



## Health & Social Care Integration

Health & Social Care Integration in Fife

“Your Views Matter”

Localities Consultation Report

November 2014

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## **1. SUMMARY**

As part of the Health & Social Care Integration consultation process, the partnership of NHS Fife and Fife Council Social Care sought the views of people living and working in Fife on the proposal to plan services across seven localities.

An engagement and communications plan was agreed by Shadow Board in August 2014 and implemented across Fife.

The consultation took place from 11 August 2014 to 3 November 2014.

There has been good attendance at the 23 face to face sessions held across Fife, with 210 people (public, health and social care staff, independent and voluntary sector workers) attending. In terms of the online questionnaire 156 responses were returned and 244 postal questionnaires. There was 1 response provided by telephone. Clinical Leadership and elected members have also contributed. The majority of responses were provided by members of the public, employees of NHS Fife and Fife Council and people who use health care.

The majority of responses were received from people within the age bracket of 45 years to over 75 years.

Overall, the views of people in Fife on the proposed localities seem to indicate support for the proposal of 7 localities, however some key themes emerge in that any change must also ensure that services are local and are easy to access and that services are more joined up and work better together.

## **2. INTRODUCTION**

NHS Fife and Fife Council are transforming the delivery of health and social work services. This is to meet the requirements of the Scottish Government's new Act about Health and Social Care Integration (Public Bodies (Joint Working) (Scotland) Act 2014).

The aim is to improve the way people experience care. To do this social work and health care teams must work more closely together and make better use of joint resources and reduce duplication.

Full integration will start on or before 1 April 2016. In Fife we are starting to prepare now.

The Scottish Government's Act requires each local area to identify and define the 'localities' across which joint services will be planned. The Act states that each local area must have at least two 'localities'.

The question put to stakeholders within this consultation was: What matters to you?

The Localities Consultation was headlined as;

**Health & Social Care** Integration in Fife  
Looking closer at **How we plan services in Fife**  
It's time to think differently about health and social care

### 3. **AIM**

The 12-week Localities Consultation ran from 11<sup>th</sup> August 2014 to 3<sup>rd</sup> November 2014. A full plan was developed and agreed by the Shadow Board. The aim of the plan was to ensure everyone in Fife had the opportunity to review the proposal for localities, share their views, make suggestions and ensure any issues they had were considered and responded to.

The design of the consultation plan was informed by:

- The Fife HSCI Engagement and Consultation Framework, agreed by the Shadow Joint Board in April 2014.
- Established consultation practice in both NHS Fife and Fife Council
- The Partnership's commitment to the National Standards for Community Engagement
- Fife Council's standards for Excellence in Communication and;
- Scottish Government draft guidance.

### 4. **METHODOLOGY**

Stakeholder mapping was used to help identify the individuals and groups in our community that should be informed and, if possible, involved in the consultation. Different methods and communication channels were used to target these groups.

- The Localities Consultation Document was made available online through the NHS Fife and Fife Council websites. It was also widely promoted through websites and social media.
- For those without access or easy access to the internet, we sent out hard copies of the consultation document. This included posting it to members of the Fife's Peoples Panel and Fife Council Homecare staff. The People's Panel was launched by the Fife Community Planning Partnership in 2006 and is a group of over 2000 citizens who have volunteered to give their opinions on a variety of public service issues.
- An information flyer. This was available in print and electronic format. It was distributed widely through the Fife Council and NHS Fife distribution networks. This included all community councils, independent and voluntary

care providers, Fife's H&SCI Public Reference and the Public Partnership Forums.

- The Consultation document was translated into 6 community languages as well as made available in large print and Braille.
- Providing information and encourage debate face-to-face was also crucial. 23 face to face meetings for staff and public groups were held. Details of the events can be found in the consultation programme (appendix 1) but it included meetings with GPs, senior managers in social work and health, mental health nurses, Public Partnership Forums, Elected members, voluntary and third sector groups and staff meetings.
- Open drop-in meetings were also promoted for all stakeholders, including staff. These were held across Fife and attendance was 91 people.
- On the 17<sup>th</sup> October we also completed an Equalities Impact Assessment. This involved a broad group of representatives from the community. The NHS Fife staff side was also represented.
- We promoted the consultation and availability of supporting information widely through the local press, social media, NHS Fife and Fife Council webpages, information given to partner agencies for inclusion in their own publicity, internal staff magazines and the joint Fife HSCI bulletin.

Following advice from NHS Fife Research an independent calibration exercise was also carried out to ensure accuracy of the evaluation.

## **5. RESULTS**

During the period of consultation on the 'How We Plan Services in Fife' August to November 2014, the total responses received was 401. This is a positive response rate with 156 responses received online and 244 postal responses and 1 response was made by telephone. Four letters, representing 60 managers and clinicians, were received. A total of 210 people also attended face to face meetings during the consultation period.

In order to understand the demographic information provided by each respondent, the information gathered from the survey has been analysed to provide the following data:

## 5.1 Respondents by Type (e.g. member of public, healthcare professional etc)

**Table 1 (online)**

a carer of someone who uses health care	8
a commercial provider of health care, for example a private nursing home.	2
a health professional	10
member of the public who lives in Fife	65
A non-commercial provider of health care, for example a charity	2
a person who uses a social care service such as home care or respite care	2
a person who uses health care	13
a social care professional	1
a third sector organisation carrying out activities related to health or social care	1
an employee of NHS Fife or Fife Council	44
carer who cares for someone who receives both home care and health services	1
Other	4
No reply	3

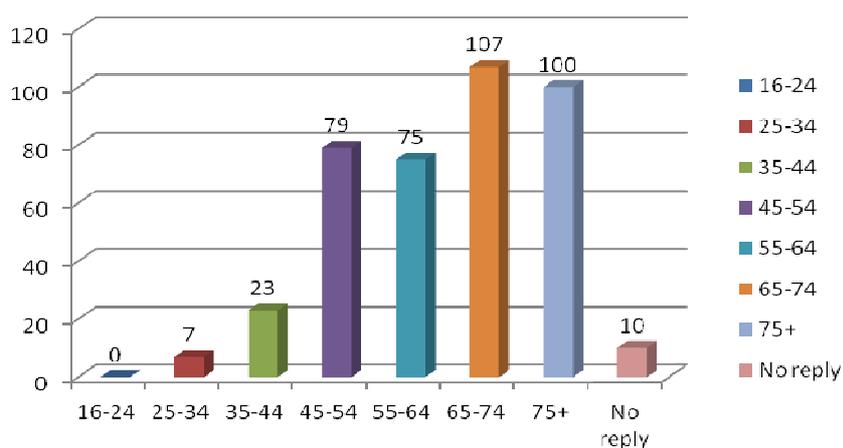
5.2 Table 2 shows who has responded to the survey by post:

**Table 2**

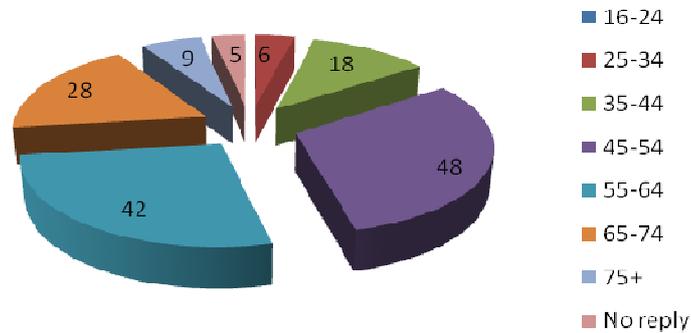
a carer of someone who uses health care	6
a member of the public who lives in Fife	184
a person who uses a social care service such as home care or respite care	1
a person who uses health care	21
an employee of NHS Fife or Fife Council	25
Old Age Pensioner	1
Retired Health professional	1

5.3 Age range of respondents and also by method of engagement:

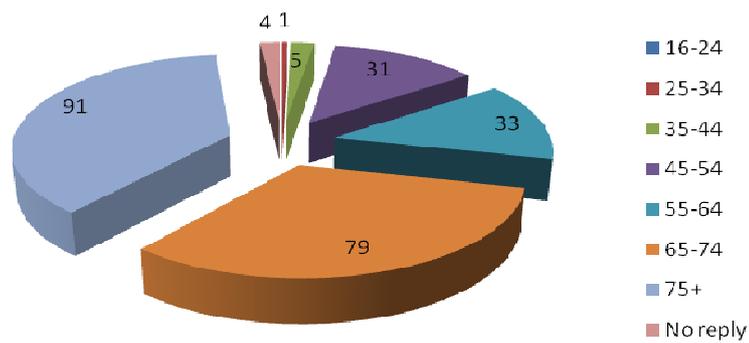
**Graph 3 – total overall by age range**



**Graph 4 (age range, online responses)**



**Graph 5 (age range, postal responses)**

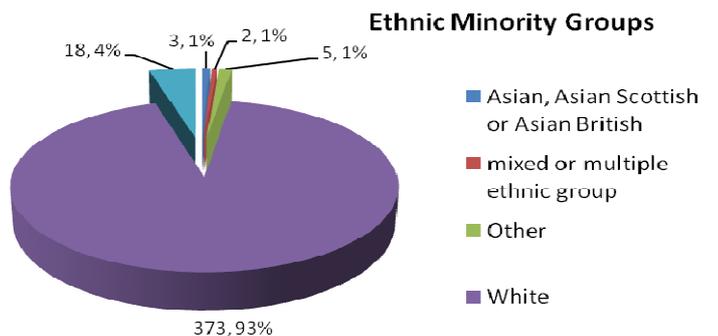


*As expected the age range for online response is considerably highest amongst the age range of 45-54 years and 55-64 years, whereas the postal responses see the highest returns amongst the age range of 65-74 years and 75+ years.*

*One response was given over the telephone however there is no demographic information for inclusion, only verbal comments provided.*

#### 5.4 Ethnicity of respondents

**Graph 8**

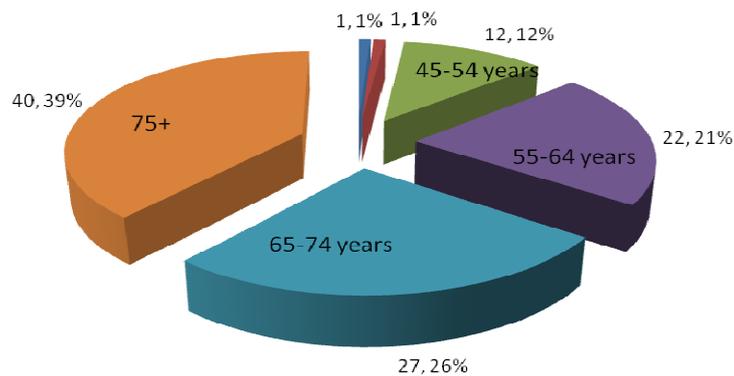


The ethnicity of respondents is predominantly white. It is pleasing to note, however, that a number of people within ethnic minority communities have been reached.

### 5.5 Respondents who have a disability

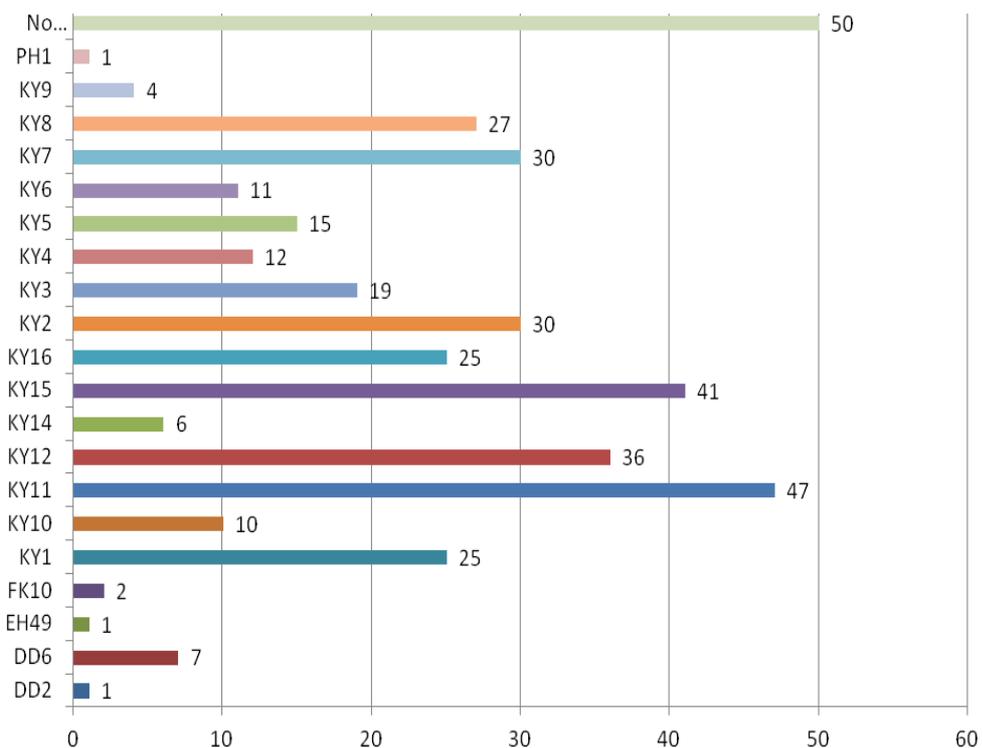
A total of 103 responses were received from people who consider themselves to have a disability. This number is further broken down to show the postcode regions of these respondents.

**Graph 9**



### 5.6 Postcode areas of respondents:

**Graph 10**





As can be seen from graph 10 responses were received from residents in all seven localities.

**5.7 Comments from online and postal responses received were summarised as follows:**

- Organisations need to work better together to improve services
- Improved access to services
- Provision of local services
- Support for 7 localities with some concerns about the level of bureaucracy
- Improve communication between services

Support for 7 localities	103
Not support for 7 localities (including 7 bureaucracy as the reason)	27
Support for 3 localities	29
Not support for 3 localities	0
Support for 2 localities	7
Not support for 2 localities	0
Ease of Access to services	40
Local Services	74
Working Better Together	50
Communication	12
No Comments or not relevant	36
Other	
• Documents in plain English	3
• Bureaucracy	12
• Not enough information to comment	1
• Workforce and working conditions	2
• Survey waste of money	4
• Review function of planning Groups	1
No comments submitted	29
Not Relevant	5
Total	377

A snapshot of what people told us what matters to them:

- *“Keep services local ensuring easy access to efficient and effective care”*
- *“Would like to see services working together closely to the benefit of the service users and staff involved”*
- *“Concerns over the North East of Fife and how the more rural areas will be served”*
- *“There is a range of views in relation to the number of localities – the main concern being the level of bureaucracy and management arrangements which are already in place”*
- *“Services working together to help people be more independent in their own homes”*
- *“Care where and when you need it”*

## **5.8 Comments from Health Clinical Leadership and General Practice**

Four letters were received as a result of face to face meetings held with targeted clinical forums involving sixty GP's and Health service leaders.

A summary of their comments are as follows

- There is support for working better together with social work, home care, voluntary and third sector organisations to improve services for patients. The work of GP's is driven by the national contract and this will continue.
- There is a real wish to influence and reshape services to improve patient care. Direct involvement of GP leadership at Strategic and Commissioning level would ensure that GP's are central to the development of the HSCP.
- It was not felt that the data presented in the consultation supported the proposal for seven localities and there was a blurring of distinction between the locality planning arrangements and management structure.
- It was perceived that the current Locality Planning arrangements require development.
- There is a strong view that the locality planning groups should align with the management structure and that building on existing arrangements of three including Fife –wide services and Acute services will be more efficient. Sub dividing into seven localities will mean some practice populations will be split across localities. A minimum focus on restructuring and management arrangements will ensure maximum focus on delivering improved outcomes for patients. Management arrangements including budget needs to sit an appropriate level within the organisation.

## **5.9 Comments received from the Open meetings**

The 3 open meetings across Fife were made known via dispatches, website, posters and notification via existing management structures.

Attendance numbers were 91 and included staff from health and social care as well as representation from voluntary sector colleagues.

A summary of comments received are as follows

- The partnership should streamline services for patients
- Potential positive changes for community teams, reduce professional barriers, closer working avoiding duplication of assessment and management of patient
- The bureaucracy associated with 7 localities
- Management structure
- Working arrangements including terms & conditions and job security

#### **5.10 Comments received from elected members**

A meeting of the Area Committee Chairs consisting of elected members was held and their comments are summarised as follows:-

- Greater collaboration to improve outcomes
- Support for 7 localities and alignment with Area Committees
- Improved access to services
- Need to consider whole system and fife-wide services
- Involving and listening to communities

## **6. KEY THEMES**

Although the language may be different there are key themes emerging

- Enthusiasm from all to ensure improved outcomes for patients and service users
- Delivery of local services
- Recognise the need to avoid duplication and minimise bureaucracy
- Ongoing engagement and involvement of all stakeholders
- The major difference is the issue of localities, their role and alignment with Area Committees and Management Structures.

## **7. CONCLUSIONS**

The challenge of the consultation was to reach as many stakeholders as possible, to give them an opportunity to state their views, be listened to and their issues to be addressed.

A range of methods were used to try and achieve this and the evidence from the responses shows that there were contributions from service users, members of the public, including ethnic minorities, people with disabilities and staff from all sectors providing care and support. A total of 671 people actively engaged with this Fife-wide consultation.

It is evident that stakeholders wish to remain involved as the H&SC partnership develops.

## 8. RECOMMENDATION

- 8.1 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.
- 8.2 Confirm that the seven locality planning areas will be used in terms of Strategic planning.
- 8.3 Further information is required in relation to management scope, arrangements and structure.
- 8.4 Ensure Clinical Leadership is included at Strategic Planning and Commissioning level.
- 8.5 Ensure Workforce concerns are addressed in future communications and engagement activity.
- 8.6 Ensure ongoing Participation, Engagement and Consultation of all stakeholders.

### **The Shadow Board agreed:**

- Recommendations 8.1 and 8.2
- Recommendations 8.3 - 8.6 were remitted, for action, to the Director of Health and Social Care.

Sandy Riddell, Director Health and Social care  
19<sup>th</sup> November 2014

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## Health and Social care Integration – Consultation Programme

### Period of Consultation

The active phase of consultation commenced 11<sup>th</sup>. August 2014 and closes on the 3<sup>rd</sup>. November 2014.

The active period of engagement was made known to key stakeholders via an e-leaflet/newsletter distributed widely, with some paper copies being made available as well as Fife Council and NHS Fife websites.

### Consultation Meetings

An important element was the opportunity for face to face discussion with interested parties. In addition, the change managers will, within available resources, attend community groups by request.

The consultation meetings arranged are indicated below.

<b>Group or Open meeting</b>	<b>Venue</b>	<b>Lead</b>	<b>Date</b>	<b>Time</b>
Mental health Nurses	Playfield House, Stratheden	Change Managers	20 <sup>th</sup> . August 2014	Completed
NHS Fife Area Clinical Forum	Hayfield Board Room	Change Managers	4 <sup>th</sup> . September 2014	4-5.30pm. Completed
HSCI Professional Reference Group	Hayfield house, 3 <sup>rd</sup> .Floor meeting room	Change Managers	10 <sup>th</sup> . September 2014	9am Completed
MSP/ MP briefing	N/A	Communications dept	5 <sup>th</sup> . December 2014	
DWF GP Practice and Primary Care Group	Lynebank – Conference Room 4	Change Managers	17 <sup>th</sup> . September	2.00pm Completed
Disabilities Forum AGM	Kirkcaldy	Change Managers	18 <sup>th</sup> . September	Completed
GP Practice and Practice Managers- <b>protected learning time</b> session	Cameron Hospital, Training Room 1, Ward 7 Notification sent out via Primary Care dept	Change Managers	24 <sup>th</sup> . September	2-3pm Completed
GNEF Local Partnership	St. Andrews Hospital	Change Managers	25 <sup>th</sup> . September	3pm. Completed

Forum				
GNEF CHP. Core management Group	St. Andrews Hospital – Seminar Room 3	Change Managers	1 <sup>st</sup> . October 2014.	Cancelled by group already aware via other forum.
KLCHP Clinical Forum	College of Nursing	CHP Managers	9 <sup>th</sup> . October	2-4pm completed
Open meeting	Lynebank Main Hall booked	Change Managers	9 <sup>th</sup> . October	1.30-2.30pm Completed
HSCI Public Reference Group and the 3 CHP Public Partnership Fora	Lynebank-Conference room 4	Change Managers	10 <sup>th</sup> October Confirmed	2.00pm Completed
Rotary Club Kilrymont St Andrews–community request	Scores Hotel St Andrews	Change Managers	14 <sup>th</sup> October	7-9pm Completed
Open meeting	Staff Club,VHK booked	Change Managers	16 <sup>th</sup> . October	11-12 am. Completed
Equalities Impact Assessment Workshop	Staff Club VHK	Change Managers and Equality Leads	17 <sup>th</sup> . October	9-12.30am Completed
Open meeting	Training room 1- ward 7. Cameron Hospital Booked	Change Managers	20 <sup>th</sup> . October	1.30-2.30pm Completed
NHS Fife Area Partnership Forum	Staff Club- VHK	Change Managers	24 <sup>th</sup> . October 2014.	Completed
Social Work Staff (Adults) consultation meeting	Cameron Hospital ward 7 Ivy Room	Change Managers	27 <sup>th</sup> . Oct.	2-3pm Completed
KL CHP Management meeting	Cameron Hospital-Meeting Room 1	Change Managers	28 <sup>th</sup> . October 2014.	Cancelled by Mgt.Team. already aware via other forum.
Local Medical Committee	LMC are happy to be kept informed via		No date required	

	representation on the Professional Reference Group.			
DWF Clinical Services Management Team	Lynebank Conference room 4 -confirmed	Change Managers	29th. October 2014	3-3.30pm Completed
Open meeting	County Buildings Cupar	Change Managers	30 October 2014	1.30-2.30pm Completed
Social work meeting ( Adults)	Lynebank Main hall	Change Managers	3 <sup>rd</sup> .November 2014	10-11am Completed
Voluntary & Third Sector – HSCI Forum	Craig Mitchell Building , Glenrothes	Change Managers	6 <sup>th</sup> . November ( this is after close of the consultation but comments will be included.)	10 – 12 noon Completed
Social work meeting ( Older People staff forum)	Roths Halls	Change Managers	7 <sup>th</sup> . November 2014 ( this is after close of the consultation but comments will be included.)	1-2pm Completed
Area Committee Chairs	Fife House	Change Managers	10 <sup>th</sup> . November( after close of consultation but comments will be included.)	2pm Completed
DWF and KL CHP Local Partnership Forum	Lynebank Conference Room 4	Change Managers	12 November – ( this is after close of the consultation but comments will be included.)	2pm. Completed