

**Your
Views
Matter**



**Health &
Social Care**
Integration in Fife



Taking a closer look at a
**Draft Strategic Plan
for Fife (2016-2019)**

Consultation Summary Report
7 October 2015 – 6 January 2016

Foreword

NHS Fife and Fife Council are working together in a new Integrated Health and Social Care Partnership in line with Scottish Government policy. Known as the Public Bodies (Joint Working) Act, the aim is to have seamless services and better experiences of care, especially for people with long-term conditions and disabilities, many of whom are older people.

The challenges and the opportunities we face together over the next decade are enormous:

- Fife's population is getting older;
- the number of people aged over 75 years is predicted to increase by 44.6% by 2024; and
- many more people will be living with more than one long-term condition. This puts pressure on services.

The introduction and impact of the Act heralds a fantastic opportunity for all of us.

The civic voice of individuals, local communities, staff, community planning and third and independent sector partners is key. Our collective experience, knowledge and skills will drive new and innovative ways of working in local communities.

Pockets of innovation will be spread across Fife and best practice shared between teams. Together we can tap into, and benefit from, the creativity and expertise that exists within localities in Fife.

This consultation is your opportunity to improve services so we can continue to deliver positive outcomes for the people of Fife.

Once we've gathered everyone's views, we'll publish the revised version of the Strategic Plan approved by the Integration Joint Board on our website www.fifedirect.org.uk/integration

Thank you.



Sandy Riddell
Director of
Health & Social Care



Cllr Andrew Rodger
Chairman,
Integration Joint Board

Please note, this Summary comes from the full Draft Strategic Plan for Fife (2016-19) which holds around 200 pages of detailed information which you may find useful.

The full Draft Strategic Plan for Fife (2016-19) is available online at www.fifedirect.org.uk/integration

To request a copy, please call 03451 55555 ext 444230. Calls from this number are charged at local rate.

Introduction

National Policy Direction

The Public Bodies (Joint Working)(Scotland) Act (2014) sets out a framework within which NHS Boards and Local Authorities will integrate adult health and social care service planning and provision. You can find out more by visiting the Scottish Government's web pages on Adult Health and Social Care Integration.

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration>

How integration will work in Fife

With full integration taking place during 2016, transformation in Fife is being led by Fife's Health and Social Care Partnership.

The Partnership will:

- have over 5,500 staff;
- have a joint budget of approximately £470m;
- deliver a range of community-based health and social care functions relating to adults; and
- oversee the planning and budgeting along with corresponding service delivery.

The Partnership now has an Integration Joint Board which will have legal responsibility for services delegated to it.

Services for Integration include:

- all adult and older people Social Work Services;
- community health services e.g. district nursing, physiotherapy and mental health services;
- children's community health services e.g. health visiting;
- housing services which provide support services to vulnerable adults and disability adaptations; and
- the planning of some services provided in hospital e.g. medical care of the elderly.

For more information visit

www.fifedirect.org.uk/integration

The Strategic Plan

The Strategic Plan sets out our priorities for 2016-19 and establishes the framework in which we will use our resources.

The Plan is driven by law and national and local policy, and aims to meet the needs of people now and in the future. It aims to make better use of new technology and working within available financial and workforce resources to tackle inequalities and offer early interventions.

An Integration Joint Board has been established by NHS Fife and Fife Council in line with the legal requirements to set up the Partnership. This will allow NHS Fife and Fife Council working with health and social care professionals, the Third Sector, Independent Sector, users, carers and other key stakeholders to take forward integration. NHS Fife and Fife Council will delegate the responsibilities for a range of adult health and social care services to the Integration Joint Board. In addition, children's community health services will also be delegated.

The Integration Joint Board will be fully responsible for:

- Overseeing the development and preparation of the Strategic Plan for services delegated to it.
- Allocating resources in accordance with the Strategic Plan.
- Ensuring that the national and local Health and Wellbeing Outcomes are met.

Starting from solid foundations

Strong relationships and partnerships are already established between NHS Fife and Fife Council Social Work Service as well as with the Independent and Third Sectors.

Examples of recent Partnership activities:

- Support to the Joint Community Equipment Partnership to further develop equipment provision.
- A review of Occupational Therapy Services to establish how duplication could be reduced and further integration possible.
- Setting up a Discharge Hub bringing together staff from NHS and Social Work to make sure patients move through acute care to most appropriate place of care.
- Strong support from the Third and Independent Sectors in providing local support for people through a wide range of community based services.

The Partnership will build on these foundations and will continue to develop and support them.

Our Vision, Mission and Values



Our Vision

Accessible, seamless, quality services that are personalised and responsive to the changing needs of individuals, designed with and for the people of Fife.

Our Mission

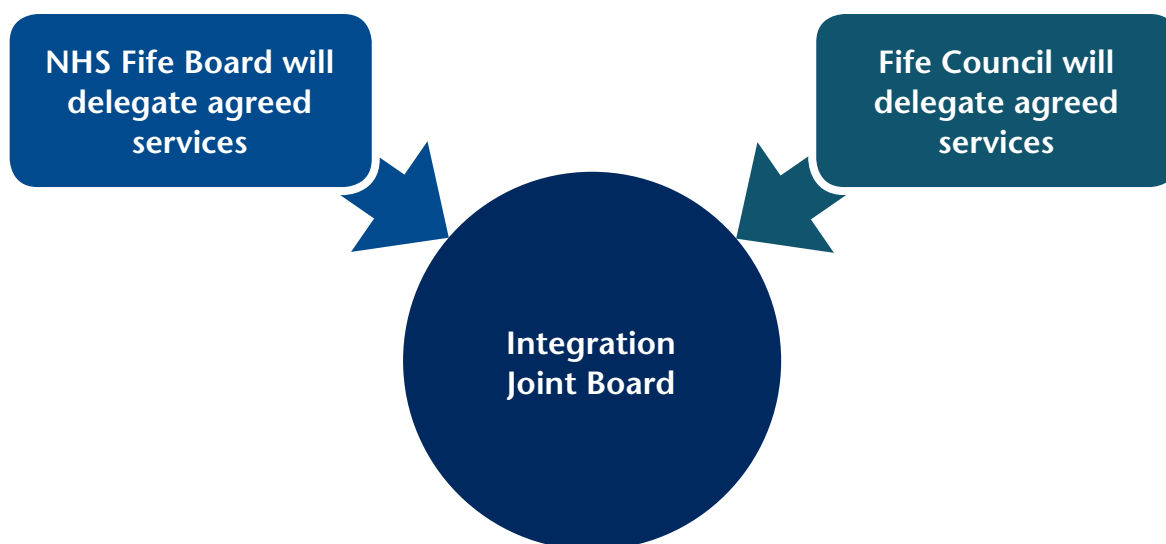
We will deliver this by working with people in their own communities, using our collective resources wisely. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.

Our Values

- Person-focused
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering

NHS Fife and Fife Council will delegate a wide range of services and budgets to the Integration Joint Board for them to deliver services to the people of Fife.

The Integration Joint Board will be fully accountable and responsible for service delivery to achieve National Outcomes. They will use the joint resources to best effect in order to meet the priorities of the agreed Strategic Plan.



National Outcomes for Integration

Outcome 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5 Health and social care services contribute to reducing health inequalities.

Outcome 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to help reduce any negative impact of their caring role on their own health and wellbeing.

Outcome 7 People using health and social care services are safe from harm.

Outcome 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support care and treatment they provide.

Outcome 9 Resources are used effectively and efficiently in the provision of health and social care services.

How will progress on meeting these outcomes be measured?

Each area of change will have local measures identified to track progress and improvement in terms of the most important success factors.

In addition, a range of National Core Indicators are being developed which will also indicate rate of progress across the whole system and the collective impact of actions outlined the full plan. These include:-

- Percentage of adults who agree that their health and care services are well coordinated;
- Percentage of carers who feel supported to continue in their caring role; and
- Rate of emergency hospital admissions for adults.

Case for Change

Fife's population is predicted to continue to grow and to age for at least the next 20 years. The largest increases will be seen in persons aged 65-74 and those aged 75 and over.

Demand for services is increasing and is likely to continue to increase. As we grow older, our health problems tend to increase and our chances of being admitted to hospital also increase.

As demand increases, the financial position becomes even more challenging. It is more important now than ever that we explore and harness the potential of communities to work with us as we focus on prevention, planning for expected changes and recovery after treatment.

We know that many hospital admissions could be avoided if we provided the right care at the right time and that much of that care could be provided at home. We know that we need to change the way we deliver services to achieve this.

Local communities have told us that they want support and services that help support them to maintain their health and wellbeing.

Our Strategic Priorities

The following four Strategic Priorities, and what we intend to take forward, have been identified to respond to the issues above:

- **Prevention and Early Intervention**
- **Integrated and Coordinated Care**
- **Improving Mental Health Services**
- **Tackling Inequalities**

Prevention & Early Intervention

Key Aims

- We will continue to improve access to information, advice and support to enable people and their carers to lead healthier lifestyles and remain as independent as possible and making an active contribution to their families and communities.
- We will develop our capacity to support people at home through new models that provide greater choice and control including timely provision of aids and adaptations and technology to enable care.
- We will focus our activity on supporting people to manage their own conditions and to stay healthy and more independent for longer.
- We will increase access to services including anticipatory care planning that promote early intervention and recovery and reduce the risk of deterioration in health and wellbeing.
- When people become ill and experience difficulties with everyday tasks, we will support them to recover and regain as much independence as possible to remain at home.

What we intend to do

A range of services will be put in place including:

- A Fife directory of services and local community groups to support choice and control for individuals;
- Extending the Local Area Coordination service to link people with the right service;
- Befriending services to reduce social isolation;
- Redesigning pathways to have fewer steps resulting in speedier decision-making and earlier service provision through proactive anticipatory care planning; and
- Systematically identify and treat people who are frail within community settings through a planned screening process, closely linking General Practices with medical consultants, specialist nurses and other professional staff.

Impact of what we intend to do (2016-19)

These actions will support and demonstrate progress on:

- Reduced reliance on hospital beds and other health and care services;
- Increased focus on prevention, self-management and shared decision making; and
- Increased capacity in primary and community care.

Integrated & Coordinated Care

Key Aims

- We will redesign to provide more efficient, integrated services providing coordinated care at home that will enhance the experience of the people who use services and their carers.
- We will work to bring together health and social care teams and the Third and Independent sectors to provide the right level of support at the right time, to meet individual needs and reduce avoidable emergency admissions to hospital.
- We will work to provide coordinated health and social care services to better meet the needs of people requiring care at the end of their lives, and their families and carers.
- We will work with General Practice and the Out of Hours services to deliver more joined up responses ensuring there is a named person for GPs to contact for care coordination.
- We will create a structured, coordinated and strategic approach to community support for people with frailty, including dementia, and their carers to ensure that they remain in the community for as long as possible.

What we intend to do

We will further development of an urgent response service for acute care within the community and provide ongoing support for people to recover in their own homes wherever possible following an acute illness. This will include for example:

- Care and support redesigned to provide a more joined-up service at a local level working with communities to integrate care around clusters of GP practices and other community providers;
- GPs being able to request an urgent response that could include Hospital at Home as well as wider Intermediate Care services , extended out-of-hours services and moving towards availability up to 24 hours over 7 days if this is supported by evidence; and
- For those who do not require hospital care, but are initially unable to go home to recover, a bed-based intermediate care provision will be further developed. This will include exploring if the new housing and care home facilities planned for Kirkcaldy, Glenrothes and Lumphinnans, can offer different options for the local population.

Impact of what we intend to do (2016-19)

These actions will support and demonstrate progress on :-

- Reduction in use of acute hospital resources and the need for community hospital inpatient care with the potential to re-provision community based services; and
- Increased primary and community care capacity through integrating with intermediate care services and improved coordination across the whole system.

Improving Mental Health Services

Key Aims

- We will continue to shift the balance of care from long stay hospital to community settings.
- We will challenge stigma.
- We will develop the outcomes-based approach to include personal, social and clinical outcomes based on what matters to individuals.
- We will ensure more effective integrated partnership working resulting in clearer pathways facilitating the right support at the right time based on the needs of the individual.

What we intend to do

We will focus on:

- Shifting the balance of care by continuing the redesign work already started at Stratheden Hospital to create additional alternative models of care and crisis response in the community;
- Training, education and local campaign strategies to ensure that fewer people experience stigma, discrimination and lack of understanding;
- Maximising the participation and inclusion of people with whom we work, together with their carers; and
- Promoting more effective partnership working resulting in clearer pathways, facilitating the right support at the right time, based on the needs of the individual.

Impact of what we intend to do (2016-19)

These actions will support and demonstrate progress on:

- Reducing the need for inpatient care;
- Increased care provision in the community;
- Potential to reduce inpatient capacity;
- Increased choice and control for individuals; and
- Increased knowledge and skills of staff to develop the personal outcomes approach within all services.

Tackling Inequalities

Key Aims

- We will work with people across the different localities in Fife to improve their experience of health and wellbeing, positively contributing to reducing inequalities.
- We will work with our Community Planning Partners to improve equity of access and provision of services to maximise opportunities for people experiencing inequality.
- We will ensure that people have access to appropriate housing and housing adaptations to enable independent living.
- We will work with partners to offer financial advice to people who use our services to ensure that they are in receipt of full entitlement of benefits.

What we intend to do

We will work to ensure that services are responsive and sensitive to people who are covered by equalities legislation. The protected characteristics are Age, Disability, Gender, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief and Sexual Orientation. The key areas of activity include:

- Ensuring that our approaches to engaging people within our localities reflect equality and diversity within each community;
- Developing the joint working with community planning partners across the seven localities to ensure that locality plans for the partnership are aligned to the Community Plans;
- Actively supporting the priorities set out in the Health and Wellbeing Plan for Fife; and
- Working to make the changes necessary to meet the requirements of the Local Housing Strategy.

Impact of what we intend to do (2016-19)

These actions will support and demonstrate progress on:

- Increased focus on prevention, self-management and shared decision-making to improve general health and wellbeing in the population and reduce health inequalities; and
- Achieving better quality relationships between people using services and those providing them.

Stepping Stones for Change

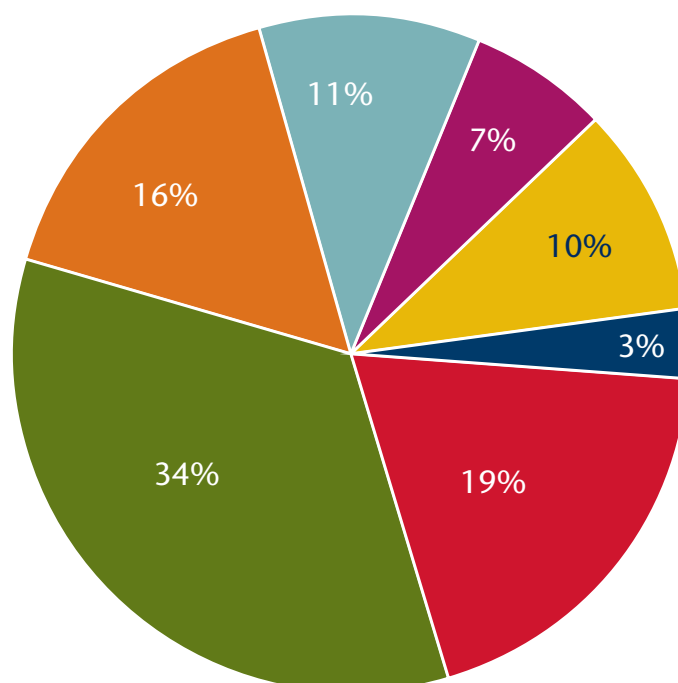
At Present 2015	Transitional 2016-2019	The Future by 2025
Focus on hospital services for specialist needs and acute care. Contributing to people's discharge from hospital being delayed.	Increasingly specialist and acute care will be provided in the community. These will be high quality, safe and effective.	Use acute hospitals only for acute care that can't be provided in other settings.
Continued issues of duplication, multiple referrals, multiple professionals, many visits and repetition of information, separate assessments leading to confusing and complex arrangements.	Health and social care services are redesigned to improve experience and achieve better outcomes through more integrated and coordinated models, making best use of resources.	Multi-disciplinary input to shared assessment, co-ordinated person-centred outcome-focussed support. Ensuring effective sharing of relevant information and an emphasis on prevention and early intervention.
Limited out of hours options where urgent health or social care is required, leading to unnecessary presentations at hospital.	The model of provision developed in partnership with Third and Independent sectors will aim to increase availability of 24/7 working to support people at home or in homely settings.	A range of safe and effective community services available 24/7 to support people at home or in homely settings.
NHS Fife and Fife Council lead prioritisation and allocation of resources.	Health and social care will work more closely together with all partners to allocate resources. Staff, across sectors, and public are participating in co-designing solutions.	Localities and communities will drive and deliver change accessing resources accordingly. The focus will be on relationships and personal outcomes solutions based on local assets.
People are supported to manage their own health and wellbeing but only in some services. Technology playing a limited role.	Increasing numbers of people are encouraged to manage their own health and wellbeing using personal outcomes focussed approach. Increasing emphasis will be placed on anticipatory and preventative approaches including more effective use of technology.	Localities and communities facilitate and support their own health and wellbeing. Technology fully maximised.
Carers have limited support in their caring role	Health and social care partners develop the support available and value the contribution of the carer role.	Carers can access support in their own communities and localities. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.

Financial Planning

How we use our funding now and in the future is an important part of the strategic planning process. This becomes more important when resources are tight.

NHS Fife and Fife Council will delegate a budget of approximately £470m to be managed by the Partnership. In addition, the Partnership will be responsible for the strategic planning of some acute hospital services which currently amount to a further £34m. These services will continue to be managed by the Acute Services Division of NHS Fife.

Fife Health and Social Care Resources



Health and Social Care Resources - within scope

■	Family Health Services/ Primary Care	General Practice, Prescribing, Pharmacy, Dental & Ophthalmic	34%
■	Care at Home	Local Authority Services provide by Fife Council and commissioned from other providers	19%
■	Community Services	Community Health Services, Local Authority Respite and Day Care	16%
■	Care Homes	Local Authority Services provide by Fife Council and commissioned from other providers	11%
■	Community Hospitals	Community Hospitals and associated services	10%
■	Prevention & Early Intervention	Public Health Nursing for Children and Adults	3%
Services Delegated but Not Managed (Operational Management and Budgetary Control Remain with NHS Fife)			
■	Acute Hospital Care	All acute services providing unplanned care e.g. medical wards and Accident and Emergency.	7%

A complete breakdown of the budget is included in the full Strategic Plan which can be found at www.fifedirect.org.uk/integration. The Plan sets out the resources that are available and prioritises how these will be utilised in supporting the needs of the Partnership population.

How will changes affect you?

Before

Your information is repeated to many services with delays in accessing services as staff try to connect across the system and understand what is required.

Assessments focussed on services providers.

Multiple hospital admissions to manage acute episodes of illness and react to crisis. Specialist staff only really available in hospital setting especially in evenings and at weekends.

Lack of information in relation to what is available locally to help you stay well, remain at home and not isolated from your community.

Services feel uncoordinated with many points of access

After

Key information including what matters to you will be shared (with your consent) across services to speed up response.

Assessments will focus on your personal outcomes, concentrating on what matters to you.

Focus on anticipating what may happen and plan for this to avoid crisis. Hospital at Home, and access to specialist teams through your GP will be available to avoid going into hospital.

More options available through Local Area Coordinators and other community resources who can discuss what would work for you and connect you to people that can provide this. More opportunities to continue to contribute to your community.

Services will be coordinated through one person and point of access.

Kevin who is 22 has been dependent on his Dad, Shane to help him get about since he had a road traffic accident in 2007.

This had a big impact on the family and since his discharge from hospital in 2009, his Dad had to give up work to help look after him.

The traditional route to providing for his care was not flexible enough to provide the support he needs. By using Self Directed Support, Kevin has employed a Personal Assistant who supports him to develop his social life and interests.

Kevin is now enjoying going out for lunches and getting out and about more, gaining access to new activities.

“Supported by my PA, I am getting out and about more do things I enjoy like going Cinema.”

“I have been trying new activities and recently enjoyed going rifle shooting for the first time. This support is helping me be less dependent on help from my Mum and Dad which makes me feel better.”

Kevin’s increased mobility means life is less physically demanding for his parents and his Dad is thinking he may be able to get back to work.



We want to hear from you!

NHS Fife and Fife Council want to find out what you think about our proposals to integrate health and social care services in Fife.

Take part in our consultation which seeks views on the Draft Strategic Plan proposals. To do this visit:

www.fifedirect.org.uk/integration

or call 03451 555555 ext 444230 to receive a consultation pack.

The consultation will run from 5 October 2015 to 4 January 2016.





Health & Social Care Integration in Fife

www.fifedirect.org.uk/integration

Health &
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Integration



Contacting Social Work

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www.fifedirect.org.uk/socialcare
-  **Phone**
01383 441177 (9am to 5pm)
-  **BT Text Direct**
18001 01383 441177 (9am to 5pm)
-  **In person**
to make an appointment call
01383 441177 (9am to 5pm)
-  **In an emergency**
If you have an emergency between
5pm and 9am Monday to Friday
or at the weekend, call **03451 550099**

Contacting NHS Fife

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www.nhsfife.org
-  **Phone**
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Alternative Formats

The information included in this publication can be made available in large print, braille, audio CD/tape and British Sign Language interpretation on request by calling 03451 55 55 00.

Language lines

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