Health and Social Care Integration
Progress in Fife

Joint Employability and Third Sector
Health and Social Care Forum
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Health and Social Care Integration
Change Managers

Supporting the people of Fife together
Objectives

• Update on the legislative background
• Share the timeline of key activities and the emerging structures
• Links to other policy areas including Self Directed Support and self management
What has happened so far?

- The Shadow Integrated Health and Social Care Partnership Board was established in June 2013.
- Sandy Riddell, Director of Health and Social Care appointed - 1st September 2014.
- A full work plan to progress key priorities - the development of the Integration Scheme and Strategic Plan.
Integration Joint Board

- NHS Fife Board (CEO)
- Fife Council Executive Board (CEO)

Director of Health & Social Care

- Divisional General Manager East
- Divisional General Manager West
- Divisional General Manager Fife Wide
- Finance Officer
- Strategic Planning Commissioning

Supporting the people of Fife together
Legislative Context

_The Public Bodies (Joint Working)(Scotland) Act 2014._

- All the required Regulations in relation to the Act are now in place.
- The consultation on localities is complete.
- The Integration Scheme consultation is complete – to be submitted by 1st April 2015. _Body Corporate Model_
- The Integration Joint Board will become a Legal entity after these are approved by Parliament.
Timetable - following submission of the Integration Scheme 1\textsuperscript{st} April 2015

- Divisional General Managers in post - May 2015
- Legal Status of Integration Joint Board (IJB) – June 2015
- Strategic Plan agreed – circa Oct 2015
- Services delegated to the IJB
- Full Integration by April 2016
Integration Joint Board

• Will move from Shadow status to become a legal entity around June 2015, and replace the Community Health Partnerships (CHP’s) and the Older People and Adults, Social Work Departments.

• Membership of the Board will have representatives from NHS Fife Board and Fife Council as well as carer, service user, third and independent sector members.
Health & Social Care Integration

Functions that must be delegated by Councils

- Social work services for adult and older people
- Services and support for adult with physical disabilities, learning disabilities
- Mental health
- Housing support
- Housing adaptations
- Carers support
- Community care assessment teams
- Support services
- Care home services
- Day services
- OT
- Re-ablement, telecare
- Drugs and Alcohol services
Functions that must be delegated by Health Services

- Accident and Emergency
- Unplanned inpatients
- Care of Older people
- District Nursing
- Health visiting
- Clinical Psychology

- Mental Health
- Learning disabilities
- Addictions services
- AHPs
- GP Out of Hours
- General medical Services
Who are the partners?

- The legal agreement (Integration Scheme) is between the NHS and Fife Council.
- The Partners are – Third Sector, Independent Sector as well as the NHS and Council.
- The communities that we serve are also considered key partners.
National Health and Wellbeing Outcomes

- 9 outcomes on which the partnership will be measured
- Key themes are:
  - Health, well being and quality of life
  - Independence at home
  - Reducing inequalities and carer support
  - Positive experience and Safe from harm
  - Efficient and effective
  - Workforce are engaged and supported to improve services
The Integration planning principles

• Is integrated from point of view of recipients
• Takes account of the differing needs
• Takes account of particular needs in different areas
• Planned and led locally – community and professionals together
• Anticipates needs and prevents them arising
• Best use of resources
Localities and Planning

• The legislation requires us to divide the partnership area in “localities”, in terms of planning.

• Why? - To make sure that communities and community planning are reflected in the Integration plans.

• The Shadow Board confirmed that the seven locality planning areas will be used in terms of Strategic planning.
7 localities based on current community planning areas

- **North East Fife** – takes in Auchermuchty, Cupar, Taybridgehead, St Andrews, Crail, Anstruther
- **Glenrothes** – takes in Thornton, Kinglassie and Leslie
- **Cowdenbeath** – takes in Lochgelly, Kelty and Cardenden
- **City of Dunfermline**
- **South West Fife** – takes in Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley and Saline
- **Levenmouth** – takes in West Wemyss, Buckhaven, Methil, Kennoway and Leven
- **Kirkcaldy** – takes in Burntisland and Kinghorn
Strategic Plan

• In process of being developed and covers all services in scope.
• Strategic Planning Group has wide representation.
• Full engagement and consultation plan is being developed.
• Anticipated consultation period May – August 2015.
• Approval by Integrated Joint Board in Autumn 2015.
• When the Strategic Plan is approved, services/ functions can then be devolved to the partnership.
Vision: Self-Directed Support (SDS) and Health and Social Care Integration

• The quality of life of people who require care and support is improved through increased choice and control over the services they receive.

  “putting people at the heart”

• Accessible, seamless, quality services, personalised and responsive to the changing needs of individuals, designed with and for the people of Fife.
SDS: Health & Social Care Integration

- Personal Outcomes - What matters to you?
- Community assets
- Choice and Control
- Services working together
- Shared Responsibility
  = Supporting people to achieve their outcomes
Self-directed Support

- Assessment and Eligibility
- Outcomes and support planning
- Four options
  - 1 Direct Payment
  - 2 Individual Service Budget
  - 3 Local Authority
  - A mix of 1, 2 & 3
- Review
SDS in Fife – linked to the development of Integrated Models on many levels

- Phased implementation (All new referrals from April 2015)
- Training across the partnership and linked to personal outcomes approach in NHS.
- Community Asset Mapping
Self management

• Anticipatory and prevention approaches are central to integration.
• Primary Care at centre of communities.
• Community Planning partners more closely aligned to wider integration.
Questions and Discussion.