



Health & Social Care Integration in Fife

H&SCI: Localities Events (February and March 2015)

This phase of engagement was held throughout February and March 2015 beginning with an event for managers followed by one event in each of the seven localities.

The localities events were open to the public, third and independent sectors as well as staff from NHS Fife and Fife Council.

The vast majority of delegates were enthusiastic about the idea of integration and willingly shared their ideas and thoughts as well as concerns.

Participants were asked to focus on the following three questions:

1. Where would you suggest we grow and support an early implementation site in this locality?
2. How can more integrated working more generally, be developed in your locality or patch?
3. How would you want your managers to involve the staff and public about service developments?

Responses across all three questions fell broadly into the following areas:

- Location:** Where things might be made to work as an early implementation site.
- Structure:** How things might be made to work e.g. co-location.
- Systems:** What supporting systems would help to make it work?
- Relationships:** Working relationships between professionals as well as relationships with patients and carers.
- Information:** Information requirements for professionals and the public.
- Issues:** Concerns that were voiced.

Repeated Ideas

Ideas that had support across all localities included having:

- Social Work presence in GP surgeries
- A named care co-ordinator for the patient / an advocate for the patient
- Much less paperwork and duplication

- A local co-ordinator
- A good tracking system
- Information for the public / educating the public
- Information for professionals
- A suitable infrastructure: office space, car parking, etc.
- Forward thinking, approachability, and flexibility

SUGGESTIONS FOR EARLY IMPLEMENTATION SITES

When discussing early implementation sites the majority of groups talked mainly about the range of services already available in a neighbourhood and how these could be augmented. Other groups focused mainly on infrastructure (parking, office space etc.). A number of suggestions were made about refurbishing disinvested properties and a few cast the net a bit wider to include properties out with the corporate estates.

OTHER SUGGESTIONS

The largest number of suggestions was around how integration could be made to work. These were consistent across the localities and while they echoed the outputs from previous engagement events they were in many cases more focused on the day-to-day operations of participants themselves.

Key themes emerging:

- Adopt a management style where managers give up power and support staff to take risks & try new approaches
- Bring back community mental health teams
- Expand Local Area Co-ordinators' roles, have co-ordinator based in locality if possible; have co-ordinators in contact centre
- Hand over to nurse - community companion and companion attends team meeting - everyone knows what's going on - 1 point of contact
- Have a single phone number
- Have care villages for frail elderly
- Help the core of people who need to know each other get to know each other through, 'getting to know you' locality events and shadowing.
- Learn from others (examples included Dundee, Alzheimer's Scotland, ICASS teams, Learning Disabilities, Social Work contact centre – one point of contact, link workers pilot in Glasgow, GIRFEC, Social Prescribing pilot)
- Map and disseminate community assets and resources
- Open up conversations to include broader representation e.g. Housing, pharmacy staff, GP practice receptionists, benefits staff and broader content e.g. caring for carers
- Provide more education for the public to know what service providers can do and get them to the right person more effectively and efficiently
- Social Work carers should support individuals with their medication

ISSUES

The issues highlighted were the same as before with: lack of resources, IT systems, communication, providing 24/7 service and different organisational cultures all being mentioned.

Suggestions from Managers

Managers Event (19th Feb)

Managers were asked to discuss four questions:

1. Where might you start an early implementation site? For which client / patient / user group?
2. Who needs to come together to create new models? How would you involve the public and others and get started?
3. How are you contributing to development of the strategic commissioning plan or how would you like to contribute in the future
4. What supports might you need?

In practice, delegates focused on the first two of these. A summary of their suggestions is provided below.

Q.1 Where might you start an early implementation site? For which client / patient / user group?

- Good examples of joined-up working already in place in: Levenmouth (dementia), Lynebank (Learning Disability) and in Glenrothes.
- Build on existing 'good practice' models of service (e.g. with ICASS)
- Multi-disciplinary working already happens through Care Programme Approach process
- Go for early implementation in areas where staff are willing and able to be involved and build around GP clusters

Q2 Who needs to come together to create new models? How would you involve the public and others and get started?

- Involve acute teams (Acute - older people - e.g. Hospital OT assessing patients already known to SW OT service)
- Key is GP good communication possibly linked to outcomes
- Difficult to involve public sometimes as it tends to be the same people who volunteer to be involved

Ideas for getting started included:

- Single point of contact,
- Social worker attached to GP surgery,
- Loosening boundaries for AHPs so more fluid and flexible, including Hospital at Home, STAR beds, processes and pathways - localised managers group,

- Pathways - changing e.g. patients direct from AVI rather than going to various beds then coming to Glenrothes Hospital
- Day Care provision (SW) - integration of day-care & health - streamlined service early conv.
- Engage with voluntary sector e.g. Health and Social Care Forum
- More information for everyone - what is happening, when
- Need to raise awareness as it seems to come as a surprise we are joining up
- Same people are repeat participants in consultations - need to engage more widely than some of the 'forums'
- Various roadshow events
- Making it more personal in, local areas rather than in Acute.
- Post service ring back - call centre to distribute questionnaires to callers

Issues raised by managers included:

- Different attitudes
- Difficulty engaging GPs
- Everyone listen to needs rather than tell
- Full assessments and trust?
- No strategic engagement across services
- Stop silo management

Specific Suggestions from Each Locality

LOCHGELLY (24TH FEB)

SUGGESTIONS FOR AN EARLY IMPLEMENTATION SITE INCLUDED:

- Benarty Community Centre
- Brunton House (has all other than health)
- Day Centre - take in people from surrounding area (doctor, consultants) use as resource centre
- GP surgeries in close proximity to local community centres
- Lochgelly Centre (a Community Centre - somewhere with no stigma)
- New Park Practice (did all of this years ago)
- Post Office

One specific issue mentioned for Cardenden is lack of space at the health centre.

SOUTH-WEST FIFE (25TH FEB)

SUGGESTIONS FOR AN EARLY IMPLEMENTATION SITE INCLUDED:

- New Park, Primrose Lane Surgery - did this well before
- Provide care services to Abbeyfield Housing
- Oakley Health Centre
- A village GP - Oakley?
- Linburn Road

- Rosyth Health Centre
- Queen Margaret – ICASS, SW, Homecare, Hospital at Home, Interim care team
- Valleyfield - local office, housing, potential from community services
- Inverkeithing - number of services already under one roof

Specific issues noted in South-West Fife included:

- the availability of appropriately trained staff
- the availability of sheltered housing
- communication problems experienced in Saline
- the reluctance of people to travel between villages in West Fife (could need smaller projects)
- Forth Valley provides the health service to Kincardine

LEVENMOUTH (26TH FEB)

SUGGESTIONS FOR AN EARLY IMPLEMENTATION SITE INCLUDED:

- A drop-in centre in the area, like for carers - access to someone who has responsibility where services can be delivered - like a Citizens Advice Bureau for H&SC
- Cameron Hospital - already well populated with professionals
- Day hospital at RWMH - link with Social Work. Local community assets are well understood and used - already thinking about discharge
- Randolph Wemyss - already well populated with professionals
- Social Work located in GP Practices - pilot this somewhere an integrated team e.g. in Randolph Wemyss

One specific issue mentioned for Levenmouth is the small number of social workers in relation to the population.

GLENROTHES (3RD MAR)

SUGGESTIONS FOR AN EARLY IMPLEMENTATION SITE INCLUDED:

- Glenrothes Hospital (*had the greatest support and was mentioned most*); already link workers for SW, day Hospital that can work with people with mobility issues, presence of ICASS team, multi-professional base; extended team to include CPN, Housing, Welfare Benefits Staff, already got a number of disciplines at work here, open plan office, has a good professional infrastructure - build on this
- Glenwood Practices (*mentioned several times*) - potential to prevent early admissions, ICASS where community nursing based,
- Virtual teams (*were mentioned a couple of times*) - not just focus on structure, create forum to bring groups together, look at process / bits of the service, regular meeting from areas, rather than it happening in other way e.g. UHC hub, scenario planning
- Alan McLure House
- Any GP practice would be up for working in an integrated way

- Hubs?
- New care home in Glenrothes and sheltered housing + facilities for focal point/hub

KIRKCALDY (5TH MAR)

SUGGESTIONS FOR AN EARLY IMPLEMENTATION SITE INCLUDED:

- Raith Gates - becomes place for people to be discharged to for rehab enablement or until appropriate housing available, new GP surgery to replace GP surgery
- St Brycedale Church
- Appin House
- East Fergus Place (SW Building)
- Somewhere near the bus station e.g. East Ferguson Place
- Empty shops in shopping centre
- Forth House could accommodate up to 200 people (currently not fit for purpose)
- Health Centre at Whiteman's Brae - issues with parking and footfall
- Hospital at Whiteman's Brae
- Kirkcaldy Health Centre - 4 GP Practices, pharmacy, DN, access to physio, OTs, Homecare, hot-desking capacity
- Loughborough Road site
- Partnership building like there are in West Lothian, Edinburgh, Glasgow
- Perhaps a GP practice
- Some disinvested properties could be brought back into use
- TESCO Building
- Town House Kirkcaldy - open to all Kirkcaldy housing tenants (would not turn owner-occupiers away)
- Unused offices in Cameron House and others

DUNFERMLINE (10TH MAR)

SUGGESTIONS FOR AN EARLY IMPLEMENTATION SITE INCLUDED:

- Linburn Road (*was well supported as a suggestion*)
- Lynebank Hospital - biggest space, not good for people resources, services are beginning to come in ideal for buses etc. - would a GP Practice want to move?
- Abbeyview Clinic (is closing but not sure of state of building)
- Bellyeoman / New Park used to have Social Work offices attached
- New Park did have co-located services
- Cluster teams in New City House
- Five GP surgeries, all would be keen to be involved
- Inverkeithing - they are active and would like to be involved
- Netherton and Millhill
- Park Road, Rosyth was also closer to co-located services at one time
- Queen Margaret Hospital - space, central, parking

NORTH-EAST FIFE (12TH MAR)

SUGGESTIONS FOR AN EARLY IMPLEMENTATION SITE INCLUDED:

- St Andrews (*got most support*); 3 GP surgeries in hospital + work space, hot-desking (co-location), massive space, good mix, GPs see patients in hospital, it's a community hospital, systems (e.g. Midis) are available, SW and health team easily put together (possible challenges with IT), access to resources, staff, open plan office, get the small GP practices included in the integration e.g. Tayport / Leuchars - IT sharing info
- Adamson (although not so much space as St Andrews)
- Cupar area (most energetic enthusiastic) - two GP practices with hospital / physio, / OT / could bring Social Work in (space wise) Local Area Coordinator
- Cupar Food Bank could be an opportunity
- Dundee
- Elmwood College would be possible as a spoke to hub for drop-in services / for information
- Find a GP practice to adopt the Nuka system or another more workable solution
- GP Surgeries (Cupar, St Andrews, Newport, Craigrothie (one in each ward)
- Need smaller rural trial site

Conclusions:

1. Evaluations of the events showed that 47% of delegates identified new information as the single most important thing they got from attending. The remaining 53% included networking, group discussions, and the sense of being involved. Where delegates would have changed the design of the events it would be to have more discussion and less time on presentations. This seems to support the general sense coming through the events that delegates would now like to get on with some practical work to make integration happen.
2. The information and suggestions from the sessions could be used to take forward tests for change initiatives.
3. The presence of senior managers at some events was valued. The need to continue to actively involve middle managers was a common theme.
4. Encourage participants in these projects to learn from others within and outwith Fife. Delegates already know of many examples of good practice.
5. Those leading tests of change in localities will require further developmental support in joint working (collaborative practice).
6. Consider a seminar format for some future events to include more practical examples of what is happening locally and how change has been achieved.