me and find out what matters to me” • “Support me to help myself” • “Help me to understand what is happening to my body and health” • “Understand that the challenges of managing one of my conditions can place strain and stress on my ability to manage my other conditions” • “Understand that I may be struggling with issues that are associated with my condition but are less apparent. Don’t treat my conditions in isolation of these” • “Understand the value of shared experience and meeting other people who have experienced similar circumstances to me” • “Involve my carer/family member as they have an important role to play too” 	
<p>SHINE: “One size fits One”</p> <p>Coordinators – NHS Fife</p> <p>Margaret Hannah Deputy Director of Public Health, NHS Fife Alison Linyard Project Manager, NHS Fife</p>	<p>“<u>One Size Fits One</u> is a project which matches the aspirations of older people to live well in their own homes with 'microproviders' who can provide a tailor-made solution to achieve this. Underpinning the work is attention to detail, addressing issues of regulation, safety, quality and sustainability.” – (One Size Fits One Webpage)</p> <p>Main themes:</p> <ul style="list-style-type: none"> • supporting staff to have personal outcome-based conversations with patients and their families; • working with small, local providers (micro-providers) to diversify the range of solutions available for patients to access and ensure the safety, legality and sustainability of these small scale enterprises; • negotiating with regulators and policy-makers to create an enabling infrastructure to support this style of provision in the longer term; • an exploration of new sources of abundance around which a new health economy could grow and deliberately cultivating these. 	<p>http://fva.direct/f804q</p>

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<p>SHINE: “One size fits One”</p> <p>Coordinators – NHS Fife</p> <p>Margaret Hannah Deputy Director of Public Health, NHS Fife Alison Linyard Project Manager, NHS Fife</p>	<p>The project uses existing community assets and helps to grow more that will enable older people to thrive at home, focussing on:</p> <ul style="list-style-type: none"> • Assets: Existing social enterprises and microproviders • Capacity: Working with voluntary sector to grow more capacity in communities to connect with older people in this way • Mutuality: Mutual gain achieved for older people and their microproviders, social work and health, voluntary sector partner organisations • Networks: Microprovider network, NHS and social work staff peer support networks, community capacity building networks • Catalysts: Outside agency Community Catalysts provides expert advice on microprovider support and development 	<p>http://fva.direct/u34ou</p>
<p>SHINE:</p> <p>NHS Fife and Microprovision</p>	<p>An article on the Health Foundation’s website detailing the NHS Fife Microprovision project:</p> <p>“Why this project?</p> <p>There has been a 76% rise in emergency admissions of people aged 65 and over in Fife over the last 10 years. Referrals to community teams have also risen significantly over the last three years. Social care services are severely stretched, which delays discharge from hospital. In Fife, 50% of community beds are filled with people who could be better cared for at home.”</p>	<p>http://fva.direct/zjka9</p>
<p>Personal Outcomes and Measures Project</p> <p>Publisher - Alliance Scotland</p>	<p>Five detailed reports on personal outcomes available from the Alliance Scotland website:</p> <ul style="list-style-type: none"> • We've Got to Talk About Outcomes, Report 1: Reconciling Patient Reported Outcome Measures and Personal Outcomes • We've Got to Talk About Outcomes, Report 2: A Question of Purpose: Implementing a Personal Outcomes Approach in Different Healthcare Settings • We've Got to Talk About Outcomes, Report 3: Translating a Personal Outcomes Approach into Support for Self Management • We've Got to Talk About Outcomes, Report 4: The Enabling Potential of Outcomes Focused Working • We've Got to Talk About Outcomes, Report 5: Using the Talking Points Outcomes Frameworks in Evaluation: Limitations, Principles and Practicalities 	<p>http://fva.direct/i1626</p>

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3. Self-Directed Support (SDS)

Involving service users in their own care – giving them the options to choose how their health is maintained and how money is spent on it.

<p>Social Care (Self-Directed Support) (Scotland) Act 2013</p> <p>Publisher – Scottish Government</p>	<p>Details legal structure, conditions and options for self-directed support. Sets out:</p> <ul style="list-style-type: none"> • General Principles • Four main SDS Options <ol style="list-style-type: none"> 1. Service user is funded directly by local authority for commissioning their chosen service 2. Local Authority arranges and pays for service specified by service user 3. Local Authority selects and pays for service 4. Combination of options 1-3 above where multiple services with differing LA/user SDS arrangements are preferred • Regulations pertaining to Choice, conditions, and consultation on the above options. • Eligibility • Assessment • Processes supporting and peripheral to the central body of the Ac 	<p>http://fva.direct/s9ukh Act</p> <p>http://fva.direct/o7eyk PDF</p>
<p>SDS – User’s Guide</p>	<p>Guidance for SDS Users – features extremely useful jargon buster</p>	<p>http://fva.direct/yhhri</p>
<p>SDS – Practitioner Guidance</p>	<p>Guidance for SDS practitioners</p>	<p>http://fva.direct/788ih</p>
<p>SDS – Carer Guidance</p>	<p>Guidance for carers of SDS users</p>	<p>http://fva.direct/695q0</p>
<p>Useful websites:</p>	<p>http://fva.direct/pvgi5 - sdscotland.org.uk http://fva.direct/7rsvk - guidance.selfdirectedsupportscotland.org.uk</p>	
<p>SDS FAQ</p>	<p>Frequently asked questions about Self Directed Support</p>	<p>http://fva.direct/9krb4</p>

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<p>Fifedirect and SDS</p> <p>Publisher - Fifedirect</p>	<p>Fifedirect website page on Self-Directed Support</p> <p>Includes sub-pages on:</p> <ul style="list-style-type: none"> • Eligibility • Information and guidance • SDS assessment • Identifying and agreeing outcomes • Achieving Outcomes – Your options • Developing and reviewing your support plan 	<p>http://fva.direct/vxdy6</p>
<p>How can Self Directed Support work for me?</p> <p>Publisher – Fife Council</p>	<p>Leaflet with contact details for fife councils self-directed support service</p>	<p>http://fva.direct/g9qpx</p>
<p>SELF-DIRECTED SUPPORT A National Strategy for Scotland</p> <p>Publisher – Scottish Government</p>	<p>Scottish government Strategy paper – published 2010</p> <p>Main sections:</p> <p>Introduction What is meant by SDS - Core values – Terminology - Policy context</p> <p>Instilling values Balance of power – Leadership - Access to social care and support – prevention and intervention – Ownership -Health and wellbeing - Housing support - Employment and education - Services for children</p> <p>The Processes Information and advice - National outcomes – Agreeing outcomes - Resource allocation –</p> <p>The Mechanisms Individual budgets and direct payments - PA workforce</p> <p>The Shift Providers and the social care market - Strategic commissioning - SDS for specific groups - Unpaid carers</p>	<p>http://fva.direct/5pko0</p>

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<p>Self-Directed Support</p> <p>Publisher – Audit Scotland</p> <p>(June 2014)</p>	<p>Recommendations for local authorities on the substance and direction of self-directed support, its financial impacts and budget planning.</p>	<p>http://fva.direct/i68j2</p>
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4. Housing

“We make no apology for setting out an ambitious agenda. Scotland needs many more new houses and to significantly enhance the quality and sustainability of our existing housing stock and the surrounding neighbourhoods. The Scottish Parliament has also committed to a set of demanding targets on homelessness, fuel poverty and climate change, which must be met.” – Nicola Sturgeon (in original capacity as Deputy First Minister & Cabinet Secretary for Health and Wellbeing)
<http://www.gov.scot/Publications/2011/02/03132933/1>

<p>Homes fit for the 21st Century</p> <p>Publisher - Scottish Government</p>	<p>Scottish Government Strategy for Housing until 2020, main aspirations are:</p> <ul style="list-style-type: none"> • by December 2012, all unintentionally homeless households will be entitled to settled accommodation; • by April 2015, all social landlords must ensure that all their dwellings pass all elements of the Scottish Housing Quality Standard; • by November 2016, so far as is reasonably practicable, nobody will be living in fuel poverty in Scotland; and • by December 2020, improved design and greater energy efficiency in housing will have made a contribution to Scotland’s commitments to reduce our energy consumption by 12% and our greenhouse gas emissions by 42% 	<p>http://fva.direct/h4mt7</p>
<p>Fife Specific Needs Housing Approach</p> <p>2013 – 2016</p> <p>Publisher – Fife Council</p>	<p>Driving factors:</p> <ul style="list-style-type: none"> • Almost 20% of applicants within the Fife Housing Register are households with social / medial needs • 65% of housing need in Fife due to requirements that they can’t afford (Addressed in Affordable Housing Supplementary Planning Guidance) • Some support visitors are operating at a deficit level that can’t be sustained 	<p>http://fva.direct/tbqjt</p>

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<p>Fife Specific Needs Housing Approach (cont)</p> <p>2013 – 2016</p> <p>Publisher – Fife Council</p>	<p>Specific Housing Service User Groups defined as:</p> <ul style="list-style-type: none"> • People with physical disabilities • People with autistic spectrum disorders • People / families living with dementia • Young people with specific needs for support • Families with children with exceptional needs • People escaping domestic violence • People with substance misuse problems • Homeless households with support needs • People with learning disabilities • People with mental health problems • People with sensory impairment • Young people leaving care • Gypsy travellers • Offenders / ex-prisoners • People leaving HM Forces <p>The following areas have been identified as key for development:</p> <ul style="list-style-type: none"> • Gypsy traveller site provision • Housing support in reduced budget context • Property development • Location and tenure of houses with adaptations and review of adaptation provision • Prevention activities for homelessness • Service provision for patients leaving hospital • Transitional arrangements for independent living • Engage with community safety partnerships including Multi-Agency Public Protection Arrangement and Multi-Agency risk Assessment Conference • Work within overall strategic direction of Health and Social Care Integration 	
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5. Carers

“There are estimated to be over 650,000 unpaid carers in Scotland. This is 1 in 8 of the Scottish population who are involved in providing care and support to a family member, friend or neighbour to enable that person to continue to live in their own community.

There are also many “hidden carers” in Scotland who have not been identified and are not being supported by services. Caring Together: The Carers Strategy for Scotland 2010 – 2015 has been produced to help identify and support carers. It builds on the support already in place and takes forward the recommendations of the landmark report, Care 21: The Future of Unpaid Care in Scotland”. – Scottish Government website - (<http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers>)

<p>Caring Together The Carers Strategy for Scotland 2010 – 2015</p> <p>Publishers: Healthier Scotland (Scottish Government) COSLA</p>	<p>Strategy document outlining the Scottish Government’s vision for future policy on supporting unpaid carers.</p> <p>Main points:</p> <ul style="list-style-type: none"> • Carers are equal partners in the planning and delivery of care and support. There is a strong case base on human rights, economic, efficiency and quality of care grounds for supporting carers. • Carers play a crucial role in the delivery of health and social care system in Scotland. • Carers rights charter to be developed • Carers to be identified by health and social care professionals beyond the end of funding of the Carer Information Strategy • Statutory and Third Sector organisations must prioritise carers in greatest need, preparation necessary for escalation in care demand. • Emphasis should be on preventative action and anticipation • Carers must be directly involved in the shaping of future policy on carer support • Health and training of carers must be prioritised • Carers must be represented at policy development level 	<p>http://fva.direct/id7j3</p>
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<p>Fife Carers Strategy</p> <p>Publishers - Fife Council and NHS Fife</p>	<p>Addresses issues faced by carers for service users with learning disabilities, dementia autism, etc</p> <p>Strategy document focussing on outcomes, timescale and resources available.</p> <p>Main points:</p> <ul style="list-style-type: none"> • 656,3000 carers have been identified in Scotland – 13%, or 1 in 8 of the population – analogous to £10.3 billion of paid care in Health and Social Care • Social isolation, financial hardship, exclusion from everyday activities • Lack of recognition of self as a carer • Young Carers (under 18) have specific needs <ul style="list-style-type: none"> ○ Young Carers Support Organisation in place ○ Fife Carer’s Strategy Group + Getting it Right for Children in Fife Working group will develop specific Fife Young Carer’s Strategy • Recognition and value must be placed on this contribution importance of recognition of carers as equal partners identifying carers is a priority – carers are entitled to an assessment carried out by Fife Council • Carers assist in reducing hospital admission, vital in reducing delayed discharge • Demographic changes will mean much larger numbers of older people supported by a marked smaller proportion of working young people, also care at home will become increasingly significant, flexible working can assist home care strategy • Equality Act 2010 to inform approaches to carer’s needs • Significant issues for further review: <ul style="list-style-type: none"> ○ Personalisation (person centred planning and “brokerage”) ○ Respite / Short Breaks ○ Advocacy ○ Housing ○ Leisure Services and Education Services ○ Volunteering ○ Financial Support ○ Training 	<p>http://fva.direct/fx2yq</p>
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<p>Caring in Scotland: Analysis of Existing Data Sources on Unpaid Carers in Scotland</p> <p>Publisher – Scottish Government (2010)</p>	<p>Extensive statistical resource on carers published in 2010</p> <ul style="list-style-type: none"> • Makes use of 2001 census, figures will have moved on since this time • Scottish Household Survey 2007/2008 also used <p>Features:</p> <ul style="list-style-type: none"> • Analysis of Work and Pensions Carer’s Allowance • Social Work Inspection Agency Survey of Carers • Consideration of Short Breaks and Respite • Population, Household and Life Expectancy Projections for Scotland 	<p>http://fva.direct/3bnj6</p>
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6. Self-Management

“Self management is about people living with long term conditions being in ‘the driving seat’. It supports people to live their lives better, on their terms.

Self management supports and encourages people living with long term conditions to access information and to develop skills to find out what’s right for their condition and, most importantly, right for them.” – Alliance website (<http://www.alliance-scotland.org.uk/what-we-do/self-management/>)

<p>“Gau Yersel” – The Self Management Strategy for Long Term Conditions in Scotland (2008)</p> <p>Publishers – Long-Term conditions Alliance Scotland + Scottish Government</p>	<p>Published in August 2008</p> <p>Details the Self-management Strategy developed by Scottish Government in partnership with the Long-Term Conditions Alliance Scotland</p> <p>Main themes:</p> <ul style="list-style-type: none"> • The role of health and social care professionals, services and treatment is to support the person’s journey towards living well in the presence or absence of symptoms. • The approach must be properly resourced. • Mental well-being is key to a successful outcome <p>Examples quoted:</p> <ul style="list-style-type: none"> • Chronic pain self management groups have been provided throughout NHS Lanarkshire by The Pain Association for over 10 years • Thistle Lifestyle Management Service Since 2001 the Thistle Foundation has delivered self management support to people wit <ul style="list-style-type: none"> ○ Programme builds on personal skills and strengths and focuses on the whole person living the condition, not the condition itself ○ Individuals can self-refer • Main questions asked in a self-management assessment: 	<p>http://fva.direct/b6jzn</p>
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<p>“Gaur Yersel” – The Self Management Strategy for Long Term Conditions in Scotland (cont)</p>	<ul style="list-style-type: none"> • What is the need? • What difference do we want to make? • How will we know we made a difference? • How will we go about making the difference? <ul style="list-style-type: none"> ○ What resources will we use? ○ What methods will we use? ○ In what ways will we use them? • How are we making sure it is happening? • Have we made a difference? • What are the lessons we have learned? • What will we need to do now? 	
<p>Keep Well Fife (Wepages) Author - NHS FIFE</p>	<p>The Keep well initiative provides Health checks and advice on how to manage health from an anticipatory and self-managed perspective. Keep well focuses on the prevention of health problems by offering free health checks. It has been demonstrated that a focus on maintaining good health pro-actively rather than waiting for health problems become serious enough to require medical care results in a far lower impact on health services overall, individuals that engage with Keep Well are three times less likely to require hospitalisation or another form of medical intervention than those who do not take the opportunity for a health check.</p> <p>The links on the right are to the Keep Well website and an A-Z directory of services provided.</p>	<p>http://fva.direct/i2h23 Webpage</p> <p>http://fva.direct/4kh1t A-Z of services</p>

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<p>Links Worker Programme (Webpages)</p>	<p>The Links Worker programme is attached to the Deep End GP practices in Scotland and works to improve the health of individuals in complex social circumstances. The Deep End practices deal with social areas considered to be under “blanket deprivation”, featuring high levels of:</p> <ul style="list-style-type: none"> • Addiction • Violence • Housing problems • Poverty <p>Main features of the programme:</p> <ul style="list-style-type: none"> • Focusses on dedicated workers – Community Links Practitioners - for service users in the most deprived areas in Scotland <ul style="list-style-type: none"> ○ Work directly with people in complex circumstances ○ Highly trained communicators ○ Skilled in person-centred approaches • £1.35 million will be invested in the programme • Requires a “whole lifestyle” approach • Helps service users to build confidence and new relationships, turn their lives around and take ownership of their health and life. 	<p>http://fva.direct/r45y2 Webpage</p> <p>http://fva.direct/ovh8v Scottish Government news item</p> <p>http://fva.direct/9z8rr Health and Social Care Alliance news item</p>
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