

Falkirk Health and Social Care Integration Partnership

Strategic Plan Consultation and Engagement Report

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Summary Findings

In summary, engagement and consultation has highlighted:

People generally see the integration of health and social care as an opportunity to improve care and support provided, however some feel the cultural differences between agencies will present a challenge that must be addressed.

People feel that joined process and procedure will allow effective integration, but that the focus should be on service improvement, effective use of resources and avoiding bureaucracy.

Improved communication with people who receive services and between agencies was consistently highlighted as important, as were accessible services with well trained and engaged staff.

Introduction

The Health and Social Care Integration (HSCI) Partnership set out to involve key stakeholders during the production of the Strategic Plan. Service users, carers, health and social care staff, the public and key partners have had various opportunities to tell us what they think and participate in the production of the Strategic Plan. This was done through a series of information and consultation methods.

The engagement plan set out:

- 7 Staff engagement sessions: April to May 2015
- Transitional Board priority setting workshop: 18 June 2015
- Stakeholder engagement event for staff across all sectors: 30 June 2015
- Strategic Planning Group meetings: August and November 2015 & January 2016
- Presentation and Feedback sessions targeted: November to December 2015
- Online and Citizen's Panel survey

Information was disseminated to the public through staff newsletters, local media, social media, the Council and NHS Forth Valley websites and posters in in key spaces (including GP surgeries). A mix of consultative methods were used: a module of HSCI questions were included in the Council's Citizens Panel in November 2015, an online survey was open through November and December 2015 (routed from the Council and NHS Forth Valley's websites), and targeted presentation/feedback sessions took place throughout November and December 2015.

Staff engagement sessions were used to inform staff and changes and allow them to provide feedback on how their approach to work could alter. These staff included nurses, Occupational Therapists, Social Workers and Care Workers and also staff from Third and

Independent Sector providers. Staff in these sessions discussed the impact of the HSCI changes on the day-to-day delivery of health and social care services. What was discussed then informed the Strategic Planning Group as they further refined the Strategic Plan's priorities.

The membership of the Strategic Planning Group (SPG) is prescribed in the Public Bodies (Joint Working) (Membership of the Strategic Planning Group) (Scotland) Regulations 2014, however the Integration Joint Board agreed to extend the minimum prescribed membership to include Board, GP and staff representation. The prescribed membership includes representatives from service users, carers the Independent and Third Sector and Housing.

The proposed priorities were then distributed for wider consultation via the Citizens Panel and online surveys in November 2015 and targeted presentation and feedback sessions. The results of the surveys and sessions with the public have been fed into the redrafting of the Strategic Plan.

This report now presents consultation findings followed by a brief discussion and conclusion.

Citizens Panel 15 Findings

The Citizens Panel is made up of around 1,500 residents from across the Council area, with questionnaires distributed electronically or by post three times a year. The questionnaires have covered a variety of topics, with questions on quality of life, housing, community safety and public health. This was the 15th Citizens Panel survey and had four particular sections: Local Development Plan, Local Housing Strategy, Health and Social Care Integration and About You.

There were 493 responses to the survey, with 174 postal returns and 319 online completions. For postal surveys we cannot utilise mandatory fields and therefore the number of responses is variable across questions.

39% of respondents were male, 42% were female and 19% did not specify their gender. The age range of this Citizens Panel was weighted to people over 45, with 38% aged 65 years or over and 72% aged 45 years or older. 12% were aged 25 to 44 years old. 15% did not specify their age. Figure 1.1 shows a complete breakdown of the age categories.

15% of respondents self-identified as disabled, with 69% stating they were not disabled. 16% did not answer the question.

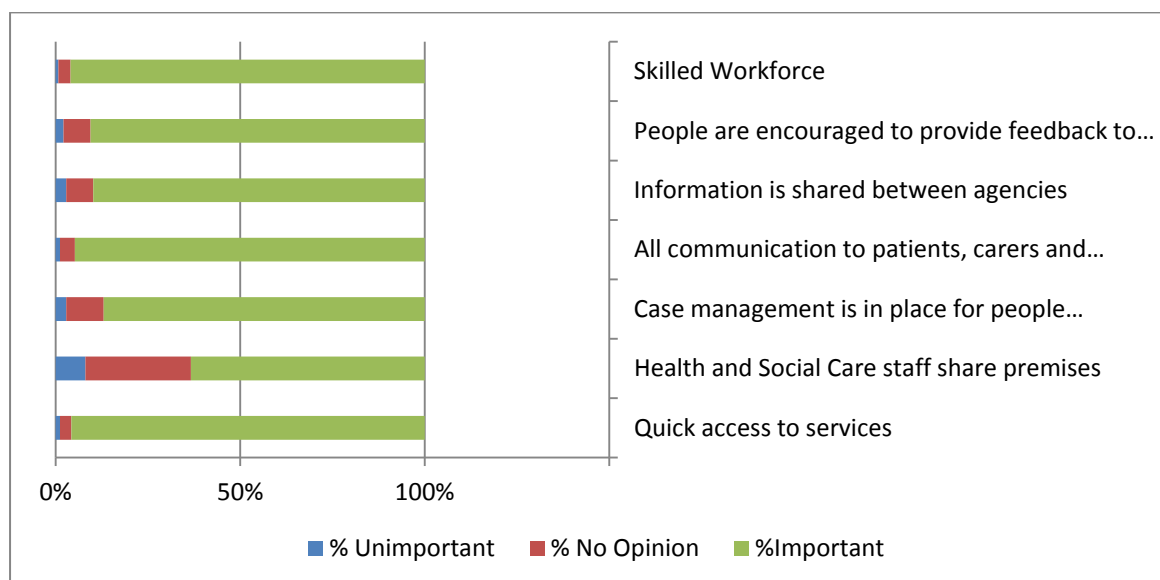
There were two questions within the HSCI section of the Citizens Panel questionnaire:

- Q 34 - Here are a series of statements about Health and Social Care Integration. Please tell us how important these are to you.
- Q 35 - Based upon your experience, is there anything about Health and Social Care Services that you would like incorporated into the Strategic Plan?

Q34: Here are a series of statements about Health and Social Care Integration. Please tell us how important these are to you.

423 people answered this question. Figure 1 below shows that most people think all themes are relatively important (i.e. noted important or very important on the Likert Scale), with the exception of co-location. Quick access to services and a skilled workforce could be identified as respondents' most important themes.

Figure 1: Importance of HSCI Themes



There were 33 comments in the 'other' field. Transport, confidentiality, operational capacity and communication were the most commonly recurring themes. (These themes were each identified by 4 people.) Table 1 provides illustrative quotes alongside key themes.

Table 1: Coded Responses to HSCI Themes

Theme	Responses	What People Said
Transport	4	<p><i>'Problems with transport to get to hospital for appointments.'</i></p> <p><i>'No shuttle transport from my area which goes near local health centre.'</i></p> <p><i>'dedicated transport enabling accessibility by elderly and infirm within the area of health care provision.'</i></p> <p><i>'Why do health centres have NO PARKING facilities for cycles?'</i></p>

Theme	Responses	What People Said
Confidentiality	4	<p><i>'Assurance that confidentiality is maintained.'</i></p> <p><i>'more specific - and not all information should be shared around everyone unless it is on people who are in danger.'</i></p> <p><i>'Private and Confidential [sic] information should be as always.'</i> <i>'PRIVATE AND CONFIDENTIAL [sic]!'</i></p> <p><i>'Information is only shared with other agencies where relevant.'</i></p>
Operational capacity	4	<p><i>'home carers [sic] are underpaid'</i></p> <p><i>'not enough care service today , too many hurdles , social services inadequate , only managers no Indians !! nobody willing to listen or act.'</i></p> <p><i>'Less PC..... more real people.'</i></p> <p><i>'Processes need to reflect support required for the ageing population.'</i></p>
Communication	4	<p><i>'Information must be relevant to those concerned.'</i></p> <p><i>'All communication should be in plain English with no jargon.'</i></p> <p><i>'Keep it simple.'</i></p> <p><i>'At the moment there is very little communication be the services.'</i></p>

Q35: Based upon your experience, is there anything about Health and Social Care Services that you would like incorporated into the Strategic Plan?

There were 117 responses to this question. The most commonly recurring themes were information sharing (20%); care-plan reviews (14%) and GPs (13%). Several aspects of GP care were raised, such as the number of GPs, the waiting times or length of GP appointments. Care-plan comments included the need for better dialogue between service providers and service users (co-production) and quicker assessment.

Box 1: People's Experiences of Health and Social Care Services

Information Sharing

'There needs to be more time spent with the elderly and more communication with health centres & families [sic].'

'At the moment it seems that information is taking a long time to reach other departments, in this technology age that should not be a problem.'

'The different services need to work together to provide the best care. it is too disjointed & one department don't know what the other is doing.'

Care-plan Reviews

'Peoples [sic] careplan should be reviewed, communication must be better between services.'

'social care service that listens and then acts.'

'Timelines and all key contacts regularly reviewed.'

'Better understanding for people who require care.'

GPs

'More long-term doctor's at our clinic's easier appointment system week in advance not daily phone calls for appointments then being told to phone back next day etc, etc by receptionist.'

'Why are surgeries only open during office hours? Why not at weekends? I should have a blood checks at my local surgery. To do this I would need to take holidays.'

'Longer opening times at GP practices, including weekends.'

'Health centre is a joke at Bonnybridge + Banknock. Unable to see doctor for 4 weeks in between appointments. Bonnybridge drop in is ok if you are willing to wait between 2-3 hrs. With babies + children this is impossible.'

Online Survey

There were 73 responses in total to the HSCI online survey. The number of responses for each question was highly variable.

The online survey was promoted via:

- Front page banners on NHS Forth Valley and Falkirk Council Websites linking to the survey
- Partner agencies such as Third Sector Interface and Carers Centre promoting the consultation via their websites and newsletters
- Posters in community centres and GP surgeries, across the Falkirk area
- Information included within all Falkirk Council and NHS Forth Valley staff Pay slips
- Email via distribution lists?

There were targeted presentations to 23 groups across the Falkirk area (also giving opportunity for feedback). 48 people told us whether they were staff, service users, carers and/or Third Sector workers. People could select more than one category, reflecting that someone can provide and use services. 58% (28 people) identifying themselves as service users., 42% (20 people) identified themselves as health and social care professionals, 40% (19 people) as carers and 31% (15 people) as Third Sector Organisations. 10 respondents identified themselves as representing an organisation, with 41 people answering as individuals and 22 non-responses.

There were 38 responses to the gender question, with 76% identifying themselves as female and 24% as male. All respondents had the same gender identity at birth. 83% (29) of 35 respondents identified themselves as heterosexual, with one person self-identifying as 'other' and 5 people selecting 'prefer not to answer'. 29 people stated their age on their last birthday, with 34% (10 people) aged 25 to 44, 34% aged 45 to 64 and 31% (9) aged 65 years or older.

All 38 respondents who gave their ethnicity identified themselves as white. Church of Scotland was the most prevalent religious affiliation, with 44% of 36 respondents followed by 31% identifying themselves as atheist.

11 people identified themselves as having a disability, 28% of the 39 people who answered that question. However, contradicting this data, 23 people specified a particular disability. 48% stated a physical disability, 48% a long term health condition and 35% a mental health condition.

There were seven questions in the HSCI online survey:

Q1: Based on your experience, is there anything that you would like to tell us about Health and Social Care Services that will help develop the plan?

There were 42 responses to this question. Table 2 provides a breakdown of the main issues people responded with and a selection of quotes for each. 42% of respondents emphasised a need for effective partnership working, whilst 29% underlined the importance of information sharing between key stakeholders. Improving patient care, smoothing access to services (such as a single point of contact), addressing the root cause of conditions and plain English communications were also put forward by 5 or 6 people each.

Table 2: Suggestions for Improving the Plan

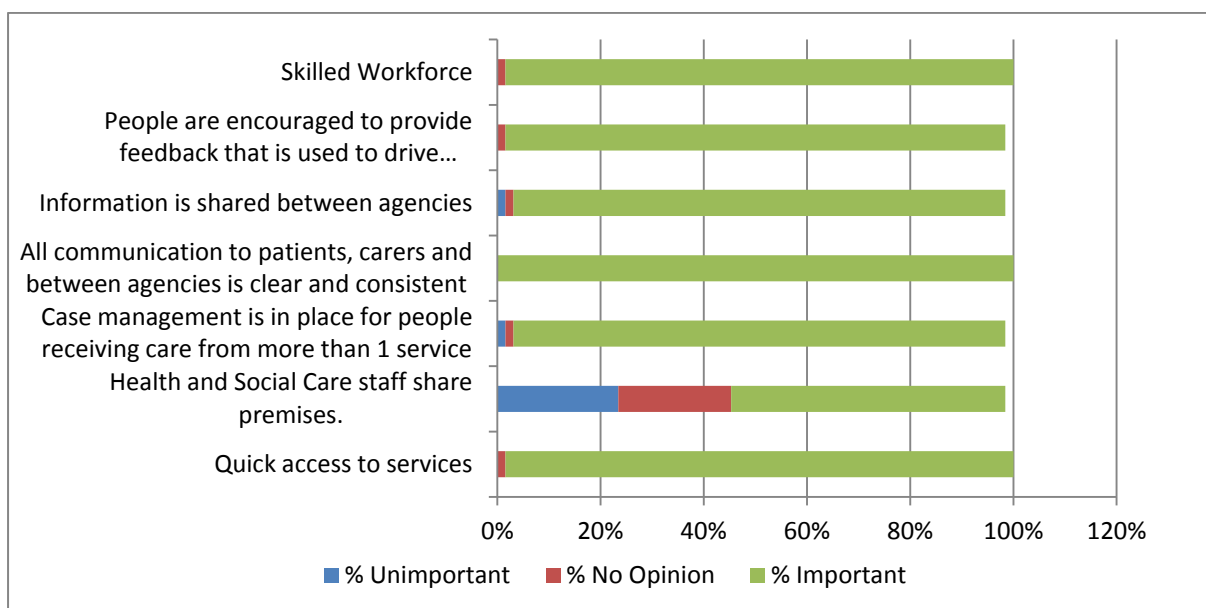
Theme	Responses	What People Said
Partnership Working	17	<i>'Reference to more explicit commitment to community planning (at strategic , tactical and operational levels) would strengthen the Plan and demonstrate a willingness to work in partnership with CPP partners to achieve improved outcomes.'</i> <i>'The partnership [sic] working across both services must continue and respect of each others roles acknowledged. Single shared assessment has never been evolved fully.'</i> <i>'There is a need for a seamless transition between health and social services provision. More consideration is required for the transition from childrens [sic] services (health) to adult services (social work) where disabled are concerned.'</i>
Shared Information	12	<i>'IT communication should be improved to allow sharing of information easier.'</i> <i>'More communication between staff might make a difference.'</i> <i>'I think to have effective integrated teams there needs to be huge consideration taken about having teams located together and everyone in those teams having access to each others information systems.'</i>
Single Point of Contact/Ease of Access to Services	6	<i>'The near impossibility to contact a social worker to discuss possible future needs - this could result in the caring services being subject to unnecessary stress and expense.'</i>

Theme	Responses	What People Said
		<i>'There are no easy answers to dealing with MS, but a single point of contact for me would really have helped me during the year since diagnosis.'</i>
Specific Condition	6	<i>'Right now management of long term conditions is lacking and within health there is not consistent treatment with locums and lack of services from GPs. The use of CBT for all mental health conditions and substance misuse is a short term plaster on the wound approach rather than a sustainable look at the root cause approach.'</i>
Improving Patient Care	6	<i>'Integration seems to be about bringing together two "organisational" bodies - what is needed is integral health and social care, integral medicine - all we are doing is producing more of the same whereas what is need is a change not only in how we do medicine and care but the kind of care and medicine we do. This is completely overlooked.'</i>

Q2: Here are a series of statements about Health and Social Care Integration. Please tell us how important these are to you.

64 people answered this question. Figure 2 below shows that most people think all themes are relatively important (i.e. noted important or very important on the Likert Scale), with the exception of co-location. This matches the results from CP15. Communications could be identified as the most important theme. There were 11 comments entered in the 'other' field. Four of these emphasised improving patient care, two suggested information sharing, whilst prevention, co-location and community-based support were mentioned once each.

Figure 2: Importance of HSCI Themes



Q3: Do you agree that by focusing on the priorities within the draft Plan that health and social care will improve?

There were 73 responses to this question. 71% said yes and 29% said no. Three of these suggested insufficient capacity within health and social care to meet the objectives of the Strategic Plan, particularly in light of service reductions. Seven people specified the difference in organisational cultures as a barrier to improving health and social care services. Box 2 contains some of the things people said.

Box 2: Organisational Culture

'services may have shared budget and management[sic] but still work within two different systems , practical day to day working needs to be a priority'

'Social work and health are like oil and water. They speak different languages'

' I don't believe joint working is going to have good outcomes. I believe it will be health focused and not social work minded.'

'The plan has no real substance to it full of strategies and no doubt endless meetings to discuss how to do things meaning more bureaucracy and no real quality services at the front line'

'They are limited in scope and not aspirational enough'

'Has the field work staff been involved in the initial proposals and planning? Staff feel this has been proposed by politicians.'

Q5: Are there any other priorities that you think should be included?

65 people answered this question. 52% stated there were, whilst 48% said there were not. 28 people suggested additions to the existing priorities, with two most prominent suggestions being the engagement of service users and/or carers (36%/10 people) and improving some aspect of the health and social care user experience (29% /8 people). Partnership working, prevention, information sharing were each suggested by four people. More explicit focus on dementia, palliative care and drugs and alcohol were each suggested by one person. Table 3 contains more details on suggested additions to the Strategic Plan.

Table 3: Suggested Additions to the Plan

Theme	Responses	What People Said
Engaging service users/carers	10	<i>'Where to get information on how people can get more involved.'</i> <i>'More freedom to allow carers to dispense basic medication with agreement with family.'</i> <i>'Consultation with parents and carers did not happen before the decision to close the Rowans was taken.'</i>

Theme	Responses	What People Said
		<p><i>'An embracing of a new medical / care paradigm, one which REALLY puts the patient at the centre, which treats causes not just signs and symptoms, which embraces the best of conventional and functional, integrative, complimentary approaches, and which truly LISTENS and communicates better. Patients are not all ill-informed nor ignorant.'</i></p> <p><i>'Use of project management approaches and customer feedback to help communicate changes to both staff and public.'</i></p> <p><i>'Use of technology to support people to articulate their needs, provide feedback and influence services and plans and improve care, particularly at home...'</i></p>
Improving Patient Care	8	<p><i>'To[sic] many people are being sent home from hospital to early meaning they end up back at hospital. Not everyone is seen by the appropriate professionals i.e physio, O.T. This could be avoided with better planning and a checklist should be made before someone can go home. Especially people who live on their own.'</i></p> <p><i>'Continue process to check post in-patient medicine reconciliation which has received attention in last few years. [...] Reduce medicine costs by not disposing of all unused medicines. Allow pharmacists [sic] to make the decision on which medicine can be sensibly re-used. Address wastage across the NHS. Doctors should tell the patients how much their medication costs so they might appreciate what they are getting free and [sic] finish the course.'</i></p> <p><i>'Achieving cultural [sic] shift to use of TEC in care planning as a first and not as a last resort.'</i></p>

Q7: Do you have any other comments you wish to make?

There were 24 responses to this question. The most common theme here was the practical impact that the organisational restructure could have. Box 3 contains some of the things people said.

Box 3: Organisational Restructure

'A more joined up approach will benefit all stakeholders.'

'The plan should logically model the outcomes of the H and SC Board, the CPP and the ADP as they have similar priorities and outcomes.'

'Whilst core performance indicators are welcome, it would be beneficial if targets or quantitative measures of improved outcomes were included in the Plan.'

'More joined up services between GPs, DN and SW staff. Meet regularly, work together.'

'There needs to be a massive restructure of health and social care with less managers having ridiculously high salaries and massive pensions with more being spent on those actually delivering the services. More knowledge of what is actually behind poor health and less money wasted on meeting after meeting to discuss strategies and then implementation of strategies then changing strategies to justify management posts'

'Do not join up it will see a reduction in services and not person centred [sic] outcomes which will benefit me or others.'

5 people provided general comments on the engagement of service users and carers. There were two specific suggested amendments to the report:

'In the summary statement under local initiatives PDS should be under self management and instead the Alzheimer Scotland Community Connections programme should be under the community based support.'

'The latter pages of the report where the 5 Outcomes are spelled out as against the nine areas in the 2020 vision makes for very confused reading for me as a professional and would be a severe challenge to most. The layout is the issue and improvements in this would be helpful in making sense of this as a summary.'

Presentation/Feedback Sessions

There were 23 different sessions with a range of participants. The following table provides a breakdown of who we spoke with.

Table 4: Presentation/Feedback Sessions

Participants	Group/Forum
Communities Carers Service Users Staff – health and social care	Community Council Forum Carers Forum ALFY Public Education Events Patient Participation Forum Friends of Dundas
Staff– health and social care	Occupational Therapists Forum GP Sub Committee NHS Forth Valley Corporate Management Team Community Care Service Managers Meeting Playing to your Strengths Event
Partners Communities	NHS Forth Valley Board Falkirk Council

Participants	Group/Forum
Carers	Falkirk Community Planning Partnership
Service Users	Integrated Care Fund Project Leads
Staff – health and social care	Alcohol and Drugs Partnership Community Care and Health Forum
Third sector	Independent Sector Providers
Independent Sector	Make it Happen Forum (for over-50s)
Housing sector	Fife and Forth Valley Community Justice Authority Board Local Housing Strategy group - think this was the name of the group

Each session was made up of a presentation by a member of the Strategic Plan Co-ordinating Group followed by an opportunity for discussion and feedback. Similar themes emerged in the sessions as those raised in responses to the Citizens Panel and online survey. The most common theme was that people wanted integration to lead to improvement of health and social care services. All other themes discussed tie in with this, unsurprisingly. Information sharing and communications were discussed regularly. People also talked about the accessibility of services, how communities had been engaged and would be engaged in future, and they also asked how services would be resourced. Accountability was a common theme of the feedback exercises, with people asking who would be responsible for different parts of health and social care services at various points of time.

Table 5 below presents the main themes discussed and some of the things that people said.

Table 5: Key Themes from Information/Feedback Sessions

Theme	Occurrences	What People Said
Improved Services	28	<p><i>'There have been positive developments – Independent Sector Development Officer post has enabled better information sharing; learning opportunities in place – at local and national level'</i></p> <p><i>'Plan must recognise transition between child and adult services. Important to make strong links with Children Services in general'</i></p> <p><i>'How will the Board ensure that information is shared appropriately and securely?'</i></p> <p><i>'What is the role of the Board in regard to planning and service delivery?'</i></p> <p><i>'What difference will plan make?'</i></p>
Accountability	20	<p><i>'... clear implementation plan with delivery actions including the need to agree that these are the Partnership priorities and commit officer to proceed with these'</i></p> <p><i>'need to build an accountability to the delivery of the plan,</i></p>

Theme	Occurrences	What People Said
		<i>challenge when this is not being done'</i>
Information Sharing	17	<i>'Need for improved information sharing was agreed as a priority area' 'How will the Board ensure that information is shared appropriately and securely?'</i>
Accessing Services	14	<i>'Who can be key contact for people?' 'It would be helpful if there was one person, one key contact who could contact everyone to inform them'</i>
Level of Resources	13	<i>'The ICF process needs reviewed for future allocations' 'The independent sector is facing a lot of challenges – recruitment and retention; low pay; ability to offer contracts to staff [...] [these are] impacting on ability to deliver these hours of care'</i>
Community Engagement	13	<i>'Community Council know their areas – what is needed and potential solutions – and should be more engaged in discussion about services'</i>
Communication	13	<i>'need to have a clear vision that is known by all and clarity how this will be communicated' 'Community Councils have their own Facebook pages and can share information to the wider community'</i>

Going Forward

Staff engagement has been relatively strong, but engagement with the public has not been as strong as we would have liked. Only 73 people took part in the online survey and nearly half of those people work in health and social care. However, this is just the first stage in an ongoing engagement with service users, carers, staff, partners and local communities.

The key issues people raised throughout the HSCI engagement were effective information sharing; clear communications; accessible, accountable and improved services and meaningful community engagement. We have made sure that these issues are represented within the Strategic Plan. We have also, as and when required, provided information to the relevant people on suggested improvements to services. This is part of our concerted efforts to listen to the needs of people and make our services more responsive to people's needs.