

Health & Social Care Integration in Fife



Your Views Matter

Looking Closer at Participation and Engagement A new approach for Fife

It's time to think differently about health and social care.



Supporting the people of Fife together



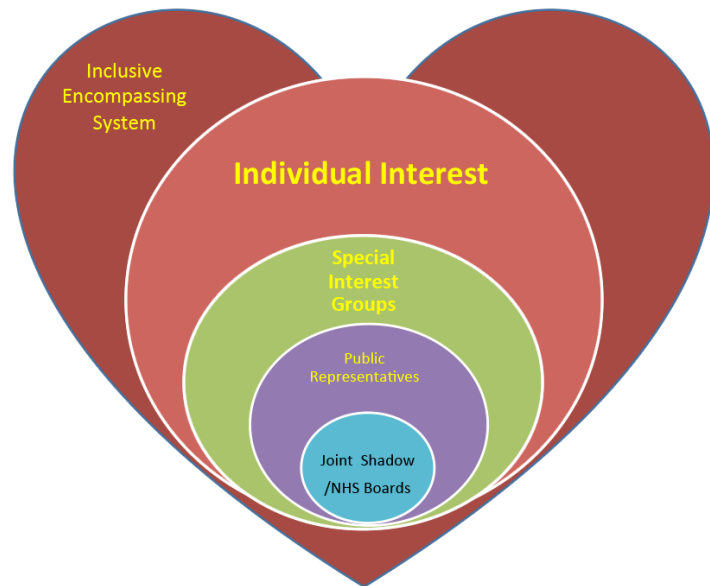
www.fifedirect.org.uk/integration



Foreword

Fife Council and NHS Fife are creating a new Health and Social Care Partnership. With full integration of all adult health and social care services starting on 1 April 2016 it will see one of the biggest transformations in health and social care in a generation.

To ensure the voice of the citizen is heard, the proactive involvement of hundreds of users of services, their families, carers, staff and partners has begun. This has generated a wealth of ideas and suggestions. Not only are these shaping and informing how we change services, they are actively being used to form the bedrock for a new Participation and Engagement Strategy.



Co-written with public representatives, this document sets out a proposed Participation and Engagement approach for Fife.

It has been developed using the themes and comments which emerged from our joint workshops, presentations and group discussions, and also values and holds on to existing knowledge skills and experience. The images used capture visually the 'live' discussions and views expressed.

We now need you to have your say. Please get involved.

Thank you.



Sandy Riddell

Director, Health and Social Care

How to get involved

This booklet describes:

- A 10 point set of principles. These are the principles underpinning the participation and engagement approach in Fife.
- The six key areas of activity which will make up our approach for Fife.

Both have been developed by volunteers from the public participation groups comprised of service users, carers, patients, their representatives and staff.

In answering each of the questions contained in this booklet, your comments will be used to develop the approach prior to our proposals being submitted to the Health and Social Care Integration Joint Board (IJB) later this year for approval and implementation.

Please give your feedback by completing the questions on pages 12 and 13 of this document as follows:

- **Mark the relevant box and write your comments in the space provided.**
- **When doing this on your PC, please ensure that you:**
 - save this document onto your PC as you go.
 - attach your completed document to an email and send to: Jennifer.michie@fife.gov.uk

If you wish to print pages 12 and 13 to complete by hand, please send to: Jennifer Michie, 5th Floor North Wing, Rothesay House, Rothesay Place, Glenrothes, KY7 5PQ.

Hard copies are available on request. If you have any queries please call: 03451 55 55 55 ext 441255

Please return completed copies by Friday 7 August 2015.



Working Together Workshops in action

Section 1: Ten Point Set of Principles

From the hundreds of comments made during the January and May workshops held this year, the proposed ten principles have been developed where the approach must:



1. Influence and support an overall 'cultural change' towards an approach which puts users of services at the centre. Actively develops the knowledge, skills and experience of all staff to work in this way and develops public confidence in providing input and feedback to our systems.
2. Go to where the people are – not expecting them to come to us. It engages with 'Hard to Reach Groups' using the networks and places people trust e.g. current community run groups and networks including specific care groups.
3. Produce positive changes in individual service user experiences. Users of services and the public know how to provide feedback, make complaints or suggestions for improvement. Approach to feedback is efficient, open and transparent – e.g. why an issue happened, how it will be resolved and details of how any change will be implemented. If feedback cannot be acted upon, an explanation is provided. Carer and service users' needs and expertise should be reinforced.
4. Value and hold on to our existing knowledge, skills and experience from the established groups like our Volunteers, members of Public Partnership Forums and People's Panel. Take account of the best of systems previously in place but use these resources differently. Needs to be a two way process and more of a partnership.
5. Be a flexible, evolving model making most of social media – focused on continual improvement, experimenting and drawing upon input and feedback.
6. Be appropriately resourced (staff and buildings) and involve all stakeholders.
7. Learn from other organisations and systems of participation and engagement and share our own learning and experiences with others.
8. Aim to remove unacceptable levels of bureaucracy. Monitoring, reporting and public information is focused on the use of plain English and what will make a difference to users of services.
9. Make best use of users of services and public feedback to address issues proactively with local and national politicians.
10. Consider all relevant legislative requirements, standards and guidance. Where appropriate, have requirements defined and made clear in policies and procedures for organisations and staff. It must be influenced by the experience of those who use services.

Section 2: Shaping a new approach for Fife

The work so far has identified six areas of activity that make up the new approach for Fife. They link together to form an overall framework that coordinates the citizens voice. This ensures that citizens are heard in the participation, decision making and feedback processes of the partnership and work within the set of 10 principles.

1. Gathering views and community knowledge

This type of activity was identified as one of the most important components in terms of our approach. The aim is to ensure that individuals within communities can deliver their perspective on current and future service provision in a way that suits them.



2. Individual Experience

The individual's opinion and experience is of high importance. It needs to drive culture change towards a more person centred approach. It takes into account the value of the individual experience and its potential to influence service change.



3. Specific topics

Activity needs to focus on specialist areas as well as on general concerns. This is both at national and local level. The users of these specialist services have knowledge and experience which can be used to re-design services and make changes when needed.



4. Governance and Accountability through formal meetings

Formal meetings have been a dominant part of our approach in the past and whilst these have been valued, their limitations are recognised. This indicates that although some activity will need to continue through formal meetings, it should play a smaller part in any future model.



5. Social Media

To date social media (Facebook and Twitter) has played a minor role in our approach to participation and engagement, however its potential has been acknowledged when done well. We recognise the need to experiment and continue to improve our use of current and emerging digital applications to help maximise public feedback and engagement.



6. Internal and external supporting infrastructure

Once agreed, our new approach must be appropriately resourced to deliver.



Each area is described as follows:

1. Gathering community views and knowledge

This type of activity is acknowledged as one of the most important components in our approach. The aim is to ensure that individuals within communities can deliver their perspective on current and future service provision in a way that suits them. This approach has a number of possible components including the Community Ambassador role and Common Health topics.



Common-Health – a new NHS Fife initiative that could be used for the wider partnership. The main idea is to go out into communities to engage, inform and help shape services. It links with the Ambassador role to identify and explore hot topics raised by the public e.g. themes from comments made online

and through complaints and suggestions. These could indicate a common issue in a community or across several communities.

Community Ambassadors – would have standing and be actively involved in local communities. They could be the eyes and ears of the health and social care system working within a structure and with ongoing support.

Features of this role:

- Work in localities/local communities.
- Gather information from individuals and existing local groups.
- Run 'community surgeries' for people to come and talk.
- Be a clear route to feedback and exchange of information.
- Go to see specific or identified people e.g. hospital initiatives.
- Support increased public conversation about issues:
 - Expand the voice of all communities.
 - Support work on areas of concern e.g. delayed discharge.
 - Use willing existing Public Partnership Fora (PPF) members to undertake this role, although others could also be involved.
 - Gathering stories on specific topics or experiences.
 - Use voluntary organisations to contribute differently to enhance this style of work.

Notes: Development of the role requires support and training.

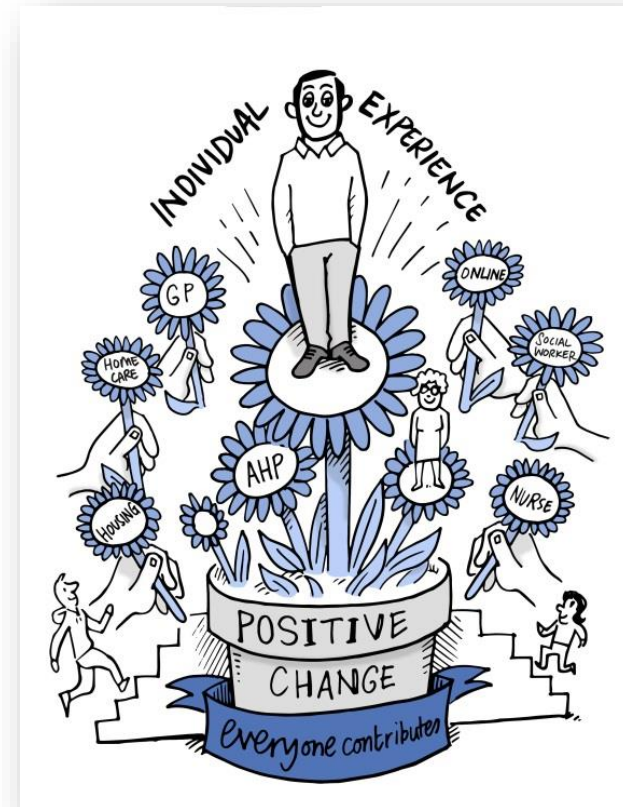
2. Individual Experience

The individual's opinion and experience is of high importance, and needs to drive culture change towards a more person centred approach.

This approach takes into account the value of the individual experience and how this can influence service change and achieve positive outcomes.

Individual feedback mechanisms

- Mechanisms will include online feedback systems, Patient Opinion and Care Opinion, where general comments as well as specific issues can be raised and responded to quickly.
- Through seeking to better understand the more extreme experiences (positive and negative) of people who use services rather than just focus on the more common issues experienced.
- General customer surveys.
- Concerns/complaints/compliments processes.
- Analyses feedback to identify common themes.
- Use feedback to inform possible Community Ambassador or Common-Health work.
- Clear feedback processes for the public in relation to what has changed as a result of their experience and input.
- Support every member of staff to work towards a person centred approach in all interactions.



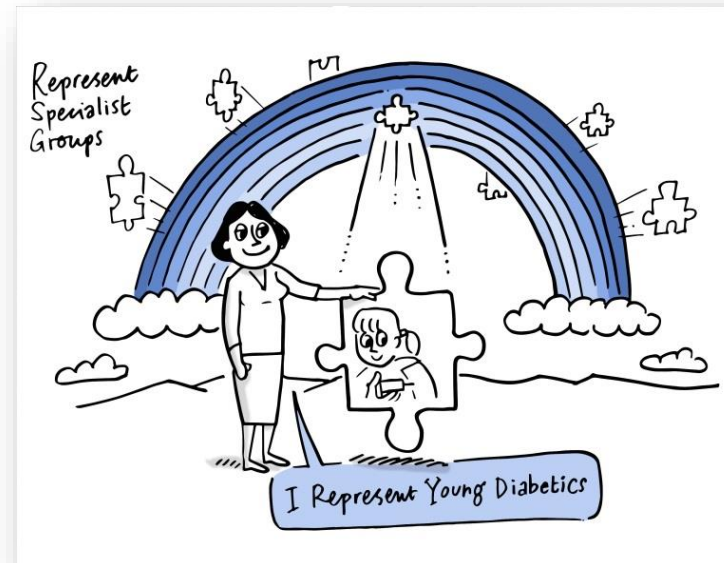
3. Specific topics, special interests and service redesign

More focus is needed in regard to specialist areas as well as on general concerns. This is both at national and local level. The users of these specialist services have knowledge and experience which can be used to re-design services and make changes when needed. Those involved to date have told us that it is essential that we use networks that are knowledgeable and have the right people for the topic.

Specific topics, special interests and service redesign

- Use voluntary organisations and existing networks e.g. for specific conditions.
- Make more proactive use of the People's Panel and its members.
- Use the people who have the conditions, illnesses or concerns for real engagement with them and where the issue or change has an impact on that group or their carers.
- Use appropriate agencies where their input is part of a possible service change.
- Signpost people to relevant support groups.

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4. Governance and Accountability through formal meetings

Formal meetings have been a dominant part of our approach in the past and whilst they have been valued, their limitations are recognised. This indicates that although some activity will need to continue through formal meetings this should play a smaller part in any future model.

Developing a Public Engagement and Participation Forum

At present there are many different patient and service user representative groups. To avoid confusion or duplication, these need to be redesigned using the skills and people within them. A structured and supported forum for Community Ambassadors and others public members where they can meet together, feedback and contribute to planning activity is to be identified. Ideas include:

- The current Public Patient Forums and Public Reference Group could come together to form a new Public Participation Forum.
- The established Carers Centre networks could be used.

Underpinning arrangements, including more local short term groups, should be in line with the management structure. These groups need to be a part of the formal governance and assurance processes and also link to the Acute Hospital services within the NHS.

Service User and Carer on the Integration Joint Board (IJB)

The regulations state that the Integration Joint Board (IJB) must have a Carer and Service User as IJB members. The process for nominations is to be developed in line with regulations and will be open and transparent.



5. Social Media

To date social media e.g. Facebook and Twitter has played a minor role in our approach to participation and engagement, however, its potential has been acknowledged when done well. We recognise the need to experiment and continue to improve our use of current and emerging digital applications to help maximise public feedback and engagement.

Social Media – making the most of all digital communications to suit all ages

This is a rapidly changing environment that is the norm for some groups but less so for others.

It provides an effective means of communication for many citizens. Its potential is recognised, where it could be offered as a means to reach more individuals and groups in a way that suits them.

Further exploration and development is needed with the public across all ages to establish the best way to use this media for public participation in health and social care service design and change. This is being explored through the Health and Social Care's Visioning Workshop being held in the autumn of 2015.



6. Putting in place an internal and external supporting infrastructure

Once agreed, our new approach must be appropriately resourced to deliver.

The infrastructure required supporting effective public participation and engagement throughout our proposed model has a number of features. It must take into consideration the need to have more activity within communities and hearing the individuals' voice rather than formal meetings.

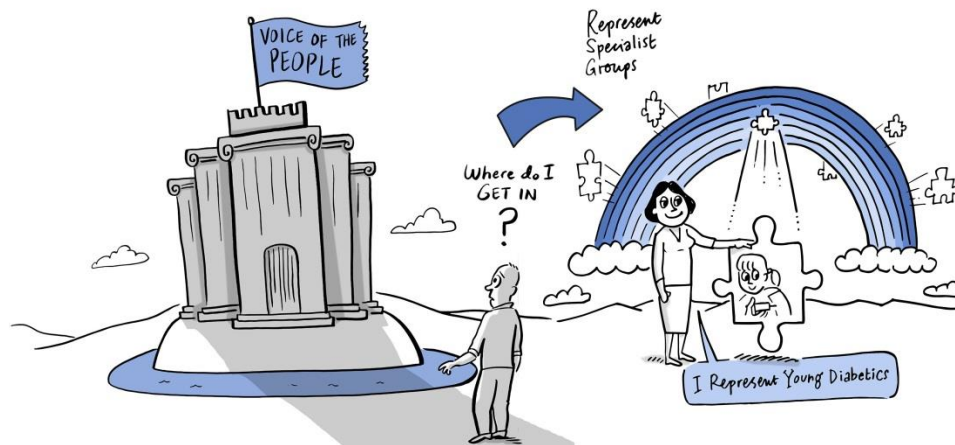
Internal Support Team:

- Provides a point of contact and day to day support and advice for Community Ambassadors and other volunteers involved in participation and engagement work.

- Provides guidance and governance to support a system that has minimal bureaucracy but is safe, effective, legal and sustainable.
- Provides administration and organisation to support all of our participation and engagement work.

Peoples Panel – to be used more regularly to gather public views and as a source of volunteers for specific work or topics. Consider how the support team and Peoples Panel can work in an integrated way to support this approach.

Training for the Community Ambassadors, other community participants and staff would be required and this may include other agencies delivering e.g. The Alliance.



Your feedback:

Q1. Do you agree with the 10 principles developed?

Please tick which box applies:

Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Don't Know ☐

Please explain your response:

Q2. Do you agree that these should be the principles which underpin the Participation and Engagement approach and working practices for the new Health and Social Care Partnership in Fife? Please tick which box applies:

Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Don't Know ☐

Please explain your response:

Q3. Do you agree that the approach suggested makes it easier for people to participate and have their voice heard? Please tick which box applies

Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐
Don't Know ☐

Please explain your response:

Want to tell us more?

Do you have any other ideas or suggestions on how we can improve participation and engagement? If so, please leave comments below:

Name:

Representation/Organisation:

Please return completed copies by Friday 7 August 2015.

Thank you for taking part.

Next steps

- The Participation and Engagement Working Group will reconvene to consider all views and suggestions. (August)
- Our third and final Way Forward event will be held to consider the model and agree the way it will be delivered in Fife. (Sept)
- Our proposal will be submitted to the Integration Joint Board later this year for approval and implementation. (Dec)

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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اُردو زبان کے لیے ٹیلیفون نمبر
03451 55 55 66

NHS Fife Equality and Human Rights Department

The Annex, Lynebank Hospital, Dunfermline KY11 4UW

Tel. 01383 565142

Appendix 1

Participation Groups involved to date:

- Dunfermline Advocacy
- Public Partnership Fora
- Public Reference Group
- Fife Voluntary Action
- Fife Elderly Forum
- Service User/Carer Group
- Mental Health Strategy Group
- Disabilities Fife
- Fife Centre for Equalities
- FRAE Fife
- Peoples First Fife
- Al-Anon Family Group
- Carers Centre
- Circles Network
- Crossroads Fife Central
- Respite Fife
- People's Panel
- Alzheimer's Scotland