



# Strategic Plan for Fife 2019-2022

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# A message from our Chair

Fife Health & Social Care Partnership have been working and continue to work with the people of Fife, providing joined up Health and Social Care services in communities and throughout Fife. This will mean people can stay well, live longer and healthier lives, while accessing the care and support they may require, without having to be away from their home, family, friends and normal everyday life and activities.

Helping people to stay well and live well needs to be at the core of all services, with wrapped around care at the heart of the person, rather than being offered at a distance in a particular building. People who are ill should receive care and treatment in as close to their home as possible and care, which is appropriate to their needs.

If community care services are best suited to a person's need, they should be provided. If specialist, residential, or hospital care is needed, that is what that person should receive. The most important thing is to match the type of care to the health of the person so they get the right treatment, first time.

This is why health and social care organisations are working, listening and planning together looking beyond existing structures and ways of working, to make sure people, are kept as healthy as possible, get the best quality care and have well-run services which make the most of available resources, where and when they need it.

Fife Health & Social Care Partnership understand that there are real priorities which people want to see and we will address these priorities. We know we must prevent physical and mental ill health and help people to make better lifestyle choices. We must provide services which are tailored and targeted to people and their communities. We must make it easy for people to get the right care, when they need it, in the right place for them and we must continue to ensure Health and Social Care work seamlessly and make organisations as efficient as possible.

Health and Social Care Teams across Fife have been working together to produce sustainable and effective systems and to look at how services should run over the next three years. This has given all professionals an opportunity to get a complete picture of people's needs and the services being offered across Fife so resources can be used fairly to give everyone the same opportunities to live long, healthy lives. Fife Health and Social Care Partnership will continue to provide the services which will improve the best way for people to stay well and live well, now and in the future.



**Cllr Rosemary Liewald**  
Chair, Fife Health & Social Care  
Partnership Board

# Introduction

We are committed to supporting every person in Fife to live well. I am proud of the progress that we have made on that objective over the first three years of the Health & Social Care Partnership – over the 3 years of our first Strategic Plan – but recognise there is more to do. I am particularly proud of the work our staff do every day in a huge variety of settings - from home to hospitals and everywhere in between - in supporting individuals who need our care and support.

The work of our staff and partners working alongside individuals and communities has enabled us to reform and modernise how we deliver essential care at home to thousands of people every day. It has allowed us to make significant progress on how we tackle the stigma of mental health and the redesign of our services for those with mental health challenges so we can support them earlier, and more effectively and in the community where at all possible. We have also significantly improved how we support the most vulnerable frail individuals in Fife, by co-ordinating all the care they receive across services so their needs and wishes are paramount.



**Fiona McKay**  
Head of Strategic Planning

We have made progress on our Joining Up Care agenda and we have also brought a powerful local focus to health & social care support in each of Fife's seven localities. The Wells – a one stop shop connecting those who need support with community assets and services where required – are being very successfully rolled out across Fife. We are also successfully implementing the new GP contract – investing in multi-disciplinary teams, a group of workers who are members of different professions, to support GP practices so people see the right professional first time.

We need to build on these successes and make further progress over the next 3 years. This refreshed Strategic Plan sets out how we will do this. In doing so we need to be clear about the financial pressures on the Health & Social Care Partnership and on public services more generally. What is clear is that to be sustainable we need to do things differently. We believe when people have choice and control and are supported to live healthier lifestyles, individuals and communities will flourish.

Tackling inequality is central to everything we do. Our strategy is to empower our staff and the people we serve: to capitalise on our assets, which includes our communities and partners, to build capacity and people's potential to improve their own wellbeing wherever possible.

# About the Strategic Plan for Fife 2019-22

This Strategic Plan is for the delivery of health and social care services in Fife over the next three years 2019-22.

It is prepared by the Fife Integration Joint Board under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act'), and it covers all topics that are required by the Act, along with a number of other relevant topics.

The Integration Joint Board is required by the Act to produce a Strategic Plan for the health and social care services and functions delegated to Fife Health & Social Care Partnership. The Strategic Plan is a document that sets out the vision and future direction of health and social care services in Fife and it includes some detail of the planned activities that will achieve this. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally along with the six Public Health Priorities for Scotland.

Detailed planning of activities to deliver the vision for health and social care in Fife will continue to be developed, considered and monitored on an ongoing basis through governance and local engagement structures in collaboration with partners in the independent and voluntary sectors and in local communities, over the lifetime of the Strategic Plan. This is how the Integration Joint Board ensures the joint commissioning of services and their delivery.

## Locality Plans

Critical to the Integration Joint Board's Strategic Plan, each of the seven local areas that make up the Fife Health & Social Care Partnership develop a Locality Plan with partners, including patients, service users, carers and the third and independent sectors (who provide health and social care support in different ways to the Partnership). Working closely with our partners, the Locality Plans are updated on an annual basis to show how the plan is being implemented locally to ensure services respond to local priorities, needs and issues of communities. The most up to date locality plans are available on the Partnership's website at [www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications).

# About Us

## Fife Integration Joint Board

Fife Council and NHS Fife, in order to drive forward Health and Social Care Integration have established the Fife Integration Joint Board (the IJB) to achieve the best adult health and social care outcomes and promote the health and wellbeing of the people of Fife.

The services and functions delegated from Fife Council to the Health & Social Care Integration Joint Board represent almost all of the current social care services and functions of the Council, along with their budget. A similar range of health services and functions, along with the budget for these, are also delegated to the Integration Joint Board by NHS Fife. The budget for health and social care services is made up of a contribution to the Integration Joint Board from Fife Council and NHS Fife, determined as part of their budget setting processes.

The arrangements for Health and Social Care Integration within Fife are outlined in Fife's Integration Scheme, which is available on Fife's Health & Social Care Partnership's website at [www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications).

Fife's Integration Joint Board (IJB) is a distinct legal body that was created by Scottish Ministers upon approval of Fife's Integration Scheme. It was established, and held its first meeting on 29th October 2015.

The Integration Joint Board is Fife's decision-making body that regularly meets to discuss, plan and decide how health and social care services are delivered across Fife in line with its Strategic Plan. It then directs Fife Council and NHS Fife to work together, in partnership, to deliver health and social care services based on their decisions, making best use of available resources.

Membership of the Integration Joint Board is prescribed in legislation, and details of the Fife Integration Joint Board membership is available at [www.fife.gov.uk/ijb](http://www.fife.gov.uk/ijb)

# About Us

## Our Vision, Mission and Values

### Our Vision

To enable the people of Fife to live independent and healthier lives.



### Our Mission

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



### Our Values

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



# About Us

## Fife Health & Social Care Partnership and its Localities

The Fife Health & Social Care Partnership is led by a fully-integrated Senior Leadership Team that has responsibility for working across both health and social care remits.

Services are delivered across seven areas in Fife, which are referred to as 'localities'. They are:



In Fife services delegated to the Integration Joint Board are set out in the Integration Scheme. A full list of the services and functions delegated is available at [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org). Examples include social work services for adults and older people and services within NHS Fife, which include community hospitals, children's services, all primary care and mental health.

The Partnership directly provides some services like residential and day care services and there are health and social care services that are contracted/purchased from third parties including the third and independent sectors.

Fife Health & Social Care Partnership is committed to developing a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, built upon partnership and collaboration within teams and between health and social care professionals and managers.



# About Fife

## Demographic Context

### Population and Projections

Fife, with a population of 371,410 (2017 National Records of Scotland), has the 3rd highest population of all 31 Health & Social Care Partnerships in Scotland, which is 6.8% of the population of Scotland. It comprises:

- 64,333 (17.3%) children aged 0-15
- 232,485 (62.6%) adults aged 16-64 and
- 74,592 (20.1%) older people aged 65 and over.

Between 1997 and 2017, the population of Fife increased by 7.2%, the 14th highest percentage change of the 31 Partnerships in Scotland. The population is expected to continue to increase over the next few years and beyond. Estimates of population growth between 2016 and 2026 indicate an overall increase of just over 7,500 people (1.9%), which compares to a projected increase of 3.2% for Scotland as a whole.

It is estimated that by 2026 in Fife the 75 and over age group is projected to see the largest percentage increase of 35.1% compared to 2017 and a large percentage decrease of -6.9% for the 16-24 age group.

### Households Projections

Between 2016 and 2026, the number of households in Fife is projected to increase from 165,833 to 173,678. This is a 4.7% increase, which compares to a projected increase of 6.4% for Scotland as a whole.

Fife is projected to have the 3rd highest number of households in 2026 of all 31 Partnerships in Scotland.

### Life Expectancy

Life expectancy in Fife is lower than across Scotland as a whole for females but higher than Scotland for males. Both female and male residents of Fife are estimated to have less years of healthy life than the Scottish averages.

2015-17 life expectancy for a Fife male is 77.2 years compared to 77.0 years for a Scottish male – a difference of +0.2 years. For females this is 80.8 years compared to 81.1 years – a difference of -0.3 years.

According to the most recent data available, Fife males would be expected to have 62.3 years of healthy life and Fife females would be expected to have 61.9 years.

Increases in life expectancy have recently stalled with decreases observed in male and female life expectancy in Fife, as well as Scotland, from 2013-15 through to 2015-17.

## Poverty and Deprivation

The way deprivation is measured in Scotland is by dividing the Scottish population into fifths (Quintiles) according to level of deprivation. Quintile 1 is the 20% most deprived section of the population, so Fife overall, which has 19% living in Quintile 1, has a similar overall level of deprivation to Scotland. But there are important and large variations within Fife. For example, 44% of the Levenmouth Locality population lives within Quintile 1 compared to 1% of the North East Fife population.

Although we generally look at multiple types of deprivation together when considering need, there are some areas where overall deprivation is low but access to services (defined as travel time to key services) is a particular issue. For example, this applies to 32% of the North East Fife Locality population and 30% of the South West Fife Locality population. (SIMD 2016).

In addition:

- 12.2% of Fife's population is classed as income deprived (using a range of indicators such as people receiving Income Support, Jobseeker's Allowance, Guaranteed Pension Credits etc), which is the same as the Scotland percentage. There are differences between different areas in Fife with percentages as high as 19% in Levenmouth compared to 6.6% in North East Fife.
- 10.9% of Fife's working age population is classed as employment deprived, compared to 10.6% for Scotland. This ranges from 5.5% in North East Fife to 15.8% in Cowdenbeath and 17.2% in Levenmouth.
- 18% of Fife's population is classed as access deprived. This is as high as 32% in North East Fife and 30% in South West Fife.
- 15% of Fife's population is classed as health deprived. This is as high as 37% in Levenmouth.
- In some parts of Fife 42% of dependent children are in low income families.

*For more information on SIMD:  
<https://www2.gov.scot/Resource/0050/00504766.pdf>*

# About Fife

## Population Profile

It is important to note that whilst Fife as a whole is not an outlier for many population health indicators compared to Scotland, within Fife, there are huge variations. For example, premature death rates are more than twice as high in the most deprived areas of Fife compared to the least deprived areas. When planning interventions and commissioning services, we will take into account these variations so that each community will have support which is relevant to local needs.

### Did you know?

- 8.3% of Fife's 16 and over population live in 'bad/very bad' health, similar to 8.3% of Scotland's adults.
- 31.6% of Fife adults live with a limiting long-term illness or condition similar to 31.9% of Scotland's adults.
- 6,661 people (1.8%) are estimated to have dementia in Fife.
- 1,667 people, 0.5% of Fife's population, are recorded as having a learning disability, whilst 8,612 people, 2.4%, are reported as having a learning difficulty\*.
- 2,635 people in Fife report having a developmental disorder (e.g. Autistic Spectrum Disorder, Asperger's Syndrome)
- 7.3% of the population has been recorded as having a hearing loss (rising to 26.3% for people aged 65 and over), and 2.5% of the population report having a visual loss (rising to 9.3% for people aged 65 and over).
- Almost 35,000 (9.7%) of Fife people are unpaid carers.
- 14.2% of Fife adults have common mental health problems compared to 15.7% of Scotland's adults, with higher proportions for females (15.9% Fife and 17.2% Scotland) than males (12.3% Fife and 14.2% Scotland) in both Fife and Scotland.
- 19.2% of Fife's population, more than 70,000 people, are prescribed drugs for anxiety, depression and psychosis. The Scottish average is 18.5%.
- It is estimated 1.2% of the Fife population (around 2,800 individuals) aged 15 to 64 are problem drug users. The Scottish figure is 1.6% (57,300 individuals). Problem drug use is defined as a problematic use of opioids and/or illicit use of benzodiazepines..
- Over a fifth (23.1%) of Fife adults are estimated to drink more than the recommended weekly levels (14 units) – slightly less than the national average of 25.3%.
- Reported rates of domestic abuse doubled in Fife between 2003/04 and 2016/17 from 60 per 10,000 to 120 per 10,000. This has a significant impact on the health of women and children in Fife. The rate for Scotland for 2016/17 is 110 per 10,000.

*\*For the difference between learning disability and learning difficulty see:  
[http://www.mindroom.org/index.php/learning\\_difficulties/what\\_are\\_learning\\_difficulties/learning\\_difficulty\\_or\\_learning\\_disability/](http://www.mindroom.org/index.php/learning_difficulties/what_are_learning_difficulties/learning_difficulty_or_learning_disability/)*

## Deaths

Although premature deaths (deaths under the age of 75) have reduced by 12% in the last 10 years, there is an inequality gap. Each year since 2011 the premature death rate in the most deprived areas in Fife has been more than twice the rate in the least deprived areas.

This is particularly true for the 15-44 age group, where death rates in the most deprived areas are more than four times those in the least deprived areas. Suicide and drug related causes are highest within this age group.

## Causes of Death

Cancer caused 28% of all deaths in 2017. Lung cancer was the biggest killer, causing 363 deaths.

Heart disease was the second most common cause, accounting for almost 600 deaths in 2017. Dementia and Alzheimer's disease resulted in nearly 500 deaths in 2017, and was the third most common main cause of death in Fife.

## Drug and Alcohol Related Deaths

66 deaths were classed as drug related in 2017. The rate of these deaths in Fife rose beyond the Scottish rate between 2016 and 2017. (19.3 per 100,000 in Fife; 17.7 for Scotland).

91 deaths were classed as alcohol-specific in 2017. Fife's alcohol related mortality is lower than the Scottish rate. (17.3 per 100,000 in Fife; 20.2 for Scotland).

## Alcohol and Drug Use

1,560 Disability Adjusted Life Years (DALYs) were lost in 2016 due to drug misuse in the 15 to 44 year age group in males. This is out of a total of 2,752 for all ages. For alcohol 1,807 DALYs were lost for those aged 15 and over. One DALY can be thought of as one lost year of "healthy" life.

Fife's rate of alcohol related hospital stays is just below that of Scotland (651.9 per 100,000 in Fife; 675.7 per 100,000 for Scotland). The rate has increased in Fife between 2016 and 2017. This relates to around 2500 episodes of alcohol related inpatient care in 2017.

Drug related hospital stays have been on an upward trend since 2010 and significantly exceeded the Scottish rate in 2016/17, (188.7 per 100,000 in Fife; 146.9 for Scotland). This relates to around 800 episodes of drug related inpatient care in 2016/17.

## Homelessness

The Health and Homelessness in Scotland Report published by Scottish Government in June 2018 provides harsh but solid evidence for the impact that episodes of homelessness have on individuals' health and wellbeing. The study covered 1.3 million people and lasted a 15 year time period.

Headline messages from the report are that:

- At least 8% of the Scottish population have been homeless at some point in their lives demonstrating that an episode of severe housing insecurity is not uncommon in Scottish society.
- 49% of those experiencing a period of homeless had received NHS treatment for mental health conditions, alcohol use or drug use.
- For those with a history of repeat homelessness over 10% had evidence of all 3 conditions – namely poor mental health, plus problematic alcohol and drug use.
- 25% of those who had been looked after and slept rough at some point had evidence of 'tri-morbidity' namely homelessness AND mental health, AND drug and/or alcohol issues. This is also the case for 27% of those who had become homeless after being discharged from prison
- There was a highly significant increase in the number of interactions with health services up to 5 years preceding the homelessness application to the Council. This peaks around the time of the first homelessness assessment and remains well above the norm for years following.

The implications are clear that recorded homelessness is associated with significant and preventable health use. Early identification and preventative approaches by close partnership working between HSCP, NHS, Housing Services and third sector are required. This is guided by the Fife Housing Contribution Statement and the engagement of the HSCP with Fife's Rapid Rehousing Transition Plan (RRTP). A HSCP Health and Homelessness Action Plan is in draft and implementation will be monitored by a multiagency working group.

*All data taken directly from:  
<https://www.gov.scot/publications/health-homelessness-scotland/pages/1/>*



## Delayed Discharges

A delayed discharge is when someone is clinically ready for discharge from a hospital setting and where their care could be provided elsewhere but they cannot leave hospital for various reasons. This is detrimental for the person, their family and for the service as the hospital resource cannot then be used by someone who more urgently requires medical support. Within Fife we have taken a whole system approach to reducing delayed discharges and over the past couple of years we have seen a reduction in the number of days individuals spend in hospital after they are deemed ready for discharge. A number of actions have contributed to this which include a redesign of our home care services, better links with the Acute Hospital and the Health & Social Care Partnership through the multi-agency Discharge HUB at Victoria Hospital, Kirkcaldy and collaborative working with the Third Sector including earlier direct support for carers, veterans and homeless individuals.

Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Fife	979	1025	1044	1030	779	612
Scotland	886	922	924	915	841	762

Source: ISD Scotland Delayed Discharge Census

82.2% of adults supported at home agreed that they are supported to live as independently as possible in 2017/18. This is an increase from 79.8% in 2015/16.

## Child Health

### Prevention and Early Intervention

Prevention and early intervention with children, young people and families is a priority in Fife with the aim of promoting, protecting and improving our children and young people's health and well being. A key part of prevention and early intervention is to build the capacity of individuals, families and communities to secure the best outcomes for themselves. It is about moving from intervening when a crisis happens towards prevention, building resilience and providing the right level of support before problems materialise.

One of the main drivers for this work is the Public Health priorities for Scotland; in particular priority 2: A Scotland where we flourish in early years

Examples of early intervention work in Fife:

- Increasing awareness of financial inclusion pathway which supports midwives and health visitors to directly refer pregnant women and families with young children into specialist money advice services
- Provision of an extensive suite of training to support the early years agenda in relation to the public health priorities
- Implementation of public health information and resources that support the early years information pathway and the health visiting pathway
- Specific targeted prevention programmes in schools such as; creating an environment where children and young people choose not to smoke

The rate of women smoking at maternity booking in Fife is significantly higher than the Scottish average, and third highest in Scotland. In Fife 24.5% of women are obese at maternity booking compared to 22.7% for Scotland. Both preventive health promotion actions and support in maternity services and beyond are needed to address these levels which increase the likelihood of health complications. Vulnerable women also require specialist maternity care such as those with addiction issues.

#### Percentage of Mothers Identified as Smoking at Booking (2017/18)

	Number Identified	Number of Bookings	Rate
<b>Fife</b>	617	3297	18.7%
<b>Scotland</b>	7362	51149	14.4%

Source: Discovery

#### Percentage of Mothers Identified as Using Illicit Drugs at Booking (2017/18)

	Number Identified	Number of Bookings	Rate
<b>Fife</b>	58	3297	1.8%
<b>Scotland</b>	813	51149	1.6%

Source: Discovery

The 27 – 30 month developmental review is part of the National Child Health Surveillance Programme and features as an indicator in both the Plan for Fife and the Children’s Services Plan.

#### Child Health – One or More Developmental Concerns at 27-30 Month Review (2017/18)

	Number Identified	Number of Bookings	Rate
<b>Fife</b>	575	3320	17.3%
<b>Scotland</b>	7570	49555	15.3%

Source: Discovery

Breastfeeding initiation increased from 60.2% to 62.9%. with rates for any breastfeeding at 6-8 weeks also increasing (36.1% to 37.55). Exclusive breastfeeding at 6-8 weeks has remained static at 25.3%. The drop off rate from birth to 6-8 weeks is 60%. The Breastfeeding Support Worker (BSW) service continues to support almost 2/3 of breastfeeding mothers at some point in their breastfeeding journey. Exclusive breastfeeding at 6-8 weeks is significantly higher in those who receive home visit support (49%). Breastfeeding initiation for those who received antenatal support from the service is high (92%).

Uptake of Healthy Start scheme has increased from 65% to 67% over the last year but the transition to Best Start may present a risk for low income families. Uptake of Healthy Start vitamins in under 5s remains low (around 12.8 %) despite improved access via health visitors, family nurses and over 50 community venues across Fife

#### Ever Breastfed (2017/18)

	Number Identified	Number of Visits	Rate
<b>Fife</b>	2053	3265	62.9%
<b>Scotland</b>	30256	47764	63.3%

Source: Discovery

## Child Dental Health

Dental extractions are the most common reason for elective admission to hospital for children across Scotland. This results in approximately £5million and 8,000 lost days from pre-school and school and days off work for parents/guardians. 834 child dental general anaesthetic procedures were undertaken in Fife in 2017.

Reference: Public Health Priorities for Scotland  
<https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/06/scotlands-public-health-priorities/documents/00536757-pdf/00536757-pdf/govscot%3Adocument/00536757.pdf>

The National Dental Inspection Programme collects data regarding dental health in children on an annual basis. A representative sample of children in Primary 1 and Primary 7 are inspected on alternate years. Data from the 2018 Primary 1 examination showed that 71.9% of P1 children were free from obvious dental decay. The 2017 Primary 7 examination indicated that 75.3% of P7 children were free from obvious decay. These figures represent significant improvements but show that at least 25% of our child population is suffering from a preventable disease.

Reference: NDIP 2018 and 2017 reports  
<https://www.isdscotland.org/Health-Topics/Dental-Care/Publications/2017-10-24/2017-10-24-NDIP-Report.pdf?9203737975>



## Adult Dental Health

As of 30th September 2018 87.8% of the adult population in Fife was registered with a dentist. The figure for those participating in dental services (i.e. having attended their dentist in the last two years) this figure was lower at 71%.

Reference: Dental Statistics - NHS Registration and Participation  
<https://www.isdscotland.org/Health-Topics/Dental-Care/Publications/2019-01-22/2019-01-22-Dental-Report.pdf?64411562682>



# About Fife

## Performance, Progress and Achievements

Fife Integration Joint Board (IJB) and the Health & Social Care Partnership (HSCP) have integrated performance management arrangements to monitor, report and scrutinise the performance of health and social care services across Fife. This will evaluate their effectiveness in delivering the vision and priorities of the Health & Social Care Partnership and to evidence the achievement of the statutory National Health and Wellbeing Outcomes. More information on the National Outcomes is available at [www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes](http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes).

High level performance indicators related to the National Outcomes published by the Scottish Government have been used as a basis for Fife's performance management framework for health and social care services. This allows links to be made between operational delivery in localities, performance across care groups and performance across the Partnership as a whole.

In addition to receiving care group and service level summary performance reports, Fife receives a range of governance and operational performance scrutiny reports from both internal and external scrutiny bodies such as Fife Council's Internal and External Audit Team, Audit Scotland, Healthcare Improvement Scotland and the Care Inspectorate. These reports provide detail of services inspected, themes arising and trends in relation to grades awarded, alongside action plans for service development.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires IJBs/HSCPs to produce an Annual Report within four months of the end of each reporting year (1 April-31 March), which looks back on the year and reflects on the HSCP's performance against agreed national and local performance indicators and commitments set out in the Strategic Plan. To date Fife IJB/HSCP has produced two Annual Reports, and they are available on the Partnership's website at [www.fifehealthandsocialcare.org/publications](http://www.fifehealthandsocialcare.org/publications).

This section sets out our current position in respect of the Health & Social Care Partnership's performance, progress and achievements against the current four aims within the Strategic Plan. During 2017-18, the Partnership has continued to make significant progress in a number of areas and continues to redesign and consult on new ways of working. The two annual reports also provide a focus for the future at a strategic level but also on the important day to day operation of vital services that support the health and wellbeing for the people and communities in Fife.

## Pamela's story

### Background

Pamela was diagnosed with Breast Cancer in April 2018, aged 36. She is married and has 3 children. She finished treatment in January 2019. Pamela received an Improving the Cancer Journey (ICJ) invitation letter from Information Services Division (ISD), contacted the service and had an initial appointment early February 2019.

### Electronic Holist Needs Assessment identified the following concerns:

- Financial – the couple had not claimed benefits and as her husband had given up work to look after her and Pamela had also had to stop work, they had a very low income. They did not have a working cooker and were unable to afford to buy one.
- Weight loss and reduced fitness
- Emotional impact of her diagnosis and treatment
- Worry, fear and anxiety about the possibility of a recurrence

### Actions following assessment:

- A referral to Macmillan Welfare was made and Pamela successfully applied for welfare benefits and a Macmillan grant. A cooker was provided by a local charitable furniture project.
- Pamela was referred to Move More Fife (physical activity programme) and attended classes which improved her physical and emotional wellbeing
- Pamela was referred to and attended the Breast Cancer Care "Moving Forward" course and the Breast Cancer Support group.
- Access to therapies information provided and signposted to Maggie's for support to deal with stress and anxiety

### Outcome

Pamela felt that involvement with the ICJ Service led to her obtaining all the support she needed to move forward from the impact of her cancer diagnosis and treatment. Pamela said the ICJ invitation letter "was the best letter she had ever received" and said the local area co-ordinator (Sharon Breeze) was "amazing".



Pamela Harrower

## Living with a Diagnosis of Dementia Gerry's Story

Gerry is a 56 year old man living in Glenrothes with his wife Trisha, his three teenage children Daniel, Stephanie and Ceiran and his cat Minstral.

He was diagnosed with Younger Onset Alzheimer Disease at the age of 55, takes medication for high blood pressure and lives with sleep apnoea. He began to recognise changes in the way he was functioning at the age of 53; struggling to use the computer at work and having to ask his wife to park the car, he knew something was wrong.

Since his diagnosis he has had to give up work and stop driving.

Gerry was allocated a Post Diagnostic Support Worker to help him put practical things in place. He felt it was important to do this while he was still able to make his own decisions and ensure his wife and family were provided for should he progress towards more advanced dementia.

The Support Worker helped Gerry to connect with the Fife Carers Centre, who have supported him in accessing welfare benefits appropriate to his condition.

He has been prescribed medication for the Alzheimer's Disease, which is slowing down the

progress of the condition, but he recognised the need to future proof his house in anticipation he may become less able.

Gerry became involved with the Dementia Friendly Fife Project through attending an hour-long face to face Dementia Friends training session which he attended along with his wife and two of his children.

Since then Gerry has shared his story at several dementia friends sessions across Fife, has been featured on social media feeds and has been extensively involved in activities around Dementia Awareness Week.

Gerry hopes to live his life as normally as possible for as long as possible and is actively involved in supporting dementia friendliness in Fife through a range of activities and projects, aiming to bring his own views and represent the views of other local people living with a diagnosis of dementia.

"When I was first diagnosed it came as a massive shock. However, with the support of my wife, children, family, the Post Diagnostic Worker, the Dementia Friendly Fife Project and my fellow peers, I have come to terms with the diagnosis and look forward to the days ahead. We all know there will be challenges but I am confident that between us we will manage them, and I will have a good life."



# Strategic Direction Legislation

## Advocacy Strategy

Independent advocacy has been refreshed in 2018. Independent advocacy services are critical to safeguarding and empowering those people who are most vulnerable and at risk and enabling them to express their views and to have their voices heard.

## Audit Scotland Report on Integration

The aim of this audit was to examine the impact public bodies are having as they integrate health and social care services. The report sets out six areas which need to be addressed if integration is to make a meaningful difference to the people of Scotland. This audit does not focus in detail on local processes or arrangements and it complements the programme of strategic inspections by the Care Inspectorate and Healthcare Improvement Scotland.

## Carers (Scotland) Act 2016

Implemented in April 2018, this Act places a range of duties on Integration Joint Boards to support unpaid carers, including developing a Carers Strategy and a Young Carers Strategy and having clear eligibility criteria in place.

## Carers Poverty (Scotland) Act

The Act sets out four ambitious headline targets for 2030 which will establish Scotland as the only part of the UK with statutory income targets on child poverty. The Act also introduces a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report, ensuring that increasing equity sits at the heart of children's services.

## Children and Young People (Scotland) Act 2014

The Act places a clear national outcomes focus on promoting wellbeing and delivering services to get it right for every child and young person. This requires a shift in 'how we do things', with a greater integration of services to meet local needs, and the increasing development of services that are designed and coproduced in communities across Fife. This will bring both new opportunities and new challenges.

## Climate Change (Scotland) Act 2009

Fife Integration Joint Board recognises its position of responsibility in relation to tackling climate change and produces an annual Climate Change report in line with legislation.

We have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper, recycling and reducing waste as much as possible and the use of technological solutions to help to reduce travel and support the reduction of Fife's carbon footprint.

## Public Bodies (Scotland) Act 2014

The Fife Integration Joint Board (IJB) operates within an evolving legal landscape, with several significant pieces of national legislation impacting on aspects of the IJB's responsibilities. Fundamental to all of these is the **Public Bodies (Scotland) Act 2014**, which establishes the legal basis for the IJB. A number of other pieces of legislation have been passed since the Public Bodies Act that further develop the role of and duties placed on IJBs.

# Strategic Direction

## Equalities

### **British Sign Language (Scotland) Act 2015**

Promotes the use of British Sign Language including making provision for the preparation and publication of national plans, requires certain authorities to prepare and publish their own British Sign Language plans. Integration Joint Boards are not one of the listed authorities that must produce their own plan; however, both the Council and Health Board are required to do so and the Integration Joint Board therefore has a role to play in supporting both bodies to fulfil those duties.

### **Equalities (Scotland) Act 2010**

Requires a wide range of public sector organisations to plan and report on equalities outcomes. Integration Joint Boards (IJBs) were made subject to the Act during 2015 and were required to publish Equality Mainstreaming and Outcomes plans by the end of April 2016. A wide ranging engagement process was carried out to develop Fife's IJB first set of equality outcomes, which were approved by the IJB in March 2016.

### **Fairer Scotland Duty**

In 2017, with the introduction of the Fairer Scotland Duty, Scotland became the first part of the UK to introduce a duty on public authorities to do more to tackle the inequalities of outcome caused by socio-economic disadvantage. In particular, the duty aims to make sure that strategic decisions about the most important issues are carefully thought through so that they are as effective as they can be in tackling socio-economic disadvantage and reducing inequalities of outcome. The socio-economic impact of decisions has been adopted as part of the Equality Impact Assessment process used by Fife Health and Social Care Partnership.

# Strategic Direction Planning

While Fife Integration Joint Board is responsible in its own right for the strategic planning of health and social care services within Fife, there are a number of other related strategies in place across the Kingdom that provide important context for the Integration Joint Board's Strategic Plan.

## Achieving Pharmaceutical Excellence

The focus is on achieving excellence in NHS pharmaceutical care provision helping the people of Fife to live long and healthy lives by enabling the best outcomes from their medicines, whilst avoiding harm and waste, and ensuring safe, effective and person centred care through:

- Improved and increased use of community pharmacy services.
- Providing pharmaceutical care that supports safer use of medicines.
- A pharmacy workforce with enhanced clinical capability and capacity.
- Integrating pharmacy teams into GP practices.
- Improving pharmaceutical care at home or in a care home.
- Transforming hospital pharmacy services.
- Enhanced access to pharmaceutical care in rural and remote communities.
- Improved service delivery through digital information and technologies.
- Providing sustainable services that meet populations needs.

## Alcohol Framework 2018: Preventing Harm: next steps on changing our relationship with alcohol

Sets out our national prevention aims on alcohol: the activities that will reduce consumption and minimise alcohol-related harm arising in the first place.

[www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/pages/2/](http://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/pages/2/)

## Community Led Support Programme

Community Led Support (CLS) brings innovation to how we deliver services – designed and driven by practitioners along with local partners and members of the community they are serving.

The CLS programme in Fife will work to support us to:

- Be a mechanism to support the integration agenda and work collaboratively as a means to drive forward and achieve the 9 National Health and Wellbeing Outcomes. Promoting effective conversations will support personalised outcomes being at the heart of transformational change in the Health and Social Care Partnership and embed these into staff and partners' approaches to working.
- Develop more efficient and effective ways of dealing with demand for social work and community health services utilising broader family and community assets and supports.
- Include better triaging and re-direction of potential users at first and subsequent points of contact.
- Ultimately, develop more local and bespoke community solutions alongside local services where local demand is matched to local supply (statutory, voluntary or community).

## **Ending Homelessness Together: A high level action plan 2018**

This joint COSLA and Scottish Government signals a pledge by the public sector to jointly address the structural causes and family complexities that leads to homelessness in Scotland.

<https://www.gov.scot/publications/ending-homelessness-together-high-level-action-plan/>

## **Fife's Children's Services Partnership**

The vision of Fife's Children's Services Partnership is: to make Fife a place where every child and young person matters.

This vision and the transformational objectives described by the Fife's Children's Service Plan are set within the context of a number of policy and legislative frameworks. Collectively, these provide a framework for promoting, supporting and safeguarding the wellbeing of all our children and young people.

## **Fife Council Local Housing Strategy 2015-2020**

Fife's local housing strategy identifies the housing issues affecting our local communities.

The strategy provides Fife Council and its partners with a framework for working together. It will help to make all local communities in Fife a place where everyone can enjoy affordable good quality housing in a pleasant and safe environment.

A Local Housing Strategy covering the period 2015-2020 has been prepared by Fife Council and its partners through the Fife Housing Partnership. This will provide the strategic direction to tackle housing need and demand and to inform the future investment in housing, homelessness and related services across Fife.

## **Getting it Right for Every Child (GIRFEC)**

Within Children's Services, working within the national framework of Getting it Right for Every Child (GIRFEC), Fife Health & Social Care Partnership (HSCP) has forged good partnership relationships and working practices that are proven to work for children, young people and families.



## Keys to Life

The 'Keys to Life' is the national strategy for Learning disability which contains 52 recommendations on how services could be provided to improve the lives of people with learning disability in Scotland.

The Fife Learning Disability Strategy is a three year plan which identifies the action we will take to address the recommendations from the Keys to Life report that are a priority for people with a learning disability in Fife.

## Mental Health Strategy 2017-27

The National Mental Health Strategy is designed to deliver a whole system programme across mental health services.

The strategy identifies priorities for Mental Health Services that include:

- prevention and early intervention;
- access to treatment, and joined up accessible services;
- the physical wellbeing of people with mental health problems;
- rights, information use, and planning.

## National Health and Wellbeing Outcomes

A framework for improving the planning and delivery of integrated health and social care services.

The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. They also provide the mechanism by which the Scottish Ministers will bring together the performance management mechanisms for health and social care.

## NHS Fife Clinical Strategy 2016 -2021

The clinical strategy provides the vision for provision of clinical services in Fife and will be delivered in partnership with staff and public. The strategy has been developed reflecting the content and recommendations of the National Clinical Strategy.

## Plan for Fife 2017-2027

Is Fife's new community plan which aims to deliver real improvements for the people of Fife over the next ten years. It does not cover everything we aim to do but it provides a clear focus for all our other plans. Sitting alongside this plan are the Local Development Plan (FIFEplan), which deals with physical and spatial planning issues, and the Climate Change Strategy, which sets out what we plan to do to address climate change and its likely impacts.

The Plan for Fife is available at [our.fife.scot/plan4fife](http://our.fife.scot/plan4fife)

## Primary Care Improvement Plan, General Medical Services Contract

The 2018 General Medical Services Contract in Scotland was agreed this year and it proposes a refocusing of the General Practitioner role as an expert medical generalist. This role builds on the core strengths and values of general practice as expertise in holistic person centred care and involves a focus on undifferentiated presentation, complex care whole system quality improvement and leadership. This refocusing of the GP requires some tasks currently carried out by GPs to be carried out by members of a wider Primary Care multidisciplinary team when it is safe, appropriate and improves patient care.

Integration Authorities, the Scottish GP Committee of the British Medical Association, NHS Boards and Scottish Government have agreed under the Memorandum of Understanding, priorities for transformative service redesign in Primary Care in Scotland over a three year transition period.

## Public Health Priorities for Scotland

Launched in June 2018 by the Scottish Government and Convention of Scottish Local Authorities (COSLA), these priorities were developed through a process of extensive consultation and reflect a consensus on the most important things Scotland, as a whole, must focus on over the next decade to improve public health and address health inequalities. They are intended to be a foundation for public services, third sector, community organisations and others to work better together to improve health, address health inequalities, empower people and communities and support more preventative approaches.

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- Priority 1 A Scotland where we live in vibrant, healthy and safe places and communities

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  - Priority 2 A Scotland where we flourish in our early years

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  - Priority 3 A Scotland where we have good mental wellbeing

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  - Priority 4 A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

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  - Priority 5 A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all

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  - Priority 6 A Scotland where we eat well, have a healthy weight and are physically active

## Public Health Strategy

A high level public health strategy is being developed for Fife, reflecting both the national public health priorities and local needs.

## Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy

Scotland's strategy to improve health and prevent and reduce alcohol and drug use, harm and related deaths -  
[www.gov.scot/publications/rights-respect-recovery/](http://www.gov.scot/publications/rights-respect-recovery/)

## Scotland's Digital Health and Care Strategy

Published in April 2018 with a strapline of 'enabling, connecting and empowering', the strategy seeks to support the vision for health and social care in Scotland so that citizens have access to the digital information, tools and services they need to help maintain and improve health and wellbeing. Information is captured electronically, integrated and shared securely to assist staff and carers who need to see it, and so that digital technology and data will be used appropriately and innovatively to:

- help plan and improve health and care services.
- enable research and economic development.
- ultimately improve outcomes for everyone.

## Scotland's National Dementia Strategy 2017-2020

Ensures that significant improvements are made to services for people affected by dementia, and ensures that in the future services have the capacity to cope with an increase in demand. The improvements can be made by investing in two main areas: our people and our services.

[www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/](http://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/)

## Sexual Health and Blood Borne Virus Framework 2015-2020 Update

This is an update to the 2011 Framework. This is not intended to present a significant change in direction, nor to replace the original Framework. As well as reporting on progress, this update seeks to reflect on experience over the last four years to refine main messages. It will identify key emerging issues where more focus is now needed and set out where a different approach is now possible.

[www.gov.scot/publications/sexual-health-blood-borne-virus-framework-2015-2020-update/pages/7/](http://www.gov.scot/publications/sexual-health-blood-borne-virus-framework-2015-2020-update/pages/7/)

# Strategic Direction

## Commissioning

Fife's Health & Social Care Partnership is committed to meeting the health and social care needs of the people of Fife by providing access to high quality, flexible and responsive care and support services that share our vision, mission and values and promote good practice standards. These services may be provided directly by Fife Health & Social Care Partnership or on our behalf by a voluntary or independent sector care provider.

Fife Health & Social Care Partnership has good working relationships with the voluntary and independent sector care providers. We are committed to continue working in partnership to make sure that people have access to the right care at the right time, and in the right place. This promotes choice, independence and enables individuals and families to be supported in their own homes and local communities for as long as possible.

Our commissioning activity is governed by procurement legislation and follows the core principles of the Scottish Government Procurement Journey Commissioning Cycle. It is essential that our contracting and commissioning activity support the Partnership's aspirations and visions as well as the delivery of transformational change.

To achieve this:

- we will focus on commissioning quality services which deliver best value (quality and cost) working with care providers to provide high quality care;
- we want a balanced care market that offers service users choice in how, where and from whom they receive their care and support;
- we will aim to work with the voluntary and independent care providers to develop services that support people to remain at home and within their own community;
- we want to enable independence so that people avoid expensive specialist residential and nursing care and health services for as long as possible.

Fife's Health & Social Care Partnership is committed to engaging directly with service users and people who access and have lived experience of health and social care services. Feedback is vital to enable continued planning, development and improvement within care services. Effective services must be designed with and for people and communities and Fife wants to see this area of activity develop and grow throughout the period of this Strategic Plan.

## Commissioning Intentions for 2019-2022

A commissioning intention is a brief statement that sets out the priorities of the Partnership in respect of some of the services and market changes it wishes to progress and deliver. The commissioning intentions below are an outline of the Health & Social Care Partnership's priorities for Fife during 2019 to 2022

### Care and Support at Home

- Consider models of care at home and pilot different forms that will reduce the need for hospital admissions and reduce the need for residential care.
- Develop the care at home model for delivery of home care to facilitate hospital discharges.
- Develop alternative models of support for overnight care that allow people to remain at home.
- Revised model of care and support for End of Life care.

### Residential Care

- Reduce the frequency of residential care home placements.
- Develop a framework for care home placements for adults.
- Further develop the intermediate care home model for "Step-Up" and "Step-Down" care home placements to support people who require higher support when in crisis or when discharged from hospital.

### Day Support and Activities

- Stimulate more community based and volunteer run models of services including the use of befrienders in different settings to reduce social isolation.
- Review day support services in Fife Wide Division (Adults Services) for building-based day care.

### Mental Health

- Take forward actions from the refreshed Mental Health Strategy, which may include reviewing services currently commissioned via contractual arrangements or service level agreements to ensure delivery of key national and local targets that provide good outcomes;
- Ensure on-going improvements in quality of care for people who experience mental health issues in order to secure good mental wellbeing outcomes for the population of Fife.

### Prevention and Early Intervention

- Develop Help to Stay at Home service to reduce demand on statutory services and avoid unnecessary admission to hospital.
- Consider the impact of the use of equipment including Telecare and Telehealth with a view to enabling more people to remain independent for longer.

### Carers Support

- We will monitor providers of grant funded support and consider the delivery against the Carers Strategy Outcomes
- Further development of short breaks for carers who require support to maintain their caring role.

# Strategic Direction

## Financial and Resources

### Financial Framework

The financial position for public services continues to be challenging and the IJB must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities of the Strategic Plan. To support this the IJB has developed a Medium Term Financial Outlook which provides an opportunity for the IJB to plan based on the totality of resources across the health and care system to meet the needs of the local people and support delivery of the Strategic Plan for 2019 to 2022.

The Medium Term Financial Outlook estimates a financial gap which will require to be met from savings. This document The Medium Term Financial Outlook highlights a number of financial pressures which contribute to this financial gap and more detail on these can be found within the Medium Term Financial Outlook.

The Medium Term Financial Outlook identifies a number of measures which will be required to address the financial challenge. These include:

- Requirement to compile a robust Transformation Programme which will seek to deliver more efficient methods of service delivery which focus on outcomes and the needs of patients and service users.
- The requirement to develop and successfully implement a Digital Strategy to deliver efficiency to meet the financial gap and support new models of care for more people to live longer in their own homes. Fife Council have approved £0.5m annually from their Capital budget to invest in digital for the next three years to support transition with a review in funding agreed in 3 years.
- Requirement to create Innovative new models of service which support people to live longer in their own homes and communities, with less reliance on hospital and residential care.
- Continue the programme of work to reduce and ultimately eliminate delayed discharges.
- Develop a service model which is focused on prevention and early intervention, promoting community based supports over residential setting.

## Budget Position

- Fife IJB delivers a range of services to its citizens and in 2019-20 has funding of £530m to spend on services. This is funded through budgets delegated from both Fife Council and NHS Fife. Fife IJB is operating in a deficit position and is working with its funding partners to eliminate its deficit position over 3 years. Savings will be required to be identified to enable the Partnership to eliminate its legacy deficit, meet demand and cost pressures to operate within the funding that is made available from partners.
- The Partnership is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. A number of core programmes have been put in place to support this.

## Transforming Our Services

- The Partnership requires to put in place a transformational change programme, as outlined in the previous context section of this Strategic Plan, which spans the entirety of the Partnership's business and seeks to deliver transformational change that will deliver innovative services for the people of Fife and realise financial savings to support a balanced budget. It is essential that a robust plan is developed to identify opportunities to deliver efficiencies that will contribute to future year savings.

## Investment Priorities and Plans

- Implementing the transformation programme requires the Partnership to look at what services are delivered, how they are delivered and where they are delivered from. Fundamental to these programmes is the partnership investment programmes and how it supports this transformation. All savings will be scoped including investments required to undertake full cost savings analysis.

## Risk Strategy

- The IJB has a Risk Management Strategy and Framework in place to support delivery of the Strategic Plan. The initial strategy was developed in 2015 and is currently under review to ensure it remains up to date, fit for purpose and effective. The Risk Management Strategy facilitates robust risk management, analysis, audit and reporting within the HSCP. A strategic risk register identifies the key risks to delivery of the Strategic Plan and is regularly reported to the IJB and governance committees. The risk register will be updated to take account of the strategic priorities within this plan.

# Strategic Direction

## Workforce Strategy 2019-2022

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At the heart of Health and Social Care Integration is shifting the balance of where and how care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. The Partnership has developed a Workforce Strategy that will support the redesign of services around communities and ensure that they have the right capacity, resources and workforce.

We believe our workforce is our greatest asset. We will only achieve our vision if we ensure we have a workforce that is equipped with the professional skills, knowledge and personal capabilities to deliver the best health and social care outcomes for the people of Fife. This strategy sets out our workforce planning framework between 2019 and 2022 and articulates the key challenges we face in working with our employees to ensure we have a competent and confident workforce.

To support this the Partnership has developed an action plan structured to provide the following:

- Defined Priority Areas
- Intended Outcome
- Key Actions
- Named Lead
- Alignment to the Strategy



# Strategic Direction

## Partnership Working

Fife Health & Social Care Partnership does not operate in isolation; everyone has a shared responsibility at varying levels for the provision of health and social care support and services – whether this be people who are supported by services, who may have a role in planning and delivering them or who may have an interest in them. We must work together to ensure that services provided are complementary and easy to access, and that we have a shared understanding of how our services can integrate properly to better meet the needs of the citizens of Fife and support them to meet their aspirations. The public, and voluntary sectors and local communities share responsibility for providing services and support to meet public needs, and the meaningful involvement and engagement of patients, service users and carers in the planning of services is essential.

We must collectively embrace change; more of the same won't meet the projected health and social care needs in Fife. Transformational change requires real commitment from all partners and service providers and contractors. We are ambitious in achieving more from integration and the significant resources that are available to us. We will work collaboratively with all stakeholders in Fife to make best use of resources and achieve more.

Fife Health & Social Care Partnership want to make sure that health and social care services reflect the priorities and needs of local people and communities, and this is reflected in Locality Plans for each of the seven localities across Fife

There are a number of ways in which patients, service users and carers can either be involved or share their views in the planning of services. The **Integration Joint Board membership** has voluntary, independent sector, public and carer representatives as part of its (non-voting) membership. They attend every meeting and are involved in the decision-making process.

**Fife's Participation and Engagement Strategy** outlines the principles and approach that it has adopted in Fife to ensure that our participation and engagement activities meet local expectations, national standards and the needs of everyone in Fife who has an interest in the development and delivery of health and social care services. This strategy is supplemented by our **Consultation and Engagement Good Practice Guidelines**, which aim to ensure a consistent approach to consultation that is good quality, supportive and effective so that individuals, groups, communities and organisations have opportunities to be fully engaged in an informed way

**Community Planning**, as defined by the Scottish Government, is how public bodies work together and with local communities to design and deliver better services that make a real difference to local people's lives. Fife Integration Joint Board is a statutory member of Fife's Community Planning Partnership, and works with all partners to deliver the Community Plan and its associated action plan.

# Our Plan

## Strategic Priorities

We need to ensure that resources are used effectively to support Fife Health & Social Care Partnership's Vision, Mission and Values by:

### Priority 1

#### Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

We are committed to ensuring that people are empowered to make their own informed choices about how they will live their lives and what outcomes they want to achieve. Planning for preventative action can have a positive impact on improving health and reducing inequalities and can reduce the demands for health and social care services.

### Priority 2

#### Promoting mental health and wellbeing

We are committed to ensuring that the people of Fife can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma.

The commitments of Fife's Mental Health Strategy will require creative thinking and innovation to ensure services are fit for the future, supporting positive mental health and wellbeing for all. To succeed will require co-production across all parts of the service, with communities, with our partners in the voluntary sector, with and people who use our services, their families and carers.

### Priority 3

#### Working with communities, partners and our workforce to effectively transform, integrate and improve our services

Delivery of effective and lasting transformation of health and social care services is central to the vision of Fife Integration Joint Board. Significant change on how services are planned and delivered with a range of stakeholders which includes carers, patients/service users who experience services is paramount to delivering changes.



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## Priority 4

### Living well with long term conditions

We are committed to building on the work already started in Fife to support adults and older people with complex care needs, who are accessing both primary and secondary care services most frequently. We are developing and supporting a more integrated and earlier approach focussing support pro-actively with patients who would benefit from this which includes early identification and comprehensive assessment in case co-ordination.

## Priority 5

### Managing resources effectively while delivering quality outcomes

The financial position for public services continues to be challenging and the Integration Joint Board must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities within the strategic plan.

# Our Plan

## Making it Happen in Fife

The tables below describe some of the ways that the Partnership will work to deliver on Fife's Integration Joint Board's (IJB) five key priorities over the next three years with key themes threaded through this.

This is far from an exhaustive list, but instead presents some of the most significant pieces of work being taken forward across Fife during the next three years of this Strategic Plan.

While each activity is identified under one of the Health & Social Care Partnership's five key priorities, it is the case that some activities by their nature will support delivery of multiple priorities.

### PRIORITY 1

## Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Children's Health Services</b>		
Improve waiting times for appointments and/or assessments from Paediatric services.	<p>Waiting times for Children and young people will reduce to no longer than six months for a paediatrician appointment.</p> <p>Waiting times for Children and young people will reduce to no longer than twelve months for a diagnosis of autism.</p>	A single point of access for all paediatric referrals will be in place.
Improve transitions for children moving into adult health services providing appropriate transition care, to support ongoing health needs for vulnerable groups.	Health transition processes are judged as clear and good or very good by 80% of young people/families of those with additional support needs.	All child health services will have a clear process in place for transition to adult services where relevant.

# Priority 1

## Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
Promoting the United Nations Convention on the Rights of the Child (UNCRC).	Empower staff and patients/families to challenge current service provision based on realising rights of children and young people. Distribute resources linking SHANARRI and UNCRC.	Address barriers to achieving the best attainable health for children and young people, and implementing CYP Act 2014. Explicitly include reference to rights in all relevant service plans across women and children's services by 2019.
Improve the delivery of dental health preventive services for children across NHS Fife	The percentage of children free from obvious dental decay in Primary 1 and Primary 7 will increase.	All children in Fife will have access to high quality preventive dental services.
Continue focus on prevention, early intervention & Early Years with a specific focus on reducing health inequalities	<ul style="list-style-type: none"> <li>• Maximise opportunities for universal provision to support early identification of vulnerabilities (including implementation of HV Pathway and SN Pathway).</li> <li>• Ensure early planning and support.</li> <li>• Enhance integrated working with partners, including working with the Children's Improvement Collaborative.</li> <li>• Develop website to promote early intervention asset based approaches.</li> <li>• Budgeting has a clear focus on reducing health inequalities.</li> <li>• Ensure reducing health inequalities is integral to all service planning.</li> </ul>	Evidence clearly demonstrates potential to improve outcomes for children and deliver against National and local priorities. Ensure that resources are targeted appropriately from strategic to operational levels.

## Priority 1

# Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Adults/Older People</b>		
People with sensory and communication impairment can expect the same access to information and support as everyone else.	<p>All services understand equality in access to information related to health and social care, leisure, employment that supports people living with sensory and communication impairment to support people to manage their conditions and live as independently as possible.</p> <p>Person-centred local partnership working between statutory and third sector agencies when supporting people with sensory and communication impairments who are accessing The Wells.</p>	People with sensory and communication impairment are able to access information and be supported to take the maximum possible control over living as independently as possible, while also getting direct assistance when needed through The Wells.
Improve health and wellbeing outcomes related to alcohol, drugs, healthy weight	<p>The partnership is co-producing with people approaches and services that are more effective, efficient and therefore sustainable that create positive change for those with lived experience.</p> <p>Develop a strategy for implementing a social prescribing model, linked to GP practices.</p>	Established social prescribing pathways to encourage patient self-management and to free up capacity in GP practices.
People who are living with or at risk of Hepatitis C (whether diagnosed or undiagnosed) are offered testing and rapid initiation into treatment. After care and support will be available to those who need it.	Hepatitis C will be effectively eliminated as a Public Health concern in Fife	<p>More people at risk of hepatitis C virus (HCV) in Fife will be aware of their status and offered treatment.</p> <p>More people will be cured of HCV and Fife will have exceeded its annual treatment targets</p>

## Priority 1

# Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
Increase the uptake of long acting reversible contraception (LARC) among women affected by alcohol and drugs.	Fewer mothers will be using illicit drugs or harmful levels of alcohol at booking. Fewer unplanned pregnancies will occur among people with a dependence on alcohol or drugs.	An integrated care and treatment pathway will be in place to meet the sexual and reproductive health needs of people with an alcohol or drug dependency.
Improve the availability and access to NHS dental service across Fife.	All adults will be able to register with an NHS dentist close to where they live.	Adults in Fife will have access to NHS dental services regardless of where they live.
<b>Families</b>		
Improve support for families using health services across Fife (inclusive of pregnant women, children and young people) who are experiencing poverty across relevant NHS services to maximise their income.	All services understand that parents/carers wellbeing is central to achieving good outcomes for children and young people and consider the impact on children and young people when providing support to adults.	Increase in the number of families whose income is maximised. Increase in health services supporting families referring people to CARF for financial information and advice.
<b>Carers</b>		
Improve the ease of access to support planning services by investing in voluntary sector partners to increase our capacity to assess the need for support for carers and prepare an outcome based Adult and Young Carer Support Plan for more carers.	At least 80% of carers who have requested an Adult Carer Support Plan will have one that they consider meets their needs for support and personal outcomes.	Increase in number of carers with an Adult and Young Carers Support plan that identifies what they can do to improve their own ability to flourish and thrive as a carer with positive outcomes for their own health, well-being and life-chances.

## Priority 1

# Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
Supporting more people to live in their own homes and communities for longer and placing less reliance on institutional forms of care.	Demand for home-based care services is also growing rapidly and over the last three years we have been redesigning our services to be more efficient to ensure we are well placed to meet future demand but we need to change our service models to do this as we face ever-tightening budgets.	We target our resources at people with greatest need. We have a fully functioning service responding to all new care at home assessments working in close co-operation with our integrated teams. We have strong partnerships with service users, carers and families as well as local communities and facilities providing a network of local supports and services.
<b>Learning Disabilities</b>		
Further improve the person with a learning disability's experience of acute hospital admission.	People with learning disabilities are supported equally in acute hospital care and have the same opportunities as other patients to participate and express views on their treatment.	All Accident and Emergency staff members and staff in wards most commonly used by people with a learning disability are trained and knowledgeable about the particular health, behaviour and communication needs of people with a learning disability.



## Priority 1

# Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
Further improve the person with a learning disability's experience post hospital admission care experience.	People with learning disabilities are confident that they are receiving appropriate and understandable post hospital care support.	Systems are developed that clearly defines post hospital admission after care support and expectations as well as reducing the risk of readmission.
Promote employability and employment opportunities and take up for people with a learning disability.	An increased and measurable percentage of the learning disabilities population in Fife who wish to be employed are in employment.	The challenges and key findings identified in the Scottish Consortium for Learning Disabilities "Mapping the Employability Landscape" document have been addressed and an increased number of pathways are in place to support people with learning disabilities into employment and meaningful activity.
Increase understanding of the impact of hate crimes on people with a learning disability and on its negative effects on communities in Fife through the ongoing development of the Safe Spaces initiative.	The learning disabilities population feel safer in their local communities and have easily understood measures that they can take to protect themselves as well as to report hate crime and associated actions.	The Safe Space initiative has been rolled out across Fife and there is a wider understanding in Fife communities of hate crime within the context of people with a learning disability.
Adults with Autism can expect the same access to information and support as everyone else.	All services understand the need to provide equality of access to information and support for people living with or affected by autism.	People living with autism will have access to information and support that enables them to live as independently as possible from the Fife Autism One Stop Shop and from the Well in their local community.

# Priority 1

## Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Communities</b>		
<p>Enable and support individuals and communities to take ownership of their own health and wellbeing through engagement in planning of local health and social care services and delivery of actions which respond to local need.</p>	<p>Establishment of seven local forums for health and social care professionals, communities and individuals to inform and influence service redesign and planning of health and social care services that builds resilience in our communities.</p>	<p>Seven integrated locality action plans with programmes of intervention based on the needs and priorities of each locality. This planning, implementing and review process will provide the opportunity to consider the actions needed to develop relevant measures to promote equalities and allow us to focus on our joint responsibility to improve health and wellbeing outcomes in our communities.</p>
<p>Across Fife we will embed a local model of prevention and early intervention (The Well), responding to how people looking to access support from health and social care services are supported in their local community.</p>	<p>The Wells (Community Led Support) will be rolled out across Fife’s seven localities and will be embedded across the whole system.</p> <p>People will be accessing support from their local Well at first point of contact with health and social care, where they will be supported to utilise their own capabilities, support networks and local assets such as community groups and charities, with statutory care and support options.</p> <p>Reduced waiting lists for assessments for statutory services.</p>	<p>We will see:</p> <ul style="list-style-type: none"> <li>• An increase in people finding support from their own communities.</li> <li>• A reduction in the number of people waiting for social work assessment.</li> <li>• A reduction in the number of people accessing their GPs for social support.</li> <li>• Through this unique partnership working, people are supported to self-manage their personal health and wellbeing within their own communities.</li> </ul>

## Priority 1

# Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
Reduction in loneliness and improved community engagement opportunities for older people.	Address issues relating to loneliness including facilitating the development of befriending services; promoting social activities; developing intergenerational activities and volunteering opportunities.	Befriending services linked to localities.
<b>Housing</b>		
The needs of households that are homeless and in vulnerable housing circumstances can be addressed	<p>Implementation of the Rapid Rehousing Plan (2019 -24) .</p> <p>Housing equipment and adaptations are available and easy to access for those who need it.</p> <p>The Hospital Intervention pilot project based at Victoria Hospital managed by SHELTER to be evaluated by Health Improvement Scotland.</p>	<p>Reduction in number of housing transitions for those that face homelessness.</p> <p>Improved access to health, support and social care services.</p> <p>One Stop Shop established that can provide information and advice at first point of access.</p> <p>Service delivery has been scaled up following successful evaluation of hospital intervention project.</p>
Increase the role of Housing staff in preventative approaches.	Housing staff will take opportunities to identify where preventative measures can be used to support independent living.	Housing Staff promote and use the Smart Life in Fife assessment tool to help service users identify help that may be required to support independent living.

## Priority 1

# Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

The changes we need to make	What will success look like?	Where we want to be in 2022
Increased provision of supported accommodation and housing support.	There will be a wider range of supported accommodation and housing support across Fife.	There will be new supported accommodation developed (which may be temporary accommodation). Housing support will be used to help prevent homelessness and sustain tenancies.
Ensure short term housing support services are targeted at those most in need and work to develop more flexible commissioning arrangements with partners.	There will be a reduction in repeat and revolving door presentations at homeless and other services.	Housing with support will be more flexible, responsive and better connected to H&SCP services to meet changing customer needs
Develop a series of Housing Access Hubs to promote a 'No Wrong Door' approach to housing options and homelessness services.	Increase the availability of high quality housing options advice which is integrated with specialist services.	There will be an integrated network of customer access points providing seamless, preventative services to customers.
Improve health and wellbeing outcomes and access to services including primary care for homeless individuals.	Embed a sustainable homeless support model based on shared learning from the early intervention hospital project. Evaluation being completed by Health Improvement Scotland.	All homeless individuals will receive support within hospital.
<b>Improving the Cancer Journey</b>		
People in Fife who have a cancer diagnosis are offered a service to support them to live well in their local community	Development of a shared assessment tool.	Established Improved Cancer Journey Service Opt Out Model (every person in Fife who receive a cancer diagnosis is offered the service by Fife HSCP).  Established generic electronic assessment tool within the H&SCP for people diagnosed with a long term condition (this will enable quality data capture and identify themes/areas for improvement and minimise double entry).

## PRIORITY 2

# Promoting mental health and wellbeing

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Children's Health Services</b>		
Reduce the waiting times for children and young people to access the right mental health support at the right time.	Child and Adolescent Mental Health Services first contact appointments will be available in each locality providing all children and young people, who present to GPs, with an initial assessment of need and effective signposting to services offering support for emotional wellbeing and mental health.	100% of children and young people access appropriate mental health treatment and support in accordance with national standards through a range of appropriate interventions.
Improved transition pathways for children moving into adult mental health services.	Fife CAMHS will have established strong partnership working with adult mental health services to ensure that effective transition arrangements are in place for all young people moving between services.	Effective transition pathways will be embedded across mental health services and provide a seamless journey for young people going through transition.
<b>Families</b>		
Support for all people to have an understanding of how to promote their own mental health and how to care for and recover from mental health problems and mental illness.	Implementation of the refreshed Mental Health Strategy for Fife 2019 – 2023.	People can access the right support at the right time ranging from specialist care for those who have higher levels of need, to those who can benefit from more general support and advice.
Reduce the number of people contemplating suicide.	Improve engagement with people in distress and crisis through joined up pathways and services to minimise risk of suicide, as far as possible.	A 20% reduction of the number of suicides across Fife.

## Priority 2

### Promoting mental health and wellbeing

The changes we need to make	What will success look like?	Where we want to be in 2022
Improve physical health for people with mental ill health and the mental health of those affected by physical health issues.	All mental health related support services will be holistic, keeping the person at the centre, ensuring they maintain the optimum physical and mental health.	Improvements and parity across mental and physical health in addition to an increase in a range of health screening.
<b>Learning Disabilities</b>		
Improve the experience of the person with learning disabilities of primary care services and other community health services.	Provision of primary and community health services will be appropriate for the needs of people with a learning disability. People with learning disability will feel comfortable in the use of primary and community services.	Primary care services will be clear on how many people with learning disability are on their register. There are appropriate changes to primary care systems and locales i.e. longer appointments, non-challenging waiting areas and appropriate accessible information available.
Sexual health issues for people with a learning disability including accessible information and education to be addressed through training and discussion with people who have a learning disability.	People with a learning disability feel comfortable in expressing themselves in relation to sexual health. Support services recognise that people with a learning disability have sexual health needs and are appropriately supported to understand and exercise their sexual health rights.	Previous training and support packs developed for people with a learning disability and support services are reviewed and relaunched and are part of the core support to people with a learning disability.

## Priority 2

### Promoting mental health and wellbeing

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Communities</b>		
Establish flexible, joined up services and supports that are accessible for all	Services will operate in a streamlined way, which offers access to the support people need, regardless of age or ability, through an outcomes based approach. People can access the right support ranging from specialist care for those who have higher levels of need, to those who can benefit from more general support and advice.	The reshaping of mental health services across all partners will support people to help themselves where appropriate, provide identifiable access points, responsive support and treatment leading to a reduction in hospital admissions and evidence of an improving mental health in Fife.
Continue to promote an inclusive society free from mental health related stigma and discrimination and promote access to mental health support free from stigma and discrimination.	Fife's population across all communities, will have a fundamental understanding that mental ill health affects all and those affected by mental health will, as far as possible, be able to live their lives fully, free from stigma and discrimination	Fife will continue to support and embed established anti stigma campaigns, mental health will be spoken about in the same way that physical health is spoken about and our communities will be more and more inclusive.
Information about supports and services should be easily accessible and available to all in a format suitable for the person.	People in need of support with mental health and their families/carers will know where to go to seek appropriate help, advice and information. Fife's communities will have confidence and trust in widely published information.	Fife will publish a revised Mental Health Strategy developed through wide engagement and consultation, which will produce a mental health pathway map and related information in multiple formats to ensure people are aware of where they can access the right support and advice for them when they need it.

## Priority 2

### Promoting mental health and wellbeing

The changes we need to make	What will success look like?	Where we want to be in 2022
Reduce the pressure on emergency/crisis services.	Police Scotland, GPs, Accident and Emergency and custody suites will see a reduction in demand for their services with improved outcomes for people accessing mental health services.	A range of out of hours support with additional mental health workers located within key settings across Fife's communities will be established.
Redesign of services and rebalancing of care in mental health.	Reduction in hospital admission/readmission rates with improved outcomes for people and their families. Fife's communities will experience choice and control in relation to their care and support, within facilities which are fit for purpose.  Resources are used efficiently to deliver best value, best quality across mental health services.	Develop suitable community alternatives to support people to be discharged from hospital and to live independently in the community.  To facilitate change for all people affected by mental ill health and maximise opportunities for social inclusion.
<b>Technology Developments</b>		
Increase the use and application of technology enabled care to radically transform the way people of all ages experience their health and care.	There will an increase in the number of people affected by mental ill health who live independently and safely with an improved quality of life.	People will be able to live with increased independence through a range of technology based supports in addition to improved self-management strategies and a range of appropriate accessible supports.



## PRIORITY 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Adults/Older People</b>		
To support more integrated and earlier approaches for adults and older people who are at highest risk of decline in their health and wellbeing.	<p>Development of seven High Health Gain Teams across Fife.</p> <p>These professional teams will identify people who will benefit from being assigned a case manager who will work with patients to access earlier intervention and services to prevent people from experiencing unnecessary decline in their health and wellbeing.</p>	<p>People experience improved quality of life and are able to participate in life activities.</p> <p>Reduction in hospital emergency admissions and GP appointments.</p>
Older people who are becoming frail and are referred by their GP or hospital for a medical review can expect to have an individualised programme of interventions designed to promote improved health and wellbeing and support to remain as independent for as long as possible.	<p>Community Health and Wellbeing Hubs</p> <p>There will be seven Community Health and Wellbeing Hubs across Fife for people who are becoming frail or have age related problems.</p> <p>Professionals involved in care will work closer together to identify people who will benefit from a co-ordinated joined up approach to their care.</p>	<p>People will have improved health and wellbeing outcomes.</p> <p>Reduction in hospital emergency admissions and GP appointments.</p>

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
<p>Improve help and support for people who need a Clinician (GP, nurse, paramedic, pharmacist etc) when their GP surgery is closed</p>	<p>Ongoing redesign of Out of Hours urgent care</p> <p>New ways of working will be defined with services delivered equitably across Fife including ensuring increased capacity for home visits to support the increase in the older population. People will be seen by professionals with the appropriate skills in the most appropriate place for their needs.</p> <p>Out of hours urgent care services include:</p> <ul style="list-style-type: none"><li>• Appointments, telephone advice or visits at home from the out of hours urgent care service.</li><li>• Being treated for a minor injury.</li><li>• Evening, night and weekend District Nursing Services.</li><li>• This also includes how we work with NHS 24 and the Scottish Ambulance Service.</li></ul>	<p>People will be seen in the right place for their needs by the right health professionals with the right skills.</p>

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
<p>Older people referred for day services are supported to access the most appropriate resource to meet their needs and desired outcomes making best use of resources and connecting people with their local communities.</p>	<p>There will be a range of day services for older people with the highest complex needs, including dementia – specific services, short term placements and services that will enable people to reconnect in their communities, sessional activities and exercises designed to improve strength and balance and outreach support.</p> <p>Invest in services provided by the independent and voluntary sector providers, Fife Sports &amp; Leisure Trust and Fife Cultural Trust that support older people in their local communities.</p>	<p>Older people remain active and connected within their local communities, and there is a range of provision to support those with the highest, complex needs.</p>
<p>Review and refresh the Fife Dementia Strategy with the involvement of clinicians, voluntary sector stakeholders and carers of people with dementia. Ensure our priorities reflect the increasing demand for support for people with dementia, their carers and their families. Ensure easy access to this support across Fife through continued and enhanced collaborative working with the voluntary sector to a range of services and support which are responsive to individual needs within the available resources.</p>	<p>A new dementia strategy for Fife will be developed and agreed in partnership with a wide range of stakeholders. The strategy will include a wide ranging improvement plan and specific investments in improvement for the preceding period including easing access to support for people affected by dementia and their carers.</p>	<p>Agreed improvements are in place and being further developed to meet the support needs of people affected by dementia and their carers.</p> <p>An increase in the number of people who have an awareness of dementia.</p> <p>An increase in the opportunities for people affected by dementia to receive support, at a time and location which best meets their needs.</p>

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
<p>Realign alcohol and drug services to improve the physical and mental health of people with a dependency.</p>	<p>The upward trend in alcohol and drug related deaths will be reversed.</p> <p>A downward trend in drug related hospital admissions to levels nearer the national average will be seen. (DRHA Chart)</p> <p>Alcohol related hospital stays will remain below the national average and will begin to show a downward trend. (ARHA Chart)</p> <p>People with drug and alcohol dependency will be able to access earlier intervention and services to prevent decline in their health and wellbeing.</p> <p>Access to treatment and care will be effectively co-ordinated and based on what is important to the individual and their families and carers.</p> <p>Choices and opportunities for recovery will be supported by Community Connectors.</p>	<p>Alcohol and Drugs Services will be delivered in places and ways that will improve the health outcome of this care group.</p> <p>A multi-disciplinary team will be well established to provide an effective liaison, support and care management service for people with a drug or alcohol dependency. The team will be visible in settings where people with drug and alcohol dependency are identified such as hospitals, custody and homeless and housing services. It will operate an assertive outreach and support model aimed at improving the health wellbeing and social circumstances of this care group.</p>
<p>Redevelopment of our residential care homes and where practical, developing care villages that co-locate care homes, particular needs housing, day services and early years facilities.</p>	<p>Care Homes Redevelopment continues with the Council approving business cases for an inter-generational facility in Methil to replace Methilhaven Care Home as well as day care and housing units, and for the replacement of Northeden in Cupar with a 36 bedded care home and day services for older people and adults. Business case for Ladywalk House in Anstruther has still to be progressed.</p>	<p>Our care home residents live in high quality, state of the art facilities supported by a broad range of health and wellbeing services and enjoy an excellent quality of life.</p>

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
<p>Improve round-the-clock health and social care from health professionals such as doctors and nurses for people who need it, ensuring that people are actively involved in decisions about their care.</p>	<p>Community Hospital and Intermediate Care Bed design.</p> <p>The community hospital bed base is consolidated allowing more efficient and sustainable staffing.</p>	<p>The recruitment and retention of staff is a key priority to reduce the number of vacancies and reliance on supplementary staff from other areas such as the nurse bank and agencies to provide safe nursing and medical cover.</p>
	<p>The workforce has the knowledge, skills and expertise to safely care for people who are frail and have complex needs.</p>	<p>The workforce will have undertaken the necessary training and development to look after people who have complex needs.</p>
	<p>The purpose of community hospitals will not only provide quality in patient care, but also support early intervention and prevention of admission locally.</p>	<p>There will be Community Health and Wellbeing Hubs established in community hospitals across Fife.</p>
	<p>We will reduce our reliance on hospital based care for people who could have their care needs safely met in assessment and Short Term Assessment and Reablement (STAR) beds.</p>	<p>The existing intermediate care bed base is further developed across Fife</p>
	<p>Care pathways will be further developed to ensure that people are cared for in the place most suitable for their needs and are not delayed in community hospital when they no longer require around the clock care from nurses and doctors.</p>	<p>There will be a reduction in the number of people who are delayed in hospital.</p>

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
	Direct admissions into community hospitals (known as step up) is developed so that people who can have their needs safely met within the community hospital go straight there.	There is a direct pathway to support admission to community hospitals across Fife. The number of admissions to community hospitals is increased.
	People will be actively involved in decisions about their care.	A personal outcome approach is applied across community hospitals
<b>Carers</b>		
Invest to continue to expand the range of universal supports available to all carers right across Fife, including our hospital discharge support and a range of condition specific support for carers.	There will be carer support services in place in all our hospitals, including community hospitals, easily accessible to all carers.  There will be a range of independent universal supports available including transport needs for people living in rural locations to every carer in Fife who wants them, including income maximisation, advocacy and general advice.	Fife will have a class leading range of universal supports in place to help carers to thrive and live well as a carer alongside the other priorities in their life, easily available to all carers.
<b>Learning Disabilities</b>		
Build on and develop support services for children and young people with a learning disability.	Children and young people with a learning disability will have a range of appropriate services which will support them to lead their lives in a way that they feel included and assists them towards their own goals and achievements.	Both Children and Young People and Adult Services will have joint processes that ensure a smooth transition. These services will be inclusive and have clear systems to support children and young people to have a voice in how they wish their services to be delivered.

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
Ensure services support for people with a learning disability who experience gender violence are effective and understand the issues around capacity, how people with learning disabilities function and how they best communicate.	<p>People with a learning disability are aware of the services they can use if they are subject to gender based violence.</p> <p>People with a learning disability are comfortable in using these services and find them beneficial in helping them resolve their individual situations.</p>	Gender-based violence services are equipped to appropriately support people with a learning disability through knowledge of accessible information techniques and awareness of the general and individual needs of people with a learning disability.
<b>Communities</b>		
Continue to invest in rolling out the Dementia Friendly scheme raising awareness of dementia conditions among Fife's communities at every level to ensure we are better able to recognise and help people with dementia to remain part of their community and not become apart from it.	<p>There are a wide range of Dementia Friendly shops and community facilities in each major town in Fife.</p> <p>Plans are in place for rolling out Dementia Friendly schemes in most large villages in Fife.</p> <p>All NHS, Fife Council and arm's length management organisations (On-Fife Cultural Trust, Fife Sports and Leisure Trust) facilities are Dementia Friendly.</p>	<p>All major towns in Fife have a Dementia Friendly project in place delivering improvements in awareness and access to community services for people with dementia.</p> <p>Awareness of dementia has improved among the general public.</p>
<b>Housing</b>		
Develop Older Persons Housing Services across Fife.	There will be a wider range of developments across Fife to meet the varied needs of older people.	<p>New Retirement Complex in Oakley.</p> <p>New Extra Care Housing at Napier Road in Glenrothes.</p> <p>New Care Village in Methil.</p>

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
Develop new approaches to planning for future housing for those with specific needs.	New Specific Needs housing built at locations where service users and partner service require it.	New Specific Needs housing developed by Fife Housing Partners at a range of locations, exploring different delivery models.
Develop further housing options for young care leavers.	A number of test flats are developed across Fife to allow young people to experience independent living.  A wider range of housing options for young care leavers.	A range of different housing options are present for young care leavers including supported accommodation and test flats.
Explore where provision is of specialist housing models.	Older Persons, Specialist Housing and Support Services are geographically mapped across Fife to identify any gaps in provision.	There is provision of specialised housing models in the majority of areas that require it. There is a clear picture of where services are currently not provided.
<b>Technology Developments</b>		
Digital solutions and technology enabled care is central to all transformation plans to support safe, sustainable and person-centred health and social care services in Fife.	Technology and digital solutions across health and social care services to support accessibility, workforce sustainability, self-care and support people to have good health and live as independently as possible.	Through the development and implementation of a digital strategy there is increased use of technology and digital care being used to support self-care, care delivery and sustainable workforce solutions
Increase the number of technological solutions offered in Housing to support independent living.	A range of technology is available in Housing settings to allow service users to live independently.	There is a range of technology which can be used within housing to help with independent living from wearable technology through to environmental monitoring and Smart Home technology.



## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
<p><b>Primary Care</b></p> <p>Fife Primary Care Improvement over the next 3 years aims to support general practitioners (GPs) and their teams empower Fife citizens to live healthy lives and to deliver holistic community based health care which enables people to access a range of high quality health and care services in their community.</p>	<p>GP and GP Practice workload will reduce, supported by extended integrated team working to cope with the increasing population in Fife and citizens living with complex health needs. Responsibility for taking blood samples (phlebotomy) will transfer from GP Practices to NHS Fife.</p> <p>Administering of flu and travel vaccinations, pre-school, childhood, adult and pregnancy immunisations will transfer from GP Practices to NHS Fife.</p> <p>NHS Fife Pharmacy and Prescribing Support Team will assist GPs and GP Practices in administering prescriptions, medication reviews and medicines safety.</p> <p>Urgent Care first response for mental health, physiotherapy, home visits and urgent call outs for patients will transfer where appropriate and safe to do so, from GP Practices to NHS Fife Advanced Nurse Practitioners.</p>	<p>General Practice and Primary Care is at the heart of the healthcare system.</p> <p>People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible.</p> <p>Integrated teams will deliver care in communities, and be involved in the strategic planning of our services.</p>

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
Redesign of the pharmacy service to support patients' pharmaceutical care needs in all settings	The pharmacy service is a single system across GP practices, mental health, care homes, community hospitals and acute hospitals. The aim is to ensure that patients receive medication which is safe, appropriate and value for money. The service redesign will ensure that patients with the greatest pharmaceutical care needs are prioritised to have their medication reviewed by a pharmacist or pharmacy technician.	Patients who have the greatest pharmaceutical care needs, have their medication reviewed by a pharmacist or pharmacy technician.
GP practice sustainability/ transformation of primary care	As part of the GP contract, the Pharmacotherapy Service will be delivered by the pharmacy team working in general practice, to free up GP capacity. This will include taking responsibility for reviewing patients' medication following their discharge from hospital, reviewing requests for acute and repeat prescriptions, undertaking medication reviews including for patients at home or in care homes, and ensuring safe and efficient prescribing systems in practices.	Delivery of Level 1 of the Pharmacotherapy Service across all practices in Fife.

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
<p>As part of the GP contract and primary care transformation, vaccination programmes will be transferred from delivery by GP practice to NHS Fife. This includes the infant, child and teenage programmes, adult programmes (for example, seasonal flu, shingles and pneumococcal vaccines) as well as travel health provision.</p>	<p>New operational arrangements ensure we have a safe, effective, person-centred and sustainable vaccination service. Uptake rates have improved and are meeting national targets. Inequalities in vaccination uptake rates within the Fife population have reduced. Capacity to enable the introduction of new vaccine programmes is increased. Incidence of vaccine preventable disease is decreased. The new programme is resourced to ensure ongoing sustainable delivery of services. Pressure on GP services is reduced.</p>	<p>Implementation of the transformation programme is complete and children and adults in Fife are able to access vaccinations under the new programme arrangements.</p>
<p><b>Workforce Developments</b></p>		
<p>The workforce is informed, competent and confident in their use of medicines.</p>	<p>Develop and implement an audit and assurance programme against the Safe and Secure Use of Medicine Policy and Procedure.</p>	<p>Rolling audit and assurance programme where various elements of the policy would be audited using a risk-based approach.</p>
<p>Develop advanced practice models for nursing and allied health professions to support delivery of the transformation plans, local access and sustainable services.</p>	<p>Nurses, midwives and allied health professionals working in advanced practice roles are developed and in place to respond to the evolution of health and social care by meeting the needs of the population in different ways contributing to sustainable and effective service delivery.</p>	<p>There will be increased advanced practitioners across a range of services including out of hours, primary care, mental health, community hospitals, specialist services and community nursing aligned to the transformation delivery plan.</p>

## Priority 3

# Working with communities, partners and our workforce to effectively transform, integrate and improve our services

The changes we need to make	What will success look like?	Where we want to be in 2022
Maximise the contribution of the nursing, midwifery and allied health professional workforce pushing the traditional boundaries of professional roles to meet the current and future health needs of the population in Fife.	Develop and transform nurses, midwives and allied health professional roles to meet the current and future needs of Fife health and care system supporting delivery of consistent, sustainable and progressive roles, education and career pathways.	Transformation of district nursing, health visiting, school nursing, mental health nursing and out of hours nursing in line with the national transformation programme adapted to meet the needs of the people in Fife.  Implementation of the new Nursing and Midwifery Council Standards of Proficiency for the registered nurse and Standards for Education and Training.
Evidence Excellence in Nursing through implementation of the national Excellence in Care Framework.	National Quality Measures are being used at both local team and organisational level to provide assurance on the quality of nursing care using nursing sensitive quality measures.	Care Assurance and Improvement Resource will inform quality of care reviews and drive quality improvement in nursing.
Clinical and Care Quality data is used to drive continuous quality improvement within services including reduction in falls, pressure ulcers, safe and secure medicines and preventable infection.	Clinical and Care Governance priorities continue to have a high profile within integrated services with specific focus on supporting shared learning and good practice across both health and social care services to support a reduction in harm.	Data evidences a reduction in falls and pressure ulcers and infection in line with national and local targets and local strategy.
Continue to inspire public confidence in care during times of significant service transformation.	People that access our services, the population of Fife, are actively engaged and involved in shaping service transformation.	We can demonstrate how feedback through formal consultation, complaint, care opinion and feedback has shaped service transformation and person centred care.  Robust communication strategy to support public awareness of new roles and services.

## PRIORITY 4

### Living well with long term conditions

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Adults/Older People</b>		
Increase patient self-management and use of alternatives to being prescribed medicines.	<p>Continue to implement the Fife Medicines Efficiency programme to ensure safe and cost-effective use of medicines to meet key prescribing indicators and efficiency targets.</p> <p>Implement a Social Prescribing strategy to increase patient self-management and use of alternatives to being prescribed medicines.</p>	<p>&gt; 80% formulary compliance; cost per patient at Scottish Average; reduced medicines waste</p> <p>Access to social prescribing in every practice in Fife</p>
People living with HIV will be able to access the best available treatment and care for their changing health needs as they get older.	<p>People living with HIV, as they get older, will be receiving safe, effective and evidence-based treatment for their condition and the health and social care needs they encounter as they get older.</p> <p>More people will be living well with HIV as they get older. People will be less likely to experience loneliness, isolation and stigma.</p>	<p>Regular reviews and assessments will be carried out with people to ensure changes in health and social care needs are met.</p> <p>People living with HIV have a range of opportunities to access peer and community based support.</p>
Ensure that people with life limiting conditions experience an integrated approach to their care when a palliative approach would be beneficial. In line with Best Supportive Care/ High Health Gain Model.	Evidence of a systematic approach to identification and care co-ordination for people who are living with any long term condition including frailty and cancer in the last year of life.	Implementation of a community based, systematic approach to identification and care co-ordination for people who are living with any long term condition, including frailty and cancer, in the last year of life.
Develop a social prescribing model to reduce GP appointments and re-orientate health services toward prevention of illness and promotion of health.	Social prescribing approaches developed within all primary care settings.	Social prescribing developed across primary care to provide alternatives to GP appointments.

## Priority 4

### Living well with long term conditions

The changes we need to make	What will success look like?	Where we want to be in 2022
Palliative and End of Life care.	People are supported by effective care and support services that enable them to maintain their independence and enjoy a high quality of life. This would include a key worker and using best supportive care. Services would be joined up between community and hospital settings.	A co-ordinated and joined up approach to cancer care for all.  Early supported discharge for all palliative care patients and people who are at the end of life avoiding unnecessary hospital waits and choice of end of life care to people's own homes or a homely setting.
Support and improve the health and wellbeing needs for all people who have long term conditions. This includes respiratory, cardiac, diabetes, renal and obesity related conditions.	Ensure equity of access to community resources which includes social care, medical care, and housing support. This also includes information and 1:1 or group-based learning sessions to better support self-management for people with complex and often multiple conditions. A case management model of care management to be implemented with rapid access to a locality multidisciplinary team, or community HUB to support people at an earlier stage and prevent unplanned admissions to hospital. This will support individuals and families in better managing and living with their long term health conditions.	Our High Health Gain approach will be implemented across community services which includes pro-active case management  Locality multidisciplinary teams (MDTs) will be tested as a way of bringing local teams together focussing on client needs before crises intervention is required.  Early supported discharges to prevent unnecessary long stays in hospital.

## Priority 4

### Living well with long term conditions

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Carers</b>		
Develop a Short Breaks Service to build on the respite and short break opportunities that already exist, including developing a market shaping strategy to enhance short break opportunities for all carers.	At least 80% of carers will say the information about short breaks helped them to take a break from their caring role.	There will be a net increase in the number of respite and short breaks opportunities available and accessed specifically for carers in Fife.
Continue to enhance the investment in support for carers of people with dementia to reach all parts of Fife, recognising that carers of people with dementia are often older and may experience a high level of burden from their caring situation and role which can adversely affect their own health and well-being.	An increase in the number of carers of people with dementia have a Carer Support Plan in place which meets their personal outcomes. Increase in the awareness of GP practice/ clinical professionals of the need to identify and refer for support a carer who helps a person with dementia Additional long-term investment in place to support carers of people with dementia in every locality in Fife.	Every carer in Fife who supports a person with dementia is encouraged to accept a referred for Carer Support Plan initial conversation by their GP/clinician.
<b>Learning Disabilities</b>		
Adults with learning disabilities will be supported to live independently and safely in their own homes.	To improve early intervention support for adults with a learning disabilities and provide increasing innovative and supportive housing solutions for people who wish to live independently but may need some support to achieve this goal.	Increased number of people with a learning disability living in communities within their own homes safely. Reduction in the number of people within a community hospital setting awaiting community support.

## Priority 4

### Living well with long term conditions

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Improving the Cancer Journey</b>		
Improving the cancer journey.	People affected by cancer are self-managing and their families and wider communities see Improving the Cancer Journey as an integral part of the cancer pathway and all partner organisations recognise and accept the collective responsibility for the health and wellbeing of people affected by cancer.	Results delivered through the Fife Macmillan Improving Cancer Journey service will build a foundation for service redesign for other long term health conditions in Fife.  Seamless pathways of integrated care and support.



## PRIORITY 5

# Managing resources effectively while delivering quality outcomes

The changes we need to make	What will success look like?	Where we want to be in 2022
<b>Budget Challenge</b>		
Develop a transformational change programme to deliver financial balance for HSCP over a 3 year period.	Plans will be developed and approved to implement change across Health and Social Care to deliver quality services in budget including strategies for: <ul style="list-style-type: none"> <li>• Workforce.</li> <li>• Skill Mix.</li> <li>• Voluntary Sector.</li> <li>• Prevention.</li> <li>• Self-Care.</li> </ul>	The Health and Social Care Partnership will have a financial strategy in place which supported transformational change.
<b>Service Developments</b>		
High Cost Care Placements.	Reduce reliance on high-cost residential care and nursing placements. Re-focus investment on family and community based supports located.	
Invest in working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife.	Review and re-design our prevention and early intervention strategy.	Review services and how they are delivered along with voluntary sector partners to ensure that they maximise the achievement of positive outcomes and support self-care effectively and efficiently.

## Priority 5

# Managing resources effectively while delivering quality outcomes

The changes we need to make	What will success look like?	Where we want to be in 2022
Building based care and reform.	Services will continue to evolve to meet service user needs, and not simply continue to provide the same services they have in the past.	Building Based services will be reviewed in line with priorities.
Pharmacotherapy/ Realistic Prescribing and War on Waste.	Prescribing will be patient-centred looking at individual outcomes for all patients.	Medicines waste will be reduced to minimal levels across care homes, hospitals and community.
Develop a safe, equitable, accessible and sustainable model for care delivery in the out of hours period.	Patients will have access to care delivered in the right place at the right time by the right person.	An effective and efficient safe model for service delivery optimising all assets, ensuring a team approach with highly developed staff.
<b>Workforce Developments</b>		
Develop a robust efficiency framework across the partnership focussing on ensuring LEAN principles and effective structures are in place to support integration and manage within our resource strategies including finance, staffing and buildings.	Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, IT, localities, patient pathways and best value.	Encourage those who could be self-managing to be supported differently. Ensure that services are accessible and targeting the most vulnerable groups.



## Alternative Formats

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

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### Language lines

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Fife Council and NHS Fife are supporting the people of Fife together through Fife's Health & Social Care Partnership. To find out more visit [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)

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