

Getting to Know: Glenrothes Health & Social Care Locality Planning



Contents

	Page
Fife Health & Social Care Partnership Vision	3
Fife Health & Social Care Localities	3
Governance and Reporting Route	5
The Journey	6
Fife Health & Social Care Strategic Plan 2019 – 2022 – Strategic Priorities	7
National Health and Wellbeing Outcomes	7
Health & Social Care Data for Glenrothes	8
Summary of Findings from Wider Stakeholder Group	11
Glenrothes H&SC Locality Plan 2020/21	12

Getting to Know: Glenrothes Health & Social Care Locality Planning

ABOUT US Fife Health and Social Care Partnership Vision

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

ABOUT US Fife Health and Social Care Localities

April 2016 triggered one of the biggest transformations of health and social care services in Scotland – to have health and social care services delivered jointly, locally and as effectively as possible.

In Fife, this meant a vast range of services from NHS Fife and Fife Council's Social Work Services transferred over to Fife's Health and Social Care Partnership to meet this aim and to support people to live healthy, independent lives.

Services within Integration include:

- all adult and older people social work services
- community health services e.g. district nursing, physiotherapy and mental health services
- children's community health services e.g. health visiting
- housing services which provide support services to vulnerable adults and disability adaptations; and
- the planning of some services provided in hospital e.g. medical care of the elderly.

Localities provide one route, under integration, for communities and professionals (including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists and others) to take an active role in, and provide leadership for, local planning of health and social care service provision.

Localities aims to achieve the aspirations we share for health and social care integration, with partners across the health and social care landscape, and their stakeholders, focussing together on our joint responsibility to improve outcomes for people.

Localities must

- a) Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.
- b) Support GPs to play a central role in providing and co-ordination care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care colleagues, and third sector providers – to help improve outcomes for local people.
- c) Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.

ABOUT US Fife Health and Social Care Localities

Partners participating in localities:

- ❖ General Practice
- ❖ Primary Care
- ❖ Secondary Care
- ❖ Housing
- ❖ Social Work and Social Care
- ❖ Third, voluntary and independent sector
- ❖ Communities

Link to [Scottish Government Localities Guidance](#) document.

ABOUT US Making it Happen in Glenrothes

Governance of H&SC Locality Planning and Reporting Route

H&SC Locality Planning Wider Stakeholder Groups: are made up of representatives of all key stakeholders (local community groups, operational staff, third sector, independent sector and mentors) and **contribute to the development of priorities for each locality, ensuring a grass routes approach in response to local need**

H&SC Locality Planning Core Groups and Leads are made up of key professionals, practitioners and people who use services, **who are responsible for the planning and delivery of these priorities on behalf of their locality**



Strategic Direction – Reporting Route

- Fife H&SCP Strategic Planning Group – Localities Sub Group
- Fife H&SCP Strategic Planning Group
- Fife H&SCP Senior Leadership Team
- Fife H&SCP – Integrated Joint Board

Planning our Priorities

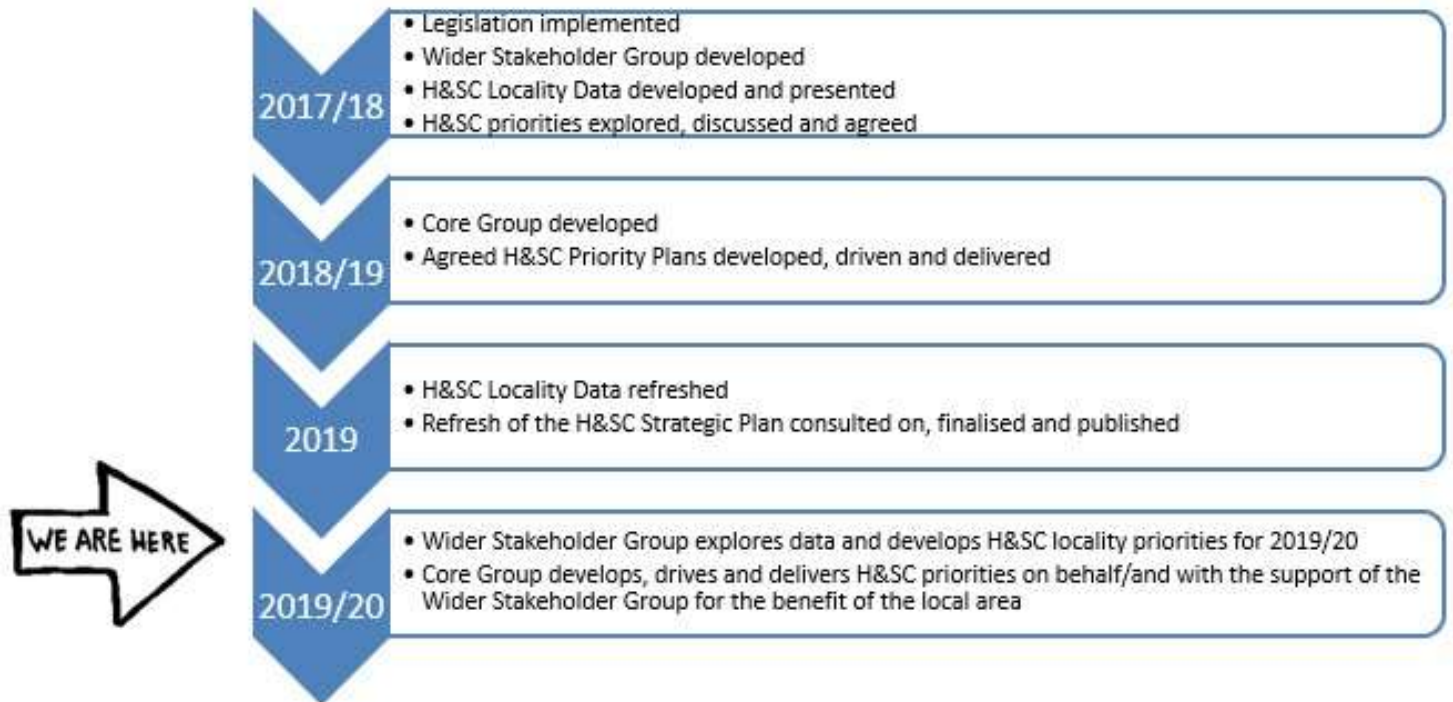
- Achieving Pharmaceutical Excellence
- Alcohol Framework 2018: Preventing Harm
- Community Led Support Programme
- Ending Homelessness Together: A High Level Action Plan 2018
- Fife Children’s Services Partnership
- Fife Council – Local Housing Strategy 2015-2020
- Fife H&SCP Strategic Plan for Fife (2019-2022)
- Getting it Right for Every Child (GIRFEC)
- Keys to Life Strategy
- Mental Health Strategy 2017-2027
- National Health & Wellbeing Outcomes
- NHS Fife Clinical Strategy 2016-2021
- Plan 4 Fife 2017-2027
- Primary Care Improvement Plan, GMS Contract
- Public Health Priorities for Scotland
- Public Health Strategy
- Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy
- Scotland’s Digital Health and Care Strategy
- Scotland’s National Dementia Strategy 2017-2020
- Sexual Health and Blood Borne Virus Framework 2015-2020 Update

Link to [Governance](#) document.

Link to [Terms of Reference](#) document.

Link to [Roles & Responsibilities](#) document.

The Journey



ABOUT US Making it Happen in Glenrothes

Fife Health & Social Care Strategic Plan 2019 – 2022 – Strategic Priorities

PRIORITY 1	Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife
PRIORITY 2	Promoting mental health and wellbeing
PRIORITY 3	Working with communities, partners and our workforce to effectively transform, integrate and improve our services
PRIORITY 4	Living well with long term conditions
PRIORITY 5	Managing resources effectively while delivering quality outcomes

National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

OUTCOME 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
OUTCOME 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
OUTCOME 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
OUTCOME 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
OUTCOME 5	Health and social care services contribute to reducing health inequalities
OUTCOME 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
OUTCOME 7	People using health and social care services are safe from harm
OUTCOME 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
OUTCOME 9	Resources are used effectively and efficiently in the provision of health and social care services

ABOUT US Making it Happen in Glenrothes

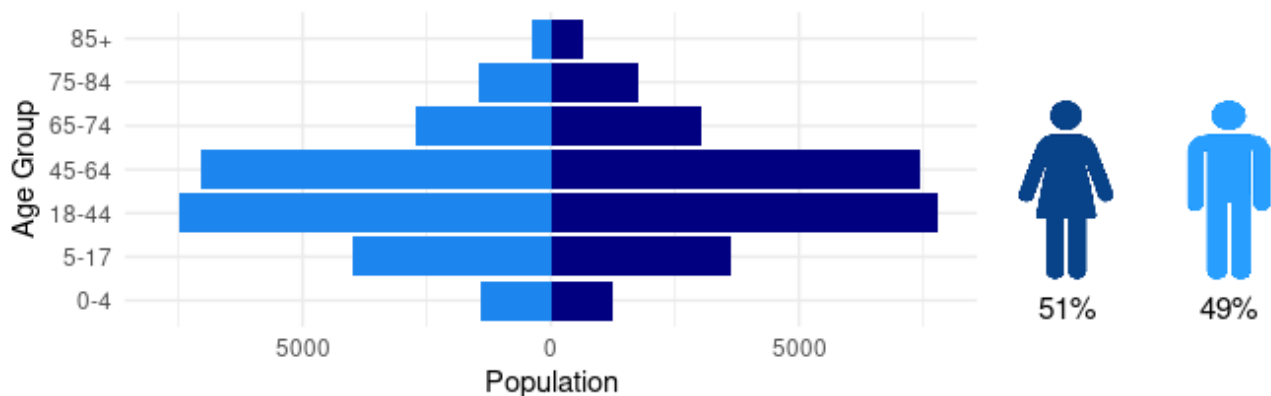
Highlights of what the Health & Social Care Data for Glenrothes tells us:

(Source: Public Health Scotland Glenrothes Locality Profile July 2020)

Demographics

For the most recent time periods available, Glenrothes Locality had a total population of **49,990** people, where **49%** were male, and **20%** were aged over 65.

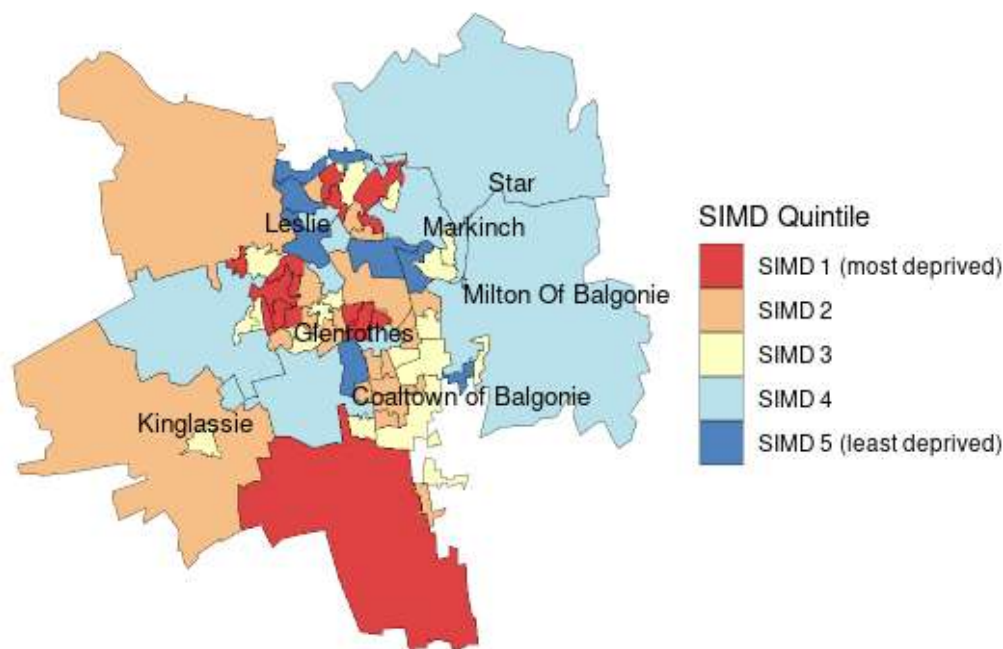
In 2018, the total population of Glenrothes locality was **49,990**. The graph below shows the population distribution of the locality.



Source: National Records Scotland

The population in Glenrothes is estimated to **decrease** by **0.13%** from 2018 to 2025.

Of the 2018 population in Glenrothes, **22%** live in the most deprived SIMD Quintile, and **10%** live in the least deprived SIMD Quintile.





Source: Scottish Government, Public Health Scotland

ABOUT US Making it Happen in Glenrothes

General Health

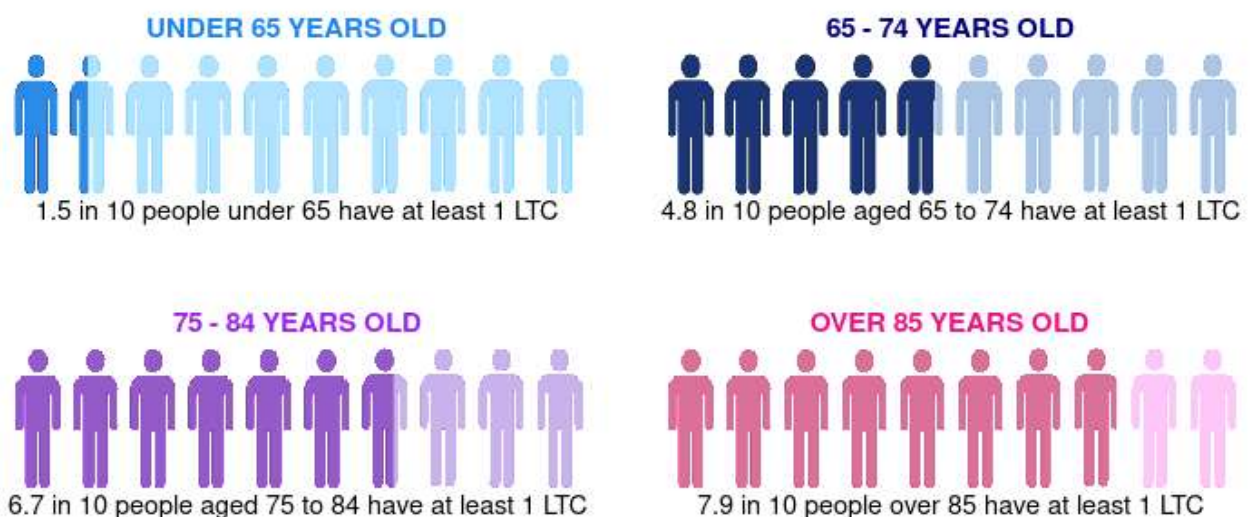
Life Expectancy

Glenrothes Locality had an average life expectancy of **76.9 years for males** and **80.8 years for females**.

	Locality	Partnership	Health Board	Scotland
	80.8	81	81	81.1
	76.9	77.2	77.2	77.1

Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2018/19, in Glenrothes Locality, **23%** of the total population had at least one physical long-term condition (LTC).



Top 5 Physical Long-Term Conditions

	Glenrothes Locality	Fife HSCP	Scotland
1	Arthritis 6.9%	Arthritis 6.5%	Arthritis 5.5%
2	Asthma 5.9%	Asthma 5.2%	Cancer 5%
3	Cancer 5.2%	Cancer 5.1%	Coronary heart disease 4.8%
4	Coronary heart disease 4.9%	Coronary heart disease 4.7%	Asthma 4.5%
5	Diabetes 3.6%	Diabetes 3.3%	Diabetes 3.1%

ABOUT US Making it Happen in Glenrothes



Anxiety, Depression, and Psychosis Prescriptions

In the 2018/19 financial year, **21%** of people were **prescribed medication for anxiety, depression, or psychosis (ADP)** in Glenrothes Locality. This is a **2.3%** increase from the previous financial year.

Lifestyle and Risk Factors

Mental and physical wellbeing has close ties with people's lifestyles and behaviours. Financial security, employment and location are influences that often have a bearing on these choices. Issues can develop when alcohol, smoking or drug use shape lives.

For the most recent time periods available, Glenrothes had:

- **265** drug-related hospital admissions per 100,000 age-sex standardised population. This is a **40% increase** since 2011/12 - 2013/14 (3 financial year aggregates). This is a **higher rate of admissions** than for Scotland (181).
- **819** alcohol-related hospital admissions per 100,000 age-sex standardised population⁴. This is a **69% increase** overall since 2011/12.
- **20** alcohol-specific mortality per 100,000 age-sex standardised population. The rate of alcohol-specific deaths is currently lower in Glenrothes than the rate in 2009 - 2013 (**-8.2% change**).
- a **59%** uptake of bowel cancer screening for the eligible population.

ABOUT US Making it Happen in Glenrothes

Summary of findings from the Glenrothes H&SC Wider Stakeholder Group event held in August 2019

Mental Health

- Ensure the right people and services are involved in any future work.
- Identify what service provision and support should look like in Glenrothes, including for those people beneath traditional “thresholds” for accessing services.
- Improve awareness of what people can access now to improve their mental health and wellbeing.

Joined Up Approaches

- Build on positive experiences of working together.
- Consider how best to work together.

The Well

- Make sure people and services are aware of The Wells and understand what they can provide.
 - Improve awareness and understanding.
 - Consider what the best model for The Wells is.

Drugs and Alcohol

- Understand the problem better through analysis of local data.
- Ensure services are working in ways that are based on evidence and best practice.

ABOUT US **Glenrothes H&SC Locality Plan 2020/21**

Our priorities moving forward, sees us focussing on:

WELLBEING & SOCIAL ISOLATION

SUPPORTING MENTAL HEALTH

CARER SUPPORT

H&SC PUBLIC REPRESENTATION

LOCALITY COMMUNICATION

For further information regarding the priorities that H&SC Locality Planning will be delivering in Glenrothes locality area, click on the [Glenrothes H&SC Locality Plan 2020](#) document.