



Health & Social Care Integration in Fife

Draft Strategic Plan for Fife (2016-19)

Consultation Results

7 October 2015 to 6 January 2016



Report on the results and feedback from questionnaire (paper and online), face to face meetings and comments submitted from Groups.

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ACKNOWLEDGEMENTS

It is acknowledged that many people took time to contribute to this consultation and their participation is greatly appreciated.

A large volume of comments were received and although these are not all directly reflected within the amendments proposed, they have all been fully considered and will be used as services move to implementation of changes.

Thank you.

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Appendix 1 - Summary of Comments and Proposed Amendments as agreed by Integraion Joint Board on 4th February 2016

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 draft Strategic Plan (2016-19).

This consultation is the third consultation in the development of the Health & Social Care Partnership.

The first consultation took place between 11th August 2014 and 3rd November 2014, was in relation to the number of Localities and 620 people participated.

The second consultation took place between 3rd December 2014 -31st January 2015, was about the Integration Scheme and 344 people participated.

An engagement and communications plan for the draft Strategic Plan was agreed by the Integrated Joint Board in September 2015 and implemented across Fife.

The third consultation in relation to the draft Strategic Plan took place from 7 October 2015 to 6th January 2016 with questionnaires being made available online through the NHS Fife and Fife Council websites. It was also widely promoted through social media.

A Consultation Programme, which involved going out to service users, public and staff groups, was developed. At 6th January 2016 there has been good attendance at the 40 face to face sessions held across Fife, with 523 people (public, health and social care staff, independent and voluntary sector workers) attending. A total of 81 responses were received from the online questionnaire, 21 easy read responses, 295 postal responses were received and 20 groups (estimated 450 people) submitted a response. An overall total of 1370 people participated in the consultation. The majority of responses received were from members of the public (*it should be noted that a number these respondents indicated that they were also staff, carers, someone who uses healthcare etc*).

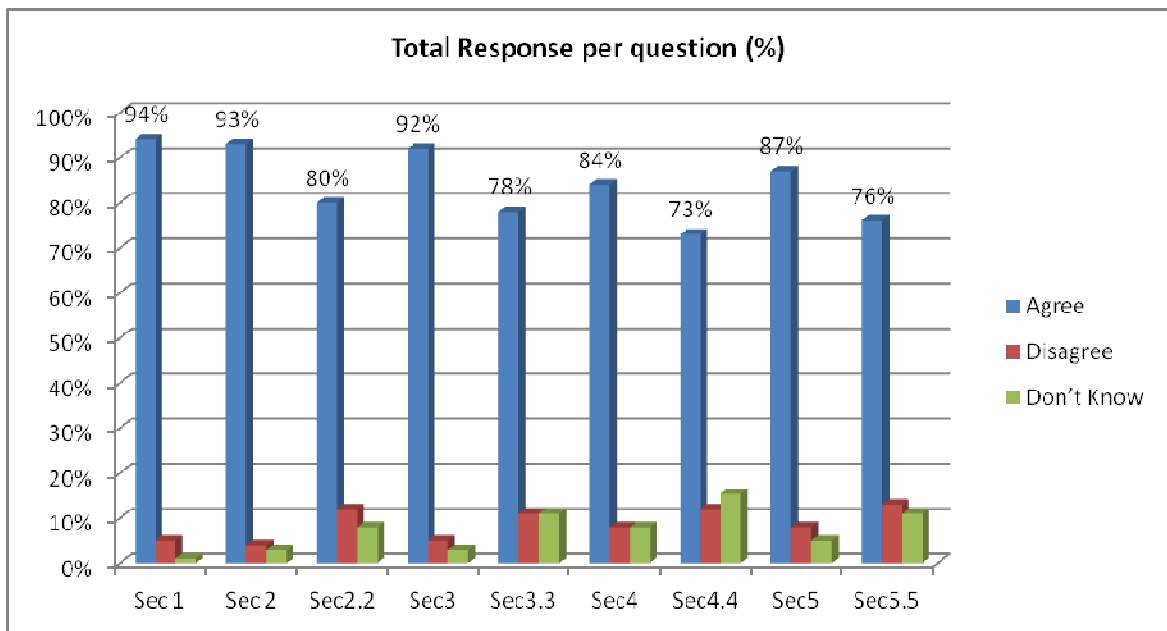
The majority age range of respondents was in the bracket of 45 years to 75 plus years.

A very small number of responses were received from people ranging in age from 16 years to 44 years.

Overall, the views of people in Fife on the proposed draft Strategic Plan (2016-19) were very supportive and mostly positive (graph 1) in looking to the future of health and social care in Fife. In all 69% of respondents made one or more comments.

However some key themes emerge in that the Plan should take account of the Equality Act (2010), and updated versions of Strategy eg. Palliative Care, Mental Health, Learning Disabilities should be referenced. There requires to be more clarity about which Children's Services are included and the narrative in the document should be enhanced in areas relating to self care/self management, personal outcomes, end of life care and finances as well as a stronger statement about Communication to staff and public.

Graph 1 – Overall response (%) for all sections of the Strategic Plan (2016-19)



Calculated as % of total responses to each of the 5 sections of the questionnaire

2. INTRODUCTION

NHS Fife and Fife Council are creating a new Partnership, founded on joint working, to achieve the best adult health and social care outcomes for the people of Fife. Our unified service will enhance and promote the health and wellbeing of the people of Fife.

The creation of this new Partnership will mean changes in the way we work. This is so together we can cut out duplication, have social work and health teams work more closely together and make better use of joint resources to keep people healthy and independent for longer.

The Draft Strategic Plan (2016-19) sets out how we intend to change the way we work together, change the way we commission services, strengthen partnerships and use new technology.

The questionnaire sought views from the people who live in Fife. The Draft Summary Strategic Plan was widely circulated, with the full Plan being available. It provided the opportunity for the people to help shape the development of the Partnership so that the best possible services can be provided to the people of Fife. The questionnaire is based on the 4 key priorities of the Plan as follows:

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

People were asked to indicate how much they agreed or disagreed with the priorities and action as well as being given the opportunity to make comment.

3. AIM

The consultation period ran from 7 October 2015 to 6 January 2016. Our aim was to ensure that people living in Fife had the opportunity to review the proposal for the Draft Strategic Plan (2016-19) and share their views, make comments and/or suggestions and ensure any issues they had were considered and responded to. A copy of the summary Draft Strategic Plan (2016-19), agreed by the H&SCI Shadow Board in October 2015 is attached.

The summary draft Strategic Plan was also agreed.

The Draft Strategic Plan (2016-19) was informed by a wide range of existing strategies as shown in the full Strategic Plan document.

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 Draft Strategic Plan (2016-19) and the associated questionnaire was made available online through the NHS Fife and Fife Council websites. It was also widely promoted through social media.
- For those without access or easy access to the internet, we sent out hard copies of the summary consultation document were sent out. This included posting it to members of the Fife's Peoples Panel and Fife Council Homecare staff. Paper copies were also available in local libraries.
- The Summary document was available in print and electronic format and was distributed widely through the Fife Council and NHS Fife distribution networks with an explanatory message. This included all community councils, independent and voluntary care providers, Fife's H&SCI Public Reference and the Public Partnership Forums.
- The summary Consultation document made available, on request, in community languages as well as made available in large print and Braille.
- The summary Consultation document has also been made available in an Easy Read version with targeted distribution. Different questions were used to make participation easier.
- Providing information and encouraging debate face-to-face was also crucial. A total of 45 face to face meetings for staff and public groups were arranged with 40 meetings held. Five of the arranged meetings were cancelled by the groups themselves. Details of the events can be found in the consultation programme and included meetings with General Practice representatives, elected members,

managers in social work and health, Public Partnership Forums, third sector groups and staff meetings. A total of 523 people attended meetings.

- Open drop-in meetings were also promoted for all stakeholders, including staff. These were held across Fife.
- On the 21 October 2015 an Equalities Impact Assessment for service users was undertaken and on 26 November 2015 it was completed for NHS and Fife Council staff. This involved a broad group of representatives from the community and staff side groups.
- The consultation was widely promoted, and availability of supporting information through the local press, social media, NHS Fife and Fife Council webpages. Information was given to partner agencies for inclusion in their own publicity, internal staff magazines and the joint Fife HSCI bulletin.
- A sub-group of the Strategic Planning Group reviewed progress and interim results on 10th December 2015 and the Strategic Planning Group were presented with the interim results on the 17th December 2015. All comments were considered and suggested amendments discussed.
- A small group of IJB members met on the 13th January to review the interim findings of the consultation, and provide input to the process of analysis in advance of the February Board meeting.
- Following advice from NHS Fife Research and Development department an independent calibration exercise (20th January 2016) was also carried out to ensure accuracy of the interpretation of the Key Themes identified in the consultation process.

5. RESULTS

During the period of consultation on the Draft Strategic Plan (2016-19), from October 2015 to January 2016 a total of 295 questionnaires were returned by post, 81 were received online, 21 easy read responses were submitted and 20 group responses (450 people). A total of 523 people also attended face to face meetings during the consultation period. The overall total of people participating in the consultation was 1370.

Table 1

Method	Number
On-line Questionnaire	81
Postal	295
Easy Read responses	21
Face to face sessions	40 (523 people)
Representative groups responses	20 (450 People)
Total	1370 participants

A further analysis of the information received from the respondents is shown below. This includes demographic data gathered and further explanations of what this data means in relation to the views and comments on the draft Strategic Plan (2016-19).

The responses are shown in four sections:

- 5.1 Online and paper questionnaires from individuals
- 5.2 Responses from Easy Read Questionnaires
- 5.3 Responses from face to face meetings
- 5.4 Responses from Representative Groups (submitted through the online system or email response)

**Responses from the online and paper questionnaires submitted
by individuals
(*eg. member of public, healthcare professional etc*)**

5.1 Responses from the online and paper questionnaires submitted by individuals

The following tables show the number of responses to each of the 5 key questions of the questionnaire. The total number of questionnaires received was 376 however the totals shown in the following tables indicate the number of people who responded per question but may not have answered all of the 5 questions eg., some people responded to question 1 but not to question 2 etc.

Question 1: *Our Strategic Priorities – to what extent do you agree that these should be our four priority areas?*

Table 2

Question 1	postal	online	
Strongly Agree	117	23	140
Agree	157	46	203
Disagree	6	4	10
Strongly Disagree	6	2	8
Don't Know	4	1	5
	290	76	366

94% agree

5% disagree

Question 2: *Prevention and Early Intervention – in order to make the changes needed, to what extent do you agree with the Key Aims set out?*

Table 3

Question 2	postal	online	
Strongly Agree	127	16	143
Agree	147	50	197
Disagree	7	4	11
Strongly Disagree	4	1	5
Don't Know	4	5	9
	289	76	365

93% agree

5% disagree

To what extent do you agree what we intend to do will help achieve the changes needed over the next three years?

Table 4

Question 2.2	postal	online	
Strongly Agree	69	9	78
Agree	168	42	210
Disagree	18	15	33
Strongly Disagree	5	4	9
Don't Know	25	5	30
	285	75	360

80% agree

12% disagree

Question 3: *Integrated and Coordinated Care: In order to make the changes needed, to what extent do you agree with the Key Aims set out?*

Table 5

Question 3	postal	online	
Strongly Agree	119	16	135
Agree	147	50	197
Disagree	8	4	12
Strongly Disagree	5	2	7
Don't Know	8	3	11
	287	75	362

92% agree

5% disagree

To what extent do you agree that what we intend to do will help achieve the changes needed over the next three years?

Table 6

Question 3.2	postal	online	
Strongly Agree	74	10	84
Agree	154	42	196
Disagree	19	10	29
Strongly Disagree	5	5	10
Don't Know	31	9	40
	283	76	359

78% agree

11% disagree

Question 4: *Improving Mental Health Services: In order to make the changes needed, to what extent do you agree with the Key Aims set out?*

Table 7

Question 4	postal	online	
Strongly Agree	100	15	115
Agree	143	43	186
Disagree	18	3	21
Strongly Disagree	3	4	7
Don't Know	21	9	30
	285	74	359

84% agree

8% disagree

To what extent do you agree that what we intend to do will help achieve the changes needed over the next three years?

Table 8

Question 4.2	postal	online	
Strongly Agree	64	9	73
Agree	146	40	186
Disagree	21	9	30
Strongly Disagree	6	4	10
Don't Know	42	12	54
	279	74	353

73% agree

11% disagree

Question 5: Tackling Inequalities – In order to make changes needed, to what extent do you agree with the Key Aims set out?

Table 9

Question 5	postal	online	
Strongly Agree	83	16	99
Agree	166	44	210
Disagree	12	6	18
Strongly Disagree	7	3	10
Don't Know	14	3	17
	282	72	354

87% agree
8% disagree

To what extent do you agree that what we intend to do will help achieve the changes needed over the next three years?

Table 10

Question 5.2	postal	online	
Strongly Agree	61	9	70
Agree	156	6	162
Disagree	21	3	24
Strongly Disagree	10	6	16
Don't Know	27	8	35
	275	32	307

76% agree
13% disagree

Graph 2 – Overall responses for all sections of the Strategic Plan

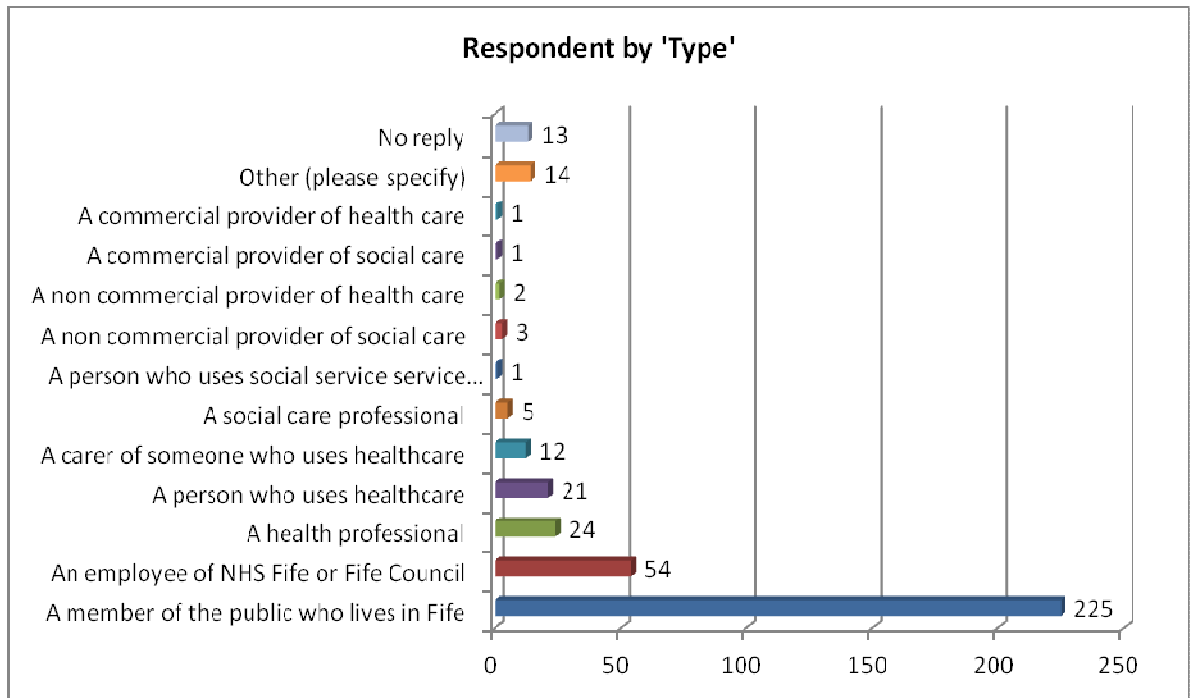


Table 11

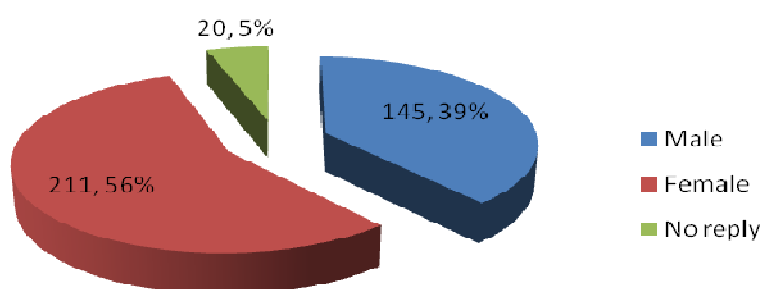
Type	Online	Postal	Total
A member of the public who lives in Fife	24	201	225
An employee of NHS Fife or Fife Council	16	38	54
A health professional	16	8	24
A person who uses healthcare	1	20	21
A carer of someone who uses healthcare	3	9	12
A social care professional	2	3	5
A person who uses social service service (homecare, respite etc)	1		1
A non commercial provider of social care	1	2	3
A non commercial provider of health care	2		2
A commercial provider of social care	1		1
A commercial provider of health care	1		1
Other (please specify)	7	7	14
No reply	6	7	13
	81	295	376

The majority of responses received were from members of the public (it should be noted that a number of respondents indicated that they were also staff, carers, someone who uses healthcare etc).

Demographic information

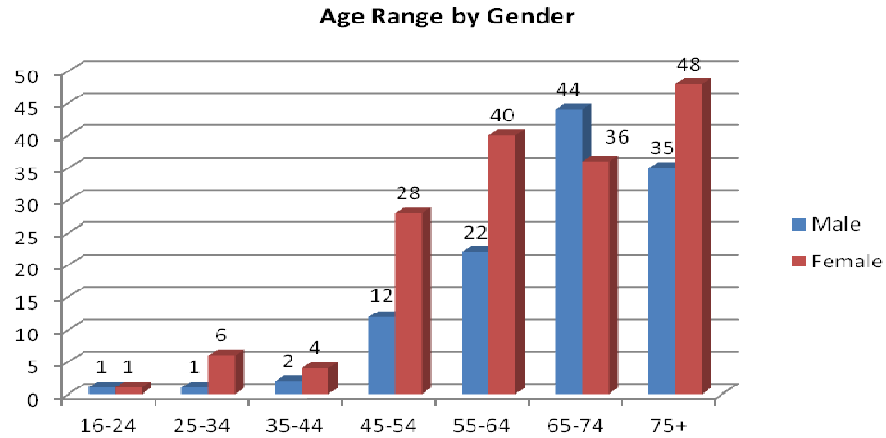
Gender

Graph 2



Age range by gender

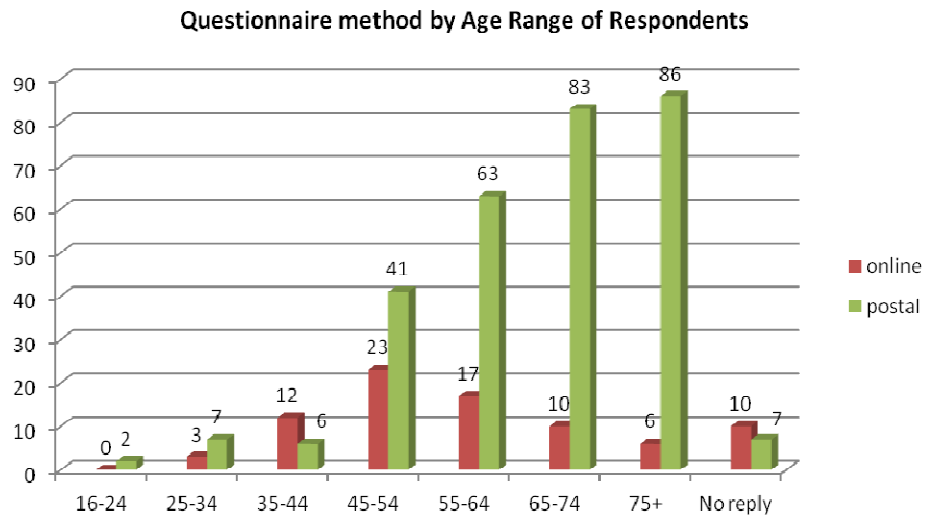
Graph 3



Of those who provided their age range, graph 3 shows that the majority of responses were from men within the age range of 55 years to 75+ years, and for women the majority of responses were from women aged 45 years upwards.

Method of response

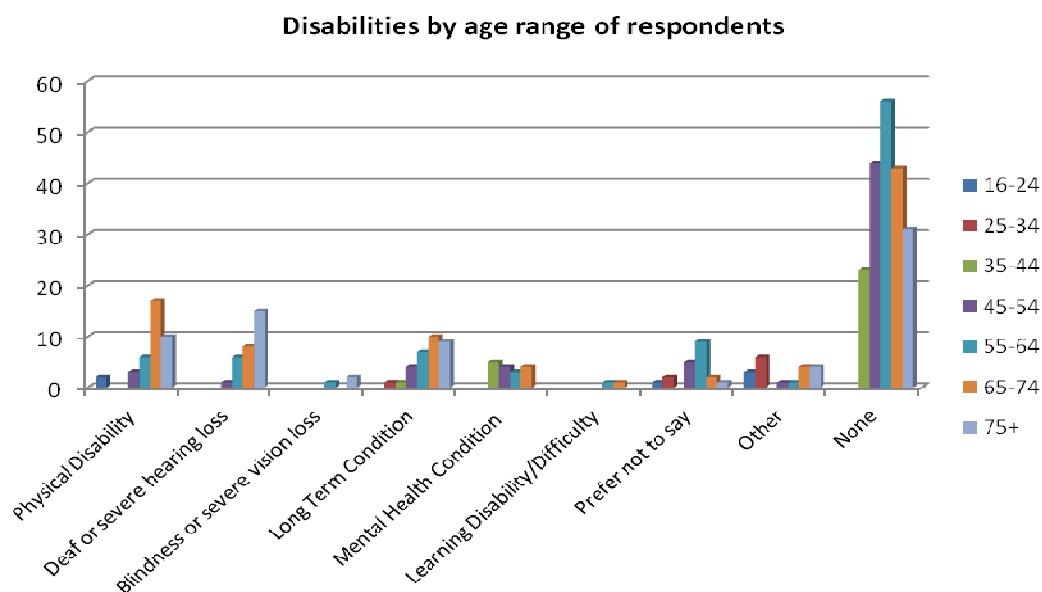
Graph 4



Graph 4 details the responses by age range and the gender of those who responded online and by post. As can clearly be seen, the number of postal responses was highest in the age range from 45 years upwards. Only a smaller fraction within the age range of 35 years upwards responded online.

Disability by age range

Graph 5



	16-24	25-34	35-44	45-54	55-64	65-74	75+	total
Physical Disability	2			3	6	17	10	38
Deaf or severe hearing loss				1	6	8	15	30
Blindness or severe vision loss					1		2	3
Long Term Condition		1	1	4	7	10	9	32
Mental Health Condition			5	4	3	4		16
Learning Disability/Difficulty					1	1		2
Prefer not to say	1	2		5	9	2	1	20
Other	3	6		1	1	4	4	19
No disability			23	44	56	43	31	197
	6	9	29	62	90	89	72	357

A total of 160/45% respondents indicated their disability or health condition. It is noted that the greatest majority of responses in this section indicate no disability or health condition (197/55%). The majority age range of respondents is from 45 years to 75+ years. 5% of people did not respond to this section.

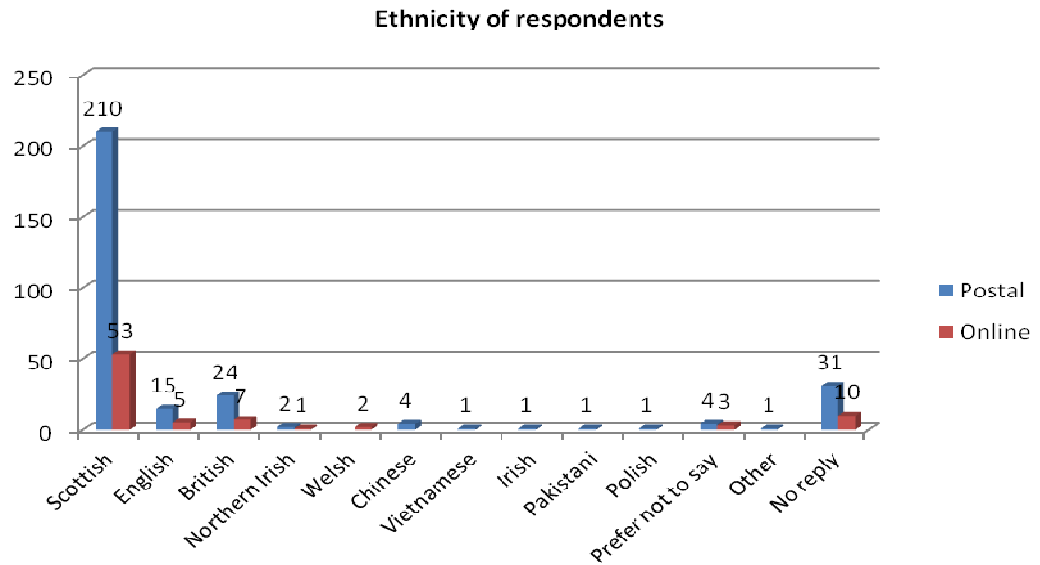
For those respondents who told us that they had 'other' health conditions (19/12% overall) and/or disabilities, examples of these are:

- Raynauds
- Asthma
- Coeliac Disease
- Hip Replacement

One respondent highlighted that having Dyslexia is not a 'learning disability; but a 'learning difficulty'.

Ethnicity

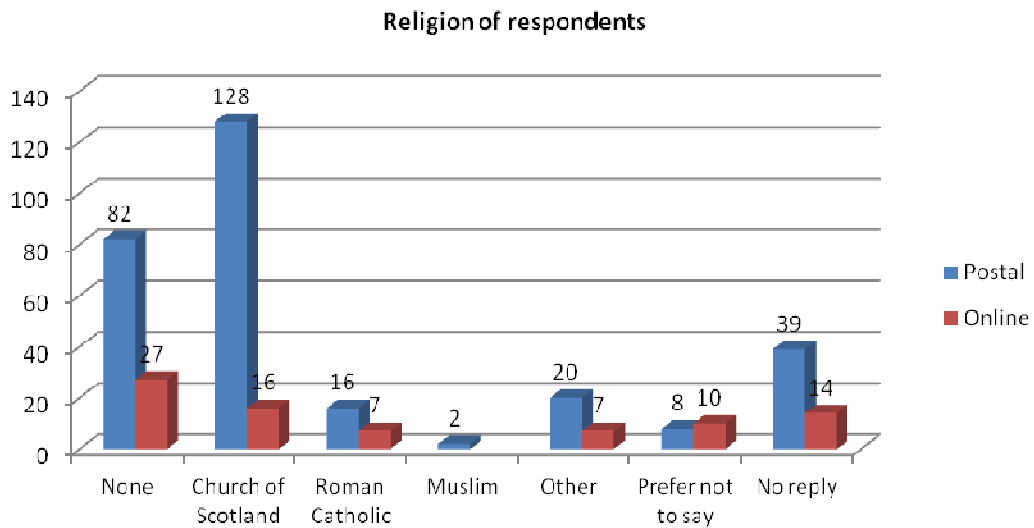
Graph 6



Graph 6 clearly indicates that the majority of respondents regard themselves as Scottish with a majority of 263 (70%). Response rates from ethnic groups have been very low. 11% of respondents did not respond to this section, and 2% did not wish to indicate their ethnicity.

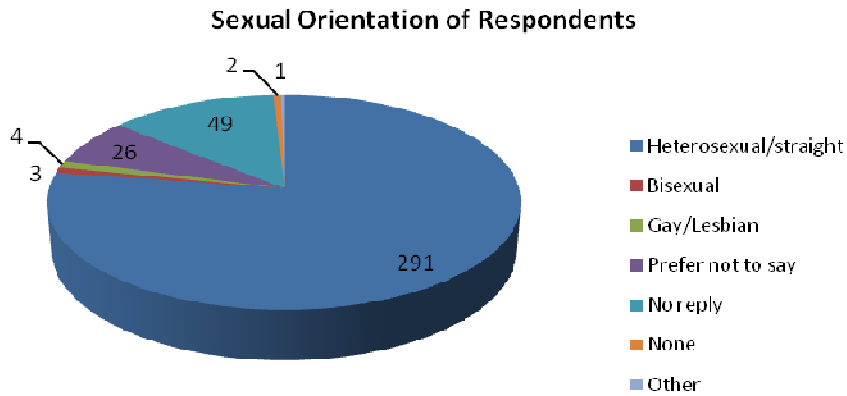
Religion

Graph 7



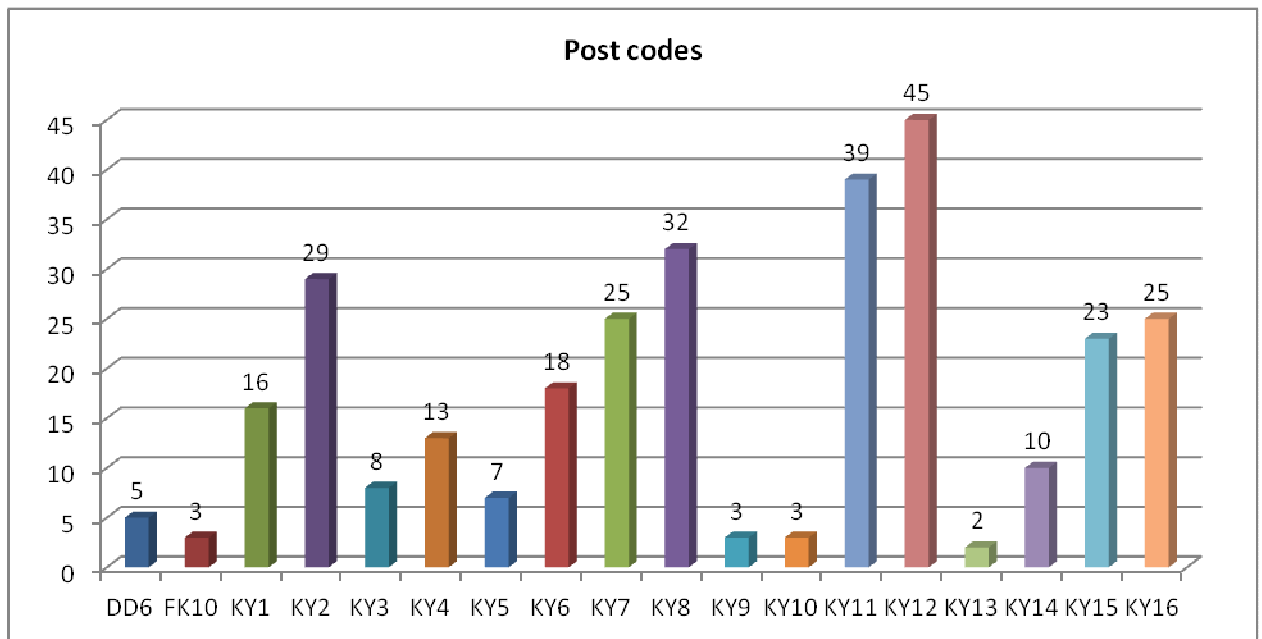
Sexual Orientation

Graph 8



Post code areas

Graph 9



Graph 9 shows the total for each postcode area does not include those who did not reply to this section.

In Summary - Comments from online and postal questionnaires related to:

- Resources
- Implementation
- Expectations
- Training
- General Practice
- Readability
- Mental Health & stigma
- Housing
- Information
- Information missing from document

Analysis of responses from Easy Read Questionnaires

5.2 Analysis of responses from Easy Read Questionnaires

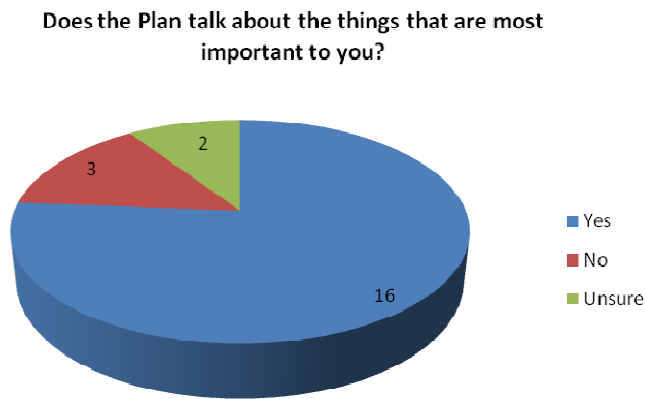
The Easy Read version was developed in-house by Fife Council staff and distributed to groups known to prefer this format eg. People First, independent and third sector providers, Fife Council Resources and NHS Fife.

The questions within the Easy Read version were different from the full questionnaire to enable fuller participation.

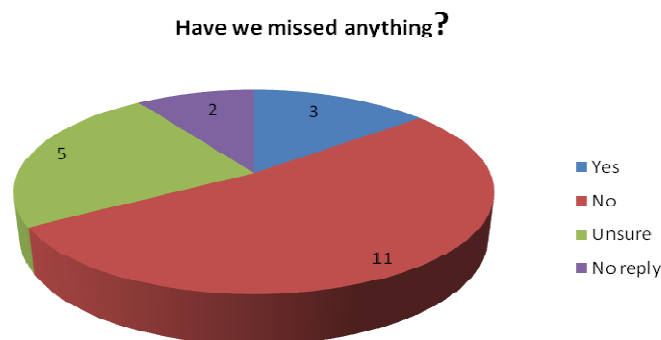
A total of 21 people responded to the questionnaire and the age range of respondents was from 16 years to 80+ years. The range of health conditions/disabilities include Learning Disability, Mental Health, Physical disability, Sensory (hearing, registered blind or both).

Data gathered from the 21 questionnaires returned:

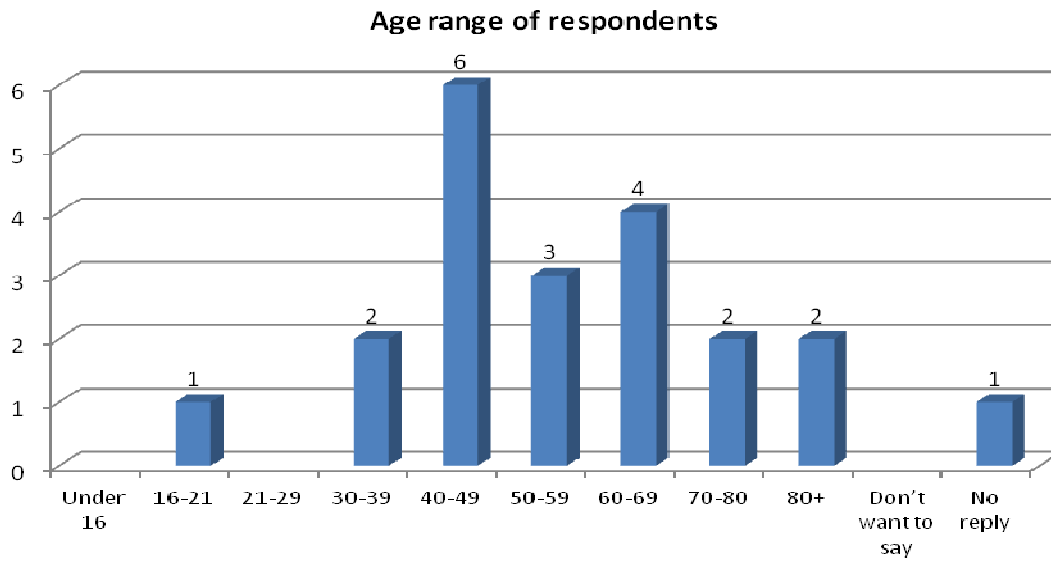
Graph 10



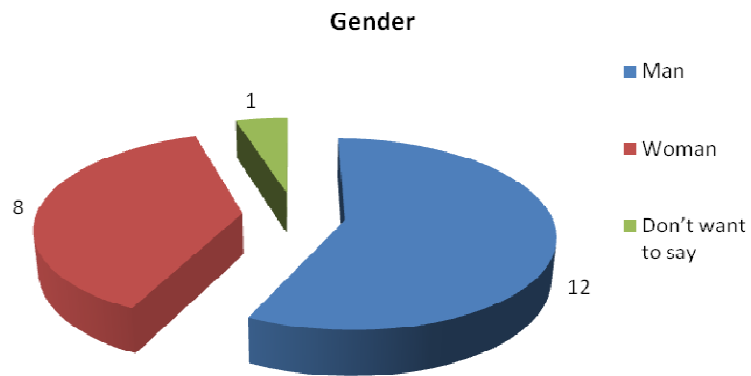
Graph 11



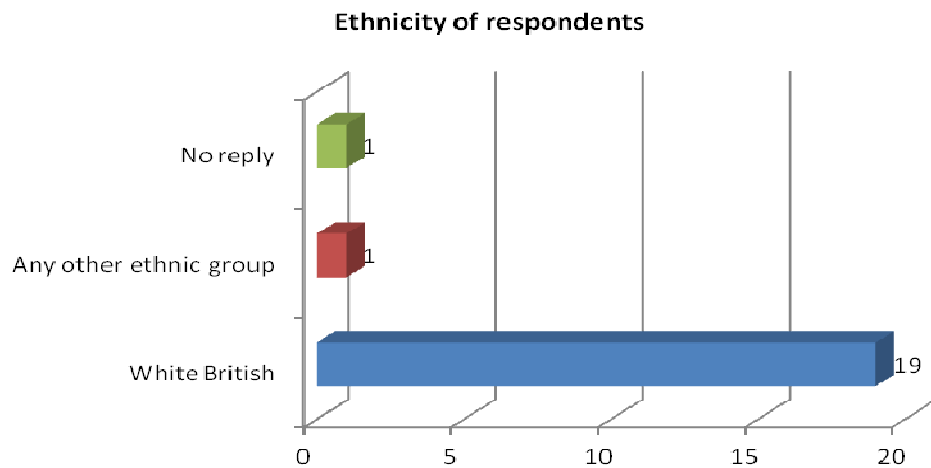
Graph 12



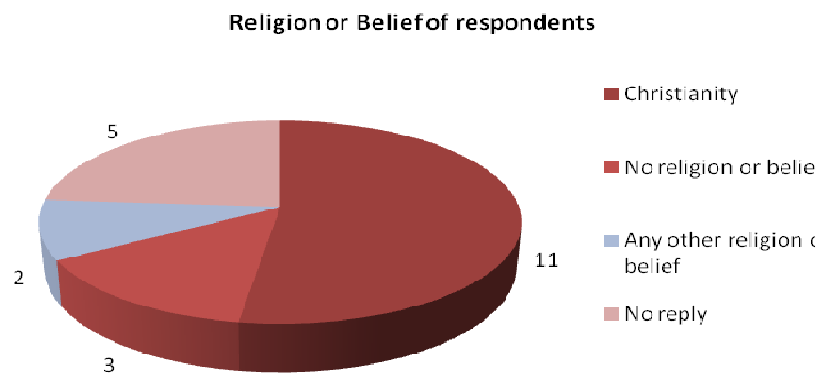
Graph 13



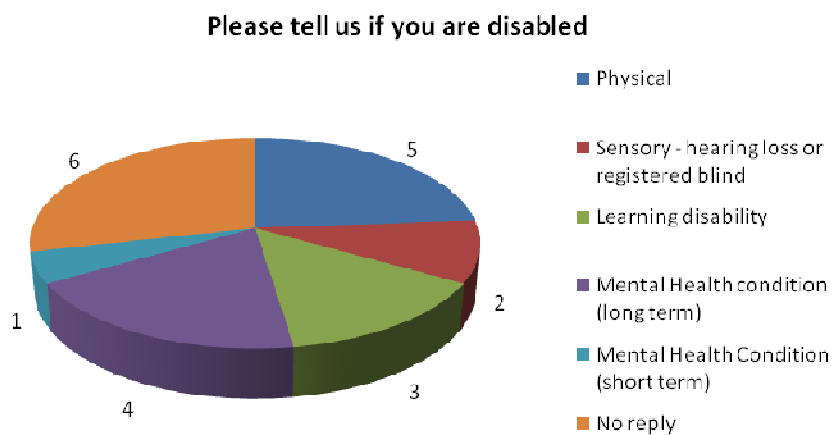
Graph 14



Graph 15



Graph 16



Summary of Easy Read Responses

16 respondents (76%) indicated that they believed the plan included the things that were important to them.

Of those who were unsure if the plan missed anything, their comments were:

“Would have to read the entire document; Increasing availability of 24/7 support is mentioned to support people at home. What would this support include? Would like to see more provision of drop in centres and groups on weekends and evenings.”

“I think this was a waste of time”

“You need to be treated right and spoken to nicely”

“Family and friends are the best people to have around when both healthy and ill”

“The care I get lets me stay at home and not hospital”

“Adequate staffing and hours”

“SAMH are great and nice to live with people with similar illness”

Comments received from the Face to Face meetings

5.3 Comments received from the Face to Face meetings

The method of involving people face-to-face was a strand of the communication plan. Where possible the Change Managers and/or a member of the Strategic Planning Group attended existing meeting of these groups and gave a presentation about the draft strategic plan. Open meetings were also arranged and full details of these meetings are in the Communication Programme.

The Change Managers attended existing meetings held across Fife which were made known via existing management structures.

In addition, open meetings were made known via despatches, websites, posters and notification via existing management structures.

A total of 40 face-to-face meetings were delivered. Attendance numbers were 523 and included staff from Health and Social Care as well as representation from voluntary sector colleagues and public. A summary of comments as a result of the presentation and discussion are noted as follows:

- General discussion included comments about funding, staffing, self-care, personal outcomes and raising expectations
- Recognising impact on GP workload
- Importance of correct housing and adaptations
- Requesting more detail relating to implementation and how localities and divisions align.

The participants at the meetings were further invited to submit written responses to ensure that their comments were included.

Comments received from Representative Groups

5.4 Comments received from Representative Groups

It is notable that many groups subsequently went on to review and give further consideration to the draft strategic plan and took time to submit written responses. Many responses were very detailed and different themes emerged from the groups.

20 groups representing approximately 450 people submitted written responses. The groups are listed in alphabetical order below:

1. Adult Providers Forum (Private & 3rd Sector)
2. Clinical Advisory Committee (DCAC)
3. Dunfermline So optimists
4. Education, Health and Social Care Scrutiny Committee
5. Fife Advocacy Forum
6. Fife Alcohol and Drugs Partnership
7. GPs Dr McLaren & Partners
8. GP & Primary Care Clinical Group
9. Health and Disability Delivery Group
10. Local Medical Committee
11. NHS Fife Board
12. NHS Fife Community Children's Services
13. NHS Fife Learning Disability Service
14. NHS Fife Palliative Care Consultants
15. NHS Fife Psychology Service
16. NHS Fife Public Health
17. Pain Association
18. People's First
19. Students - Fife College
20. Third Sector Organisation (FVA)

Group responses show an overall support for the direction of travel and agreement for the priorities and aims.

Comments from groups also made reference to funding, resources, implementation, staff training/partnership working and patient/service-user expectation.

A small number of responses disagreed on our ability to deliver Strategic Aims within budget and with actions proposed. This was in line with views expressed by the individual responses.

In addition some groups commented on the need to highlight expectations in relation to the following:

- More emphasis on primary and community care
- Self-care/self-management/shared care
- End of life care
- Personal outcomes
- Commissioning arrangements and flexibility of service delivery within Contracts
- Clarity over Children's Services

Group responses also highlighted points of accuracy in relation to the strategy referenced in the full document e.g. mental health, palliative care.

The comments received led to suggested amendments in the draft strategic plan as shown in appendix 3.

All the suggested amendments were discussed and agreed at the strategic planning meeting on 27 January 2016.

6. KEY THEMES

All comments were read by the analyst and although comments are, by their nature, subjective key themes emerged, the accuracy of the interpretation was confirmed by the calibration exercise, as follows;

- **Resources and finance** – scepticism that the plan can be delivered within the resources and funding available.
- **Implementation** – many people recognised that implementation would be a challenge and that delivering real change within the timescale will be difficult. Partnership Working would mean changes for staff including IT/Data systems and staff sharing information
- **Expectations** – there is a high level of expectations in that people will receive more of what they think they need based on the examples given. A stronger statement on self care/ self management and shared care is suggested.
- **Training for staff** - many comments express the need for staff training to deliver services , that co-location of staff providing services is beneficial and clear leadership is required
- **General Practice** – the possible impact on General Practice was mentioned by the public who recognised that practices are already very busy.
- **Mental Health & Stigma** – strong agreement that support for patients is required in this area
- **Housing-** comments recognised the importance of the correct accommodation in a supportive community and highlight that there is a shortage of such accommodation
- **Information-** strong support for a directory of support services and information being easily available. Readability of the document eg. difficult to understand and the vagueness of the content. A commitment to ongoing communication with staff and public.
- **Other Services-** it was felt by some that the document lacked reference to many other services which will be delivered within the partnership including Children & Young Peoples services.

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 considered and responded to.

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 more than 1370 people actively engaged with this Fife – wide consultation. More people participated in this consultation than the previous two consultations in relation to the number of localities and integration scheme.

The responses to the specific questions demonstrate a high level of support for the priorities and intentions of the Strategic Plan.

All questions received between 73% and 94% agreement to the priorities and aims.

The proposed intentions/action required to make the changes received slightly lower levels of agreement of between 73% - 80%.

Participants were also asked to make comment or suggestions in response to each question and most people took advantage of this opportunity.

In relation to readability 62 comments were made in reference to the issue that the Plan was difficult to read and vague in its content.

In relation to accuracy several professional groups requested the Plan be amended to reference their updated strategy, include them in the full document and alternative narrative was suggested for some sections.

In relation to resources and funding many people commented that more staff in appropriate areas of care would be required to work in partnership and that this would be a challenge for services.

In order not to raise expectations it is suggested that a stronger statement should be made in reference to self care, self management and shared care.

The Equalities Impact Assessment with service users recommended amendments as shown below:

- Page 4 – add Equality and Diversity statement
- Page 10 - add “Wellbeing”
- Page 11 – change “Tackling” to “Reducing”
- Page 11 – clarify the section to show the difference between Inequalities and Equality and Diversity

The impact assessment with staff groups recommended that an Equalities Impact Assessment on the Workforce and Organisational Development Plan should take place

as soon as the plan is available. The group recognised that there will be an impact on staff but without the detail it was not possible to assess at the time.

A full list of suggested amendments to address these comments has been prepared and will be presented to the Health & Social Care Integrated Joint Board for consideration. **Appendix 1**

Report prepared by A Hatton
Consultation Support

January 2016

Strategic Plan for Fife 2016-19
Summary of Comments and Proposed Amendments – as agreed by Integration Joint Board 4th February 2016

All proposed changes relate to the full Plan unless otherwise indicated.
 The proposed amendments are shown for each the section of the plan and also in relation to the key themes emerging from the analysis.

Proposed amendments to the Plan are shown in blue.

Foreword (Page 1)

Comments noted	Proposed Changes
Paragraph 4 – what changes that the Act would drive was felt not to be clear.	Change the end of last sentence in paragraph 4 <i>will direct and support Partnerships to drive key actions and achieve change.</i>

Section 1 - Introduction (Page 2)

Comments noted	Proposed Changes
The EQIA group raised the issue of commitment to the Equality Act 2010.	Insert an additional bullet point after 1.5 to read <i>- The Partnership is committed to the elimination of discrimination and promotion of Equality and Human Rights. This will be embedded in all service development and service delivery agreed by the Integration Joint Board.</i>
	<i>Clear information at local level will be required as implementation plans are developed.</i>

Section 2 - Background (Page 5)

Comments noted	Proposed Changes
Readability – the content was too vague and the need for ongoing commitment to communicate with staff and public.	Add to 2.11 <i>There is a commitment to ensure that further engagement and clear information at local level is put in place as implementation plans relating to this Strategy are developed.</i>

Section 2 – Background (Page 6)

Comments noted	Action
More detail in terms of which Children's services are included.	Expand the list of NHS Services shown on 2.16 to include detail contained with the Integration Scheme: <i>Health Visitors, School Nursing, Community Children and Young Persons Nursing Service, family Nurse Partnership Team, Child Health Admin Team, Allied Health Professions, Child Protection Nursing Team.</i>

Section 3 - Strategic Vision, Mission and Outcomes (Page 9)

Comments noted	Action
Not enough emphasis on self-care, shared care or self-management.	Add to 3.2 <i>The people of Fife will be supported to take control of their own care using their own resources, people will be supported to increase self-management.</i>

Section 4 – The Planning Arena (Page 14)

Comments noted	Action
The reference to the Fife's Alcohol and Drugs Partnership needs to be updated with the dates 2015-2018.	After 4.5, Figure 2: Change the dates on the Fife Alcohol & Drug Partnership Delivery Plan from 2012-15 to <i>2015-2018</i> .
An important reference in relation to Children was missing UN Convention.	Add to Figure 2: <i>The United Nations Convention on the Rights of the Child should be included.</i>
NHS Fife Children and Young People's Health and Wellbeing Strategy is missing.	Add to Fig 2: <i>NHS Fife Children and Young People's Health and Wellbeing Strategy – 2015-20.</i>

Fife Carers Strategy 2012-15	Add to Fig 2: <i>Young Carers Strategy</i>
Sexual Health Strategy	Add to Fig 2: <i>Sexual Health Strategy</i>
The Fairer Fife Commission	Add to Fig 2: <i>Fairness Matters 2015</i>

Page 14: Several References could be removed from jigsaw based on feedback

Remove:

1. *Self-directed support a national strategy for Scotland*
2. *GIRFEC*
3. *Improving health and wellbeing of people with long term conditions – a national action plan*
4. *Strategy for culture in Fife*

Also Changes for Accuracy to List of Strategies

Palliative Care
Mental Health
Learning Disability

Section 4 – National and Local Context (Page 17)

Comments noted	Action
The Priorities in section 8 do not seem to reflect children and young people, and do use language relevant to these groups.	Page 17: At 4.19 add the following: <i>While the Fife Strategic Plan 2016-19, applies to all ages, the Fife’s Children Services Plan 2014-17 will remain the main strategic plan for children and young people.</i>

The importance of the recently published Fairness Matters report (2015) The Report of the Fairer Fife Commission, was highlighted and the proposal is to add reference at section 4.23

The Fairer Fife Commission was established by Fife Council in September 2014 to take a strategic overview of the scale, scope and nature of poverty in Fife and the effectiveness of activity currently

undertaken to address such poverty. The Commission was tasked to report with recommendations to Fife Council and Fife Partnership by November 2015.

The plan covers 30 years and sets out a series of progress indicators for Fife which if achieved would mean it would be in the top five local authority areas in Scotland across a range of measures of poverty, employment, skills, connectivity and health.

Deeper discussions will take place involving all partners, and work deriving from the recommendations will follow over the course of 2016.

Section 5 Understanding the needs of our population (Page 25)

Comments noted	Action
The importance of recognising differences across localities and planning for these differing needs. Suggested change to wording was given.	Page 25; 5.23 – suggested change to read: <i>In addition, our analysis shows that there are differences in the social determinants of health and deprivation factors across our localities which can impact on health, wellbeing, and therefore quality of life and life expectancy.</i>

Section 6 Understanding our System (Page 26, 30, 32)

Comments noted	Action
It could be interpreted that we don't have any successful core elements on which to build.	Page 26: 6.1 suggested change Change to read: <i>This plan will build on good practice and learn from successful innovations....</i>
Current work patterns concentrate most commonly on reacting to crisis and not prevention and early intervention. This is a real challenge reported by many staff.	Page 26: Add another bullet point to 6.6 current challenges: <i>Meeting current demands while seeking to develop prevention and early intervention models.</i>
Increasing gap in terms of health inequalities.	Page 27: Add " <i>rising and intractable health inequalities</i> " to the first challenge in section 6.
The possible impact on general practice was raised as the public experience is that practices are already very busy. GPs need one point of contact to community services Patients need one GP to go to. GP workload and sustainability is a concern within primary care. Need better access to mental health services from GP.	Add to section 6, Page 30: 6.15 <i>The current pressure on General Practice is recognised by staff working in that setting and patients. There is a need to ensure that considered actions are taken that improve outcomes and experience for those who use services and for GPs if we are to develop more effective locality services. The impact of the new General Medical Services contract will need to be carefully considered to ensure more integrated working across community services as well as acute care is</i>

	<i>achieved.</i>
<p>The importance of personal outcomes approach. That people need to draw on their own resources more often and we need to be honest and clear about this moving forward.</p> <p>Use of personal outcomes / self-management language.</p>	<p>Page 32: 6.30 change perception to <i>perspective</i>.</p> <p>6.30 second sentence – change to read; <i>This approach is based on engaging with individuals and communities in enhancing their assets and tackling their concerns.</i></p> <p>6.30 – third sentence – delete “<i>approach</i>”</p> <p>6.35 – change from “to help them” to read “<i>to enable them</i>”.</p>

Section 7 – What our performance data tells us (Page 34)

Comments noted	Action
<p>This section was felt to be misleading as it relates predominantly to older peoples activity.</p> <p>The impact of homelessness on health and use of health and social care services does not feature.</p> <p>The impact of young people in transition to adult services – in terms of the complexity of need, expectations of care models and number of people requiring extensive care at home.</p>	<p><i>Additional data will be included to more accurately reflect the whole partnership and provide a focus on the most vulnerable:</i></p> <ul style="list-style-type: none"> • <i>Homeless data</i> • <i>Young people in transition</i>

Section 8 – Context and case for change (Page 45, 46, 46, 51)

Comments noted	Action
<p>Context and case for change – Use of language highlighted</p> <p>Not enough emphasis on self-care, shared care or self-management.</p> <p>Many people recognised that the implementation would be a</p>	<p>Page 45: 8.1 - 4th bullet point- change “end up in” to “<i>are admitted to</i>”</p> <p>Add bullet point to Summary at 8.1 <i>Choice and control in relation to self-management or shared care will result in people taking more control of their care using their own resources and assets.</i></p>

<p>challenge and that delivering real change within timescales would be difficult.</p> <p>Suggested addition to reflect impact on prevention and improvement work.</p> <p>Personal Outcomes approach as a priority.</p> <p>More flexible commissioning in relation to allowing the third and Independent sectors to respond in line with early intervention and prevention of admission.</p>	<p>Page 46: Add to 8.2 <i>It is recognised that implementing changes that can transform, while responding to increasing demand, will be challenging.</i></p> <p>8.2 – add in first sentence is expected “<i>to improve health</i>”</p> <p>8.4 Add to sentence that starts figure 3 – <i>this relates to services designed for adults and older people and the pattern of care for children is different.</i></p> <p>Page 47: Amend 8.9 third bullet point: <i>Prioritise provision of a programme of staff development to support embedded and confident use of a personal outcomes approach and use of feedback to improve services.</i></p> <p>Page 50: Amend 8.12 - Insert <i>working in partnership with local providers to make best use of resources, that allows the flexibility required to meet The Strategic Priorities. Services will be prioritised where there is evidence...</i></p> <p>Page 51: 8.13 – change “Tackling” to “<i>Reducing</i>” in line with previous change proposed.</p>
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Section 8 – Strategic Priorities (Page 48)

Comments noted	Action
<p>An addition to strategic priority one is required to reflect the wider determinants of health and wellbeing.</p>	<p>Page 48: To add the following to 8.10 Strategic Priority One :</p> <p><i>We will work with other services and organisations across community planning in Fife, to tackle the factors that determine good health and wellbeing, including education and skills, jobs and economy, transport and housing.</i></p>
<p>The Plan does not include reference to encouraging more open communication at an earlier stage on issues such as death and dying,</p>	<p>Page 48: To expand the third bullet point in Strategic Priority One:</p> <p><i>Including more open conversations about death,</i></p>

bereavement and expectation and consent for treatment.	<i>dying, bereavement and expectations for, and consent for treatment.</i>
There is a need to recognise that not everyone recovers, and therefore better meet the needs of people at end of life.	Page 48: Strategic Priority 2 Add an additional Priority: <i>We will ensure that quality of life and wellbeing is the main focus for health and social care services for people with long term and life threatening conditions, and that services work effectively with people at end of life to ensure their needs are met.</i>
Need to reflect recovery and timely access.	Page 49: Strategic Priority 3: Improving Mental Health & Wellbeing To add an addition bullet point to Strategic priority Three: <i>To help people to realise their aspirations, offer help when they need it, all in an environment of promoting recovery and sustaining relationships.</i>
This section confuses Health Inequalities with Equality and Diversity. The section should concentrate on health equalities	Page 49, Strategic Priority 4 Add the following new Strategic Priority (four) 8.10. The first bullet should be added: <i>We will ensure our health and social care services contribute to reducing inequalities in health.</i>
The tension between working to eligibility criteria and the intention to improve early intervention was recognised as a challenge to achieve.	Page 51: Add to 8.14 insert sentence after... existing investment: <i>It is recognised that the Third Sector and the wider community play an important role in this area, working closely with health and social care staff.</i>
To add strength in terms of what we intend to do regarding Preventative activity with wider partners.	Page 51: To add the following to 8.14: <i>Ensure an effective contribution to Community Planning in Fife, and work with a range of other services and organisations to tackle the root causes of poor health and wellbeing and inequality in Fife.</i>
By adding additional commitment as above this would support an additional impact.	Page 52: To add the following impact: <i>Improved health and wellbeing of the Fife population over time.</i>

Commissioning Intentions - Pages 51 – 54

Comments noted	Action
Need to reflect recovery and timely	Page 53: Add an additional Commissioning

access.	Intention three at 8.20 <i>Explore how GP practices can have better access to mental health services.</i>
Need to reflect early years work	Page 53: Add additional Commissioning intention <i>Early Years / Children and Young People's work has a focus on resilience, parenting and wellbeing aimed at supporting improved mental health and wellbeing throughout the life course.</i>
Tackling Inequalities: The need to target vulnerability (Christie reference)	Page 54: Remove text section 8.21 Page 54: Add new text at 8.21 to read: <i>We will ensure our health and social care services contribute to reducing inequalities in health,</i> Page 54: Add new bullet point to Commissioning Intentions four at 8.21 <i>We will work to reduce Inequalities in access and uptake of health and social care services for people living in deprived circumstances.</i> Page 54: Add commissioning intention: <i>Spread and embed poverty reduction initiatives within housing, social and health care settings relating to financial inclusion, digital inclusion, fuel poverty, employability, volunteering, and befriending</i> Page 54: Add an additional impact: <i>Greater impact of Health and social care services for people living in the most deprived circumstances.</i>
The need to highlight the importance of being in work	Page 54 Add additional priority: <i>We will work with our employability partners to ensure that every opportunity is explored to help people into work.</i>
Homelessness is a key determinant of health and should mentioned explicitly.	Add Strategic priority <i>We will work with the Fife Housing partnership to reduce level of homelessness.</i> The Housing Contribution Statement outlines actions in relation to this topic.

Section 8 – Stepping Stones for change (Pages 54 - 55)

Comments noted	Action
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<p>This only relates to adults and not children and young people - misleading in terms of the whole partnership</p>	<p>Page 54: 8.22 – <i>typo Table 3 not Table 32</i> <i>Remove “this “in line 4 (Typo)</i></p> <p>Page 54: Add the following to end of 8.22 – <i>This table provides a guide to what changes can be expected for adults and older people in Fife and does not reflect the needs of children and young people.</i></p>
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Section 9 – Financial Framework (Page 60)

Comments noted	Action
<p>Scepticism that the plan can be delivered within the resources and funding available.</p> <p>Need to be honest about budgets and what it will be possible to do.</p> <p>Need more staff – how will we be able to fund this.</p>	<p>Add in Page 60, 9.3 <i>It is recognised that we are in a period of extremely challenging public spending.</i> <i>The Partnership will require to prioritise how the resources available will be utilised in supporting the needs of the users of services to deliver Strategic Priorities.</i></p>

Section 10 – Workforce Strategy – no amendments, see comments below

Section 11 – Consultation Strategy – no amendments proposed

Section 12 – Governance - no amendments proposed

Section 13 - Monitoring Performance - no amendments proposed

Supporting Appendices

Appendix A - Overview of Fife strategies (Page 2)

Comments noted	Action
<p>Changes suggested by the NHS Children’s services management team regarding the strategic priorities in respect of NHS Fife Children and young People’s health and wellbeing Draft Strategy for approval 2015-20</p>	<p>Page 5: Should be changed to read: <i>Childrens Services</i> <i>NHS Fife Children and Young Peoples Health and Wellbeing Draft Strategy for Approval 2015-2020.</i></p> <p><i>High Level Priorities:</i></p> <ul style="list-style-type: none"> • <i>Promote health and wellbeing</i> • <i>Develop children’s and young people’s services</i> • <i>Work in partnership with other services to</i>

	<p><i>improve outcomes</i></p> <p><i>Key supporting principles:</i></p> <ul style="list-style-type: none"> • <i>Prevention and early intervention</i> • <i>Involvement and engagement</i> • <i>Supporting healthy behaviours</i> • <i>Holistic</i> • <i>Protection</i> <p><i>Key areas of focus:</i></p> <ul style="list-style-type: none"> • <i>Mental health and wellbeing</i> • <i>Looked after children and young people</i> • <i>Young carers</i> • <i>Children with additional support needs and children with exceptional healthcare needs</i>
Updates for Accuracy	<p><i>Page 6: Community Safety Plan 2015-2020</i></p> <p><i>Page 10: Health & Wellbeing Plan now Fairer Health for Fife 2015-20</i></p> <p><i>Page 11: Local Housing Strategy 2015-2020</i></p>

Appendix C - Housing Contribution Statement (Page 33)

Comments noted	Action
The importance of housing to health and wellbeing, and that appropriate housing is not always available.	<i>The Housing contribution statement has been reviewed in line with comments made within the sector and as part of the consultation process.</i>

Appendix - F - Overview of voluntary Sector funding (Page 114)

Comments noted	Action
Missing data	Add the following services <i>The Pain Association</i>

Key Themes

Proposed amendments in relation to the Key Themes from the analysis of the consultation responses

Resources (Page 60)

Comments noted	Action
<p>Scepticism that the plan can be delivered within the resources and funding available.</p> <p>Need to be honest about budgets and what it will be possible to do</p> <p>Need more staff – how will we be able to fund this</p> <p>Perception of reducing funding</p>	<p>Statement added to section 9 of the report as shown above.</p>

Implementation (Page 26, 46, 51)

Comments noted	Action
<p>Many people recognised that the implementation would be a challenge and that delivering real change within timescales would be difficult.</p> <p>The tension between working to eligibility criteria and the intention to improve early intervention was recognised as a challenge to achieve.</p> <p>Need to continue to work closely acute services to ensure that clinical pathways are further developed.</p>	<p>Addition to 6.6 as above recognising the challenges of change</p> <p>Addition to 8.2 as above</p> <p>Addition at 8.14 to provide stronger emphasis on the increasing role of the third and independent sectors in this area of work</p>

Expectations (Page 9, 45)

Comments noted	Action
<p>There is a high level of expectation in that people will receive more of what they feel they need based on examples given.</p> <p>Not enough emphasis on self-care, shared care or self-management.</p>	<p>Changes to finance section to strengthen the wording around the challenges faced and the need to ensure priority to most in need.</p> <p>Self-care - strengthened in sections 3 and 8</p>

Training (Page 65)

Comments noted	Action
Need to recognise the different cultures and the development work required to make changes in a proactive way.	These are covered within the Principles outlined in the Workforce section 10. Covered in more detail within the workforce and OD Strategy.

General Practice (Page 30)

Comments noted	Action
<p>The possible impact on general practice was raised as the public experience is that practices are already very busy.</p> <p>GPs need one point of contact to community services. Patients need one GP to go to. GP workload and sustainability is a concern within primary care. Need better access to mental health services from GP.</p>	<p>See addition at section 6.15</p> <p>This is already covered in section 8 – no amendment suggested.</p> <p>Additional Commissioning Intention 8.20</p>

Readability (Page 5)

Comments noted	Action
The document was difficult to understand and too vague – it did not give enough practical detail relating to how it would be delivered. Many commented that there was nothing to disagree with – it was the implementation that was not well enough understood.	<p>For future documents plain English check should be done.</p> <p>An easy read version was available – the comments related to the full plan and summary.</p> <p>Add an additional statement at 2.11 as above.</p>

Mental health and stigma (Page 53)

Comments noted	Action
<p>Strong agreement that support, especially at early stages via GP is required in this area.</p> <p>Need to have activity in relation to challenging stigma within workplaces, working with wider Community Planning Partnership.</p>	<p>Addition to Commissioning Intention three 8.20</p>

Housing (Page 34)

Comments noted	Action
Comments recognised the importance of the correct accommodation in a supportive community and highlight that there is a shortage of such accommodation.	The Housing Contribution Statement will be reviewed in line with comments from the sector and through this consultation.

Information (Page 45)

Comments noted	Action
Very strong support for the directory of services.	Information will continue to be made available in a variety of formats. No further action required.

Information missing

Comments noted	Action
Detail included in individual sections above.	Missing information related mostly to children's services as Plan seemed to concentrate on adults/older people. Comments have been taken into account and changes proposed in relevant sections shown above.

Self-care / Self-Management and Shared Care

Comments noted	Action
Links to comments on expectation and honest conversations, including death and dying.	Amendments proposed in sections outlined above to strengthen this area.

End of life care (Page 45)

Comments noted	Action
The Plan does not include reference to encouraging more open communication at an earlier stage on issues such as death and dying, bereavement and expectation and consent for treatment.	See action in Section 8

Personal Outcomes (page 47)

Comments noted	Action
The importance of using a personal outcomes approach was a common theme.	Strengthened section 8.9 in terms of supporting staff to be effective in the use of a personal outcomes approach as a Strategic Priority This is reflected within the Workforce and OD Plan.

Commissioning (Page 50)

Comments noted	Action
The need for the contracts to be more flexible in relation to allowing the third and Independent sectors to respond in line with early intervention and prevention of admission.	Recognition that future Commissioning would need to reflect the aims of the strategy through the market facilitation plan. Amendment 8.12 to Strengthen commissioning Intentions

Fiona Mackenzie / Heather Ford
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January 2016