



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 30 SEPTEMBER 2022 AT **9.30 AM**
THIS WILL BE A VIRTUAL MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time

	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS	Christina Cooper	-
2	CONFIRMATION OF ATTENDANCE / APOLOGIES	Christina Cooper	-
3	DECLARATION OF MEMBERS' INTERESTS	Christina Cooper	-
4	MINUTES OF PREVIOUS MEETING 29 JULY 2022	Christina Cooper	3 – 11
5	MATTERS ARISING ACTION NOTE 29 JULY 2022	Christina Cooper	12 – 13
6	CHIEF OFFICER UPDATE	Nicky Connor	-
7	FINANCE UPDATE	Audrey Valente	14 - 28
8	PERFORMANCE REPORT – EXECUTIVE SUMMARY	Fiona Mckay	29 - 42
9	ANNUAL PERFORMANCE REPORT 2021-2022	Fiona McKay	43 – 125
10	FIFE HSCP YEAR 1 WORKFORCE ACTION PLAN 2022-2023	Roy Lawrence	126 – 158
11	REVISION TO GOVERNANCE MANUAL	Audrey Valente	159 – 298
12	IJB STRATEGIC RISK REGISTER	Audrey Valente	299 - 310

13	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</p> <p>Audit & Assurance Committee Confirmed Minute from 19 July 2022 Verbal Update from 14 September 2022</p> <p>Finance, Performance & Scrutiny Committee Confirmed Minute from 8 July 2022 Verbal Update from 16 September 2022</p> <p>Quality & Communities Committee Confirmed Minute from 5 July 2022 Verbal Update from 9 September 2022</p> <p>Local Partnership Forum Confirmed Minute from 20 July 2022</p>	<p>Sinead Braiden</p> <p>Arlene Wood</p> <p>Sinead Braiden</p> <p>Nicky Connor / Simon Fevre</p>	311 - 336
14	AOCB	All	-
15	<p>DATES OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – FRIDAY 28 OCTOBER 2022</p> <p>INTEGRATION JOINT BOARD – FRIDAY 25 NOVEMBER 2022</p> <p>IJB DEVELOPMENT SESSION – FRIDAY 9 DECEMBER 2022</p>	All	-
<p>MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHORS IN ADVANCE OF THE MEETING</p>			

Nicky Connor
Director of Health & Social Care
Fife House
Glenrothes
KY7 5LT

Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 6th Floor, Fife House – e:mail Norma.aitken-nhs@fife.gov.uk



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 29 JULY 2022 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) David Graham (DG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Sinead Braiden (SB), Arlene Wood (AW) Janette Owens (JO), Nurses Director, NHS Fife Ian Dall (ID), Service User Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife Morna Fleming (MF), Carer Representative Kenny Murphy (KM), Third Sector Representative Debbie Thompson (DT), Joint TU Secretary, Fife Council Amanda Wong (AW), Associate Director, AHP's, NHS Fife
Professional Advisers	Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associate Medical Director Lynn Barker (LB), Associate Director of Nursing
Attending	Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Roy Lawrence (RLaw), Principal Lead Organisation Development and Culture Joy Tomlinson (JT), Director of Public Health, NHS Fife Ben Johnston (BJ), Head of Capital Planning, NHS Fife Lisa Cooper (LC), Immunisation Programme Director Justin Gilbert (JG), Senior Project Manager Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
-----------	--------------	---------------

1	CHAIRPERSON'S WELCOME / OPENING REMARKS	
----------	--	--

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board, including the four new Council members– Graeme Downie, Margaret Kennedy, Lynn Mowatt and Sam Steele who joined the Board following the Local Government Election on 5 May 2022 and advised that David Graham is now Vice-Chair of the Board.

Katherine Paramore has stood down from her role on the Board. The Chair thanked Katherine for her input to the Board over her time in that role and advised that a replacement will be announced in due course.

NO TITLE**ACTION**

The Chair then congratulated the Nutrition & Clinical Dietetics Service who did well at the British Dietetics Association (BDA) Awards Ceremony. They picked up the award for Extraordinary Circumstances for Covid-19 Pandemic Response for their new resources, systems, education, and training. And to Janie Gordon, Professional Head of Service, Nutrition & Clinical Dietetic Department who also won the Ibex Award for Professional Achievement.

Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be succinct.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking and the media had been invited to listen in to the proceedings.

The Chair also gave the Boards thanks for the continued support for the hard work and commitment from staff and volunteers within the partnership as well as the third, independent and voluntary sectors.

2 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Alistair Morris, Chris McKenna, Graeme Downie, Amanda Wong, Eleanor Haggett, Nicky Connor, Bryan Davies and Kathy Henwood.

3 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

4 MINUTES OF PREVIOUS MEETING 22 APRIL 2022

The Minute from the meeting held on 22 April 2022 was approved as an accurate record.

5 MATTERS ARISING – ACTION NOTE

The Action Note from the meeting held on 22 April 2022 was approved as accurate..

6 CHIEF OFFICER UPDATE

The Chair handed over to Fiona McKay, who did the Chief Officer Update on behalf of Nicky Connor. Fiona welcomed the new members to the Board and also some well-known faces.

The first round of our new Committee structure took place earlier in July and Fiona hoped it was a positive experience for everyone attending. Fiona advised that the Senior Leadership Team (SLT) welcome the feedback to support our planning.

Bryan Davies is leaving us to take up a post in the Borders, Bryan is currently on leave but there will be time for members to say their goodbyes. Board members will have received an e-mail regarding being part of the recruitment process for Bryan's successor and Fiona thanked those who had responded so far and encouraged others to respond.

6 CHIEF OFFICER UPDATE (Cont)

Fiona then updated on the recent TV advert inviting people to work with us, which has produced favourable responses. We have received enquiries from 72 potential candidates who have submitted 88 applications to date, across all the areas which were being advertised.

Fiona also advised that IJB members would be sent an e-mail later today inviting them to join a "live" online interactive session where they will join other IJB members across the country to explore the key points covered in the *Introduction to Integration* videos and share their local experiences of integration.

7 FINANCE UPDATE

The Chair handed over to Audrey Valente who presented this report which had been discussed at the Finance, Performance and Scrutiny (FP&S) Committee on Friday 8 July 2022.

Audrey Valente advised the financial position of the delegated and managed services, as at 31 March 2022 is currently a surplus of £5.846m.

Currently the key areas of overspend are Hospital & Long-Term Care, Family Health Services, Older People Nursing and Residential, Social Care Other and Adult Placements.

These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Adults Fifewide, Adults Supported Living, Social Care Fieldwork Team and Housing.

Full funding was made available by the Scottish Government (SG) to fund the costs of Covid-19 and to also fund the unachieved savings as a result of Covid-19.

The reserves balance at the end of 2021-22 is £79.712m and is made up of the core underspend of £5.846m, further funding received in March 2022 for Covid-19 related expenditure and additional Earmarked Reserves.

The Chair then invited Arlene Wood, chair of FP&S to comment on discussions at the Committee before questions from Board Members. Arlene advised that the Committee acknowledged the current positive position, the ongoing challenges and the criticality of the Transformation Programme.

Discussion took place around recruitment, learning from ongoing issues, recognising that current systems may not be working as well as they could and widening how we advertise to encourage interest from prospective employees. Paul Dundas advised that a bi-monthly forum is held with various agencies to work on the recruitment challenges which face the sector. Christina Cooper advised she had attended a third sector gathering recently which discussed these significant challenges.

The Board approved the provisional outturn position as at March 2022 and the Reserves balance to be carried forward into 2022-2023.

NO TITLE**ACTION****8 KINCARDINE AND LOCHGELLY HEALTH AND WELLBEING CENTRE –
OUTLINE BUSINESS CASES**

The Chair handed over to Joy Tomlinson, Director of Public Health who presented this report which had been discussed at a variety of meetings, most recently the Quality and Communities (Q&C) Committee on 5 July 2022.

Ben Johnston, Lisa Cooper and Justin Gilbert had joined the meeting for this item.

Joy outlined what had taken place so far to get this Outline Business Cases to this stage. These have been submitted to Scottish Government and work is ongoing on producing the Final Business Cases.

Work began in January 2021 and these have gone through a rigorous process with input from various groups. Detailed discussion on the service model have taken place with local stakeholders. Justin Gilbert shared a presentation on the service model elements, services in scope, emerging strategy and simplified patient pathways. These slides will be circulated to members following the meeting.

JG/WA

Ben Johnston advised that the design is progressing well, work on the Final Business is well underway, Planning Applications are almost ready to submit and discussions are ongoing are technology.

Christina Cooper thanked Joy, Ben and Justin for their input and then invited Sinead Braiden, Chair of Q&C to comment on discussions at the Committee before questions from Board members.

Sinead advised Q&C were fully supportive of the report.

Arlene Wood asked about quality impact assessments and any negative impacts which might have been identified. A stage 1 assessment had been completed and a Stage 2 assessment will be done for both sites going forward.

Discussion took place around technology which might be deployed in the new buildings, capacity building for future needs and project control from a financial perspective. All of these areas are being overseen by the Project Board with Joy Tomlinson as Senior Responsible Officer (SRO) and Ben Johnston as Project Director.

The Board were assured of the current position with these Business Cases.

9 WINTER LESSONS AND REFLECTIONS

The Chair handed over the Lynne Garvey, Head of Community Care Services who presented this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.

The report relates to the Winter Plan although in view of ongoing pressures may be renamed to whole year pressures. Lynne advised that last week was the most pressurised in the last two years but staff resilience continues. The OPEL tool gives a whole system overview and helps the Senior Leadership Team understand the pressures in the system.

9 WINTER LESSONS AND REFLECTIONS (Cont)

The partnership continues to maintain a good discharge provide, despite a 25% increase in referrals. There is an emphasis on redirection and prevention of admissions. Stakeholder events have provided information which is leading to improvements. Business Continuity Plans are being updated and recruitment challenges continue, but are being addressed.

The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.

Sinead Braiden advised that the Q&C Committee noted the ongoing, all year round pressures and were assured by the action and mitigations being taken.

Arlene Wood advised that the FP&S Committee acknowledged the pressures and the elements of work being undertaken.

Discussion took place around having a more in-depth report on case studies – both of areas which had gone well and others which had not gone as well. Lynne Garvey committed to bringing a further update on performance outcomes and lessons learned.

The Board were assured of the current position relating to delayed discharges in Fife and noted the improvements being made across services.

10 HOME FIRST UPDATE

The Chair handed over the Lynne Garvey, Head of Community Care Services who presented this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.

Lynne Garvey advised that the Strategy for this transformation project would be launched in February 2023. Seven sub-groups have been formed, chaired by officers from eg Housing, Acute Services and the partnership. Each group is undertaking key pieces of work. It is hoped to have 1 or 2 points of access into Services rather than the current 17. A series of key stakeholder events are planned in August and September 2023

The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.

Sinead Braiden advised that Q&C Committee welcomed the work being undertaken. This is a significant transformational change which aligns to the Scottish Government agenda. Discussion took place at Committee on triage and single points of access. Future reports and updates would be welcomed.

Arlene Wood advised that FP&S Committee had a full discussion on this report and were supportive of the model.

Discussion took place around costs involved in the project, the detail was not yet available but a full financial analysis would be worked up as the project progresses. Benefits realised could be efficiency or cashable savings.

10 HOME FIRST UPDATE (Cont)

The Board were assured of the considerable work being undertaken to implement a Home First model in Fife and noted the stakeholder event programme that will commence in August 2022.

11 DRAFT WORKFORCE STRATEGY

The Chair handed over to Roy Lawrence, Principal Lead Organisation Development and Culture who introduced this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.

Roy outlined the main points of the Report including the consultation which had taken place and advised on the next steps.

The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.

Sinead Braiden advised that the Q&C Committee were content to recommend the report to the IJB for approval. This Strategy aligns to the Scottish Government Workforce Plan which was issued in March 2022.

Arlene Wood advised that the FP&S Committee were also content to recommend the report for approval and welcomed the change for further discussion and feedback in September 2022.

Paul Dundas welcomed the report and the approach taken to create it. Roy Lawrence had highlighted some gaps in data collected and Paul will work with Roy to address these.

The Board approved the Draft Health and Social Care Partnership Workforce Strategy and Plan for submission to Scottish Government by 31 July 2022. It was agreed that a final draft strategy and plan with defined metrics and key indicators would then be submitted to the Integration Joint Board in September 2022 following feedback from the Scottish Government, to be endorsed for publishing on the Health and Social Care Partnership website by the 31 October 2022.

12 LOCAL PARTNERSHIP FORUM (LPF) ANNUAL REPORT 2021-2022

The Chair introduced Simon Fevre, Staff Representative, NHS Fife who presented this report which had been discussed at the FP&S Committee on 8 July 2022.

Simon gave an overview of the report and thanked those who contributed for their ongoing support. The last year has been busy for the LPF with increased meetings to ensure the forum were kept up to date on situations around workforce, health and safety, recruitment, etc.

The Chair then invited Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.

Arlene advised the Committee had discussed the report and one focus was sickness absence and how this is being scrutinised. They were content to recommend the report to the IJB for approval.

12 LOCAL PARTNERSHIP FORUM (LPF) ANNUAL REPORT 2021-2022 (Cont)

Margaret Kennedy was encouraged to see the focus on staff wellbeing and mental health issues and asked whether the impact of the interventions on offer were being evaluated. Simon advised that the Psychology Department evaluate a number of these interventions. One issue has been staff finding time to access what is on offer, either as individuals or teams.

Martin Black asked if Third and Independent Sector staff had access to the same offerings. Simon advised that this varies but there is closer working now that pre-covid. The Health & Wellbeing Group are discussing how this can be increased across the partnership.

The Board approved the Local Partnership Forum Annual Report 2021-2022.

13 DRAFT PARTICIPATION AND ENGAGEMENT STRATEGY

The Chair introduced Fiona McKay, Head of Strategic Planning, Performance & Commissioning who presented this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.

Fiona McKay advised that the Strategy has been supported by a working group made up of IJB members and was the result of a huge amount of input from the working group and other groups across Fife. Following feedback, an Executive Summary has been drawn up and included with the IJB papers.

The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.

Sinead Braiden advised that the Q&C Committee were content to approve the Strategy for approval by the IJB and recognised that a lot of work has gone on the in background.

Arlene Wood advised that the FP&S Committee also supported the approval of the Strategy by the IJB. The Committee raised two areas – Social Media use and the mechanism for independent feedback. Fiona confirmed both of these have been addressed in the updated Strategy.

The Board approved the final draft of this Strategy.

14 ANNUAL REVIEW OF BEST VALUE

The Chair introduced Fiona McKay, Head of Strategic Planning, Performance & Commissioning who presented this report which had been discussed at the Quality and Communities Committee on 5 July 2022 and the FP&S Committee on 8 July 2022.

Fiona McKay advised that the report highlighted areas where best value was being achieved within services and followed a framework which was approved by the IJB in 2019.

The Chair then invited Sinead Braiden, Chair of Q&C Committee and Arlene Wood, Chair of FP&S Committee who both supported the report.

The Board agreed the Annual Review of Best Value.

15 GOVERNANCE COMMITTEE ASSURANCE STATEMENTS

The Chair handed over the Audrey Valente, Chief Finance Officer who presented this report which had been discussed at the Q&C Committee on 5 July 2022, the FP&S Committee on 8 July 2022 and the Audit & Assurance (A&A) Committee on 19 July 2022.

Audrey advised that there is room for improvement in the format of these reports and this would be apparent in next year's submissions.

The Chair then invited Sinead Braiden, Chair of Q&C; Arlene Wood, Chair of FP&S and Dave Dempsey, Chair of A&A to comment on discussions at their Committee before questions from Board members.

Sinead Braiden and Arlene Wood were unable to comment on these as they are newly appointed Chairs.

Dave Dempsey felt there was potential for future reports to relate more closely to Committee remits.

The Board were assured that good governance is in place across the partnership and recommended inclusion of this Assurance Statement in the Annual Accounts.

16 DUTY OF CANDOUR ANNUAL REPORT

The Chair handed over to Lynn Barker and Fiona McKay who presented these reports on behalf of NHS Fife and Fife Council respectively. The reports had been discussed at the Clinical & Care Governance Committee on 20 April 2022.

Fiona McKay was presenting this report on behalf of Kathy Henwood, Chief Social Work Officer. Fife Council had reported 7 incidents in the period covered by the report. Learning had been identified from each incident and was used to improve staff awareness and to support service users and their families.

Lynn Barker advised that NHS Fife had reported 27 adverse effects during 2021-2022 and the report detailed the actions taken.

Arlene Wood asked how organisational learning was shared to ensure similar events were avoided. Lynn Barker advised there is a significant review process in place and the Clinical Oversight group is updated on issues. The Quality Matters Assurance Group also receives reports on Duty of Candour incidents. Within Acute a new group has been set up to look at whole system learning and how this can be improved.

These reports had been brought to the Board for awareness.

17 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED

Fiona McKay invited each of the Committee Chairs in turn to provide an update on items to be escalated to the Board.

Audit & Assurance Committee (A&A) (was Audit & Risk)

Dave Dempsey advised that A&A Committee is considering how best to each Committee should approach and interact with the Risk Register

NO TITLE**ACTION****17 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED (Cont)****Finance, Performance & Scrutiny (FP&S) Committee (was Finance & Performance Committee)**

Arlene Wood had no items for escalation from FP&S.

Quality & Communities (Q&C) Committee (was Clinical & Care Governance Committee)

Sinead Braiden advised that a question had been raised at the Q&C meeting on 5 July 2022 regarding Complaints and the process for these being escalated to the IJB. Audrey Valent advised there is a Complaints Procedure and she will check this and get back to Sinead.

Local Partnership Forum (LPF)

Simon Fevre had no items for escalation from the LPF.

18 AOCB

As the Chair had not been alerted prior to the meeting of any other business to be raised under this item, she closed the meeting by updating on the dates of the next meetings.

19 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 26 AUGUST 2022

INTEGRATION JOINT BOARD – FRIDAY 30 SEPTEMBER 2022

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 29 JULY 2022

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	MINUTES OF PREVIOUS MEETING 26 NOVEMBER 2021 - AW queried Section 8 - discussion at A&R Committee re outstanding recommendations from 2020 Annual Audit and will this be reported back to IJB. NA confirmed a high-level mid-year report will be brought to provide assurance that actions are being closed off.	Audrey Valente	25 November 2022	Actions are being monitored and updated
2	KINCARDINE AND LOCHGELLY HEALTH AND WELLBEING CENTRE – OUTLINE BUSINESS CASES – presentation to be shared with IJB Members	Justin Gilbert / Wendy Anderson	ASAP	Completed – circulated via e-mail 29/07/22
3	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED - question raised at Q&C meeting on 5 July 2022 regarding Complaints and the process for these being escalated to the IJB. Audrey Valent advised there is a Complaints Procedure and she will check this and get back to Sinead.	Audrey Valente	30 September 2022	Completed – responded to at Q&C Committee

COMPLETED ACTIONS

<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED - Arlene Wood queried the narrative that highlights random variations across falls and pressure ulcers (pg 144). Nicky Connor asked the authors of the Quality Report to review and discuss out with meeting LB/HH to organise discussion with TB/AW</p>	<p>Lynn Barker / Helen Hellewell</p>	<p>29 July 2022</p>	<p>Complete – Meeting took place prior to local government election in May 2022</p>
<p>REVENUE BUDGET 2022-2023 – request for a paper/discussion at a future Development Session on Set Aside.</p>	<p>Audrey Valente</p>	<p>During 2022</p>	<p>Complete – on list of Development Session topics for future sessions</p>

DRAFT



Meeting Title:	Integration Joint Board
Meeting Date:	30 September 2022
Agenda Item No:	7
Report Title:	Finance Update
Responsible Officer:	Nicky Connor, Director of Health & Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance, Performance & Scrutiny Committee on 16 September 2022 where it was noted that correspondence has been received from Scottish Government indicating a requirement for all HSCPs to return any unspent covid funding. This is anticipated to be £17.5M for the Partnership. There was also discussion around the underspend due to vacancies and how this could impact on future years budgets. The Committee approved the financial monitoring position and the use of reserves as at July 2022.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 31 July 2022. The forecast for Fife Health & Social Care Partnership is currently a surplus £6.950m.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).

The IJB has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The IJB is responsible for the operational oversight of Integrated Service and, through the Director of Health and Social Care, will be responsible for the operational and financial management of these services.

3.3 Assessment

As at 31 July 2022 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £6.950m.

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- Adult Placements

These overspends are offset by the underspends in:-

- Community Services
- GP Prescribing
- Children's Services
- Older People Residential and Day Care
- Homecare
- Adults Fife-wide
- Adults Supported Living
- Social Care Fieldwork

There is also an update in relation to savings which were approved by the IJB in March 2021 and use of Reserves brought forward from 2020-21.

3.3.1 Quality / Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

There are significant vacancies identified in this report and the impact of this remains under continual review.

3.3.3 Financial

The medium-term financial strategy will be reviewed and updated in 2022-23.

3.3.4 Risk / Legal / Management

Projection for Covid-19 related costs are projected to be met from Covid-19 reserves. There is a risk that savings may not be achieved on a permanent basis however alternatives will be delivered in year.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed and is not necessary as there are no EqIA implications arising directly from this report.

3.3.6 Environmental / Climate Change

There are no impacts on the environment

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4.4 Recommendation

- **Awareness** – examine and consider the key actions/next steps.
- **Decision** – approve the financial monitoring position as at July 2022.
- **Decision** – approve the use of the reserves as at July 2022.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report 31 July 2022

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved 2022-23 Savings Tracker

6 Implications for Fife Council

There will be financial implications for Fife Council should the Partnership exceeds its budget, necessitating the requirement for the Risk Share Agreement.

7 Implications for NHS Fife

There will be financial implications for NHS Fife should the Partnership exceeds its budget, necessitating the requirement for the Risk Share Agreement.

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	✓
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

11 To Be Completed by SLT Member Only (must be completed)

Lead	Audrey Valente
Critical	SLT
Signed Up	
Informed	

Report Contact

Author Name: Audrey Valente

Author Job Title: Chief Finance Officer

E-Mail Address: Audrey.Valente@fife.gov.uk



**Fife Health
& Social Care
Partnership**



Finance Report as at 31 July 2022

9th September 2022



Supporting the people of Fife together



FINANCIAL MONITORING

FINANCIAL POSITION AS AT JULY 2022

1. Introduction

The Resources available to the Health and Social Care Partnership (H&SCP) fall into two categories:

- a) Payments for the delegated in scope functions
- b) Resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

A one-year revenue budget of £627.414m for delegated and managed services was approved at the IJB meeting on the 25th March 2022. Unachieved savings totalling £3.794m from prior years, which were delayed due to Covid-19, have been brought forward, and require to be met to balance the budget.

The revenue budget of £38.889m for acute set aside was also set for 2022-23.

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected underspend of £6.950m at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the H&SCP manage within the budget envelope approved in this financial year.

3. Additional Budget Allocations for Year

Additional Budget allocations are awarded in year through Partners. The total budget for the delegated and managed services has increased by £10.043m since April 2022, through additional allocations for specific projects.

The amounts to be allocated, may be committed for use, but have not yet transferred to budget and are held centrally.

Additional Contributions	Allocated	To be Allocated
	£000's	£000's
Alcohol and Drug Partnership	-0.075	1.395
Integration Fund		0.159
District Nurses		0.333
Mental Health Recovery		0.000
Action 15 Mental Health Strategy		1.265
Primary Care Development Fund	-2.258	3.528
Anticipated additional pay award funding	3.306	3.306
Perinatal & Infant Mental Health		0.392
Camhs Improvement		0.433
School Nurse		0.276
22-23 Uplifts		4.275

Mental Health Act		0.012
Mental Health & Wellbeing in Primary Care Services		0.105
FHS non-cash limited	17.518	
Other (Budget movements/Income included/Earmarked reserve)	-8.212	0.029
Total of Additional Allocations to contributions from NHS	10.279	15.508
Gas/Electric Budgets not funded by FC	-0.236	
Total Additional Allocations to contributions from FC	-0.236	0.000
Total Budget Movement for HSCP from April - June	10.043	15.508

*ADP is transfer from NHS to Fife Council to make payments directly

**Primary Care Development Fund reduction relates to removal of pharmacotherapy

4. Directions

There are no Directions required for this paper as the paper provides an update on the financial outturn of the Health and Social Care Partnership based on the projected outturn position at March 2023.

5. Financial Performance Analysis of Provisional Outturn as at 31 July 2022

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn underspend of £6.950m as below.

Fife Health & Social Care Partnership				
As at 31 July	2022/23			
Objective Summary	Budget April	Budget July	Forecast Outturn July	Variance as at July
	£m	£m	£m	£m
Community Services		117.653	113.140	-4.513
Hospitals and Long Term Care		56.813	58.647	1.834
GP Prescribing		77.576	76.776	-0.800
Family Health Services		109.665	109.865	0.200
Children's Services		14.696	14.166	-0.530
Resource transfer & other payment	418.130	52.006	51.971	-0.035
Older People Residential and Day Care	14.930	14.930	14.377	-0.553
Older People Nursing and Residential	40.524	40.524	40.225	-0.298
Homecare Services	39.823	40.543	40.020	-0.523
Older People Fife Wide	0.793	1.785	1.790	0.005
Adults Fife Wide	8.185	8.185	7.090	-1.095
Social Care Other	7.939	5.868	4.974	-0.894
Adult Placements	54.339	54.462	58.437	3.975
Adult Supported Living	23.563	23.563	20.250	-3.313
Social Care Fieldwork Teams	17.351	17.351	16.943	-0.408
Housing	1.837	1.837	1.837	0.000
Total Health & Social Care	627.414	637.457	630.507	-6.950

The main areas of variances are as follows:

5.1 Community Services underspend £4.513m

Community Services are forecasting an underspend of £4.513m. This is mainly due to vacancies across AHP services, Dental and Health Promotion services and Mental health. Attempts to recruit to all vacancies across HSCP continue. £0.850m relates to underspends on sexual health and rheumatology drugs due to a decrease in activity. There is also an underspend on core vaccines funding of £0.255m from the community immunisation and child vaccination teams.

5.2 Hospital and Long-Term Care overspend £1.834m

Hospital & Long-Term Care is forecasting an overspend position of £1.834m. £1.229m is attributable to Mental Health old age services and adult services where there are high usage/costs on medical locums. This overspend is partially offset by vacancies within specialist nurses. Community hospital inpatient services continues to overspend by £1.200m on bank and agency to cover vacancies, sickness, and increased patient supervision. There are underspends of £0.500m within palliative care services and Fife rehab services to offset this. Learning Disability inpatient services is underspent in Tayview ward and Levendale ward due to nursing vacancies.

5.3 GP Prescribing £0.800m underspend

As at July, 2 months of actual General Practice Prescribing data to the end of May is available. Using that data, other available indicators, and 3 years previous positive outturns, the GP Prescribing forecast outturn is an £0.800m underspend. Worldwide the aftermath of the pandemic and the current economic environment leave supply, demand, and pricing of medicines at risk to increases, however several positive factors influencing prescribing are also currently in play, including stabilised Tariff prices and new Primary Care Rebate Schemes. A move to a single East Region Formulary is progressing, potentially reaping further benefits.

5.4 Children's Services £0.530m underspend

The forecast position for Children's services is an underspend of £0.530m which is mostly attributable to vacancies. The vacancies currently sit at around 8% on average. Retention and recruitment are difficult as children's services roles are highly specialist and therefore hard to fill. Vacancies are being experienced in Health Visiting, School Nursing and Children and Young People's District Nursing Service (CYPDNS).

5.5 Older People Residential and Day-care £0.553m underspend

The forecast position is an underspend of £0.553m. The underspend is due to staffing mainly due to difficulties in recruiting. There are also vacancies in Day-care as staff are not currently being replaced while the service is unavailable due to Covid.

5.6 Homecare £0.523m underspend

The forecast underspend is £0.523m. This underspend is due to vacant posts. Funding was provided to expand Homecare Services in the Community and launch an emergency peripatetic team within Homecare, these posts have been difficult to recruit to. Recruitment campaigns are underway in the hope to attract potential employees.

5.7 Adults Fife Wide £1.095m underspend

The forecast underspend is £1.095m. The underspend is mainly due to budget being set for packages for named individuals expected to require a service, which have not yet started/been delayed.

5.8 Social Care Other £0.894m underspend

The forecast underspend is £0.894m. The underspend is mainly due to budget being set aside for payments which are no longer required. This funding will be required going forward as there are unlikely to be covid consequential from Scottish Government

5.9 Adults Placements £3.975m overspend

The forecast position is an overspend of £3.975m. The overspend is due to packages that have been commissioned in excess of the budget.

5.10 Adults Supported Living £3.313m underspend

The projected outturn is an underspend of £3.313m. This is due to the Community Support Service being closed and the vacant posts will not be filled until the future design of the service is established and agreed. This is also due to an underspend on staffing in Group Homes.

5.11 Social Care Fieldwork Teams £0.408m underspend

The projected outturn is an underspend of £0.408m. This is mainly due to staff vacancies.

6. Savings

Unachieved savings proposals from prior years were brought forward to meet the budget gap and this was approved by the IJB as part of the budget set in March. The total value of savings for the 2022-23 brought forward is £3.794m. The financial tracker included at Appendix 2, provides an update on all savings and highlights that savings of £2.513m (66.2%) will be delivered against the target.

Finance will work with the Senior Leadership Team to ensure plans are in place to achieve these savings in 2022-23

34% of the savings (£1.275m) relating to Managed General Practice Modelling, Procurement Strategy and Re-Provision of Care is being met using temporary in year savings as substitutes, which will require to be met on a permanent basis in future years.

Resource Scheduling (Total Mobile) saving of £0.750m is projected to be undelivered in 2022-23. This saving will be funded from reserves on a one-year basis from the uncommitted reserves balance, as approved by the IJB in March.

The savings associated with the implementation of MORSE (£0.800m) will not be delivered in full in 2022-23. It is projected that only 50% will be delivered with the remaining 50% of this saving funded from reserves on a one-year basis, as approved by the IJB in March.

These savings will require to be met on a permanent basis in future years to ensure a balanced budget position.

7. Covid-19 and the Local Mobilisation Plan

In addition to the core financial position, there is a continued requirement to report monthly actual spend and full year projected spend, in relation to Covid-19 in the Local Mobilisation Plan (LMP).

July projected full year costs for Covid-19 related expenditure is £18.429m. Reserves for Covid-19 brought forward from 2021-22 of £35.993m are to be utilised to cover this expenditure.

Discussions are ongoing with Scottish Government regarding the use of the balance of the Covid-19 related earmarked reserve.

The main areas of expenditure are

Projected Costs for Covid-19 @ July 2022	Total £m
Vaccinations	6.517
Workforce and Capacity	2.201
PPE, Equipment	0.689
Community Capacity	5.607
Sustainability payments to providers	1.788
Other	0.009
Total Covid-19 Costs	18.429

9. Reserves

Reserves brought forward at from March 2022 were £13.170m. Further to this, late funding received from Scottish Government for Covid-19 expenditure and for new commitments such as Mental Health Recovery and Renewal totalling £66.541m was received and carried forward to reserves, giving an April 2022 total reserve balance of £79.712m.

Of the £79.712m total reserve, £66.276m are earmarked for specific purposes including £35.993m which relates to Covid-19 expenditure. The remaining balance of £13.436m was uncommitted at April 2022.

Detail of the earmarked reserves and commitments for approval against the £13.436m are shown in Appendix 2.

10. Risks and Mitigation

10.1 Savings

The inability to deliver savings on a permanent basis is an area of risk. Unmet savings from prior years were carried forward to 2022-23 and must be met to balance the budget. The Senior Leadership Team will provide updates during 2022-23 to provide assurance that these savings targets are on course to be met on a recurring basis.

10.2 Forward Planning

Moving forward there is significant financial uncertainty due to the global economic crisis and there is predicted to be a reduction in future contributions from Fife Council and NHS Fife along with an increase in costs across the economy in relation to inflation, energy, supplies, pressure on pay costs. In addition to this, there is an ageing demographic which will have an impact on the demands faced by the Health and Social Care Partnership. The combination of increased costs, reduced funding from partners and the impact of an ageing population will provide a significant challenge which will require careful planning to ensure financial sustainability in both the immediate and longer term.

10.3 Covid-19

It has become clear that the impact of the pandemic will remain for years to come and there will be pressure on services and core budgets. Work will progress at pace to assess the recurring costs of covid and the impact this will have on future budget gaps, and finance will work with services and the Senior Leadership Team to progress transformation plans at pace. It is essential that we transform the way we work to allow us to provide essential services to the most vulnerable people.

11. Key Actions / Next Steps

The Senior Leadership Team will need to consider all options, such as reconfiguring services, alternative operating models, opportunities to work with partners, and adapting current services to meet needs effectively to ensure we stay focused on key priorities and are providing the right services.

The medium-term financial strategy will be refreshed in 2022-23 and it will address the various new and additional pressures that will face the Health and Social Care Partnership over next financial year and into future years.

During 2022-23 the review of the acute set-aside will be progressed and steps made towards transferring this to the Health and Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

Audrey Valente
Chief Finance Officer
9th September 2022

Total Reserves	Opening Balance April 2022	Committed at July 2022	Utilised 2022-2023	Balance at June 2022
Total Earmarked	30.282	30.282	-0.897	29.385
Covid-19	35.993	18.429	-18.429	17.564
Uncommitted	13.436	5.531	-5.531	7.905
Total Reserves	79.711	54.242	-24.857	54.854

Earmarked Reserves	Opening Balance at April 2022	Utilised at July 2022	Balance at July 2022
	£m	£m	£m
PCIF	6.585	0.163	6.422
Action 15	2.221		2.221
District Nurses	0.213		0.213
Fluenz	0.018		0.018
Alcohol and Drugs Partnerships	1.700		1.700
Community Living Change Plan	1.339		1.339
RT Uplift	1.500		1.500
Urgent Care	0.950	0.354	0.596
Care Homes	0.817	0.056	0.761
Mental Health Recovery & Renewal	4.118	0.222	3.896
Budival	0.213		0.213
Child Healthy Weight	0.023		0.023
Acceleration of 22/23 MDT recruitment	0.300		0.300
Multi Disciplinary Teams	1.384		1.384
GP Premises	0.430		0.430
Afghan Refugees	0.047		0.047
Dental Ventilation	0.669	0.072	0.597
Interface Care	0.170	0.030	0.140
Care at Home	3.345		3.345
Interim beds	2.320		2.320
Telecare Fire Safety	0.069		0.069
Social Care RLW Workforce Uplift	0.516		0.516
Self Directed Support (SDS)	0.417		0.417
Workforce Wellbeing Funding	0.196		0.196
School Nurse	0.146		0.146
Remobilisation of Dental Services	0.313		0.313
Psychological Therapies	0.264		0.264
Total Earmarked	30.283	0.897	29.386
Covid-19 Reserves	35.993	18.429	17.564
Total Earmarked plus Covid-19	66.276	19.326	46.950

Uncommitted Reserves	Opening Balance at April 2022	Commitments in 2022/23	Closing Balance at March 2023
	£m	£m	£m
	13.436		
Additional Staff to create capacity to progress transformation projects		0.893	
Research Manager/ Strategic Planner		0.140	
Participation & Engagement Staff		0.146	
Housing Adaptations backlog investment		0.644	
Community Alarms - Analogue to Digital		1.235	

Community Care Services – Purchase of chairs		0.024	
Moving & Handling Trainer – fund for additional 4 months		0.014	
Reviews of Adults Packages OP Team Costs		0.064	
Reviews of Adults Packages Adults Team Costs-Spend to save		0.350	
Total Mobile - Unachieved saving (as agreed at IJB March		0.750	
Gas & Electricity additional funding (cost pressure to reflect price increase)		0.230	
MORSE- Unachieved saving (as agreed at IJB March)		0.400	
Band 2-4 REGARDING		0.191	
Contact centre (staffing costs test of change)		0.150	
Upgrades to Wellesley Unit		0.300	
Balance	13.436	5.531	7.905

Appendix 3

TRACKING APPROVED SAVINGS HEALTH & SOCIAL CARE

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/over achieved	Rag Status
All	2021-24	MORSE (Saving reduced on perm basis in budget setting by 0.400m)	0.800	0.400	(0.400)	Amber
Complex & Critical	2021-24	Bed Based Model	0.200	0.200	0.000	Green
Complex & Critical	2020-23	Managed General Practice Modelling	0.200	0.000	(0.200)	Red
		Managed General Practice Modelling (Temp substitute)		0.200	0.200	Green
Complex & Critical/ Community Care	2021-24	Review of respite services	0.070	0.070	0.000	Green
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service Users	0.174	0.174	0.000	Green
Complex & Critical/ Community Care	2020-23	Resource Scheduling (Total Mobile)	0.750	0.000	(0.750)	Red
Complex & Critical	2020-23	Procurement Strategy	0.200	0.000	(0.200)	Red
		Procurement Strategy (Temp Substitute - Adults Fieldwork temp vacancies)		0.200	0.200	Green
Complex & Critical/ Community Care	2020-23	Re-provision of Care	1.400	0.394	(1.006)	Red
		Re-provision of Care (Temp Substitute for Adults saving - vacancies in Supported Living)		0.875	0.875	Green
Grand Total			3.794	2.513	(1.281)	66.2%

Rag Status Key:-

Green - No issues and saving is on track to be delivered

Amber - There are minor issues or minor reduction in the value of saving, or delivery of the saving is delayed

Red - Major issues should be addressed before any saving can be realised

Summary			
Rag Status	Savings Target £m	Overall Forecast £m	(Under)/ over £m
Green	0.444	1.719	1.275
Amber	0.800	0.400	(0.400)
Red	2.550	0.394	(2.156)
Total	3.794	2.513	(1.281)



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	30 September 2022
Agenda Item No:	8
Report Title:	Performance Report Summary – August 2022
Responsible Officer:	Nicky Connor, Director of Health & Social Care Partnership
Report Author:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning

1 Purpose

This Report is presented to the Board for:

- Discussion
- Assurance

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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 well-being.
- 7 People who use health and social care services are safe from harm.

- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

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

2 Route to the Meeting

16 September 2022 – full version of the Performance Report presented at the Finance, Performance & Scrutiny Committee.

The FP&S Committee have requested a Development Session with specific focus on the Performance Report. This will be arranged as soon as possible.

3 Report Summary

3.1 Situation

The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integrated Joint Board. The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&SCP board is responsible for the operational oversight of Integrated Services, and through the Director of Health & Social Care will be responsible for the operational management of these services.

3.3 Assessment

The attached report provides an overview of progress and performance in relation to the following:

- National Health and Social Care Outcomes
- Health and Social Care – Local Management Information
- Health and Social Care – Management Information

3.3.1 Quality/ Customer Care

Management information is provided within the report around specific areas, for example, complaints. The report highlights performance over several areas that can impact on customer care and experience of engaging with the Health & Social Care Partnership. Where targets are not being achieved, improvements actions would be taken forward by the lead Service Manager or Head of Service.

3.3.2 Workforce

The performance report contains management information relating to the Partnership's workforce however, any management action and impact on workforce would be taken forward by the relevant Service Manager or Head of Service.

3.3.3 Financial

No financial impact to report.

3.3.4 Risk/Legal/Management

The report provides information on service performance and targets. Any associated risks that require a risk assessment to be completed would be the responsibility of the service area lead manager and would be recorded on the relevant Risk Register.

3.3.5 Equality and Diversity, including Health Inequalities

An EQIA has not been completed and is not necessary. The report is part of the governance arrangements for the Partnership to monitoring service performance and targets.

3.3.6 Other Impact

There are no environmental or climate change impacts related to this report.

3.3.7 Communication, Involvement, Engagement and Consultation

No consultation is required.

4 List of Appendices

The following appendices are included with this report:

- Appendix 1 - Performance Report Executive Summary – August 2022

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Independent Sector

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	No Direction Required	
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact:

Fiona McKay

Head of Strategic Planning, Performance & Commissioning

Tel: 03451 555 555 Ext 445978

Email: fiona.mckay@fife.gov.uk



Fife Health & Social Care Partnership



Performance Report Executive Summary

August 2022

Contents

Executive Summary..... 3
Performance Matrix & Information.....4
Combined Performance Scorecard.....5
Local Performance Summary.....6
LDP Standards Summary.....8
Management Summary.....10

Executive Summary

Fife Health & Social Care Partnership delivers a wide range of delegated services on behalf of both NHS Fife and Fife Council as described within the Integration Scheme. The Health and Social Care Partnership is working towards delivery of the Health and Social Care Strategic Plan which is cognisant of the national outcomes of Integration, NHS Fife Clinical Strategy and the Plan for Fife.

This report details the performance relating to Partnership services which include both national and local performance as well as management performance targets. Many of these measures are already regularly included and referenced in reports to NHS Fife and Health & Social Care Partnership Committees.

The Partnership have been working with NHS colleagues to consider an update and plan for the review of the data within the performance report to allow a more streamlined report in line with a current review by NHS Fife – this work continues to be progressed.

Summary of Performance

The Partnership continued to have some significant challenges over the summer months in respect of hospital delays due to the high level of admissions to hospital, and challenges within the care sector.

These challenges has resulted in some targets and measures around length of stay in STAR, Assessment and interim Care Home Placements exceeding the Partnership's targets. In order to address these challenges, the Partnership is working closely with our care home providers to manage placements and ensure that service users are able to move onto their care home of choice. Fife's Care at Home Collaborative continues to support discharges from hospital and care home placements to ensure people's outcomes are achieved and that they can return home as soon as possible, when a care at home service is available.

Fiona McKay

Head of Strategic Planning, Performance and Commissioning

Performance Matrix & Information

National Health & Social Care Outcomes

The Ministerial Strategic Group for Health and Community Care (MSG) requested partnerships submitted objectives towards a series of integration indicators based on 6 high level indicators:

- (1) Emergency admissions;
- (2) Unscheduled hospital bed days;
- (3) Emergency department activity;
- (4) Delayed discharges;
- (5) End of life care; and
- (6) Balance of care.

The table below shows current performance against these. The table summarises the current performance of each indicator's latest rolling month's data from the previous financial year's data. It uses the newest complete month and takes the sum of the 12 months prior and compares this with the previous financial year. For example, if the latest data for an indicator is available in July 2018, this will compare the rolling year figure (sum of previous 12 months i.e. from August 2017 to July 2018) with the equivalent figure from the 2017/18 financial year.

Arrows showing comparisons from the previous financial year are shown, with Green positive, Red negative or Yellow no change (as demonstrated on the key below). Percentage differences between the two figures are also provided.



↑	Improvement of indicator from previous
↓	
↑	Worsening of indicator from previous
↓	
No diff	No change

MSG Indicator	MSG Description	Latest Available Month	Previous Rolling Year	Fife Previous Rolling Year Total	Fife Current Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	Apr-22	Apr-21	37,797	43,250	↑ 5,453	14.43%
1b.1	Emergency Admissions from A&E	Apr-22	Apr-21	18,781	22,009	↑ 3,228	17.19%
1b.2	A&E Conversion Rate (%)	Apr-22	Apr-21	26.20%	25.79%	↓ 0.41%	-0.41%
2a.1	Unscheduled hospital bed days	Mar-22	Mar-21	218,576	237,719	↑ 19,143	8.76%
2b.1	Unscheduled hospital bed days - GLS	Mar-22	Mar-21	8,495	12,510	↑ 4,015	47.26%
2b.2	Unscheduled hospital bed days - Mental Health	Mar-22	Mar-21	62,011	62,390	↑ 379	0.61%
3a	A&E Attendances	Apr-22	Apr-21	71,677	85,336	↑ 13,659	19.06%
3b	A&E % seen within 4 hours	Apr-22	Apr-21	93.65%	81.50%	↓ 12.15%	-12.15%
4.1	Delayed discharge bed days: All reasons	May-22	May-21	33,976	46,210	↑ 12,234	36.01%
4.2	Delayed discharge bed days: Code 9	May-22	May-21	13,037	14,530	↑ 1,493	11.45%
4.3	Delayed discharge bed days: Health and Social Care Reasons	May-22	May-21	20,583	31,565	↑ 10,982	53.35%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons	May-22	May-21	356	115	↓ 241	-67.70%
5a.1	Percentage of last six months of life: Community	Jul-22	Jul-21	90.59%	90.93%	↑ 0.34%	0.34%
6.1	Percentage of population in community or institutional settings (65+)	2020/21	2019/20	93.28%	93.17%	↓ 0.10%	-0.10%

Performance Report Scorecard - July 2022

Performance Section	Performance Indicator	Current Target	Reporting Period	Performance Yr previous	Performance Month previous	Current Performance	Movement in Indicator	Performance against Target	% Difference on previous period	Key
Internal Indicator	Assessment Beds - Length of stay upon discharge	42 Days	Monthly	46	66	68	↑		3.03%	↔ No change in indicator from previous
	STAR Beds - Length of stay upon discharge	42 Days	Monthly	110	89	136	↑		52.81%	↑ Improvement of indicator from previous
	START - Length of stay upon discharge	42 Days	Monthly	71	88	55	↓		-37.50%	↓ Worsening of indicator from previous
	Interim Placements - Length of time between Placement & Discharge	52 Days	Monthly	37	87	88	↑		1.15%	
	Nursing & Residential Long Term Care Population		Monthly	2,444	2,433	2,410	↓		-0.95%	
	Demand for new Care at Home Services - No. Waiting		Monthly	315	357	403	↑		12.89%	
	Demand for new Care at Home Services - No. hrs		Monthly	2,486	2,528	2,989	↑		18.24%	
	Weekly Hrs Externally Commissioned Care at Home - Older People		Monthly	17,912	17,212	16,620	↓		-3.44%	
	Weekly Hrs Care at Home Internal Services		Monthly	12,289	11,185	11,185	↔		0.00%	
	Externally Commissioned No. Adult packages of Care		Monthly	771	1,178	1,194	↑		1.36%	
	Technology Enabled Care - Total No. Provided in Month		Monthly	8,570	9,053	9,186	↑		1.47%	
	Technology Enabled Care - Total No. New Services in Month		Monthly	230	246	168	↓		-31.71%	
Integrated Performance and Quality Report (IPQR) - Local Delivery Plan Standards (LDP)	Operational Performance - Delayed Discharge (% of Bed Days Lost)	5%	Monthly	Jun-21 9.7%	May-22 9.2%	Jun-22 7.2%	↓		-2.00%	** Please note only indicators relating to Delayed Discharge, Smoking Cessation, CAHMS Waiting Time and Psychological Therapies waiting time appear separately with the Performance Report. Data received from the Planning & Performance Team @ NHS regarding Alcohol Brief Interventions, Drug & Alcohol Treatment Waiting times and Dementia Support/Waiting times only appear within the Scorecard information**
	Public Health & Wellbeing - Smoking Cessation	473	YTD	Mar-21 253	Feb-22 330	Mar-22 363	↑		10.00%	
	Public Health & Wellbeing - CAHMS Waiting Time	90%	Monthly	Jun-21 79.5%	May-22 67.4%	Jun-22 67.8%	↑		0.40%	
	Public Health & Wellbeing - Psychological Therapies Waiting Time	90%	Monthly	Jun-21 82.6%	May-22 76.5%	Jun-22 76.3%	↓		-0.20%	
	Public Health & Wellbeing - Alcohol Brief Interventions	80%	YTD	Mar-19 60.2%	Dec-19 75.7%	Mar-20 79.2%	↑		3.50%	
	Public Health & Wellbeing - Drug & Alcohol Treatment Waiting Times	90%	Monthly	Mar-21 90.1%	Mar-22 85.3%	Apr-22 86.7%	↑		1.40%	
	Public Health & Wellbeing - Dementia Post-Diagnostic Support		Annual	18/19 93.4%	19/20 93.2%	20/21 94.6%	↑		1.40%	
	Public Health & Wellbeing - Dementia Referrals		Annual	18/19 61%	19/20 58.5%	20/21 50.6%	↓		-7.90%	
Management Information	Health & Social Care Partnership (H&SCP) Staff Absence		Monthly	Dec-18 combined 6.6%	Jun-22 13.2%	Jul-22 13.9%	↑		0.70%	
	NHS Staff Absence		Monthly		Jun-22 6.13%	Jul-22 5.48%	↓		-0.65%	
	Complaints to H&SCP responded to within statutory target	80%	Monthly	Jul-21 77%	May-22 50%	Jun-22 50%	↑		10.00%	
	Information Requests to H&SCP responded to within statutory target	80%	Monthly	Jul-21 81%	Jun-22 86%	Jul-22 85%	↓		-1.00%	

Current performance does not meet target
 Current performance meets/exceeds target

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Local Performance Indicators				
Assessment Unit - Assessment Beds	42 Days	Dec-21	68 days	Jul-22 
<p>This model supports people to leave hospital and finalise their assessment within a Care Home. Currently nine care homes offer 48 Assessment Beds in Fife.</p> <p>Average Length of Stay on Discharge for individuals at week ending the 31st July 2022 was 68 days. This is above the service expectation, which is that an individuals' stay in an assessment unit on discharge does not exceed 42 days. During the month of July there were 25 admissions and 16 discharges. Of those 16 discharges 6 (37.5%) were below or met the service expectation of 42 days. Of those over the service expectation two were in excess of 150 days which had an impact upon the overall average.</p>				
Short Term Re-ablement (STAR) beds	42 Days	Sep-21	136 days	Jul-22 
<p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home</p> <p>Average Length of Stay on discharge at 31st July 2022 was recorded at 136 days, which is above the target. There were 12 admissions and 4 discharges during the month of July 2022. Of the 4 discharges one was below or met the service expectation of 42 days. One placement had a length of stay at discharge exceeding 230 days which had an impact upon the overall average.</p> <p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.</p>				

START (Short Term Assessment & Review Team)

42 Days

Aug-18

55 days

Jul-22



The START service is delivered by Fife Health & Social Care partnership Home Care service. The data is measured on the number of individuals whose service has stopped in the month and the average of days calculated for all.

In July 2022, START recorded 55 days for an average period of support to individuals who finished their involvement with the service. This is above the service expectation level of 42 days.

In July 2022 there were 54 new services started and 28 discharges, compared to the previous month which had 64 starts and 35 discharges.

Interim Placements

56 Days

Oct-21

88 days

Jul-22





Interim Placements are to support individuals who require a limited period within a care home setting for 6 to 8 weeks until their care at home service has been sourced. Interim Placements are to support enablement and confidence to maintain daily living skills to support a return to their own home. An interim placement within a care home is a safer more homely setting to wait until a suitable care at home package is identified to allow a return to their own home. Currently there are approximately 40 placements within several independent care homes throughout Fife.

Average Length of Stay on discharge at 31st July 2022 was recorded at 88.2 days, which is above the target of 56 days. There were 8 new placements and 11 discharges during July with a total population of 36 individuals in Interim Placements at the month end.

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
--	-----------------------	---------------	---------------------	--------------

LDP Standards

Smoking Cessation	473	N/a	363	Mar-22	
In 2022/23, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife					
New improvement actions for 2022/23					
Remobilise face to face service provision across GP practices to increase reach and engagement of target group (SIMD 1&2)					
Remobilise face to face service provision within community venues to increase reach and engagement of target group (SIMD 1&2)					
Remobilise out-reach service provision in most deprived communities					
Engagement with Pregnant Women					
Increase service awareness					

Delayed Discharge (% of Bed Days Lost)	5%	Jan-21	7.20%	Jun-22	
Reduce the hospital bed days lost due to patients in delay, excluding code 9, to 5% of the overall beds occupied					
New improvement actions for 2022/23					
Deliver Home First and enable Prevention and Early Intervention					
Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend LoS					
Continue to reduce delayed discharge					
Reduce hand offs in discharge processes					
Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian					
Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care					
Develop app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages.					
Planned Date of Discharge Project					
Front Door Model					
Electronic referrals					

CAHMS Waiting Time

90%

Feb-20

67.80%

Jun-22



At least 90% of clients will wait no longer than 18 weeks from referral to treatment

New improvement actions for 2022/23

Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self harm/suicidal ideation which has significantly increased over the course of the pandemic

Recruitment of Additional Workforce

Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health

Psychological Therapies Waiting

Times

90%

Feb-20

76.30%

Jun-22



CURRENT CHALLENGES - New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological

Therapies Recruit new staff as per Psychological Therapies Recovery Plan


Waiting list management within General Medical Service in Clinical Health

Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit

Support and develop the NHS Fife response to Long COVID

	Standard/Local Target	Achieved	Current Performance	Benchmarking
--	-----------------------	----------	---------------------	--------------

Management Performance Indicators

Complaints and Compliments	80% *	Mar-21	60%	Jun-22	
* 80% of Complaints responded to within statutory timescales					
<p>During June 2022 the Partnership closed 39 complaints. This included 14 complaints closed by Social Care, and 25 complaints closed by NHS Fife. Of these, 28 (72%) were identified as Stage 1 complaints, and 11 (28%) were classified as Stage 2 complaints. In June 2022, 60% of complaints were responded to within the statutory timescales.</p>					
<p>During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.</p>					
<p>Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.</p>					



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 30 September 2022

Agenda Item No: 9

Report Title: Annual Performance Report 2021 – 2022

Responsible Officer: Fiona McKay
Head of Strategic Planning, Performance, and Commissioning

1 Purpose

This Report is presented to the Board for:

- Assurance

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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 well-being.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

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

2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Strategic Plan Working Group
- Strategic Planning Group (Membership List in Appendix 2)
- Senior Leadership Team
- Quality and Communities Committee
- Finance, Performance and Scrutiny Committee

The Annual Performance Report was considered by the Quality and Communities Committee on 9th September and some additional information was included regarding Dementia Services, and referrals to The Wells. On 16th September the Finance, Performance and Scrutiny Committee discussed the Report and further information on health inequalities and Residential Rehabilitation Services in Fife has also been included. Overall, both Committees responded positively to the Report and welcomed the updates on performance.

3 Report Summary

3.1 Situation

This is the fifth Annual Performance Report for Fife Health and Social Care Partnership. This Report covers the period 2021 to 2022 and provides an update on progress in accordance with our Strategic Plan 2019 to 2022.

3.2 Background

The Strategic Plan for Fife sets out the vision and future direction of health and social care services in Fife. 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.

The Strategic Plan 2019 to 2022 was published in August 2019, and is available on our website: www.fifehealthandsocialcare.org/publications.

The Partnership's Annual Performance Report 2021 to 2022 builds on achievements from previous years and sets out some of the solutions that have been developed over the last year. This Report does not encompass all of the work completed by the Partnership; these are key examples which provide a useful overview of the range of outcomes that have been delivered.

Strategic Plan for Fife 2022 – 2025

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Fife Health and Social Care Partnership to review and update the Strategic Plan at least every three years. This process is already underway, and a new Strategic Plan for Fife will be produced later this year covering the timescale 2022 to 2025. (Please see Appendix 3 for more details).

3.3 Assessment

The purpose of the Annual Report is to provide a balanced assessment of the Partnership's performance over the period 2021 to 2022. This includes areas of best practice, specific achievements, and performance appraisal in accordance with the national indicators.

This Report is provided to the Integration Joint Board for assurance. The final version will be shared with the Scottish Government, and then published on the Partnership's website.

3.3.1 Quality / Customer Care

Quality assurance will be managed through existing policies and procedures. No additional impact on customer care is anticipated.

3.3.2 Workforce

The activities highlighted in the Annual Report are retrospective, and relate to the operationalisation of the Partnership's Strategic Plan. No additional impact on workforce.

3.3.3 Financial

No additional financial impact is anticipated.

3.3.4 Risk / Legal / Management

Under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014, Fife Health and Social Care Partnership is required to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions that we are responsible for. This Annual Report ensures that we meet this legislative requirement.

Further information is available here: [The Public Bodies \(Joint Working\) \(Content of Performance Reports\) \(Scotland\) Regulations 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

3.3.5 Equality and Diversity, including Health Inequalities.

An EqIA has not been completed, and is not necessary, because this report is for performance reporting purposes only. Equality responsibilities are considered during strategic planning, service planning and service delivery.

3.3.6 Environmental / Climate Change

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

No formal consultations have been carried out. All of the information provided was collected through discussions with key stakeholders.

3.4 Recommendation

- Assurance

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Annual Performance Report 2021 to 2022.

Appendix 2 – Strategic Planning Group Membership List

Appendix 3 – Development of Strategic Plan for Fife 2022 to 2025.

5 Implications for Fife Council

No additional implications.

6 Implications for NHS Fife

No additional implications.

7 Implications for Independent Sector

No additional implications.

8 Implications for Third Sector

No additional implications.

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	No Direction Required	
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

10 To Be Completed by SLT Member Only

Lead	Fiona McKay
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Lesley Gauld

Author Job Title: Team Manager – Strategic Planning

E-Mail Address: lesley.gauld@fife.gov.uk



Fife Health
& Social Care
Partnership

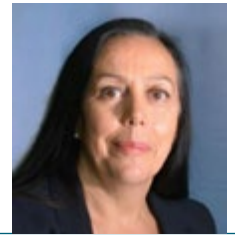


Annual Performance Report 2021-22

Contents

A message from our Chair	2
Foreword	3
Introduction and Background	4
Strategic Plan for Fife 2022 to 2025	5
Coronavirus Pandemic	6
Fife's Population	7
Strategic Direction	8
Our Performance	12
• Priority 1 - Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife.	13
• Priority 2 - Promoting mental health and wellbeing	23
• Priority 3 - Working with communities, partners and our workforce to effectively transform, integrate and improve our services	32
• Priority 4 - Living well with long term conditions	42
• Priority 5 - Managing resources effectively while delivering quality outcomes	48
Inspection of Services	62
Financial Performance and Best Value	64
Appendix 1 - National Outcomes and Priorities	70
Appendix 2 - National Indicators	71
Appendix 3 - Financial Information 2018 to 2022	76

A message from our Chair



I am proud to be introducing Fife Health and Social Care Partnership 5th Annual Performance Report which covers the financial year 2021/22 and is also our final annual performance report for the current strategic plan which covered the period of 2019 to 2022.

We have made good progress, none of which would have been possible without the skilled and dedicated staff working in Health and Social Care. Thank you to all staff, working across all services and sectors, you are at the heart of Health and Social Care, and we value all you do.

I am reflective that our current strategic plan was approved only a matter of months before the coronavirus pandemic commenced resulting in the largest global public health response. The pandemic has had a significant impact on everyone's lives and in many areas, we have worked flexibly to refocus our priorities to adapt to the needs of the rapidly changing environment. Periods of lockdown, the requirement to reprioritise services and the impact of ongoing waves and coronavirus outbreaks has undoubtedly impacted on our plans over the past two and half years. Responding to the pandemic has necessitated a whole system response and we have seen growth and momentum in relation to enabling a "Team Fife" approach working closely with partners in NHS Fife, Fife Council, third and independent sectors. It has been by working together that we have continued to move forwards towards the common goal within our Strategic Plan for 2019 to 2022 to enable the people of Fife to live independent and healthier lives.

The Integration Joint Board has experienced change in membership and roles over the past year. I extend my thanks to all members of the Integration Joint Board, past and present, for their leadership and commitment to integration and delivering improved outcomes for the people of Fife. Together over the last year the board has agreed and published a refreshed Integration Scheme, reviewed our governance committees, approved new policy and strategies, invested in growth across a range of services and carers support and continued to deliver financial balance. We have sustained regular Integration Joint Board meetings and Development Sessions and supported the restructure within the Health and Social Care Partnership.

Within this year's Annual Performance Report, we will not only highlight the outcomes, opportunities and challenges for the past year, but will also describe the progress that has been made on outcomes we had strived to achieve within our current strategic plan which provides an excellent platform from which to launch the Fife Strategic Plan for 2022 to 2025 later this year.

Christina Cooper
Chair, Fife Integration Joint Board

Foreword



During financial year 2021/2022 Fife Health and Social Care Partnership has continued on an improvement journey supporting a range of priorities, quality improvement actions and tangible outcomes which are highlighted below and described in fuller detail within our 5th Annual Report. My sincere thanks are extended to all staff working in the health and social care partnership, our partners and the Integration Joint Board – together we are Team Fife. We are ambitious for our Partnership and for integration in Fife, supporting our working and enabling improved services and outcomes for the people of Fife.

<p>Leadership</p> <p>Refreshed Senior Leadership Team and created an extended Leadership Team which is now well established which enables and reflects our commitment to integrated leadership.</p>	<p>Organisational Change</p> <p>Through Organisational Change we have restructured to enable our services that need to work together most regularly to be a team together working towards common pathways and purpose.</p>	<p>Staff Wellbeing</p> <p>Supporting our workforce is a priority. The Local Partnership Forum has met more frequently. We have invested in staff health and wellbeing and sustained regular communications and engagement.</p>
<p>Performance Improvement</p> <p>This year we have supported performance improvements as detailed in the Annual Internal Audit Report 2021/2022. Moving forward we will continue to address the requirements highlighted in the Fife IJB Governance Statement.</p>	<p>Whole System Working</p> <p>Ensuring people flow from hospital to a home or homely setting is a priority and by the end of this year we hope to have embedded home first principles into practice and continue to reduce standard delays in Fife.</p>	<p>Performance Priorities for 2022/23</p> <p>Over the next year we will focus on improving post diagnostic dementia support, CAMHs and psychological therapy.</p>
<p>Integration Joint Board</p> <p>The Board has approved the Integration Scheme, reviewed governance structures and improved on their induction programme.</p>	<p>Finance</p> <p>Savings for 21/22 were £14.207m which included savings brought forward from previous years. 73% of this was met (£10.413m). The unmet amount of £3.794 was brought forward to the 22/23 budget model, no further new savings were required to balance the 22/23 budget.</p>	<p>Coronavirus pandemic</p> <p>The HSCP continued to support remobilisation and recovery and sustaining service delivery whilst responding to the ongoing impact of the pandemic.</p>

The outcomes highlighted above demonstrate good progress towards the outcomes of integration, despite the challenges we have faced due to the ongoing impact of the coronavirus pandemic. This is a strong platform from which to launch our refreshed Strategic Plan later this year which will lead to our priorities between now and 2025.

Nicky Connor
 Director of Fife Health and Social Care Partnership
 Chief Officer, Fife Integration Joint Board

Introduction and Background

Welcome to the fifth Annual Performance Report from Fife Health and Social Care Partnership.

This Report provides an update on progress in accordance with our Strategic Plan 2019 to 2022 which was published in August 2019, and is available on our website - www.fifehealthandsocialcare.org/publications

The purpose of the Strategic Plan is to set out the vision and future direction of health and social care services in Fife. 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. Details of the National Outcomes and Priorities are included in Appendix 1.

The Strategic Plan for Fife (2019 to 2022) defines five key priorities.

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.

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 people who use our services, their families and carers.

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.

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.

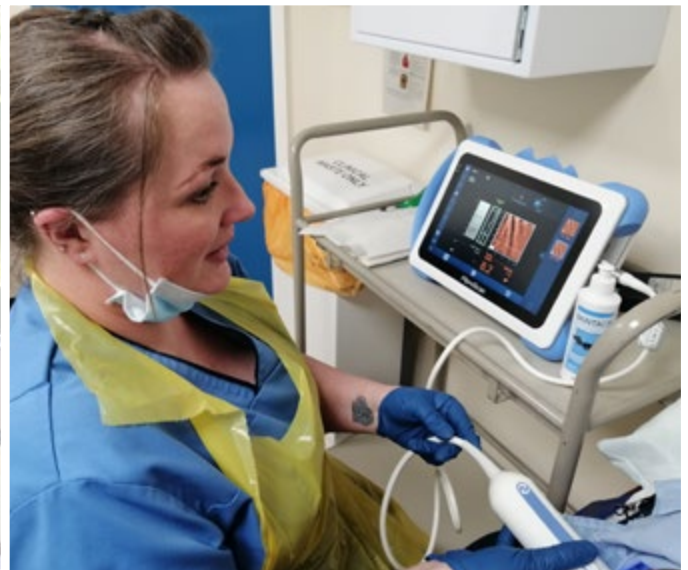
5. Managing resources effectively while delivering quality outcomes

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.

Strategic Plan for Fife 2022 to 2025

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Fife Health and Social Care Partnership to review and update the Strategic Plan at least every three years. This process is already underway, and a new Strategic Plan for Fife will be produced later this year covering the next three years, 2022 to 2025.

Further information about the strategic planning process, including opportunities to get involved in consultations or other engagement events, is available on our website: www.fifehealthandsocialcare.org.



Coronavirus Pandemic

Over the last two years, the coronavirus pandemic has had a substantial impact on the health and wellbeing of individuals and their communities. It has also increased the demand for social care services, highlighted high levels of inequalities in the health of the population, and changed the way that we all live our lives.

Across Scotland, at the start of the pandemic, coronavirus was the second leading cause of death and disability, lower than heart disease but higher than all other leading causes such as dementias, lung cancer, and drug use disorders, with deaths occurring most frequently in the elderly, vulnerable, and frail. Despite the success of the vaccination programme in reducing significant illness and death, the pandemic has starkly demonstrated the importance of health to the normal functioning of society. While all groups of people faced considerable impact from this, not all social groups and communities experienced the same level of impact. Older people, those with underlying health issues, and people from black and minority ethnic groups are the most vulnerable to the disease itself. Those with disabilities are more disadvantaged by coronavirus and are at increased clinical risk as they have higher rates of illness compared to the general population. The pandemic continues to have a disproportionate impact on health outcomes, with those living in deprived areas suffering the worst outcomes.

The past year has been incredibly difficult for the people that we care for, and for the employees and other individuals involved in delivering that care. The ongoing impact of the pandemic, and unprecedented demand over the winter period, has created increased demand for health and social care services and reduced options through both ward and care home closures, and challenges in community care capacity. These factors have produced unprecedented pressures on our workforce.

We recognise that the impact of these pressures will continue moving forward and we are working hard to reduce inequalities and improve outcomes for individuals and their communities, and to ensure that our employees are fully supported, both professionally and personally, in the work that they do.

Fife Health and Social Care Partnership, the individuals who access our services, and society in general, owes a huge debt of gratitude to the work carried out by the health and social care workforce, which includes those working formally in these sectors and those volunteering to provide care and support for loved ones and neighbours.

Thank you to all Health and Social Care Staff across all sectors who despite the challenges faced every day, demonstrate kindness, care, compassion and commitment to the people they care for and their colleagues, really supporting a "Team Fife" approach.

Many staff have experienced re-deployment and worked in different roles to support delivery of critical services for the people of Fife, and we have continued to see the need to work differently using technology, and through agile and remote working. The flexibility shown by staff is humbling and we are very lucky to have such a skilled, flexible and willing workforce in Fife. You are all indeed at the heart of Health, Social Work and Social Care and the great work you do every day is highly valued.

Fife's Population

Fife has a population of **374,000**

(National Records of Scotland, 2020), this is an increase of 11,500 people (3.2%) since 2010.



By 2043 Fife's population is expected to decrease to 364,164. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers.

2020



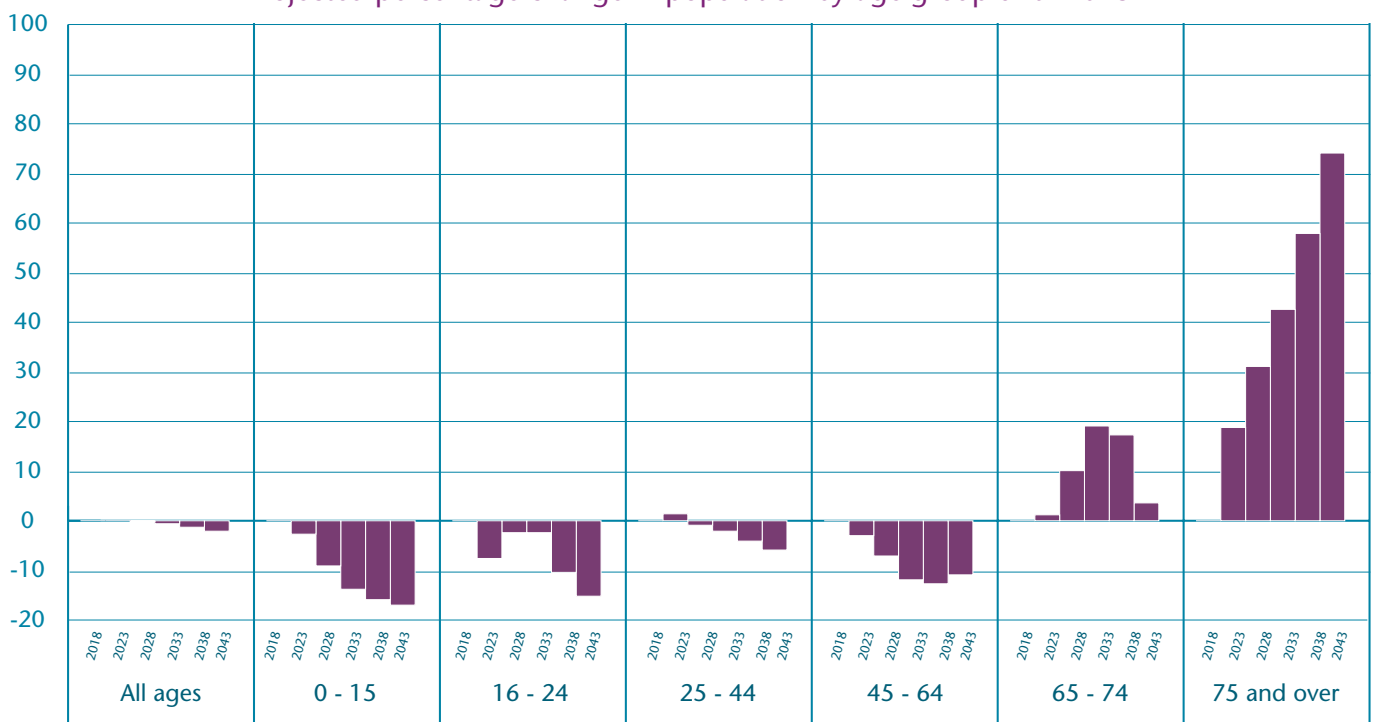
2020 2043

0-15	64,152	53,522	-17%
16-64	231,809	209,218	-10%
65+	78,169	101,424	+30%

2043



Projected percentage change in population by age group until 2043



Strategic Direction

To deliver reform, transformation, and sustainability, Fife Health and Social Care Partnership was restructured in 2021 to create clearer, more service user aligned care pathways, that enable the people that need to work together to be a team together. This seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services.

These portfolios include:

- Primary and Preventative Care: service delivery across primary care and early intervention and prevention.
- Community Care: a range of services across community hospitals, care homes and peoples' own homes, promoting independence and enabling people to stay well at home and in a homely setting.
- Complex and Critical Care: including the delivery of mental health, learning disability and adult and older peoples social work services.
- Professional Quality Standards and Regulation: this is integrated professional leadership in support of the delivery of nursing, medicine and social work working collaboratively with leads in allied health professions, pharmacy, and psychology.
- Business Enabling: services that support our delivery including finance, strategic planning, performance, commissioning, organisational development and culture.

Primary & Preventative Care Services	Community Care Services	Complex & Critical Care Services	
<ul style="list-style-type: none"> • Children's Services • Urgent Care • Sexual Health • Rheumatology • Speech & Language Therapy • Primary Care • Podiatry • Dietetics • Occupational Therapy • Dental • Health Improvement/Promotion • Locality Workers • Local Area Co-ordinators 	<ul style="list-style-type: none"> • Home Care • Community Hospitals • Residential Care Homes • Day Care • Palliative Care • District Nursing • Integrated Discharge Hub • Integrated Community Assessment & Support Services • Hospital at Home • Specialist Long-Term Conditions Management • Rehabilitation & Re-ablement 	<ul style="list-style-type: none"> • Mental Health • Addictions • Children & Adolescent Mental Health Services • Learning Disability Services • Psychology • Adult Protection • Adult and Older Adult Social Work • Adult Commissioning & Resources • Mental Health Officers 	
Business Enabling & Support Services		Professional & Quality Services	
<ul style="list-style-type: none"> • Business Support • Commissioning • Corporate Functions • Finance, Change & Transformation • Information Compliance 	<ul style="list-style-type: none"> • Organisational Development & Culture • Performance & Assurance • Resilience • Risk 	<ul style="list-style-type: none"> • SLT Lead for Quality Safety Experience • Clinical & Care Governance 	<ul style="list-style-type: none"> • Professional Regulation • Professional Standards

Senior Leadership Team



Nicky Connor

Chief Officer and Director of Health & Social Care

Operational Service Delivery

SLT leads for operational management delivery and business outcomes for a portfolio of services

Business Enabling

SLT leads for Corporate Services and functions inc. financial governance, strategic planning, performance, transformational change and organisational development

Professional & Quality Services

SLT leads for quality, safety, experience, clinical and care governance, professional regulation and standards



Bryan Davies
Head of Integrated Primary & Preventive Care Services



Audrey Valente
Chief Finance Officer and Head of Transformation & Corporate Services



Lynn Barker
Associate Director for Nursing



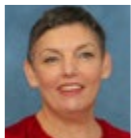
Lynne Garvey
Head of Integrated Community Care Services



Fiona McKay
Head of Strategic Planning, Performance & Commissioning



Helen Hellewell
Associate Medical Director



Rona Laskowski
Head of Integrated Complex & Critical Care Services



Roy Lawrence
Principal Lead Organisational Development & Culture



Jane Brown
Principal Social Work Officer

As a Senior Leadership Team (SLT), we are committed to being systems leaders. This means helping to create the conditions where people willingly work together towards a common vision and give their best by focusing on relationships, building trust and putting people at the centre. We believe in collective leadership to achieve improved outcomes across the whole organisation not just our part of it, and serve others so they also work in this way, celebrating when they do and learning about self, team and system along the way. Working in ways that promote integrity, courage, authenticity, curiosity, humility, kindness, compassion and empowerment.

Organisational Development and Culture

Over 2021/22 the Partnership implemented a revised organisational structure to deliver clearer, more service user aligned care pathways that enable the people that need to work together to be a team together. This also has the aim of creating the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards and business enabling and support services.

As part of this restructure, a Principal Lead for Organisational Development and Culture was recruited into the Senior Leadership Team to work alongside operational portfolios to drive a whole system leadership approach and a 'TeamFife - one voice, one Partnership' culture that underpins our ambition to be one of the best performing Partnerships in Scotland by 2025, which we've described as our 'Mission 25'.

We've undertaken a range of initiatives focused on improving our organisational capacity and capability for leadership across the Partnership. The restructured Senior Leadership Team have collaborated to ensure that the operational portfolios, professional standards, and business enabling services are working collectively to focus on a strong 'Golden Thread':

- **Setting Direction:** Our vision, purpose and strategy and our organisational leadership and culture.
- **Delivery:** Engaging stakeholders, creating sustainable value and driving transformation.
- **Outcomes:** Including our strategic and operational delivery and performance and stakeholder perceptions.

As part of this approach, we brought together the Extended Leadership Team (ELT), our group of senior leaders who represent the whole of our services across the partners. This group have worked to improve our integrated approach to service delivery and systems leadership through a range of approaches that has included developing our 'Success Statements' as a way of describing, 'What will success look like for our Partnership if we improve...'

- Our leadership ability and organisational culture.
- Our opportunities for our workforce to thrive.
- Our ability to transform our services.
- Our standards of practice excellence and quality.
- Our reputation with our citizens and our staff.
- Our ability to empower our local places to influence the service they receive.
- Our performance in affecting people's lives earlier to prevent the need for hospital and reduce the need for health and social care services.
- Our ability to get the best value from our financial resources and sustain our services.

The ELT have also worked to improve and innovate around key areas for the Partnership including iMatter, staff support and wellbeing, our Strategic Plan for 2022-25, our Workforce Strategy & Plan for 2022-25 and our Medium-Term Financial Strategy 2022-25. We have also used the forum to look at future developments such as the National Care Service, which will have a big impact on how we deliver services.

Feedback from the ELT Group around the work done:

“I have found all the sessions very informative and useful. In particular the sessions have helped me understand the mission, vision, strategy and objectives we are collectively working towards to ensure the success of the HSCP”

“I feel part of the leadership of the HSCP - more than ever before. We have covered some weighty topics and it is clear that we are listened to, and our views are valued”

“Working collaboratively across all services to co-design and agree HSCP wide strategies provides me with the ability to share first-hand, consistent messages with my team. It has provided a framework for systems thinking and working, which has broadened my own approach to solving problems within my services, which often have system wide solution”

We delivered the Workforce Strategy & Plan for 2022-25, which was endorsed by the Integration Joint Board and submitted to the Scottish Government in July. The Workforce Strategy Group has representation from across the system which has ensured the Strategy has been co-produced and a clear focus on integrated, collaborative working. This Group will continue to oversee the implementation of the Action Plan and report to the Integration Joint Board on an annual basis.

We have an ambition to work across organisational boundaries to better understand the collective challenges we face. This will help create an environment which supports people to take part in co-designing services and enables our workforce to deliver those services. All of this will be underpinned by a commitment to continuous quality improvement to keep learning, adapting to what we find, and improving our services, experience, and culture.

Our Performance

This Annual Performance Report summarises Fife Health and Social Care Partnership's performance and progress against the national outcomes and our strategic priorities and commissioning intentions.

National Health and Social Care Health and Wellbeing Outcomes

- 1 People are able to look after and improve their own health and well-being and live in good health for longer
- 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
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- 5 Health and social care services contribute to reducing health inequalities
- 6 People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being
- 7 People using health and social care services are safe from harm
- 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
- 9 Resources are used effectively and efficiently in the provision of health and social care services

The national indicators that we report on are presented in Appendix 2.

Please note that data for some of the national indicators is not available for the period 2021 to 2022 due to the way in which this information is collected, verified and released. We have provided the most complete and robust data that is currently available. Figures presented may not fully reflect activity during 2021/22 due to the varying impact on services at different points of the coronavirus pandemic.

Thank you to all of the colleagues and other individuals who have contributed to the production of this Annual Performance Report.

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.

What we set out to do

- The Wells (Community Led Support) will be rolled out across Fife's seven localities and will be embedded across the whole system.
- People with sensory and communication impairment can expect the same access to information and support as everyone else.
- 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.
- The needs of households that are homeless and in vulnerable housing circumstances can be addressed.
- Further improve the person with a learning disability's experience of acute hospital admission.

Where are we now

The Wells

The Wells are part of the Partnership's Community Led Support Service and are for anyone 16+ looking for advice and support. The Well enables people to speak directly to health and social care professionals and discuss enquiries in relation to their health and wellbeing. Our friendly staff empower people to find solutions to problems quickly and easily, giving them the right information at the right time and by providing support, information and guidance on topics such as social care, carer support, social isolation, housing, benefits, bereavement, or anything related to health and wellbeing.

During 2021 The Wells predominantly operated virtually with a few sessions for the Kirkcaldy physical Well. For the majority of the year, the Wells operated for five sessions a week with a total of 10 hours per week. During 2022 the Wells have returned to a full face-to-face service in all seven localities.

In 2021, the average number of people contacting The Wells each month was 18.

In 2022, this increased to an average of 74 contacts each month.

Feedback from visitors has been very positive (4.7/5).



This map shows the range of locations for people visiting/contacting The Well.

The top five reasons for visiting The Well related to:

- Mental Health
- Community Support
- Financial Support
- Housing Support
- Carer Support

47% of all visitors had more than one enquiry.

The Well is staffed from a core group of staff from Link Life Fife (Community Connectors), Social Work Teams (Adults & Older People) and Third Sector (Fife Forum) as well as additional staff joining on regular basis from other services and third sector organisations such Welfare Support Assistants, Fife Migrants Forum, Fife Carer sector and others. This allows an opportunity for shared learning between staff, and minimises the risk of the person being referred to multiple organisations.

Case Study (The Well)

Issue: Sarah cares for her elderly mum Mary. They both live in the same town but a distance apart. Since the coronavirus lockdown in March 2020 Sarah has been struggling to see her mum due to lack of transport and fear of passing on the virus. As a result, Mary has been feeling lonely and isolated.

Action: Sarah heard The Well Near Me radio advert and decided to get in contact. Sarah found contacting the Well virtually very easy and quick from her phone by following the simple instructions available. At the Well, Sarah spoke to Hannah, one of the social workers. After having a conversation with Hannah who supported Sarah through a 'good conversation approach' to come to her own conclusions about what might help her mum at this time given the challenges they are both experiencing, Sarah decided on contacting a local befriending project which her mum could access over the phone.

Outcome: Mary is now enjoying the friendly support she is receiving from her befriender over the phone and Sarah is feeling less stressed about her mum.

Deaf Communication Service

The Deaf Communication Service (DCS) consists of a small team of workers with many years of experience supporting individuals who are D/deaf, Deaf Sign Language users, hard of hearing, deafened, deafblind and for people newly diagnosed with a hearing loss. The team work to remove barriers to communication to the deaf community. They support families, carers, friends, the public, employers, service providers/organisations who may need advice and support in relation to hearing loss. They also work closely with local communities across Fife. There are no age barriers to support, as the team provide support from birth to end of life.

DCS also provide a range of direct provision of advice and support in relation to Deafness. For example:

- Specialist Social Work support.
- Workplace assessment (for anyone who employs or is about to employ a person with a hearing loss).
- Empowering Deaf people to access services.
- Advice and information about specialist equipment.
- Loan of equipment and hire of loop systems.
- Produce written materials in British Sign Language.
- Providing appropriate communication support.
- Providing Deaf Awareness, BSL and bespoke training.

DCS work closely with a vast range of local voluntary and community groups including:

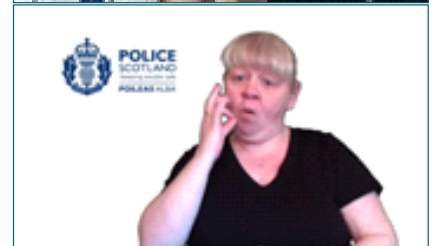
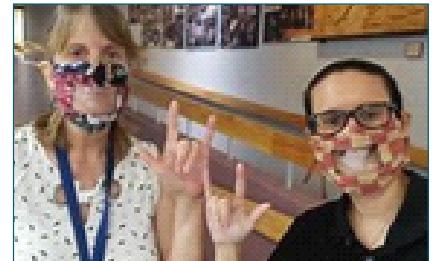
- Police Scotland
- Scottish Fire & Rescue Service
- Job Centre Plus
- Citizens Advice Scotland

The Deaf Communication Service provide a drop-in service for members of the community to gain assistance to translate letters and make phone calls and support where necessary. During the coronavirus pandemic this was cancelled, but has recently restarted, with reduced days/hours. Service users can travel from all areas of Fife to request assistance.

DCS staff worked alongside Police colleagues, Adult Support and Protection, and Care at Home to ensure that any individual in the Deaf Community or those with a hearing loss and additional needs were keeping themselves safe from harm.

This meant on many occasions, visiting the person, and explaining in person, the guidance around coronavirus safety measures, self-isolation, wearing of Personal Protective Equipment (PPE) and to ensure safety and continued access to health and wellbeing services.

Examples of support provided over the year is the delivery of food parcels, supporting communication at end-of-life care for a British Sign Language (BSL) user and supporting individuals with mental health.



Provision of Equipment

Over 110 referrals were received in the last year to DCS for assessment of alert equipment at home to improve an individual's quality of life. For example, the provision of a flashing doorbell, and baby alarms.

Service User Feedback - Anna

"I've been a service user of Deaf Communication Service for around 13 years.

As my confidence slowly began to be rebuilt, DCS was always there when I needed them - helping me from the point I was at, to move forward.

I'm a long-term member of both the Kirkcaldy and Cupar Hearing Support related groups - so I've seen DCS in action at both of these groups - and I know they support the Dunfermline group as well. I observe how they support without taking over, we all know DCS will do whatever they can, within their packed schedule, when we approach them for all sorts of reasons.

I could go on! Suffice to say, I simply don't know how such a small team, with so many skills, knowledge and understanding, can cover such a wide remit and still keep that personal touch, leaving people like me feeling they're there if I need them."

Case Study (Support for Syrian Family relocated to Scotland)

Issue: One member of the family uses Arabic sign language. BSL is different to Arabic sign language. Most Syrian families are encouraged to enrol in learning English to support their new life in Scotland where this family member had to learn BSL as a third language. DCS had to find out how we could support his communication needs

Outcome: DCS arranged a BSL tutor, now working with this family weekly which means he has improved access to services with a BSL interpreter. DCS continue to work with this family to improve their quality of life.



Supporting those with Diabetes

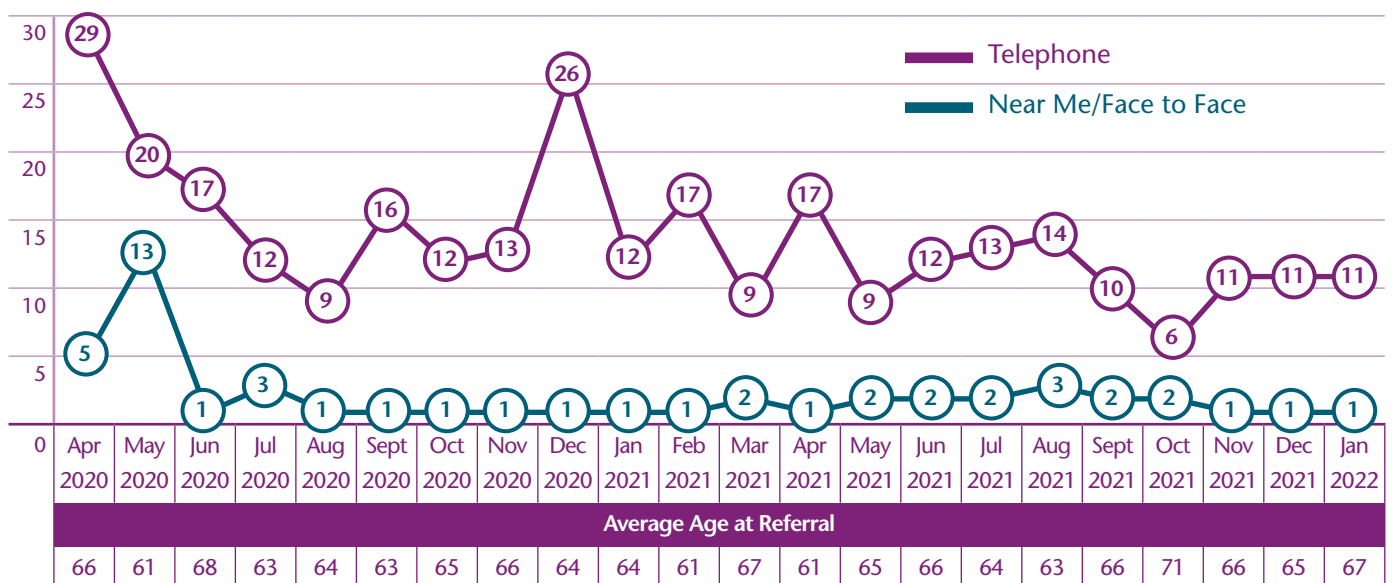
The Fife Community Diabetes Specialist Nursing Service (FCDSNS) is an interface service between primary and secondary care. Its aims are to:

1. support patients with complex type 2 diabetes;
2. provide supported hospital discharge; and
3. offer professional support and education.

Immediately prior to the coronavirus pandemic, waiting times for the service were more than 11-12 weeks due to staffing, service design, referral rates, inequity in the allocation of caseloads and inconsistencies in how care was delivered. The pandemic provided access to new tools and encouraged a reconfiguration of the service in order to offer a more equitable service with lower wait time. We have achieved the following outcomes over the past 2 years:

- Triage assessment offered and conducted in the majority of patients within 24 hours of the initial referral.
- Patient wait times for appointment, (video consultation or face to face) significantly reduced from an average of 90 days to 13 days.
- Majority of patients managed remotely allowing us to see elderly or vulnerable patients face to face in locality clinics or at home visit more quickly.
- Patient and Professional satisfaction increased.
- Professional advice email averages 120 requests per month and we are able to use this data to determine professional education needs in our locality and plan education delivery.

Community Diabetes Specialist Nursing Service - Average Patient Waiting Times (days)



Carers

We continued to support unpaid carers through the challenges of the coronavirus pandemic and invested in additional support to promote carers health and wellbeing including:

- Creation of a Team dedicated to supporting carer involvement to promote the participation and engagement of unpaid carers and others.
- Introduction of a new commissioned support service in partnership with Circles Advocacy to help the carers of people without capacity to secure the necessary legal instruments for the longer term.
- Additional investment to support unpaid carers who meet the eligibility criteria with a dedicated budget for self-directed support, including resources to manage this new support opportunity.
- Ringfencing additional resources for carers of people living with autism spectrum disorder.
- Recruitment of a Project Officer to coordinate the review and reimagining of the commissioned voluntary sector support for carers and others.

Introduction of significant additional support for young carers through the commissioned partnership with Fife Young Carers including a new holistic support for carers and their family members together with additional support to assist young carers transition into adulthood.

As well as the new support we have made available during the year we have continued to deliver the support needed to carers in their localities and have strengthened our support for the carers of people being discharged from hospital.

Again, this year we recognised carer contributions during Carers Week which, because of the pandemic, was an enhanced social media campaign with our commissioned partners playing a key role.

Finally, through our partnership with Fife Carers Centre we have continued to support carers' access to Personal Protective Equipment (PPE) during the pandemic and ensured they have ready access to the necessary protections to enable them to continue in their caring roles.



Shared Lives Fife

This initiative provides family-based care in the homes of carers across Fife to adults with disabilities and mental health difficulties. It aims to match families or individuals who are willing to share their homes, lives, interests, experience, and skills with adults who need support to live their lives to the full.

The initiative is supported by a small team consisting of three social workers and one social work assistant who provide vital input to the recruitment and on-going support for approved carers across Fife. This includes regular communication and engagement with those involved with the service through newsletters and developing networking opportunities. The team actively include carers and service users in the development of policies, procedures and guidance (including the Shared Lives Fife Charter and Participation Strategy). The team also ensure that carers can access and complete required training

Being a Shared Lives Carer allows the carer to build close connections with the people they support, by welcoming them into the carers home and family life, the carer is self-employed so can offer their support to work flexibly around their needs.

There are currently 61 carers working from their own homes to provide placements to 76 individuals (day care, short breaks or long-term live-in arrangements).

Housing

Preventing homelessness and supporting those who are homeless or vulnerable

We have made progress in the Rapid Rehousing Transition Programme against the key areas highlighted below, despite some delays with projects due to pressures still placed on homelessness statutory duty and the use of all homelessness services especially temporary accommodation. There has also been less housing opportunity and allocations made due to the slow return to the new build programme, and delays in voids work due to material/supply delays.

Housing First - For those with multiple and complex needs.

- Creation of a Housing First for Youth programme in partnership with Rock Trust started March 2021, capacity for 21 places for young people aged between 16 and 25.
- Housing First providing wraparound support for as long as is needed or wanted, choice of support with the young person's own aims and goals in life, a Scottish Secure Tenancy to settle into as their home, with no conditions to being 'tenancy ready'.
- 51 Referrals made for Housing First.
- 21 live HF4Y cases, two referrals pending assessment, 28 referrals unsuitable, four on waiting list.
- 13 HF young people in permanent tenancies with seven awaiting offers of housing, one in prison.
- Ongoing discussion to scale up youth programme and introduce further Housing First partnerships.

Prevention of Homelessness & Housing Advice

- Enabling Officers to provide up to date advice on tenancy rights across all tenure types and full Housing Options information.
- All Housing Options Officers and Lead Officers/Managers have undergone refresher training on Housing Advice provided by Shelter.
- Managing Change completed for Housing Options Officers, this is an ongoing exercise where the role of Housing Allocation Officers and Homeless Persons Officers has been combined.
- 4DX (4 disciplines of execution) mythology used to help prevent homelessness for single under 35-year-olds. Leading to 'insights' being gathered, to share good practice and innovative prevention and tenancy sustainment

Innovation Fund – to help with tenancy set up and sustainment

- 153 essential starter packs (white goods, beds, etc)
- 147k spend between RRTP and Temporary Accommodation funding two staff posts funded through RRTP to Scottish Welfare Fund team to fast-track applications for Community Care Grant assessments for those leaving TA.

Housing Access Hubs – provided Housing & Homelessness Advice and Support Services to community members locally.

- Segal House offices refurbishment completed, awaiting further advice on blended working to offer one stop shop for Housing Advice.
- Virtual Housing Advice Hub – ongoing sessions with Customer Programme Team and part of the 4DX approach.

Hostel Re provision – redesign of Fife Council hostels to accommodation with support.

- Increase in support staff group and development of support and risk assessments to ensure support needs are met
- Increase in Temporary Accommodation Management Team to enable move on from Fife Council Hostels to appropriate accommodation to meet individual needs.

Scatter flat conversions – where there is a need for Temporary Accommodation, placements that meet the customers' needs and choice, converting the TA to permanent tenancy to help reduce the trauma of multiple moves.

- 100 scatter flats converted to permanent tenancies

PSP Review – working through a redesign of commissioned services. Enabling better outcomes for customers, identifying gaps in services or redesigning or decommissioning outdated services.

- Assertive Outreach Programme started in September 2021, with collaboration between Frontline Fife, The Richmond Fellowship and Kingdom Support and Care, to work with repeat homeless cases and prevention of homelessness were possible and linking back into available services where appropriate.
- Increase in members to Commissioning Staff Team to ensure customers' needs are met and appropriate services to support homeless households including preventing homelessness occurring.

Developing New Approaches to Specialised Housing

There have been several improvements in relation to the supply of specialised housing this financial year including:

- Older Persons Housing – Work is on-going in Methil to complete the Care Village there. There will be 40 bungalows for Older People in the development and these will offer a Very Sheltered Housing service. Further developments are on-going with work at Care Villages at Cupar and Anstruther at the planning stage. Housing only sites are being developed at Aberdour Road in Dunfermline, Bellyeoman Road, Dunfermline, and on the site of the former Jenny Gray Care Home in Lochgelly. There is an on-going programme of Affordable Housing across Fife.
- Specific Needs Housing – Additional Group Homes have been purchased this year (nine in total) from other Registered Social Landlords to meet the needs of adults with complex needs.
- Young Care Leavers - We have been working closely with the National House Project. This is joint initiative between Children's Services and Housing. A cohort of 10 young people at a time apply to go through the project. They undertake a full set of support modules tailored around their independent living needs. At the end of these independent living modules the young person is guaranteed an offer of housing. Support continues for the young person once they have been rehoused and can be accessed at any time they need it. All young people housed by the project are still sustaining their tenancies.
- Geographic spread of services – We have undertaken the geographic mapping of where we have specialised housing. This has been input on the WEB GIS system to allow us to see where we have gaps in provision.

Service utilisation

45 new units of Older Persons Housing started

9 new Group Homes purchased

17 Care Experienced Young People housed via the National House Project

Improving Aids and Adaptations

We have made several improvements in the aids and adaptations process this year:

- The Adaptations One Stop Shop at Rosewell Clinic opened in the last year to provide advice on adaptations to service users. We have installed three room pods here to assess service users in un-adapted kitchens/bathrooms and adapted kitchen/bathrooms.
- We have been promoting the use of Smart Life in Fife across the service, to encourage people to access independent living advice at the earliest possible stage. We are training all Older Persons Housing staff to use the system and we are promoting this across our tenant base.
- We reviewed the research findings from the Shelter Hospital Advice project in Accident & Emergency Departments. Information from this has been utilised in developing the actions for our Home First Housing Sub-Group. As a result, we are looking at introducing housing advice at the earliest possible point of service users going into hospital. We have also introduced a single point of contact for hospital staff with queries around housing delayed discharge reasons.

Adaptations 2021-22

360 people accessed advice regarding adaptations

246 Fife Council permanent adaptation jobs completed

Learning Disabilities Service

The Learning Disability Service is developing an additional support team to create a life span resource. We continue to work with the Multi-Disciplinary Team and our partners in social work and the third sector using Positive Behavioural Support Planning to maintain care within the patient's home. Should individuals be admitted to hospital, the Learning Disability Liaison Service operates within our acute hospitals to support patients and staff, by providing advice and guidance to ensure positive outcomes, and works collaboratively with the Community Learning Disability Nursing Team and social care partners to ensure development of a clear and concise discharge plan, which supports effective communication to ensure care delivery is optimised to prevent the readmission.

Staffing the service has been challenging due to difficulties replacing staff as they retire. Competition from neighbouring health boards negatively impacts recruitment and has resulted in skills shortages. The Lead Nurse for the Learning Disability Service has worked hard to build relationships with universities to actively participate and engage with student nurses to build a positive picture of employment in Fife.

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 people who use our services, their families and carers.

What we set out to do

- Reduce the waiting times for children and young people to access the right mental health support at the right time.
- 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.
- Establish flexible, joined up services and supports that are accessible for all.
- Information about supports and services should be easily accessible and available in a format suitable for the person.
- Increase the use and application of technology enabled care to radically transform the way people of all ages experience their health and care.

Where are we now

Child & Adolescent Mental Health Services (CAMHS)

As a result of investment through the Scottish Government's Recovery & Renewal Fund, Fife CAMHS has embarked on a number of service developments in order to improve waiting times, reduce waiting lists, achieve the standards set within the National CAMHS Service Specification and deliver services that are quality and evidence focused. As part of this, Fife CAMHS is in the process of increasing its multi-disciplinary workforce through the introduction of additional staff across Mental Health Nursing, Consultant Psychiatry, Family Therapy, Clinical Psychology and Allied Health Professionals. Referrals to Fife CAMHS continue to increase with the impact of the coronavirus pandemic contributing to the ongoing trend. An increase in the number of children and young people presenting with urgent or priority mental health needs has meant that the service has had to respond to changing demand in order to ensure those with the most significant need receive prompt and effective interventions.

Whilst working to maintain and reduce the number of children and young people waiting to receive support from Fife CAMHS, the service has also maintained its focus on providing early intervention and positive signposting to partner agencies through the CAMHS Early Intervention Service.

The Primary Mental Health Workers continue to provide initial assessment of need within three weeks of referral which contributes to the overall response from CAMHS and an average waiting time of 10 weeks. Due to the increased acuity of presentation, 60% of all children and young people have been seen within eight weeks however this has a negative effect on the longest waits and as staffing resource has been focused on the priority and urgent referrals, those who were already waiting were required to wait slightly longer.

Reduced staffing capacity during December 2021 and January 2022 due to coronavirus-related absence, patient cancelled appointments, core staff redeployed into CAMHS Tier 4 services to ensure adequate capacity to respond to increasing prevalence of high-risk patients and redeployment into General Surge Wards as part of Fife Partnership's contingency measures, resulted in approximately 480 lost appointments during that timeframe within core services. The impact of re-booking lost appointments resulted in less 'New Appointments' than predicted through February and March 2022 and a subsequent negative impact against the Fife CAMHS improvement trajectory.

Recruitment processes are ongoing to enhance the wider CAMHS provision however specific challenges persist in recruiting into core CAMHS provision for nursing and psychology staff due to national staff shortages.

Developments are ongoing to ensure that Fife CAMHS service provision aligns with the National CAMHS Service Specifications. Recruitment processes and the development of specific roles and teams to enhance service delivery include innovations such as CAMHS Transition Coordinator, CAMHS Kinship Team and a review of the CAMHS urgent care provision. Regional developments are underway as part of the East Regional Planning Group which will incorporate the revision of pathways into specialist regional services such as Intensive Psychiatric Care for young people, National Secure Unit and Regional Out of Hours provision. Workforce review and assessment of demand and capacity continues with support from Scottish Government CAMHS Advisory Team and waiting times initiatives have been instigated to ensure that the CAMHS Waiting Times and Waiting List Objectives are achieved by the Scottish Government target of March 2023.

Supporting Children and Families

The Child and Adolescent Mental Health Service continue to support children, parents and carers through a range of groups through Access Therapies Fife including:

- **Understanding teens**, designed for parents of teenagers who are experiencing emotional distress.
- **Shine**, an online group to help 12-17 year olds learn about anxiety and coping strategies.
- **Glow**, an anxiety management resource for primary school age children.

A new group **Embracing Difference** has been developed to meet the needs of parents with primary aged children with suspected neurodiversity.

A helpline for families awaiting neurodevelopmental assessment for their child was introduced to provide support while they wait for assessment.

Psychology Support

Improving the accessibility of services via self-referral, online options and provision of individualised therapies and psychological interventions is a core aspect of Psychology service delivery. The service continues to build upon recent innovations to improve our digital delivery of mental health care.

- The **Access Therapies Fife website** (www.accesstherapiesfife.scot.nhs.uk) was launched in 2018 to provide improved access to online psychological therapies, including numerous self-referral options. The website has grown considerably in the past year, with the introduction of additional online groups (for all ages) and additional self-referral to wellbeing modules. The website is reviewed regularly.
- The **Moodcafe website** (www.moodcafe.co.uk) was introduced in 2006 to promote mental health by providing information and resources to help people in Fife understand and improve mental health and wellbeing. During 2021/2022 it has undergone an extensive upgrade to provide easier navigation and increased content. The site was relaunched early in 2022. Work is ongoing to provide a facility that can be used on both desktop/laptop and mobile devices
- The **Psychology Service Digital Working Group** was set up in response to the coronavirus pandemic, initially looking at best digital practice in providing online groups, videos and one-to-one consultations. Over the last year, work has included testing to introduce a different platform (Near Me Beta Platform) which offers improved functionality in the delivery of psychoeducational and therapeutic groups and the investigation of possibilities for transfer of the whole Psychology Service to paperless functionality using the Morse system.

Telephone Triage

In September 2021, in response to increasing referrals and consequent need for more initial assessments, a telephone triage system was established. This was provided as an alternative to Near Me computer assessments and has allowed us to streamline and shorten the assessment process, increase patient choice as to the type of assessment they preferred, reduce patient waiting times for assessment, and ensure that patients are allocated to the appropriate part of the service, or for onward referral/signposting, more quickly.

New approaches in Psychology

The Adult Mental Health psychology service introduced **Interpersonal Psychotherapy** as an alternative to Cognitive Behavioural Therapy, particularly for those experiencing depression or eating disorders. This now increases choice of intervention for people with mild/moderate conditions and reduces the need for onward referral to secondary care mental health services where waits for treatment can be lengthy.

Increasing Functional Neurological Disorder (FND) Support

Reducing waiting times remains a key driver to service improvement. Capacity modelling work identified issues within the Clinical Health Psychology Service. These issues were impacting the Service's ability to meet the 18-week referral to treatment waiting time standard. The Partnership agreed to fund additional new posts in the Psychology Service, including Clinical Health Psychology. It was identified that a significant number of referrals (40%) come from Neurology for patients with Functional Neurological disorder (FND) with this patient group making up the majority of those with the longest wait. It was agreed that some of the funding should be used to create a Specialist Clinical Psychology post working in FND. This post will work more closely with Neurology to shape referrer behaviour and provide specialist clinical expertise to this complex patient group in a more patient-centred, timely and accessible way. The post holder will also represent Clinical Health Psychology in a Fife Multidisciplinary FND patient pathway which has been developed in recent years.

Design and development of the Fife-wide MACH (Mental Health After Coronavirus Hospitalisation) Service for patients who have been hospitalised by severe symptoms of coronavirus

Following the announcement of funding from the Scottish Government for the establishment of MACH services nationally across Scotland a business case for the development of the service in Fife was approved by the Executive Directors' Group and recruitment of staff started in May 2021. The team consists of Clinical Psychologists, Assistant Psychologist, Liaison Psychiatry, ICU Nurse (Recovery Coordinator).

Clinical Governance and E-Health have assisted with identifying all patients who were hospitalised earlier in the pandemic and a database has been designed for the collation of this information and recording of outcomes. The service is retrospectively contacting patients by letter to screen for mental health problems. Direct referrals to the service are also being received from primary and secondary care and 1:1 and group clinical work is underway.

The MACH service is closely linked to the InSPIRE Post Intensive Care Rehabilitation Service, which also has psychology input and there is a direct pathway for referral into MACH from InSPIRE where additional support is required. Most patients are offered treatment on an outpatient basis, but there is also an inpatient recovery coordinator based at Victoria Hospital, Kirkcaldy, who offers support to patients currently in hospital with coronavirus, with onward referral to receive additional support after discharge if required.

Increasing Support for those with Complex Respiratory Disease

In March 2021, funding was secured from the Scottish Government Modernising Patient Pathways Project (MPPP) to improve service provision for patients with complex respiratory disease by piloting a new part-time integrated Clinical Psychologist post over a 12-month period. The aims of the project are to study the added value psychology can bring in several aspects of care including, but not limited to, the following:

- pulmonary rehabilitation
- adherence to treatment
- generalised anxiety and depression
- self-efficacy
- patient avoidance
- emergency healthcare utilisation
- staff knowledge and understanding of the psychological impact of respiratory conditions

Asthma and chronic obstructive pulmonary disease (COPD) impair not only the physical functioning of patients, but also affect their psychological state. Mood disorders and cognitive impairment are more prevalent in this group than in the general population. In addition, it has been proven that co-existence of physical and psychological dysfunction worsens the functioning of patients (work, family and social lives) and has an impact on the course of the treatment of the illness. Recent systematic reviews have found that patients with COPD have significant unmet psychological needs, which if met, could lead to an improvement in their care.

The psychologist has been embedded within the Respiratory Team on a four session (two day) per week basis, from May 2021 to May 2022, and attends ward rounds and receives referrals from the Respiratory Team. The psychologist reviews patients with complex respiratory needs, with an emphasis on severe asthma, COPD and interstitial lung disease. The overall aim is that the psychological aspects of the patient's disease become part of routine care and a focus for intervention.

Introduction of Maternity & Neonatal Psychology Service

In 2021, a Fife Maternity & Neonatal Psychological Interventions (MNPI) service was introduced, with additional clinical psychology staff recruited to support this service to help:

4. Parents with complex needs arising from pregnancy and birth complications, or birth trauma affecting mental health;
5. Parents with significant difficulties that directly affect maternity care, and who are likely to benefit from psychological therapies for these difficulties;
6. Parents whose infant's health is significantly compromised requiring care from the Special Care Baby Unit (SCBU) or Neonatal Intensive Care Unit (NICU);
7. Maternity and neonatal staff who care for patients struggling to adjust to pregnancy and infant care.

Developments during the past year have included:

- Establishment of the MNPI service, with clinical psychology staff embedded in hospital clinical teams.
- Training of 130 NHS staff to raise awareness of perinatal and infant mental health and introduce the new services.
- Focus on birth trauma webinar (April 22) and planned workshops (Autumn 2022) with 139 registered participants; and
- Development of maternity & neonatal care pathways.

Supporting the mental health and wellbeing of veterans

The Veterans First Point (V1P) Fife service was established in 2015, as part of a Scottish Government commitment to veterans to meet responsibilities linked to the Armed Services Covenant. The initiative is now 50% funded by Fife Health and Social Care Partnership.

The V1P Fife service moved to newly refurbished premises at Rosewell Centre in Lochgelly and was officially opened by Keith Brown, Cabinet Secretary for Justice and Minister for Veterans, in July 2021.

The V1P service model takes a holistic psychosocial perspective to mental health and wellbeing, working with a range of community partners to address wider determinants of poor mental health and wellbeing. One example is our partnership with the Fife Employment Action Trust on the 'Grow Your Mind' project, through which veterans develop their horticultural knowledge and skills and their more general cognitive skills. This programme has been well received by veterans.

The V1P Fife service has committed to developing and growing a trauma-informed service, systems and relationships. Work to achieve this has included staff carrying out a trauma-informed walk through of the new Rosewell Centre to identify aspects of the environment that, for staff, fit with trauma-informed values and aims.

In-person V1P social drop-ins, run by V1P peer support workers and offering a space for veterans to connect and offer mutual support, were reinstated in 2022. We are grateful to Lochore Meadows Park Manager for granting the pro-bono use of a meeting space in the Willie Clarke Visitors' Centre.

One of the V1P peer support workers has investigated the barriers to homeless veterans accessing V1P Fife, to find ways to extend service reach to this group. A few areas for development and improvement have been identified for future activities.



V1P service facts

There are six V1P services in Scotland.

The V1P Fife service offers mental health and wellbeing support for veterans and their families through a combination of remote and in-person supports and therapy.

At March 2022:

462 veterans were registered with the service

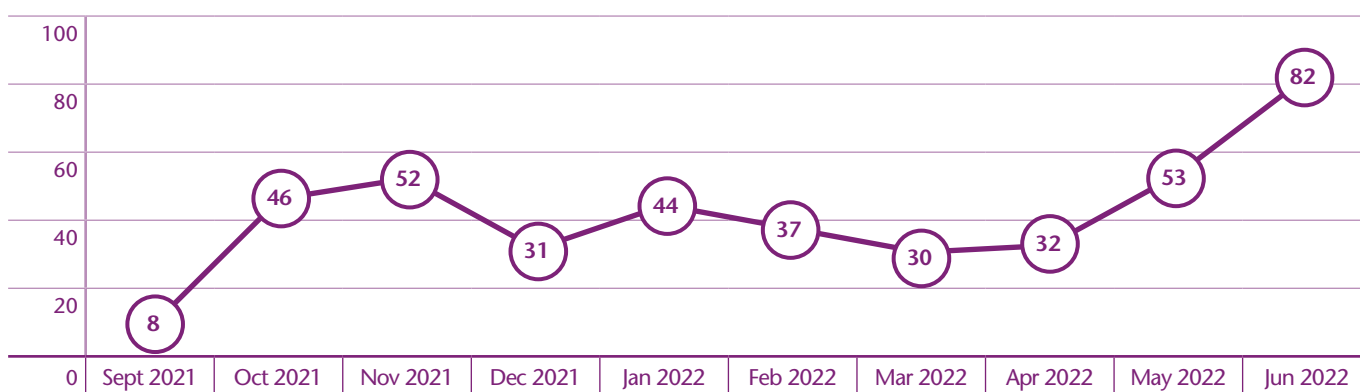
125 were being actively supported.

Link Life Fife (Action 15)

Link Life Fife is a project which is funded by the Scottish Government's Mental Health Strategy. The aim of the project is to reduce pressures on GP practices whilst supporting individuals to meet their outcomes and reduce dependence upon GPs, where appropriate. The project criteria are for anyone aged 18 and over living in Fife who is engaging with their GP or other health professional in Primary Care for support to manage stress, anxiety, or feelings of being overwhelmed, that are affecting their mental health or general well-being.

A team of local area co-ordinators and seven community connectors were recruited between June and September 2021 and are now receiving referrals from Fife GPs and Primary Care Teams.

Link Life Fife Referrals (September 2021 - June 2022)



Case Study (Link Life Fife)

Referral: GP Practice referral by mental health triage nurse.

Individual: A woman in her 50s, with history of low mood, chronic pain, and traumatic events in her life.

Issue: Little benefit from anti-depressants. Lacking motivation to leave the house resulting in social isolation, withdrawn from friends and family.

Conversation: Community Connector (CC) identified through a good conversation that the woman wanted to establish a routine, improve her mobility and connect with others in order to improve her day-to-day life and reduce her feelings of isolation. She also wanted to work through some of her emotional trauma and find a way to move on from past events.

Actions: Referrals to Occupational Therapy Service (OT) to help with mobility, which was a priority, as well as physiotherapy and Active Options at Fife Sports and Leisure Centre.

CC and the woman explored a number of social and mental health support groups within her community.

Outcomes: The individual now feels it is easier to get up in the morning, and keep on top of her self-care, having more energy and motivation to go out more. She has consistently attended the Active Options class, despite how she may be feeling on the day. Also attends a local social group, has reconnected with family (not seen in over a year) and sees her grandchildren regularly.

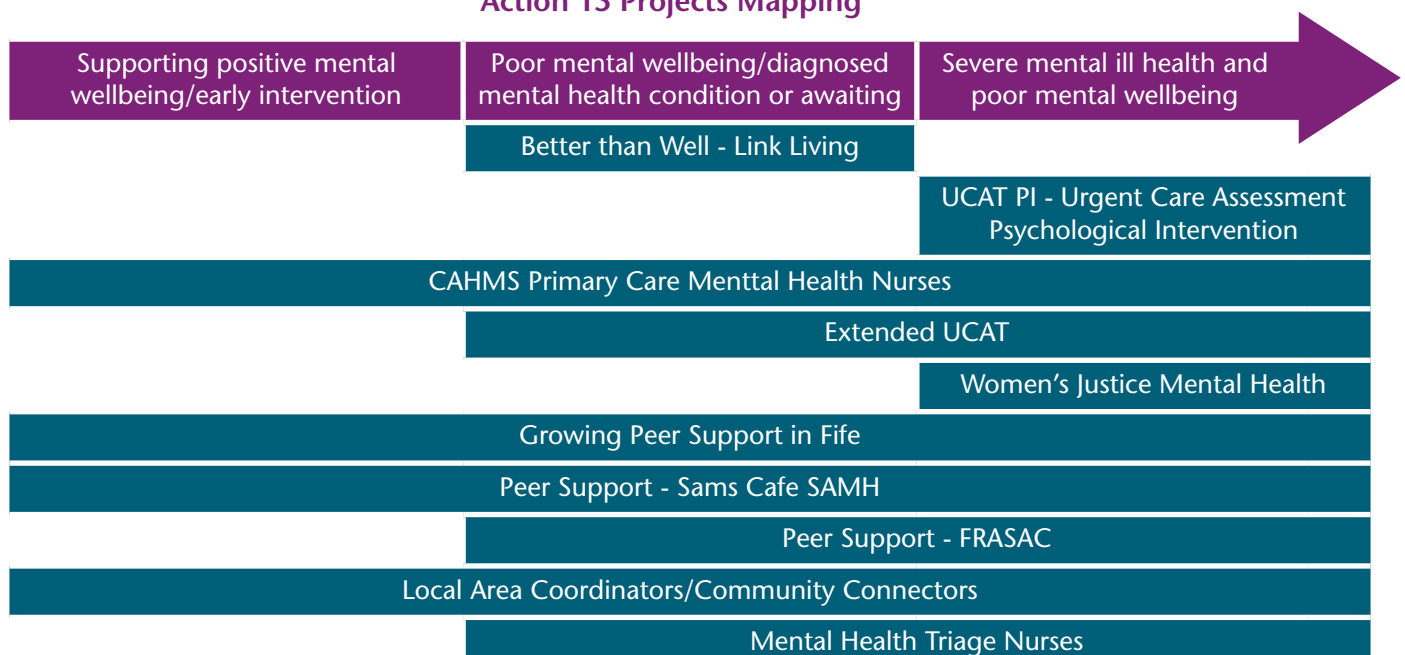
'I thank you for everything you've done. The support for mental health is so much better than it used to be.'

The Action 15 Oversight Group identified communications needed to be strengthened to support the new Mental Health projects and services developed through Action 15 funding. The Health Promotion Service received Action 15 Funding to develop and deliver a communication plan to directly support the Action 15 mental health projects and services. The aim is to increase frontline staff, partner organisations and the general public’s understanding and awareness of the range of mental health services and support available and how to access support and services. The support and services information spans prevention and early intervention through to acute service provision.

Progress so far includes:

- The creation of a Fife Multiagency Mental Health Information and Communication working group with representation from Fife Health and Social Care Partnership, NHS Fife, Fife Council and five third sector organisations. The Group members all have responsibility for updating mental health and wellbeing information within their roles and remits and some of their services and organisations have received Action 15 funding. Members represent a wide variety of services across Fife including Moodcafe, Fife Voluntary Action, On your doorstep Fife, Fife Centre for Equalities, The Well and Fife Forum. The remit of the group is to develop and deliver information and communication strategies to ensure frontline staff and members of the public are aware of, and are able to navigate the range of support and services available.
- A mapping exercise of all ten Action 15 funded projects in Fife has been developed, allowing Action 15 members to be aware of how their service fits into a pathway from Early Intervention/Prevention to Crisis (see attached graphic).
- A patient leaflet is currently being developed for the Unscheduled Care Assessment Team – Psychological Intervention (UCAT PI) Brief Intervention service, ensuring it is in an easy read format and accessible to a wide audience to be printed and available digitally.
- Links with key Health Promotion Service resources such as the Keeping Connected leaflet suite have been added to service web pages such as Fife Rape and Sexual Assault Centre (FRASAC), alongside internal promotion of new services such as the Women’s Justice Health Team on Blink and increased promotion of the Better than Well self-referral service with a new patient leaflet.
- Evaluation of the impact and outcomes of the Information and Communications Group action plan is being progressed.

Action 15 Projects Mapping



Feed Your Mind

During the coronavirus pandemic the importance of alternative ways to access reliable evidence-based information, in relation to Food, Wellbeing and Mental Health, became apparent. Mental health is integral to living a healthy and balanced life and is not limited to therapy and counselling. Over the course of the year, we developed and introduced a podcast series called 'Feed your Mind' hosted on the NHS Fife website www.nhsfife.org/feedyourmind and shared on the NHS Fife Facebook page, NHS Fife Nutrition and Clinical Dietetics Facebook page, Twitter and Instagram.

The aim of the podcast series being to provide 'little bursts' of information on topics addressing food as a contributor in individuals overall Wellbeing and Mental Health. The Nutrition and Clinical Dietetic Service used a small working group of Dietitians and Nutritionists to develop the podcasts to provide reliable digital information to the public and other health professionals on nutrition for holistic health.

A funding application to NHS Fife Small Grants Endowment Funds was successful to enable the purchase of the necessary recording equipment to produce podcasts. A Department Sub-Group was created to achieve the objectives of the Endowment Fund application, which was to produce ten podcasts around Nutrition and Mental Health. So far, the podcasts have covered:

Episode 1: Holistic Health

Episode 2: Diet Culture

Episode 3: Caffeine



Podcast stats

13,306 post impressions

393 page views on www.nhsfife.org/feedyourmind

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.

What we set out to do

- To support more integrated and earlier approaches for adults and older people who are at highest risk of decline in their health and wellbeing.
- 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.
- Realign alcohol and drug services to improve the physical and mental health of people with a dependency.
- 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.
- Increase the number of technological solutions offered in Housing to support independent living.

Where are we now

Adult Services Resources

Fife Community Support Service (FCSS)

This Service provides flexible, community-based support during the daytime, evenings and weekends to suit the identified needs of individuals Fife-Wide. The service enables adults aged 16 to 65+ years old, with a range of disabilities (including learning disabilities, physical disabilities, sensory impairments, autistic spectrum disorders and other related issues) to lead full and meaningful lives and be valued citizens within their own communities. Service users can be supported in a variety of settings, determined by themselves and the outcomes they want to achieve. These personal outcomes are reviewed through regular review meetings and new goals identified. Support allows access to leisure, social, and recreational opportunities enabling individuals to maintain and develop life skills to enhance their self-esteem, confidence, and independence. We have four hubs across Fife, some of which contain PAMIS care suites (where personal care can be provided), multi-sensory areas to stimulate senses, relaxation areas and accessible gardens which all individuals in receipt of support have use of.

In accordance with the Health and Social Care Standards, FCSS promote individualised support with communication. For those individuals requiring enhanced support with their communication needs, FCSS continue to be invested in the PAACT initiative, partnership working with Speech and Language Therapy, and Education Services.

There was a significant impact on FCSS during the pandemic, with restrictions to how, when and where we could deliver services. The four hubs primarily remained closed, thus preventing us offering any building-based support, except for our Care Suites. In addition, many community-based activities formerly used by us were also closed or very restricted. We had to significantly change the way we provide services/support during the pandemic and for the team of staff retained within FCSS, infection control measures were reviewed and updated, strict protocols implemented, and guidance issued. New Interim Support Plans were developed to ensure the needs of the person receiving support were accurate, up-to-date and relevant to ensure safe, high-quality support was achieved. We re-assessed all 336 service users who formerly accessed FCSS to ensure they continue to meet the eligibility criteria to receive a funded service provided by the Partnership.

During April 2021 to March 2022, the number of people accessing our support has risen from 54 to 132 through being assessed as in critical need. We have been restricted to offering mainly 1-to-1 support to keep people safe as the pandemic continued to cause difficulties. From the service users who previously received support from FCSS, those assessed as eligible to receive funded support has risen with 204 expected to return to the service. FCSS has continued to provide a vital lifeline to those receiving our support and their families.

Accommodation with Care and Housing Support

This Service provides a combined housing support/care at home service to 140 adults with learning disabilities, physical disabilities and mental health issues living across Fife.

With a staff team of 625, support is provided over 64 services, in single tenancies, group homes and core and cluster services. Support can range from a few hours per week to 24 hours support each day.

The service delivers a person-centred provision of care and support with people's "rights" at the forefront. We promote independence with an active support approach that focuses on making sure that people are engaged and participating in all areas of their life, to maintain and increase their skills and abilities.

Feedback from relative,
Care Inspection December
2021

"I know my relative is
happy and content and
feel their voice will be
heard and views taken on
board."



People are supported to get the most out of life, by accessing a wide, varied range of social and leisure opportunities and have a valued role in their local community.

We promote health and wellbeing through healthy eating, exercise, relaxation and wellness. We golf, walk, keep fit, football, swim, bowl, snooker and learned how to play Boccia! We encourage rest and relaxation with sensory sessions and mindfulness.



We had an Active August Challenge in 2021 where people were encouraged to be active every day for the month of August, with Union Street Service winning the gold medal with a whopping 86 points!

We celebrated International Day of Happiness inspiring people to spread positivity and prioritise being happy!

Staff are committed to supporting people to maintain relationships with friends and family and build new positive relationships. This supports people's sense of security and belonging.

Sensory Garden

Residents at Watt Crescent enjoyed creating their very own sensory garden using lots of different lights, ornaments, foils, wind chimes, bird feeder, plants and a custom-made water feature that they built themselves.

Since the creation of this space the residents have a regular little visitor, in the shape of a baby bird who comes to the kitchen window and knocks to say hello, the service users think this is wonderful and find so much joy in this.



Learning Disability Week 2021 – Relationships

We celebrated Learning Disability Week 2021 with a whole range of activities despite lockdown. From the key “Relationships” theme, we focused on three areas, friendship, challenges, and social life.

We held Teams Bingo, competed in Bake Off Competitions and had an online Social Event with our very own Playlist for Life!

Vaccination Transformation Programme

Strategic Framework

The direction and shape of the new Community Immunisation Service has been defined through the development of the Fife Immunisation Strategic Framework 2021 to 2024.

The Framework aims to:

- Protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes.
- Contribute towards improved well-being and reducing health inequalities.
- Ensure immunisation services across Fife are safe, effective and of a consistent high quality.
- Raise peoples' awareness of the public health benefits of vaccination and raise peoples trust in vaccinations.

This has four key priorities:

- Optimise Immunisation coverage ensuring equitable access for all eligible groups.
- Enhance the monitoring and evaluation of immunisation programmes.
- Support and empower a sustainable skilled workforce to deliver safe and effective immunisation services.
- Community engagement and promotion.

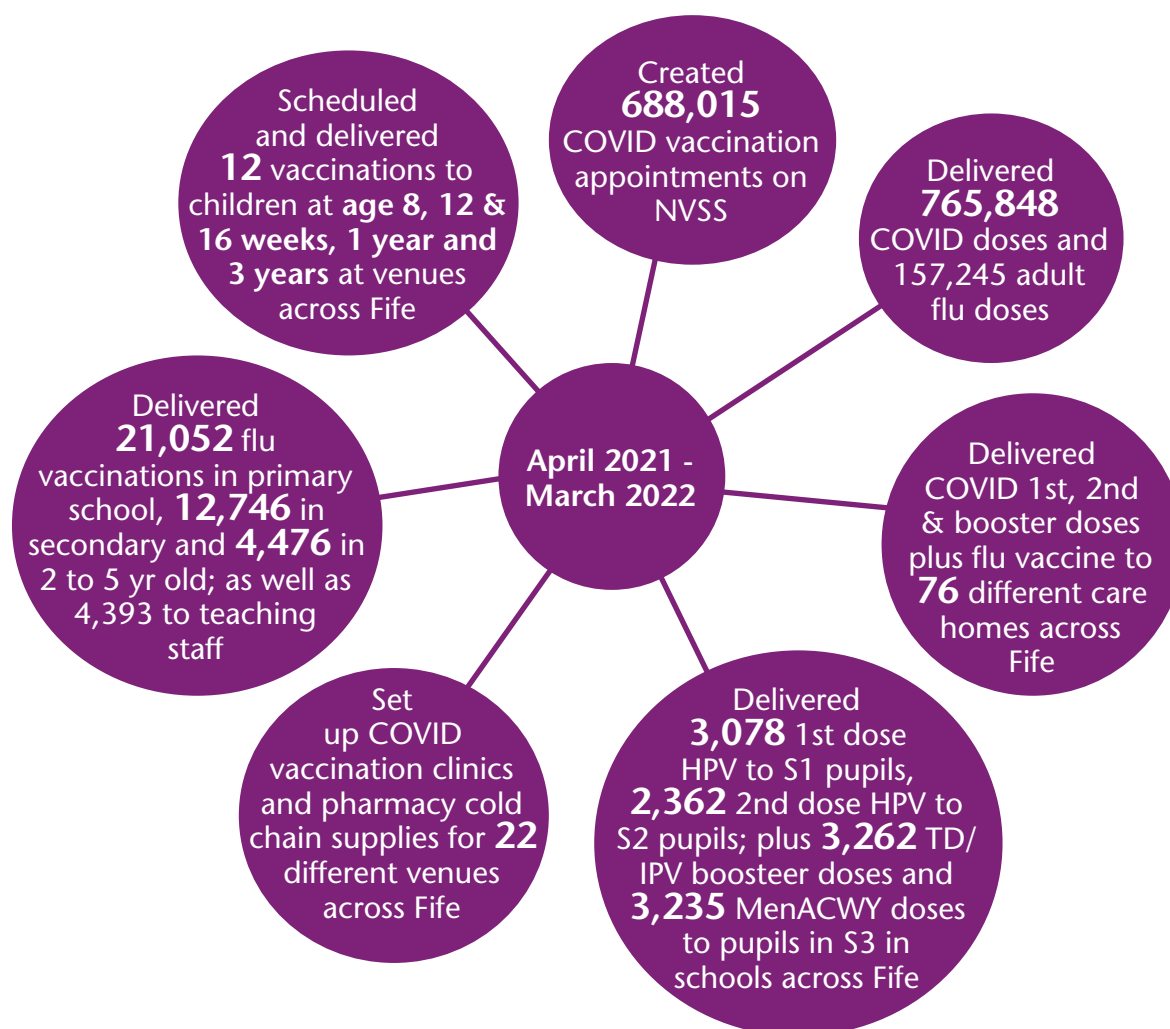
Implementation of the Fife Immunisation Strategic Framework is progressing at pace with the establishment and implementation of the overall governance and leadership structures to support safe and effective care delivery.

Covid Immunisation Progress

As of March 2022:

- 860k doses have now been administered in Fife, 236k individuals having received their full course + booster or 3rd dose.
- 8,682 2nd doses have been administered to the 12-15 cohort (52% uptake)
- 5028 2nd doses have been administered to the 16-17 cohort (64% uptake)
- 7205 1st doses have been administered to the 5-11 cohort
- We continue to review opportunities to target cohorts who have not taken up the vaccination. Community outreach is ongoing to assess areas with low vaccine uptake, promotional activities are in place to encourage drop-ins and pop-up activity is also continuing across Fife.
- Spring booster progress:
- 5-11 cohort commenced 19th March. Uptake within Fife currently positioned at 24%, higher than the national average of 15%.
- Residents in older peoples care homes commenced from 14th March with Phase 1 completed. Phase 2 mop up sessions commenced week of 11th April.
- Over 75s and those who are housebound commenced 4th April with 19,319 boosters administered to those over 75, an uptake of 85%
- Immunosuppressed/severely immunosuppressed cohort, 557 boosters administered, an uptake of 61%
- 18,473 Spring boosters (booster 2) have now been administered

The diagram summarises vaccination performance over the past year.



Transfer of Travel Vaccinations

The transfer of Travel Health Vaccinations Levels 1 to 3 was successfully delivered from GPs to the Health Board via a Community Pharmacy model on 1st April 2022. 22 local Fife Community Pharmacies are delivering Travel Health Vaccinations, with the spread of pharmacies across Fife providing equitable access to all areas within the Kingdom. Collaborative working with the Acute Infectious Diseases Consultant and successful recruitment of a GP with Specialist Interest supports complex Level 4 Travel Health Vaccinations.

The FifeFitforTravel webpage (www.nhsfife.org/fifefitfortravel) with links to NHS Inform and the national FitforTravel website detailing the 23 Fife Community Pharmacies providing Travel Health Vaccinations was successfully launched on 1st April 2022 with both a national and local communications campaign promoting and supporting the launch.

The successful transfer of VTP was supported with a new electronic request form and process communicated widely to GPs, Acute Consultants, Urgent Care Services Fife (UCSF), NHS24 for adhoc and selected vaccination requests via the Immunisation Team from Monday to Friday 9am – 4pm. This has been successfully provided online via the Fife Referral Organisation Guidance (FROG) system and widely used from April 2022.

Fife Alcohol and Drug Partnership

Since January 2021, Fife ADP has recognised and renewed its commitment to addressing the national Drug Related Death crisis and has worked closely with the national Drug Death Taskforce and Scottish Government Drug Mission Policy Unit to align provision to the new evidence-based recommendations. This realigned the approach across Fife for 2021 to 2022 to focus on its strategic priorities through the lens of delivering interventions with a focus on addressing the drug related deaths crisis. Whilst DRDs have reduced by 20% in Fife from 2019 to 2020, rolling averages show 70 deaths per annum and an increase of 86% in Fife over the last ten years. Alcohol specific deaths have remained static over the last two years and increases in hospital stays also indicate unmet need.

In response, the ADP Partnership has reconfigured their structure to concentrate on these priorities, with three sub-groups (Multiple-agency Drug Related Death Review Group, Medication Assisted Treatment (MAT) Standards 1 to 5 Oversight Group, and the Addressing Alcohol Specific Deaths (ASD) Group) focused on addressing harm caused by alcohol and drugs including prevention of alcohol specific and drug related deaths. These groups work across partnerships and directorates within HSCP, Fife Council and NHS Fife and include relevant representation from the voluntary and independent sectors. These subgroups have clear remits with a focus on analysing and reviewing our current position, assessing options and opportunities to deliver improvements across the whole system and reporting back to the ADP Committee.

Fife ADP were awarded a £1.3 million per annum across six new priorities and took the view that given the high number of alcohol specific deaths in the area, any additional investment would consider this local priority too. Additional funding for MAT Standards implementation has also been awarded following the development of a project specification plan. Below is a summary of improvement work funded from these additional investments:

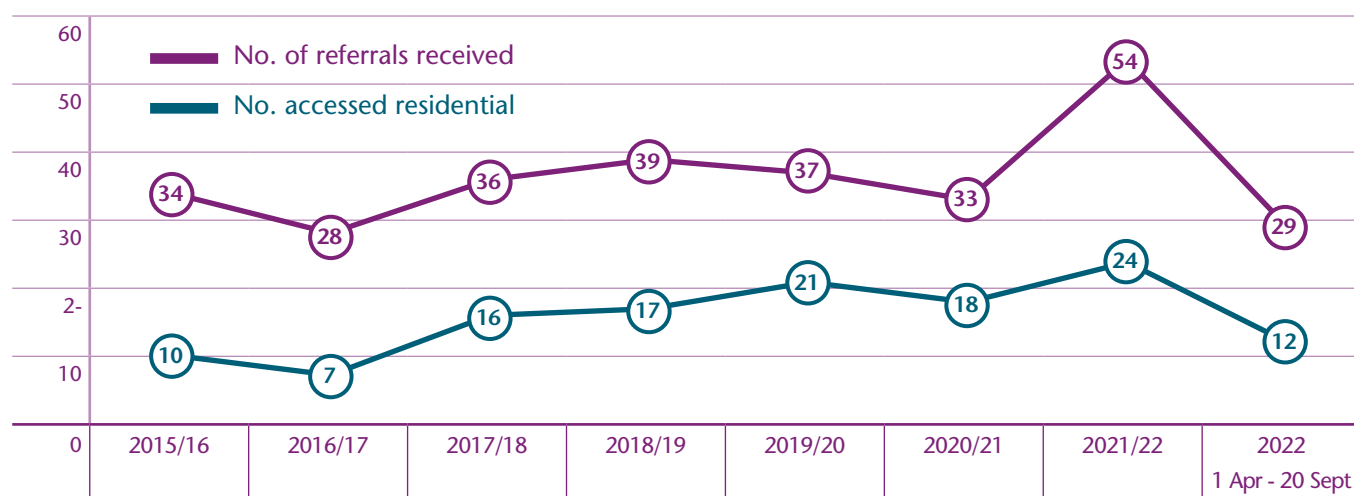
Children, Young People, Whole Family and Adult Family Members Carers Support

- Joint strategic planning and commissioning as part of Children Services Planning to create the Whole Family Support and Young Person's Service. Barnardo's and Clued Up will provide whole family support at additional level for other referrers – out-with the ICSP - and provision for YP up to the age of 26.
- Adult family support provision across Fife co-located with Tier 3 alcohol and drug services but mainly NHS Addictions to provide key working, CRAFT based support and group working to any adult family member affected by another's substance use. The service was commissioned by ADP and will be provided by Scottish Families Affected by Alcohol & Drugs and will take a carers'-based approach with an aim of providing support to carers to improve their own wellbeing. A further aim is to improve access to services for the member of the family using alcohol or drugs by providing family members with knowledge, tools and techniques to improve motivation and support recovery. Take Home Naloxone/overdose awareness training and general harm reduction advice for alcohol are also provided as part of the approach for the prevention of substance use deaths
- Additional capacity created by ADP funding allocated to Kinship Care Social Work Team for two social work positions to focus on family intervention/support and management and prevention of trauma within the family.

Increase Access to Residential Rehabilitation

- New budget placed with FIRST who provide thorough and robust preparation support, placements in any rehabilitation centre within Scotland thus allowing the service user choice of intervention, location and length of stay. Family support whilst the placement is ongoing and referral into community-based rehabilitation on return. Work is underway to improve the referral pathway to focus on priority groups - women, people with dual diagnosis, young people, veterans - outlined by the Scottish Government.

Referrals for Residential Rehabilitation



Medication Assisted Treatment Improvement Plan & Increase of Assertive Outreach, Non-Fatal Overdose Response and Harm Reduction

- Non-Fatal overdose assertive outreach, information shared from Scottish Ambulance Service to third sector and a 48-hour response occurs to support the individual and prevent further overdoses which may result in deaths. The ADAPT service with support of the ADP has received additional funding to respond to non-fatal overdoses occurring out-with of this pathway.
- Annual budget provided by Public Health Scotland to services to deliver MAT Improvement Plan developed by the ADP and its delivery partners. This is a rights-based approach for safe delivery of OST medication (methadone, buprenorphine, buvidal) and psychosocial support and is underpinned by a requirement to increase the percentage of people (9%, n=154) in the system of care by end of March 2024. The main deliverables of the plan are:
 - To provide same day prescribing across the full service building on the success of the same day prescribing clinic based in Kirkcaldy. This approach reduces attrition rates at start of treatment thus increases the likelihood of good outcomes for the service user, their family and community.
 - To increase the provision of buvidal (long-acting injectable buprenorphine) prescribing where it is safe to do so thus respecting the choice of those within the treatment system and allowing for a recovery-based approach to this aspect of the model of care.
 - All services have adopted an assertive outreach-based retention policy especially when people are in crisis or lapsing/relapsing as maintaining people in support preventing further harm and protecting people's recovery. In addition to this, ADAPT provide a separate retention service when some services do not have the capacity to provide outreach and follow up. This is focused on both those experiencing alcohol and drug problems.

- Harm reduction (needle exchange, take home naloxone, wound care, testing for Blood Borne Viruses (BBV) provided by services at point of need. Additionally, planned and funded by the ADP, the pharmacy network has increased HR reach to remote communities, family members and those that need out of hours access. This prevents BBV exposure and contraction decreasing risks of Drug Related Deaths.
- Hospital Liaison Service – The ADP will continue to redevelop this inreach and outreach partnership – provided by NHS Fife Addiction Service, We are With You and ADAPT – to support people whose alcohol and drug use has reached crisis point and who are not getting a service or the service provided has not yet been beneficial.
- COMPASS Social Work Service – This project is due to be operational in the summer of 2022 and will provide support to adults affected by alcohol or drug use who have complex, severe additional needs which make it difficult to access and engage in treatment and support and/or be retained in services. This will provide additionality to people supported through the Hospital Liaison Service whose needs include social care and support.
- Increased assertive outreach approaches for those in custody and in prison, delivering harm reduction and providing active linkage into universal and specialised alcohol and drug supports.

Lived Experience Panel & Advocacy

- Fife ADP has developed an autonomous Lived Experience Panel recognised as a subgroup of the ADP with the same rights and responsibilities as other subgroups to develop policy, strategic direction and contribute to improvements of service delivery. This group is afforded latitude to set its own remit and focus.
- Commissioning of an independent advocacy service, delivered by Circles Network to work with adults with alcohol and drug problems.
- Completion of a lived experience led evaluation of women’s experience of alcohol and drug services in Fife in partnership with Fife Violence Against Women Partnership. This should form the basis of an improvement approach across Fife Violence Against Women Partnership, Social Work Services, NHS Scotland, Fife Health & Social Care Partnership and ADP to engage more women in support and treatment earlier and retain in provision use and a co-production approach will be undertaken with women with lived experience to deliver the recommendations.

Care Home Replacement

Methil Care Village

The project has progressed well over the past year despite ongoing issues with materials/supplies and global price increases. Internal works within the care home/nursery building is on track and we anticipate handover of the building in October 2022. There is an 8-week allowance for fit-out of the building including furnishings and fittings, and staff training on new systems.

Methilhaven residents will be helping the Project Team to choose colour schemes, furniture and fabrics for their new home in May 2022.

Throughout the project, they have been shown monthly photographs of their new home as well as drone footage and they are excited to see it progressing and hoping to be in their new home by Christmas this year.



Cupar Care Community

Planning approval was granted on 15th December 2021 for the replacement care home and supported housing building in Cupar and work has been progressing well on the detailed design of the building. The building design has been shown to perform very well in terms of carbon emissions and likely to achieve an 'A' Energy Performance Certificate (EPC) rating which is good news in terms of energy costs.

There has been some slippage due to emergent issues such as the need now for a Sub-Station on site, however, early enabling works on site are anticipated to commence before the end of 2022.



Anstruther Care Village

Work on the design for Anstruther has been ongoing and complicated in nature due to the size and sloping nature of the site, leading to a re-design that is over three storeys on the care home side of the building. This has led to slippage due to extended discussion with experts in, for example, Fife Council Transportation Services and the Care Inspectorate. It is anticipated we can submit the Planning Application for Anstruther by September 2022.

Using Technology in Housing to Support Independent Living

Our Housing Plus project is the key mechanism that we use to deliver new technological solutions across Housing. Key Achievements this financial year have been:

- Connecting Scotland – we worked with the Scottish Government scheme to provide access to 80 I-Pads and Mi-Fi personal wi-fi hotspots. We ensured that people that took part in the scheme were paired with one of our Digital Champions who provided them with training and support.
- CHARM2 – We provided 20 people within our Older Persons Housing with active health and wellbeing monitoring equipment. People have been given a health monitoring watch, they participate in U-Checks which involves weight, grip and strength monitoring. This is fed into an AI programme which predicts the potential to have a fall. Actions can then be discussed with the individual that should help prevent this.
- Smart Life in Fife – we have been promoting the Smart Life in Fife website across our Older Persons Housing staff and tenants. The aim of doing this is to encourage people to use the site to get independent living advice and improve their health and wellbeing.
- TEC Demonstrator House – we have identified a property in Woodside, Glenrothes which will act as a TEC Demonstrator House for staff and service users. At this point in time, we are working through identifying Technology Enabled Care equipment to be installed within the property. The aim is to demonstrate how this can help people live independently.

Service utilisation

Connecting Scotland scheme – 80 people

Supporting Adults to live independently through Self-Directed Support

The implementation of self-directed support (SDS) continues in Fife, ensuring that people we support, along with their families and carers, are offered choice and flexibility when planning their support ensuring that everyone can live their life as independently as they choose.

We use a personal outcomes and Good Conversations approach to ensure people feel involved and listened to in decisions which impact their lives, ensuring they are given information and advice, including sign posting to external sources of support and/or advocacy, where required or requested, when discussing the four SDS Options. Staff continue to ensure that both personal and community assets are considered when discussing potential support options.

The graph below shows the increasing numbers of people over the past three years in receipt of either a Direct Payment (Option 1, which offers maximum choice, control and flexibility for people to select, arrange and manage their own support) or Individual Service Fund (Option 2 which offers clients a high degree of control in selecting and directing their own support arrangements but the responsibility of financial management rests with the local authority or third-party organisation(s)). Referrals for Option 1 or 2 continue to increase due to the demand for care at home packages and it is anticipated that Option 1 will continue to rise as the cultural shifts towards people feeling confident and comfortable to manage their own support arrangements and budgets, which is one of the key aims of both national and local SDS policy.

We continue to have a dedicated Self-Directed Support (SDS) team who provide advice, information and support to colleagues in the wider service.

Over the past year we have:

- Refreshed SDS training with a new training module focused on the personal outcomes approach to assessment and support planning, using case studies and examples. The training provides an opportunity for participants to reflect that their practice addresses the SDS statutory values and principles.
- Had our Self-Directed Support Processes and Procedures approved in April 2021. These provide an excellent guide for staff. As well as an overview of self-directed support and the four options, it includes a guide to the new National SDS Framework for Scotland, links to external information, the legislation, some Frequently Asked Questions and the link to our website, On Your Doorstep Fife, which includes our SDS animation.
- Restarted our work on the implementation of prepaid cards. This will replace our current system of paying individual social care budgets via SDS Option 1 (direct payments). This piece of work was significantly impacted by the pandemic however is now a priority for the SDS team, working alongside colleagues in Contracts/Quality Assurance.
- Continued to work closely with SDS Options (Fife), our external partner offering advice and support to people choosing to take their social care budget as a direct payment. Meetings are held quarterly to share information and discuss issues. This ensures consistency of approach and information.
- Participated in the quarterly SDS network (a subgroup of Social Work Scotland) which provides an excellent source of information and allows for significant shared learning, and Independent Living Fund (ILF) Scotland meetings to ensure we are kept up to date with developments relating to ILF payments and budgets.

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.

What we set out to do

- Develop a short breaks service to build on the respite and short breaks opportunities that already exist, including developing a market shaping strategy to enhance short break opportunities for all carers.
- 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.
- 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.
- 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.
- 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.

Where are we now

Short Breaks Service

Choice and flexibility remain the key themes as we continue to try and support individuals and their families and carers to access suitable short breaks. Through a personal outcomes approach, our dedicated team works with families to facilitate short breaks for adults under 65 years of age, to give both individuals and their unpaid carers a break.

The Short Break Team provide information to supported individuals and their families/carers to assist them to access creative and innovative short break provisions or, where this is their choice (and depending on availability), building based resources, using their individual short break budget and chosen option through self-directed support.

The previous two years have been extremely challenging for many families who provide unpaid care and support. Coronavirus restrictions resulted in many building-based resources being closed and the requirement to "stay at home" meant that many other facilities were not an option. As restrictions eased, many resources were limited due to ongoing social distancing and staffing issues, with one facility closing permanently.

2021/22 brought about some degree of normality for services and as facilities began to welcome back visitors, options began to open up again for many families.

Due to the reduction in building based support, the Short Breaks Team have been working extremely hard to source creative ways in which breaks can be achieved, within budgets. Some examples of breaks taken during the last year are:

- Accessible Lodges and holiday cottages.
- Air BnB properties.
- Caravans with or without support staff.
- Supported holidays booked through external partners who source the break as well as the support – including one at the beginning of the year to Tenerife (see below).

The individual took a friend as her carer and gave the following feedback to the team “just back from a break using Enable Holidays it was fab. Both the hotel and the location are completely disabled friendly”

Palliative and End of Life Care

Inpatient hospice care 2021/2022

Over the last 12 months the inpatient hospice unit has continued to deliver high quality of care to those with complex care needs in the context of a palliative diagnosis. This year the hospice on the Victoria Hospital, Kirkcaldy site commenced its refurbishment which involved a lot of planning and logistics to ensure seamless care for the patients. Since January 2022 our inpatient beds have been based on the Queen Margaret Hospital site. It has been important to understand the impact of the changes in bed base and location on patient experience and flow and the data below has provided significant reassurance.

- There has been a sustained reduction in demand for hospice beds and an improved ability to admit to the hospice with a 25% reduction in the average number of monthly referrals (25 per month in 2019, compared to 19 per month in 2020) and an increased proportion of patients being admitted to hospice in 2020 (14/19, 75%) versus 14/25 (55%) in 2019.
- Admissions to hospice beds have been facilitated more quickly with the average (mean) number of days spent on the hospice waiting list for patients reducing from 3.4 to 1.4 days and the percentage of patients who have died in another care location whilst on the hospice waiting list has reduced by half, from 12% (three patients per month on average) in 2019 to 6% (one patient per month on average) in 2021.
- Consistent, active and dynamic use of the hospice beds from April 2020 to March 2022. In March 2022: the inpatient hospice had 15 admissions, 17 discharges and average length of stay of 20.6 days. Occupancy in March 2022 95%.
- The hospice has developed closer working relationships with the discharge hub to ensure optimal flow through the hospice. The hospice continues to admit individuals seven days a week from all care and residential settings including the acute hospital.

In-Patient Hospice Bed Occupancy (Av. Occupancy)

April 21 – March 22	82%
April 20 – March 21	84%

Right Care. Right Place. Right time.

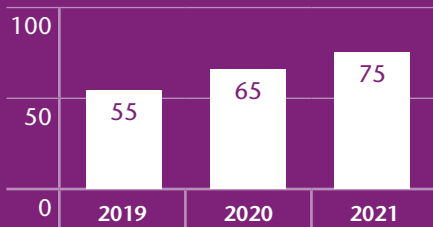
Following the temporary reduction in in-patient hospice beds in response to changing clinical demands:

The proportion of people on the waiting list for hospice care who were admitted has risen from 55% in 2019 to 75% in 2021

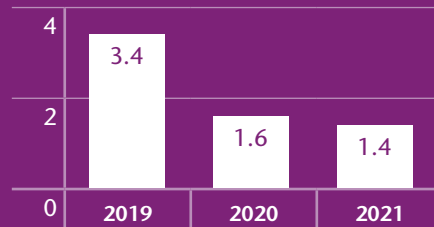
The average (mean) number of days spent on the hospice waiting list for patients has fallen from 3.4 to 1.4 days

The percentage of patients who have died in another care location whilst on the hospice waiting list has fallen by half, from 12% in 2019 to 6% in 2021

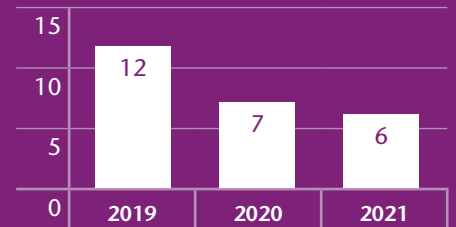
Percentage of patients referred admitted



Average days on waiting list prior to admission



Percentage of patients referred dying on waiting list



Outreach clinical care provision

The outreach team incorporates both the community and hospital parts of the service, with regular flexing of resource across these sites. This is particularly important at weekends when staffing numbers are lower and clinical demand less predictable. Over the past 12 months several core staff members have developed skills and confidence to work across both settings on any given day. This has greatly improved the team's ability to respond to clinical need and to flex when colleagues are absent (as has been particularly common during the coronavirus pandemic). In 2021 there was a several month period when the Social Care End of Life Care Team were reallocated away from end-of-life care to more mainstream social care demand, in order to facilitate more discharges from hospital. For the duration of this period, Fife Specialist Palliative Care took on responsibility for the non-specialist caseload, receiving referrals, coordinating care and ensuring that people who wished to die at home had adequate care and support in the community. This was a major undertaking and involved significant changes in practice and pathways within the service, as well as management of regular bank staff, many of whom did not have experience of end-of-life care delivery.

The core work of the Outreach Team is direct clinical care for patients and families with complex needs, whose usual care teams require additional support and input to ensure that needs are met. Since the start of the coronavirus pandemic, and sustained over the last 12 months, we have been able to support many patients with highly complex needs in both inpatient and community settings. It has been particularly striking how many patients with intractable, distressing physical conditions such as bowel obstruction, bleeding and seizures have been able to be cared for at home, with many of them able to die there with the care and support they have required. This would not have been possible under our previous model of community care and has required a very high level of collaboration with District Nurse and GP Teams in the community, as well as with Marie Curie and other delivery partners.

Counselling Services

The counselling services have continued to use a blended approach using telephone, Near Me video conferencing and face to face visits to support the psychosocial/emotional needs of each family. This has enabled more people to be seen as it has dramatically cut down travel time around Fife. However, sensitivity to the needs of the person is considered and face to face appointments are offered if required.

There has been another step towards restablising the bereavement groups with small socially distanced bereavement groups running again helping to reduce social isolation.

Children and Families Service

Using a blend of virtual clinics and meetings, 'drive by', garden visits and home visits, the children and families service has continued to provide support to parents and carers supporting children facing and coping with parental death. Microsoft Teams meetings have enabled full liaison with education and social work colleagues and ad hoc teaching as required. Families have been surprisingly appreciative of the option to have very painful and intimate conversations remotely, though digital poverty remains an issue for a minority. Parents Groups, a Family Resilience Group and Remembering Days have been held in the therapeutic space at Falkland Estate and have been well received by children and families. A partnership with 'Roots and Resilience' has allowed safe, therapeutically informed support and education to be offered to families with the added benefits of outdoor activity, known to enhance mental health.

Several seminars and education sessions have been delivered by the service this year, as well as more tailored training for specific situations.

Dementia Friendly Fife

The Dementia Friendly Fife Project has become closely connected with the local peer support group called STAND (Striving Towards a New Day) over the past year. STAND supports anyone with a diagnosis of dementia and their families and friends.

With the support of the Dementia Friendly Fife Project Manager, STAND has secured £160,000 of income to develop seven Meeting Centre spaces across Fife to ensure every weekday in Fife there will be a space where people who are affected by dementia can go for information, peer support, physical activity and creative opportunities. It has also supported the 1st phase of the consultation on the Fife Dementia Strategy.



Dementia Friendly progress in 2021-22

8 more local businesses have achieved dementia friendly status.

Creating 100 more individual dementia friends.

Access to 2 schools means that 293 children (and their teachers) are now dementia friends.

2 new weekly peer support groups have been established, in Kennoway and Kinghorn, enabling people to access support and information on their doorstep and get involved in meaningful and creative activities that ensure they can live well with dementia.

7 individuals, recently diagnosed with dementia, were able to benefit from the 6 week self-management course called a Good Life With Dementia. These individuals, their families and friends who supported them to attend are now linked up with weekly groups.

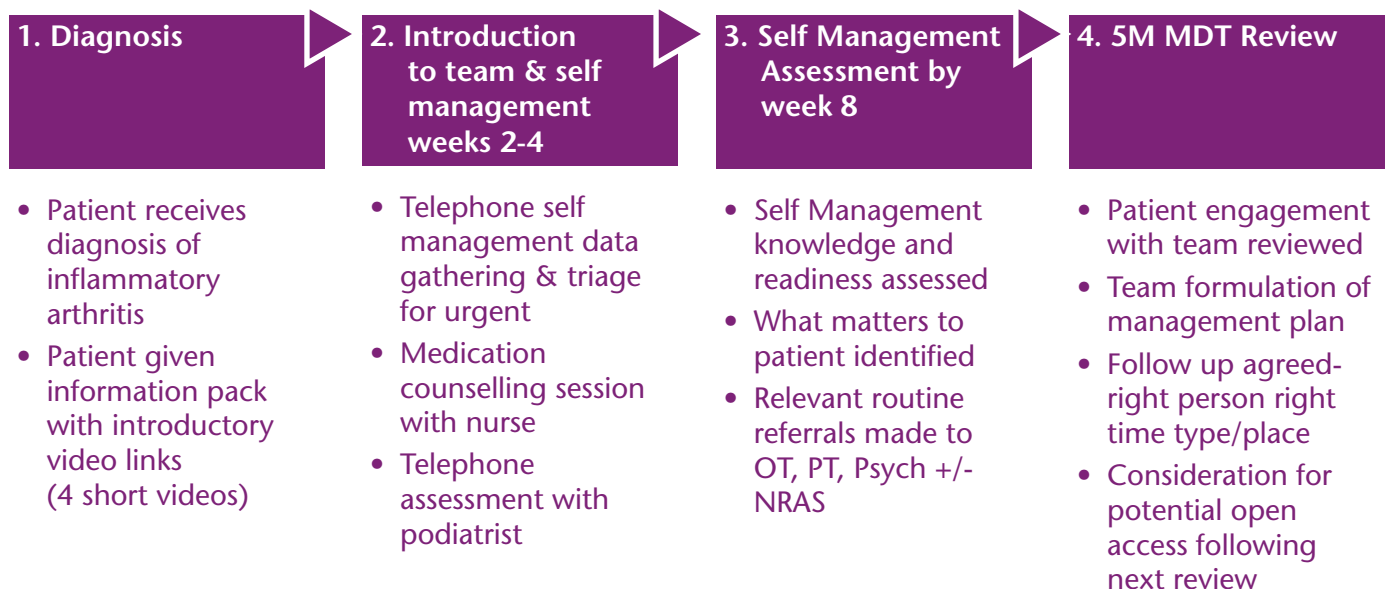
Redesigning Rheumatology Support

Taking account of national and local drivers we introduced a new self-management patient pathway for newly diagnosed inflammatory arthritis patients in Fife. This was based around the seven principles of self-management.

7 Principles of Self Management - patients capacity to

1. Have knowledge of their condition
2. Follow a treatment plan (care plan) agreed with their health professionals
3. Actively share in decision making with health professionals
4. Monitor and manage signs and symptoms of their condition
5. Manage the impact of the condition on their physical, emotional and social life
6. Adopt lifestyles that promote health
7. Have confidence, access and the ability to use support services.

The pathway is shown in the following diagram. Results have been improved efficiency, better use of limited staffing resources, a more patient-centred approach through the multidisciplinary service, resulting in improved patient satisfaction.



Improving the Cancer Journey

Building on the developments of last year the service has continued to be delivered via telephone and virtual appointments with staff adopting a hybrid model of working at home, face-to-face, and in the office.

Data capture and reporting has improved using the Client Relationship Management System developed last year. Strategic and operational reports are in development to support improvements in the service.

There were more than 1,100 referrals into the service (an increase of 35% on the previous year) evidencing that the opt out approach and marketing with various clinical teams begun last year has been very successful.

Progress was made in Key Performance Indicators for processing referrals, arranging appointments with Local Area Co-ordinators/Link Workers and sharing Care Plans.

The Test of Change using the Holistic Needs Assessment (HNA) approach for other long-term conditions (chronic obstructive pulmonary disease, heart failure and diabetes) went live in August 2021. Working in partnership with third sector providers it aims to build an evidence base for integration of care and support. It will continue for 12 months.

A new Service Manager was recruited into post in July 2021, and development is ongoing. Following the retirement of the Business Administrator, a re-evaluation of team roles took place, and a new role of Project Support Officer was created to better reflect the needs of the service and team.

Number of referrals into the service and number of HNAs completed

The service began in mid-2018 and the target of offering support to people affected by cancer has improved over time, with the first year of the pandemic impacting capacity as staff were initially redeployed to support provision of Personal Protective Equipment (PPE), and capacity issues towards the end of 2021 and beginning of 2022, impacting completion of HNAs.



Referral sources

Evidence of year-on-year improvement in referrals into the service from clinical colleagues – seen as an integral part of the care pathway and people with a cancer diagnosis are offered the service.

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.

What we set out to do

- Develop a transformational change programme to deliver financial balance for HSCP over a 3-year period.
- Reduce reliance on high-cost residential care and nursing placements.
- Invest in working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife.
- Develop a safe, equitable, accessible and sustainable model for care delivery in the out of hours period.
- Improve the use of existing resources and release efficiencies through service redesign.

Where are we now

Musculoskeletal Physiotherapy Clinical Education Lead (CEL) Role in NHS Fife

The introduction of the innovative NHS Fife Physiotherapy Clinical Education Lead (CEL) role (a physiotherapist with a designated role and responsibility for student education) has increased student placement offers, provided sustainable and evidence-based placement models and enhanced practice educator support.

Working in collaboration with the Higher Education Institutions (HEIs) who provide physiotherapy training, our CELs have had significant impact on the Physiotherapy Service:

- Band 5 training and whole staff training on 'facilitation of learning' was delivered by the CELs. Feedback on all sessions was positive.
- The CELs led and supported placement provision across the entire service - developing a robust infrastructure and resources to support practice educators and students and has resulted in increased numbers of educational placements for Physiotherapy students.
- Musculoskeletal (MSK) Physiotherapy placement offers within NHS Fife increased from 16 to 23 students during 2020-2021, with positive student evaluations. Several students went on to secure Band 5 physiotherapist posts in NHS Fife in 2021. Increased conversion rate of students to employees within NHS Fife supports research highlighting that positive student placements influence graduates' selection of their first employment. This recruitment has been a valuable asset in managing the national recruitment and physiotherapist shortage.

Themes from the practice educator feedback highlighted positive aspects of practice education, including valuing support from CELs with placement organisation, support for students at risk of failing and assisting embedding alternative placement models.

Home First

Home First is a Scottish Government directive to transform discharge from hospital, translated into the Fife vision 'to enable people in Fife to live longer healthier lives at home or in a homely setting'. The focus of the work is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise this vision, ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/developed so they are flexible to growing and changing demands, as well as being sustainable. A new Home First Strategy for Fife is currently in development, but many advances have been made in this area across a range of operational areas.

- **Care at Home Collaborative** - To support capacity and efficiency improvements from the independent sector, a Collaborative has been established where 15 independent care providers have a regular meeting with the Commissioning Team to assess capacity and to better co-ordinate plans/the undertaking of packages of care. Significant progress has been made in returning people from interim beds via the Collaborative. It is thought this way of working is a first in Scotland. Work is now focused on developing processes for issues and returns of care packages.
- **Planned Discharge Date** – Community Hospitals (Test of Change) Project has been started supported by a Senior Project Manager from the Partnership's Project Management Office. Lessons will be captured for sharing with the wider pathfinder initiatives. Linked to this work is a new project 'Front Door', which is being developed. This will seek to have Patient Flow Co-ordinators involved in the planning of discharge as the patient presents at the 'front door', to try and get work started earlier in the process on identifying suitable patient pathways.
- **New patient pathways** - To improve patient flow there is ongoing development of new patient pathways between hospital services and social care areas, as well as a discharge protocol linking with Fife Council Housing colleagues. STAR Intermediate bed models are also under review.
- **Prevention / Anticipatory Care** – The Anticipatory Care Sub-Group comprised of representatives from Social Work, Health (Occupational Therapy, Nursing, Scottish Ambulance Service, GP's, GP Practice Managers and Secondary Care Doctor), Fife Carers Centre, Fife Voluntary Action and Fife Leisure Trust have consulted and agreed on a single Anticipatory Care Plan Template (ACP) to be used Fife-wide and are working on plans to roll out training on the ACP across our localities. Significant work is being undertaken across primary and secondary care on a pilot approach to rolling out the new ACP format and link to local care homes. The Life Curve App will also support anticipatory care planning by helping map individual and community needs and has links with Smart Life in Fife, which is supported via Housing Services colleagues.
- **Housing Plus Programme** - Work is progressing with Fife Council Housing Services on the use of demonstrator properties and Technology Enabled Care (TEC) Homes, which is being co-ordinated via this Programme. These demonstrator properties show what is possible to the public and link to potential items people can purchase for themselves, for example based on a Life Curve App assessment that people will be able to self-service. We are working collaboratively with Housing Services to get best use of this capability for example, exploring the use of their property to try the technology prior to purchasing.



Hospital at Home

Fife Hospital at Home Service was successful in securing short term funding of £207,000 from Health Improvement Scotland for service development opportunities. This funding was to be used between August 2021 – March 2022, and Fife utilised that by increasing our nursing, pharmacy technician and administration workforce/resource with the aim of:

- Developing and progressing seven-day access to the Hospital at Home Service.
- Increasing capacity and resilience within the service to accept more referrals and increase caseloads.
- Reduce the number of occasions that Hospital at Home Teams reach maximum capacity and are unable to accept new referrals for a specified period.
- Scope the opportunity of accepting referrals from other Health and Social Care Partnership Boards (in particular Tayside).
- Scope the opportunity to work with and meet the needs of other patient groups.
- Improving patient flow and further develop collaborative working with the flow and navigation centre.
- Improving patient safety and medicine management.
- Purchase additional pieces of medical equipment to enhance consistency and continuation of patient care and increasing capacity across the system.

The temporary funding opportunity demonstrated the positive impacts and benefits of increasing our workforce and capacity across the teams and has consequently enabled the Service to secure permanent funding from Fife Health and Social Care Partnership to recruit additional multi-disciplinary staff across Fife.

During the year Hospital at Home have achieved the following:

- Developed and implemented a Fife Hospital at Home Acuity and Dependency tool. Completed for each patient admitted to Hospital at Home and reviewed daily, the tool supports our workforce, and the Hospital at Home Teams, in identifying the needs and requirements of individual patients and also contributes to understanding the overall level of acuity and dependency of each of the Hospital at Home Teams' caseloads.
- Developed a process to gather, report and monitor the interconnected factors and measures that contribute to determining Hospital at Home team and Fife wide Service capacity, to determine capacity at any given time and support decision making in regards to the Fife Hospital at Home Service reaching maximum capacity policy.
- Rolled out a Hospital at Home Live Capacity system to GP practices, with 62% of GP Practices opting in to using the system.
- In collaboration with the Learning Disabilities Service, we undertook an audit of acute admissions and discharges for patients with learning disabilities. The aim being to ascertain if any admissions to hospital could have been avoided and the care of the patient undertaken by a Hospital at Home Team. The audit demonstrated that in most cases referrals to hospital were necessary and/or appropriate, however it did highlight some instances where a referral could have been made to Hospital at Home and prevented an admission to hospital. As a result, the Fife Hospital at Home referral criteria was updated and enhanced to provided clearer guidance to referrers for Learning Disabilities Service patient pathway options. The Learning Disabilities Service has also adapted their patient centred care plans, to prompt staff to suggest Fife Hospital at Home Service as a possible pathway option, if admission to hospital is being considered. Records of Fife Hospital at Home interventions are now also clearly indicated on the care plans and will be included in anticipatory care plans that are being completed.

- Adopted Patientrack to enable use of the Fife Early Warning Score, and identify patients at risk of deterioration.
- Started training Hospital at Home team members in the insertion of midlines within the community to avoid service users from having to attend hospital for this procedure.
- Streamlined clinical pathways to facilitate a smoother step-down process for patients from wards and emergency department.

Performance Indicators

Total number of all referrals received since Hospital at Home Service inception (April 2012 - March 2022)	16,982
Total number of all referrals accepted between April 2021 and March 2022	1,268
Total number of GP/Community referrals accepted between April 2021 and March 2022	794
Total number of Acute Step-down referrals accepted between April 2021 and March 2022	474
Average number of all referrals received per week between April 2021 and March 2022	24
Average comparison of Hospital at Home caseload between April 2021 and March 2022	GP/Community - 62% Acute step-down - 38%

In April of 2022, Fife Hospital at Home Service celebrated its 10-year anniversary. Throughout the years of being operational, the Teams and our workforce have evolved and gone from strength to strength. The Service is very well established in relation to staffing, skill mix, protocols and procedures and has demonstrated the positive impacts we have on the patient's that we care for. The reputation that Fife Hospital at Home Service has nationally with other Health Boards reinforces this and as a result, Fife is involved in numerous webinar events to train/educate and support other teams across Scotland and beyond on a regular basis.

Recent feedback that Fife Hospital at Home Service has received from patients/families is:

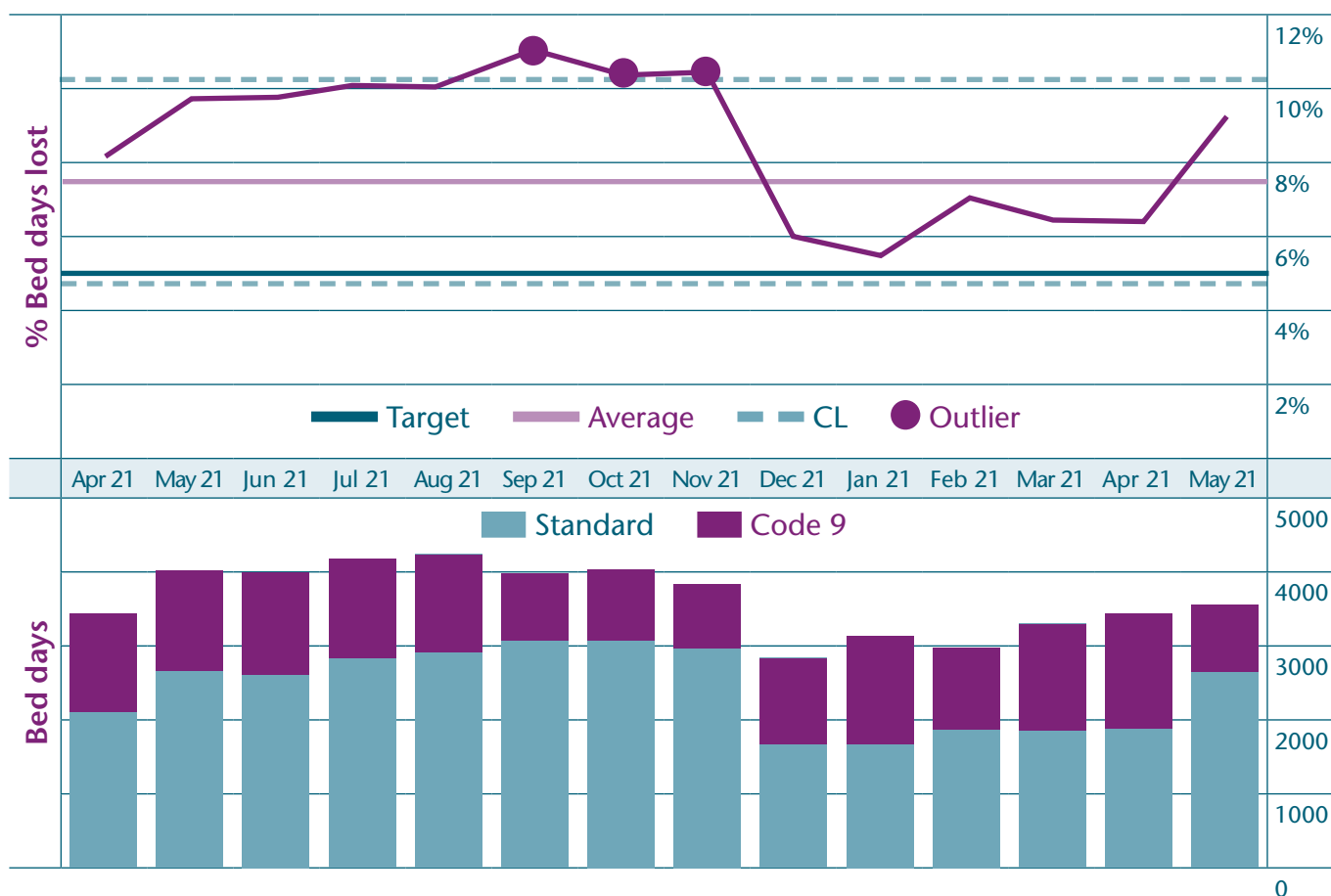
'thank you H@H team for all you did for mum in her final days -you treated her with dignity and listened to what she wanted as if she were your own mother. I cannot thank you enough'

'it gave me such self-confidence and assurance when the nurses came in to check on me. They are a magnificent team that couldn't have been more helpful and highly professional'

Community Hospital Flow & Discharge

Fife Health and Social Care Partnership continue to work hard to discharge medically fit patients from hospital into more homely settings.

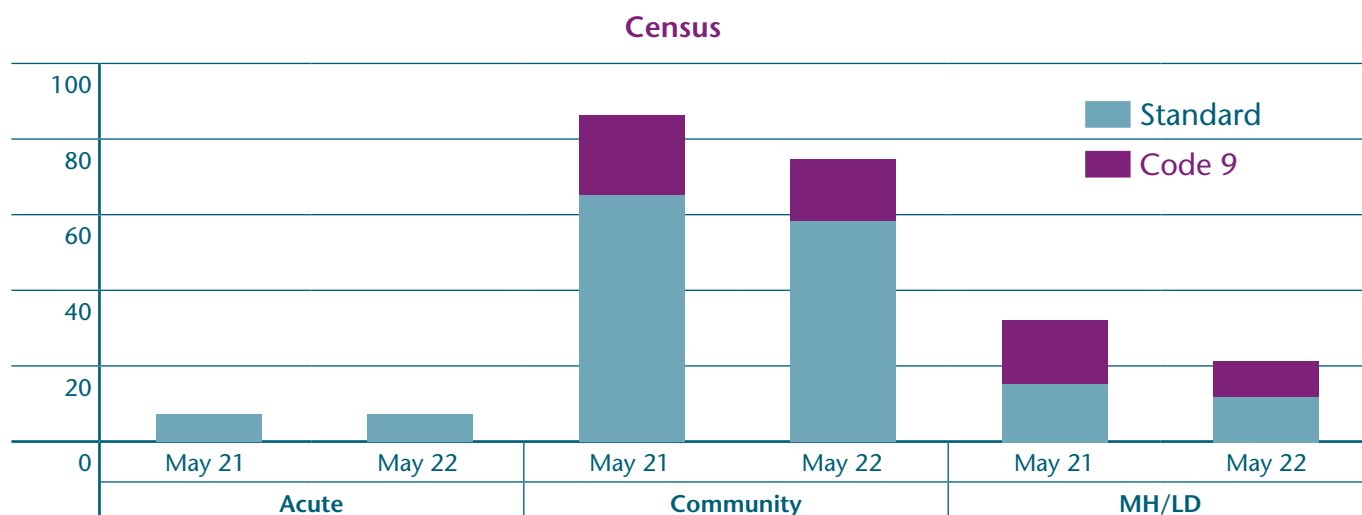
The data from Public Health Scotland shows that whilst the national target of 5% 'Hospital Bed Days Lost to Standard Delays' has not been met it was below 8% in 5 of the last 6 months to May 2022. Bed Days Lost have also generally fallen in 2022, compared to 2021.



In benchmarking terms, NHS Fife lies in the middle ground of mainland Health Boards for the second 2 quarters of FY 2021-22, having been in the lowest quartile in the first two quarters. This is for both Standard Delays and All Delays.

% Bed Days Lost		Quarter Ending								
		2019/20	2020/21				2021/22			
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	Standard	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%
	All	12.4%	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%
Scotland	Standard	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%
	All	9.3%	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%

The bar chart below is a snapshot of the May 2021 and May 2022 census position and shows an overall reduction in patients this year. The May 2021 figure for all delays was 130, while it was 104 in May 2022.



In terms of Standard delays per 100,000 Age 18+ population, NHS Fife has generally performed better than the Scottish average and periodically in the top quartile of mainland Health Boards. This is summarised in the table below.

Delayed Discharges

Census month	Fife		Scotland		NHS Fife ranking
	Total patients in delay (xC9)	per 1,000 population	Total patients in delay (xC9)	per 1,000 population	
Apr 21	78	25.74	737	16.54	9
May 21	88	29.04	791	17.76	10
Jun 21	81	26.73	916	20.56	8
Jul 21	81	26.73	995	22.33	8
Aug 21	99	32.67	1,101	24.71	8
Sep 21	83	27.39	1,211	27.18	5
Oct 21	93	30.69	1,195	26.82	5
Nov 21	82	27.06	1,169	26.24	5
Dec 21	44	14.52	1,058	23.75	3
Jan 22	56	18.48	1,294	29.05	2
Feb 22	55	18.15	1,192	26.76	2
Mar 22	46	15.18	1,232	27.65	1
Apr 22	63	20.79	1,264	28.37	2
May 22	78	25.74	1,210	27.16	5

Participation and Engagement

The Partnership's Participation and Engagement Team was established in 2021. The Team undertook the following consultations in 2021:

- National Care Service Review
- Fife Alcohol and Drugs Partnership
- Third Sector Re-Imagining Exercise (ongoing)
- Fife Integration Scheme

An updated Participation and Engagement Strategy will be published in 2022 to set out how the Partnership will support Fife Integration Joint Board to deliver on its vision, through participation and engagement activity, to enable the people of Fife to live independent and healthier lives.



Technology Enabled Care

As part of our Transformational Change programme, the Partnership has been working with an external partner, **Just Checking**, to introduce the use of technology into both our assessment and review process. This is currently being piloted in the assessment of support needs for older adults and the review of overnight support in our 24/7 supported accommodation services.

Assessment

Just Checking continues to be used by operational teams supporting adults aged 65 years and over to undertake initial assessments through the use of the discreet motion sensors. This, coupled with the social work practitioner assessment, provides an overview of support needs prior to packages of support being arranged. This ensures that resources are targeted appropriately to those individuals with the greatest need.

Overnight Reviews

Overnight reviews, using discreet motion sensors, have almost been completed in the Dunfermline and Glenrothes area and work is ongoing with providers to identify if and where alternative models of support can be provided.

In the Glenrothes area, the use of responsive technology, provided by Just Roaming, was introduced during 2021 and has been a huge success. Technology and waking staff have replaced the use of sleepover staff which now provides support for several nearby properties, since the waking night staff can be alerted to the needs of the individuals in the three neighbouring properties providing quick and responsive support, which is captured and evidenced on the handset. This allows greater independence for the individuals, whilst providing the security that support is nearby if required.

Work will continue with providers to explore options where this can be introduced whilst ensuring risks can be managed and individuals receive the support they require.

OP Services Assessment

(Sept 20 – Feb 22)

- 230 referrals
- 199 assessments using motion sensors.

Of the assessments concluded by social work practitioners:

£289,350 pa of care costs were avoided where following requests for support/increased support, the use of sensors indicated that support was at an optimal level.

£6,570 pa was saved where an individual identified to require less support than was being provided, thus increasing their independence

Overnight Support/Reviews

(Sept 20 – Feb 22)

- 212 referrals
- 131 reviews

£84,656 pa of care costs were avoided where following requests for support/increased support, the use of sensors indicated that support was at an optimal level.

£125,129 pa was saved where individuals were identified as requiring less support than was being provided, thus increasing their independence

Podiatry Talking Mats

Working with the Social Enterprise Talking Mats, funded by Fife Charity Trust, the Podiatry Service was able to design and create a Talking Mats Podiatry Tool to support patients with cognitive impairment and help them engage with their decision making. The Talking Mats Podiatry Tool consists of three discussion topics – prevention, intervention and impact of foot health conditions.

The aim was to promote patient engagement in their care – both in preventative care and when specialised input is required. By creating the resource, we aimed to explore what really mattered to the person and what for them were acceptable goals and outcomes. By developing a specific Talking Mats resource, we were able to explore treatments options and impact of conditions and actively engage the person in expressing their views thus creating a person-centred care plan. Evidence shows us when people are involved in decision making, they are more satisfied with their care, which in turns improves their quality of life.

The tool was initially used in a trial phase in order to gather patient's views and make alternations as required. Following this period the completed Talking Mats Podiatry Tool is now in use and members of staff have been trained in its use.

By using this resource, we can help our patients explore their views and wishes, therefore enabling co-production in care. The resource promotes preventative care as well as specialist intervention. Going forward there are many other areas of foot health that could potentially be explored in developing further resources – such as paediatrics, nail surgery, musculoskeletal.

Talking Mats, Footcare and Podiatry Case Study

Find out about the benefits of Talking Mats and how it could support interactions with patients with a LD or dementia and empower people to be more involved with decisions around their care.

Visit: letstalkaboutdementia.wordpress.com/2021/11/04/talking-mats-footcare-and-podiatry

Investment in social work to increase capacity within the Mental Health Officer Service.

Fife Health and Social Care Partnership were successful in their funding bid to increase the number of complex assessments for people in hospital. This investment is being used to increase capacity within the Mental Health Officer (MHO) Service, which plays a crucial role in helping people who need support to make decisions to safeguard their welfare and/or finances, to leave hospital within an appropriate legal framework which upholds their rights. Many people are unable to leave hospital until a welfare guardian has been appointed to make decisions about their post discharge support needs and an MHO is required to write a report to the court to confirm the order is necessary and whether the proposed guardian is suitable. This report guides the Sheriff in determining whether to grant the guardianship order.

The Service is delivered via a service level agreement to ensure Fife Council meets its statutory obligations with a dedicated MHO Team that undertake all requests for emergency assessments under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Criminal Procedures (Scotland) Act 1995. The Team remain involved if an application is being made for a short-term detention certificate and undertake the social circumstances report. They also undertake most reports to accompany an application for welfare guardianship, (both Local Authority and private). For those MHO not employed in the dedicated MHO Team, the service level agreement sets out the amount and type of work they are required to do.

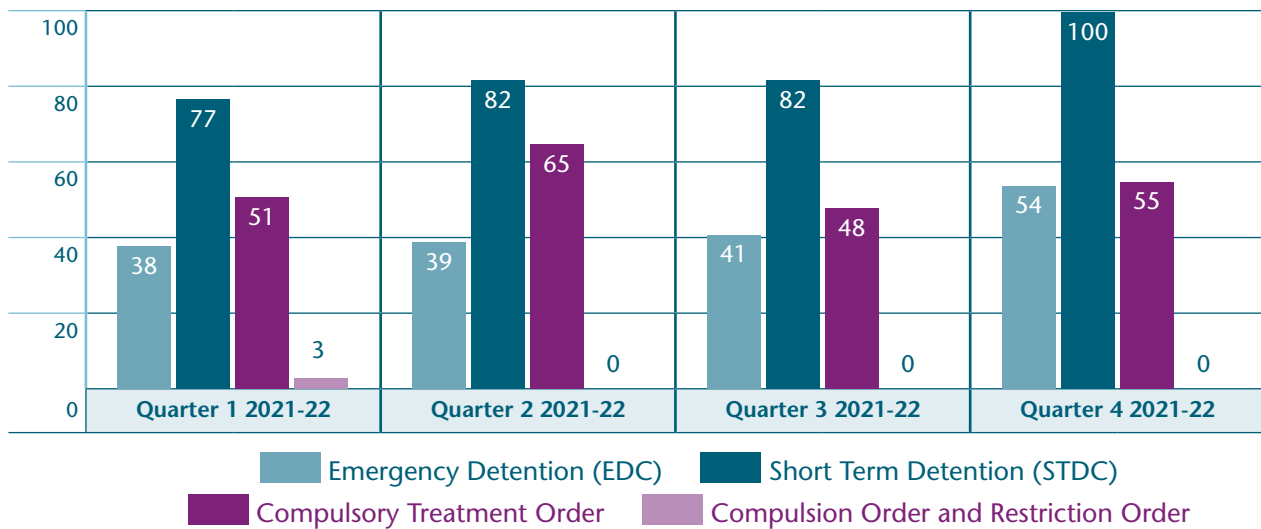
The investment is being used to employ an additional Team Manager and eight MHOs within the dedicated MHO Team. This increased capacity will allow more guardianship reports to be allocated which will reduce delays for people whose discharge planning cannot progress until a welfare guardian has been appointed. It will also enable the Partnership to progress integration between Fife Council MHO's and the NHS Mental Health Community Mental Health Teams.

Team involvement activity - New Mental Health cases starting during the quarter, number of cases closed during each quarter and the number of cases open to MHO Team and to the area teams during each quarter.

Involvement Activity during each Quarter



Legal orders granted during each quarter of the year



A Mental Health Officer is someone who:

- is a qualified social worker and with two years post qualifying experience
- has successfully completed an approved MHO training course and
- is employed by a Scottish local authority.

Mental Health Officers provide a service to individuals who are experiencing mental disorder and may require support to protect their health, safety, welfare finances and property. Mental Health Officers strive to balance the need for compulsory treatment or intervention while promoting the rights and needs of people who have mental illness or who lack capacity. This mainly involves using legal powers under three Acts –

- Mental Health (Care and Treatment) (Scotland) Act 2003.
- Adults with Incapacity (Scotland) Act 2000.
- Criminal Procedure (Scotland) Act 1995

Fife “in hours” MHO Service sits within the Health and Social Care Partnership and is managed within Adult Social Work Service. There are 50 MHO’s employed either in the Dedicated MHO Team or in Adults, Older People, Children and Families and Criminal Justice Social Work services. All MHO’s work to a Service Level Agreement, (SLA) in relation to the statutory requirements for a mental health officer within service hours. This SLA ensures Fife Council meets the demands for statutory MHO assessments.

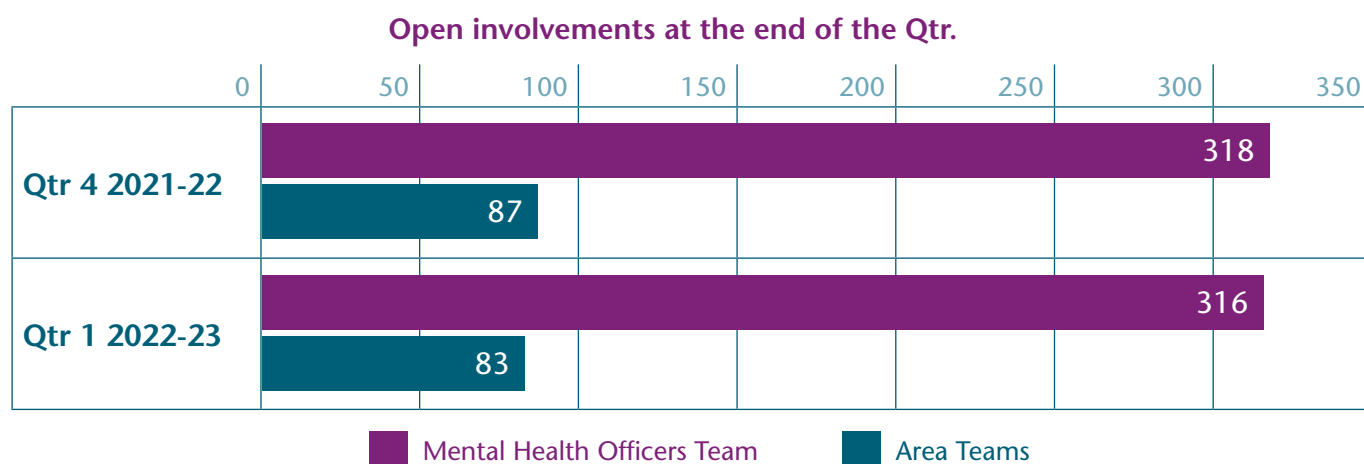
There is a high demand for MHO Service and consequently Fife Health and Social Care Partnership has agreed investment to increase the size of the Dedicated MHO Team. The information provided below demonstrates the demand and activity which justifies this investment. Recruitment is ongoing and it is hoped all new posts will be filled by December 2022.

The below table shows the number and source of contacts for MHO involvement for both the Mental Health Care and Treatment Act or the Adults with Incapacity Act between January and March 2022 compared to 2021.

Contact SOURCE Type	Average 2021-22	Q1	%
Secondary Health	46	125	36%
Primary Health	6	8	2%
Legal (private solicitors)	2	79	23%
Internal SW or other FC Team	12	104	30%
Community	3	3	1%
Police	18	22	6%
Not recorded	3	10	3%
Total	89	351	100%

There is a large increase seen in the number of contacts received between Jan-Mar 2022. This is in part due to recognising that the way requests for MHO Team work are recorded by the different services who receive them was not being properly captured. A large workload coming to the MHO team was being discounted. The report parameters now reflect the accurate activity in relation to request for involvement.

The MHO work undertaken by the Dedicated Older People Team and MHO's employed in Adults and Older People teams is recorded on SWIFT/AIS and this allows us to pull reports showing activity and performance. However, work undertaken by MHO's in Criminal Justice and Children and Families Teams is not recorded consistently in the same way. The new social work system Liquid Logic will remedy this and allow us to show the full range of activity and performance. Therefore, the table below shows the number of Involvements which are related to the MHO functions associated with the Mental Health Care and Treatment Act and Adults with Incapacity Act, open to the Dedicated MHO team and Adults and Older People Social Work Service area teams, at the end of the quarter.



At the end of March 2022, there were 316 cases open to the Dedicated Mental Health Officers Team and 83 to the Area Teams. This is just 4 fewer cases compared to December 2021 so there is little change month to month.

Adults Social Work Service area teams hold the most cases because there has been more uptake by staff in those teams to compete the MHO award. The Team Managers of the Mental Health Dedicated Teams are working with Workforce Development to understand why this is and how this can be replicated in other Social Work Services.

Between January and March 2022, the Dedicated MHO Team completed 109 MHO assessments.

Additionally, the Mental Health (Care and Treatment) (Scotland) Act 2003 allows for people to be placed under different types of compulsory orders, depending on the circumstances. There are three main types of compulsory powers:

1. Emergency detention (EDC)
2. Short Term Detention (STDC)
3. Compulsory Treatment Order

Between January and March 2022, the Dedicated MHO Team completed 53 EDC's, 93 STDC's and 39 CTO's.

Our performance data tells us that there is a consistent increase in the number of EDCs issued over the last 12 months with a slight decrease in STDC and CTOs. We also know that 65% of CTOs were issued for service users under the age of 65 and 35% for Older Service Users.

In addition to this activity which is related to the Mental Health (Care and Treatment) (Scotland) Act 2003, MHOs also undertake reports to accompany applications for welfare guardianship in accordance with the Adults with Incapacity (Scotland) Act 2000.

The aim of the Adults with Incapacity Act is to protect people who lack capacity to make decisions, but also to support their involvement in making decisions about their own lives as far as they are able to do so.

If they are unable to do this, then the Sherriff Court may appoint a welfare guardian.

The welfare guardian might be a relative, friend or a carer. The court can also appoint the Chief Social Work Officer of a local authority to be a person's welfare guardian.

Local authorities have a duty under the Act to supervise all welfare guardians, and to visit the guardian and the adult at regular intervals. Local authorities also have a duty to make an application for welfare guardianship where it is needed and nobody else is doing so.

Requests for reports to accompany Local Authority applications are made by staff within Adult and Older People Social Work Services and private solicitors make the request if the application is being made by a spouse, relative or other.

Existing orders may need to be renewed and an MHO report is required for those and they are also agreed by the Sherriff Court.

As a result of court closures due to the coronavirus pandemic, Fife Health & Social Care Partnership currently have a significant waiting list for the preparation of MHO reports for both Private and Local Authority Guardianship Orders and renewal of existing orders.

Since the situation started to ease earlier this year, the MHO Team have received a significant number of new requests which have increased the numbers waiting. The higher the number of outstanding reports, the higher the volume of correspondence, (enquiries on progress, updates in relation to risks to the person in the absence of the guardianship order which helps the manager prioritise allocation of reports), which places pressure on the MHO Duty System.

The processing of reports can only go at a pace that can be supported by the finite number of MHO's, (who also have to undertake statutory duties in respect of the Mental Health Care and Treatment Act and the Criminal Procedures Act), as well as NHS and legal partners, and of course, the courts, (who are also dealing with a backlog of business including criminal procedures and child protection matters), so it is anticipated this issue will continue for some considerable time.

Between January and March 2022, 17 reports were completed. However, 59 new orders were issued by the courts, all of which had a report completed by the MHO Service. This shows the level of activity which is ongoing.

The additional MHO's appointed will help increase the volume of reports which can be allocated.

Total Number of report requests received in reporting quarters are shown in the table included in the Contacts Section along with the source of request. However, it is not possible to identify the requests received specifically to accompany LA application for Welfare Guardianship.

Referrals for reports to accompany applications for guardianship reports are made by private solicitors. In the current system we are unable to differentiate between the report requests to accompany a private application for welfare guardianship.

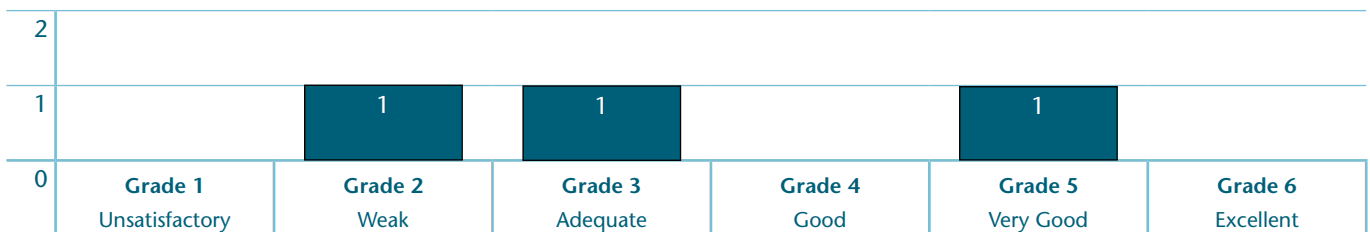
Inspection of Services

All registered Social Care services undergo inspection from the Care Inspectorate following their quality framework.

In order to robustly assess arrangements to respond to the coronavirus pandemic and meet the duties placed on them by the Coronavirus Scotland (No. 2) Act and subsequent guidance, the Care Inspectorate had to develop a new key question to augment their inspection framework placing a particular focus on infection prevention and control, wellbeing and staffing in care settings. As a result, they moved to carrying out shorter more targeted inspections on these particular issues rather than the standard inspections. The overall number of inspections since 2020 has been reduced due to the impact of the coronavirus pandemic and lockdowns.

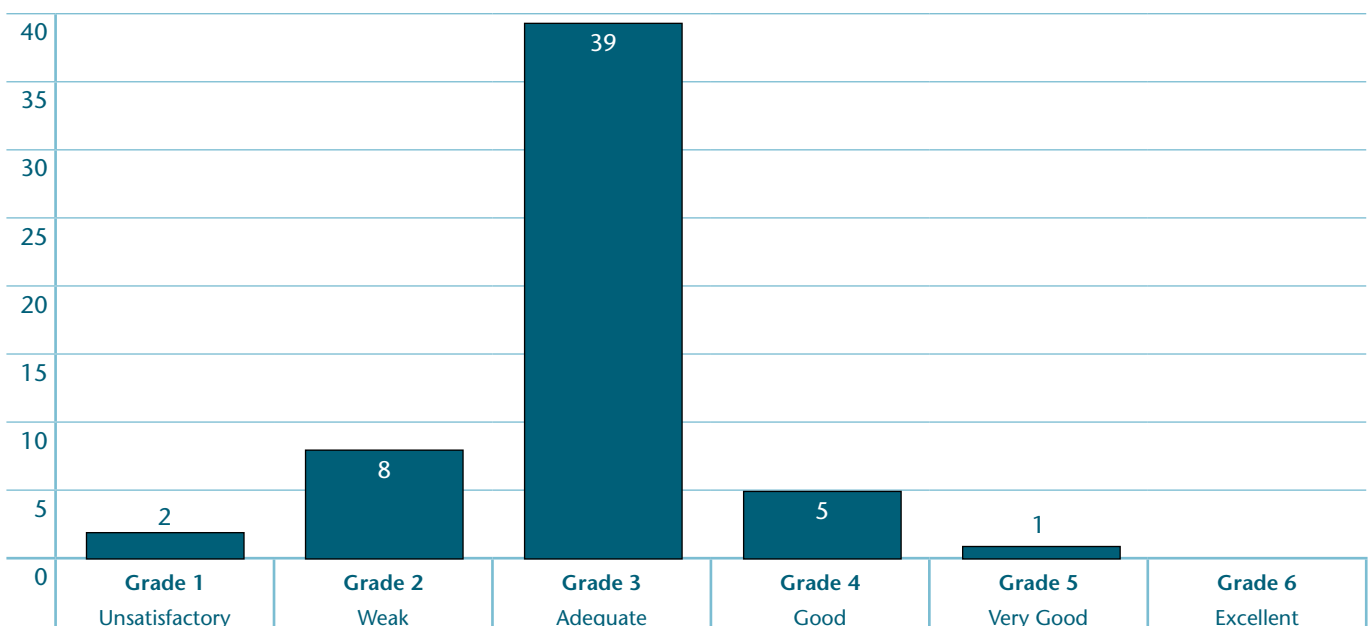
During 2021-2022 only three inspections of Health and Social Care Partnership (Local Authority) services were undertaken. Two care homes and one combined inspection of Accommodation with Care and Housing Support (which has two registered services one for Housing Support and one for Care at Home).

Fife Registered Services (Local Authority)
Inspections conducted during 2021/2022



For all registered adult social care services (including Older People) within the Fife Health and Social Care Partnership areas, delivered by the voluntary and independent sector, 55 Care Inspectorate inspections were carried out.

Fife Registered Services (Private/Voluntary)
Inspections conducted during 2020/21



Fife Joint Inspection of Adult Support and Protection

Summary of Key Strengths and Priorities for Improvement August 2021

Inspectors from the Care Inspectorate, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland carried out an inspection in Fife between May 2021 and August 2021. The purpose of this was to provide assurance to the Scottish Government about local partnership areas' effective operation of adult support and protection processes, and leadership for adult support and protection services. The Adult Support and Protection partnership refers to Social Work, Health and Police. In Fife, Housing and Scottish Fire and Rescue Services are included in our strategic leadership group but were not included for the purpose of this inspection.

The CI, HIS and HMICS took forward a full programme of activities in order to ensure thorough and robust scrutiny of Adult Support and Protection in Fife. This programme included the audit of 90 case files, the preparation of a Position Statement with supporting evidence and a staff survey and focus groups.

The report of the joint inspection of adult support and protection measures in Fife, published 10th August 2021, has found clear strengths in ensuring adults at risk of harm are safe, protected and supported and a small number of improvement areas identified. The inspection report concluded that Fife Adult Support and Protection Partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement. The partnership's strategic leadership for adult support and protection was found to be very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm. Fife partnership carried out almost all aspects of adult support and protection well. Social work staff, health professionals, and police officers worked collaboratively to make sure adults at risk of harm were safe, supported, and protected.

Fife ASPC were the first Committee to be inspected following the coronavirus pandemic and period of lockdown. To enable the inspection to progress whilst adhering to Government guidance and staff safety advice, Fife HSCP required to work innovatively, flexibly and creatively to support a virtual inspection. Key tools to support the journey were Microsoft Teams and SharePoint sites. Feedback from the Care Inspectorate, HIS and HMICS indicated that this approach had been extremely successful and supported the smooth progression of the inspection activity. Support, advice and guidance has been offered to other HSCPs and ASPCs to support the organisation of virtual platforms to allow the continuance of inspections across Scotland.

Financial Performance and Best Value

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.

Demand on services due to new variants emerging means we have had to respond to these challenges by looking at new ways of working and increased use of technology to ensure the health and social care needs of the most vulnerable people in our communities are met, whilst some services remain on pause.

Fife HSCP has undergone a period of significant change which became effective as of June 2021. The new structure for service provision is:

- Integrated Primary and Preventative Care Services
- Integrated Community Care Services
- Integrated Complex and Critical Services, and
- Professional and Business Enabling Services

We have learned a lot since March 2020 and the start of the pandemic, we have a strong, resilient workforce and their commitment to Team Fife has been admirable. Ways of working changed; mobile and home working have proven to be very efficient and will continue. A hybrid of home, office and mobile working affords our workforce a better work life balance, whilst still maintaining social care services to the people of Fife. We have shown how important integration is and what can be achieved by working together with a common goal of providing the best person-centred care and support we can for our communities.

The implications of the coronavirus pandemic are likely to affect life outcomes for people for some time after it ends. This will be seen through increased or changed demand for services and is expected to impact on health and poverty levels in Fife, and a move from crisis support to prevention.

Going forward it is extremely clear that we must respond to changing needs and wants and services must be modernised as we recover. We must continue to provide new and innovative methods of service delivery as we have proven we can 'get things done' and we must keep up this momentum.

Financial Performance

The IJB commenced 2021/22 with an ongoing, uncertain, and challenging financial position due to the continued pandemic. As we learn to live with the coronavirus pandemic and government restrictions are lifted, focus is now on recovery and reform.

The budget for 2021/22 was set predicated on implementing an approved saving plan to deliver £14.207m of savings. Savings of £10.413m were met by services and Scottish Government funded those which could not be achieved due to the coronavirus pandemic. £3.794m of unmet savings from prior years have been carried forward to 2022/23 and work is ongoing to ensure that plans are in place to progress the delivery of these savings.

Key pressures within the 2021/22 accounts have been:

- The significant increased demand for our services associated with an increasing population, in particular an increasing ageing population and increased complexity of care needs. Adult packages increased in year, due to Community Services, Day Care and Respite remaining on hold due to the pandemic.
- The significant increased demand to ensure the flow from hospital discharges was effective and timeous in moving service users to a home or homely setting, to free hospital beds for admissions. Care home beds were used as an interim measure to allow service users to free up hospital beds whilst waiting on care package availability.
- The inability to recruit staff to the Partnership which in some cases required higher cost recruitment for locum and agency staff to cover services.
- GP Practices were handed back to the Board therefore the partnership incurred the associated costs of staffing these and providing cover.
- Bad Debt for care invoices increased from previous years.

The outturn position as at 31 March 2022 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	664,203	614,134	(50,069)	7.5
Set Aside Acute Services	40,227	40,227	0	0.0

The IJB reported total income of £704.430m for the financial year 2021/22, which was made up of £664.203m integrated budget and £40.227m relating to set aside.

The IJB reported total expenditure for the financial year 2021/22 of £654.361m, which comprised of £614.134m spend on integrated services and £40.227m on set aside.

As income to the IJB exceeded expenditure in year, a surplus of £50.069m was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2022. This is mainly the result of specific funding received late in the year to be utilised to fund the continued costs of the coronavirus pandemic, and other earmarked carry forwards such as Primary Care Improvement Fund, Action 15, and Mental Health Recovery & Renewal. Because these funds were received late in the financial year, funding will be carried forward to 2022/23 as per Scottish Government guidance. Funding was also received in year to help provide additional interim care beds and care at home services; and any unspent balances have been carried forward to be utilised in 2022/23.

Within the favourable position of £50.069m, the core underspend is £5.847m. The main areas of underspend within the Delegated and Managed Services are Community Services £2.586m, GP Prescribing £0.805m, Children Services £1.118m, Older People Nursing & Residential £0.859m, Adults Fife Wide £0.279m, Adults Supported Living £1.158m, Social Care Fieldwork Teams £1.906m and Housing £0.644m. Underspends in core areas are mostly attributable to staffing vacancies, many of which continue to be difficult to recruit to, especially for specialist roles. Work is ongoing to review the skill mix in a bid to successfully recruit to vacant posts.

These underspends are partially negated by overspends on Hospital and Long-Term Care £0.660m, Family Health Services £0.374m, Older People Nursing and Residential £0.361m, Social Care Other £0.686m and Adult Placements £1.335m. The overspends in hospital and long-term care are mainly due to the use of agency staff to cover vacancies and Family Health Services overspend is due to GP practices being handed back to be managed by the NHS. An increase in bad debt within Older People Nursing and Residential, a backdated pay award in Social Care Other and an increase in the number of packages to meet demands results in an overspend in Adult Placements.

Actual spend on the coronavirus pandemic in 2021/22 was £33.052m. This was partially funded by reserves of £13.719m with further funding received in year. The balance of the funding received in year, £35.993m, has been carried forward as an earmarked reserve for the coronavirus pandemic expenditure in 2022/23. Work is ongoing to determine the recurring costs of the coronavirus pandemic.

The opening reserves balance at April 2021 was £29.643m. In year allocations of £16.473m were passed to services, mainly for the coronavirus pandemic related expenditure, with the balance of £13.170m remaining in reserve. Further to this, late funding received from Scottish Government for the coronavirus pandemic expenditure and for new commitments such as Mental Health Recovery and Renewal totalling £66.541m was received and carried forward to reserves, giving a total reserve of £79.712 at March 2022.

Financial Outlook

2021/22 has been another difficult year with the effects of the coronavirus pandemic continuing throughout the year, as we worked towards recovery from the pandemic as well as demand on services as restrictions were lifted. Moving forward there is significant financial uncertainty due to the global economic crisis and there is predicted to be a reduction in future contributions from Fife Council and NHS Fife along with an increase in costs across the economy on inflation, energy, supplies, pressure on pay costs and an ageing demographic. This uncertainty will be a significant challenge and will need to be dealt with in the immediate and longer term. Reserves held total £79.712m, however only £13.436m of this remains uncommitted as at March 2022. Use of reserves is not a sustainable solution, as it only provides a short-term one-off funding, any use of uncommitted reserves is agreed at Committee in line with the reserves policy.

Included within the total reserves figure of £79.712m, £35.993m has been carried forward into 2022/23 to fund the coronavirus pandemic related expenditure. No further funding is anticipated from Scottish Government during 2022/23 as we begin to move out of the pandemic. Work is ongoing to identify any recurring costs of the pandemic, such as increased care packages and ongoing use of PPE. Some services may have an increase in demand and our uncommitted reserves may be required to meet demands. We will continue to work with services to ensure costs are minimised, but where this is not possible, we will need to reflect any future cost pressures as part of our forward planning.

Services have shown they can adapt, work together, and get things done and the Transformation Team/PMO will be integral to progressing whole system change going forward. Finance will work closely with the Transformation Team to ensure savings, benefits and investments are captured and monitored.

It is expected that Mental Health Services will see a continued surge in requirements and a Public Health Scotland announced funding from the Mental Health Recovery and Renewal Fund, the fund is aimed at improving how people can manage their mental health with appropriate early support and be referred to additional support when required.

Older people requiring Care at Home and the use of interim beds to move people out of hospitals are also recognised as a priority area for 2022/23 with funding on a recurring basis. The unspent balances at March 2022 have also been earmarked and carried forward into reserves.

The budget for 2022/23 has been set and balanced. Previously agreed savings of £3.794m which have not been met have been brought forward. No new savings initiatives were required to balance the budget. Senior Leadership Team will provide updates during 2022/23 to provide assurance that these savings targets are on course to be met on a recurring basis.

It has become clear that the impact of the pandemic will remain for years to come and there will be pressure on services and core budgets. Work will progress at pace to assess future budget gaps, and finance will work with services and the Senior Leadership Team to progress change rather than cuts. We need to adapt the way we work to allow us to provide essential services to the most vulnerable people.

The Senior Leadership Team will need to consider all options, such as reconfiguring services, alternative operating models, opportunities to work with partners, and adapting current services to meet needs effectively to ensure we stay focused on key priorities and are providing the right services.

The Medium Term Financial Strategy will be refreshed in 2022/23 and it will address the various new and additional pressures that will face the Health and Social Care Partnership over next financial year and also into future years.

The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the economic crisis – the cost of inflation, energy and pay costs
- the ageing population leading to increased demand and increased complexity of demand for services alongside reducing resources
- the coronavirus pandemic lasting impact on the economy;
- continuing difficulties in recruitment leading to the use of higher cost locums and agency;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

Value for Money

Value for money is a key priority for the Partnership and all service redesign, purchasing, procurement and commissioning must comply with the best value and procurement guidance of the relevant bodies. It is extremely important that expenditure is managed within the financial resources available to ensure that they align to the 3-year financial strategy and our long-term objective to achieve financial sustainability.

An annual assessment of how the IJB demonstrated best value will be undertaken, highlighting the following key areas where we seek to demonstrate compliance with the principles of best value.

- Management of Resources - financial assurance and monitoring of IJB budget resources, medium term financial planning, workforce planning
- Effective Leadership and Strategic Direction - commitment to delivering integration among Board members and senior managers through IJB Strategic Plan
- Performance Management - regular reporting and scrutiny of IJB performance, achievement against Health and Social care outcomes and progressing integration
- Joint Working with Partners - demonstration of effective approach to joint working with partners to progress integration through Fife Health and Social Care Delivery plan
- Service Review / Continuous Improvement - regular reviews of service activity and scope for integration through projects such as Frailty Programme and Mental Health Redesign
- Governance and Accountability - demonstration through public performance information such as Annual Accounts, Governance Statement and Annual Performance report
- Engagement with Community - regular engagement and consultation with stakeholders through Locality Planning Groups and Strategic Plan consultation

The assessment for 2021-22 demonstrates our commitment to these principles as follows,

- **Management of Resources** - demonstrated through regular improved financial/budget reporting to committee, tri-partite meetings with partners to discuss funding and implications of funding assumptions including inflation pressures, a Finance Governance Group has been launched, an in-year Finance Recovery plan was actioned, regular monitoring and reporting of Ministerial Strategic Group Action Plan, a Project Management Office was set up and detailed Transformation Change Programme in place, Workforce Strategy and action plan in place. The Medium-term financial plan is being refreshed in 22-23 in line with the HSCP Strategic Plan.
- **Effective Leadership and Strategic Direction** – demonstrated by the approval of the Revised Integration Scheme in March 2022, Commissioning Strategy Approved, Regular Development sessions with IJB Board Members and Senior Officers. The HSCP have carried out a review of the structure of the organisation and redesigned the portfolios to ensure that any critical gaps have been identified. Looking forward to 2022, Governance training is planned for all new Members of the IJB and the Strategic Plan for 2022-25 will be reviewed.
- **Performance Management** – demonstrated by Regular Performance Reporting to IJB and Governance Committees, Revised Performance Framework approved by the IJB, The Head of Strategic Planning, Performance and Commissioning is a member of the IJB Strategic Commissioning and Improvement Network and links in with other areas to highlight work that would benefit Fife. Looking forward the HSCP are actively participating in networking communities and are a member of the NDTI Community Led Support programme and working with them we will redesign our pathways into services.

- **Joint Working with Partners** – demonstrated by setting up of Project Management Office and Transformation Board and detailed Transformation Change Programme in Place. Also, the HSCP have been working with Scottish Care, and a collaborative has been established with care at home providers to ensure closer working relationships linked directly with people currently in interim care home beds to ensure they return home as quickly as possible. The learning from this will be shared across other partnerships. Looking forward the Transformation Board will develop and explore the programme for change and the delivery of differing models of care identified in the strategic direction of the partnership including the strategic plan and the associated strategic plans within it. A voluntary sector review will be undertaken and reviews of models of care incorporating the learning from the pandemic for MOU2 (Pharmacotherapy, CTAC and Vaccine Programme)
- **Service Review/Continuous Improvement** – demonstrated by reviews such Mental Health Redesign, Frailty Programme and Day Care Review and Design and Implementation of Immunisation Strategic Framework 2021 – 2024
- **Governance and Accountability** - demonstration through having a Revised Integration Scheme in place from March 2022, revised Governance Framework, regular audit action monitoring, Directions Policy in place, Reserves Policy in place. The Partnership has developed a Quality Matters programme which is a governance board within the partnership, this board will ensure effective clinical and care governance with a dedicated terms of reference and workplan.
- **Engagement with Community** - regular engagement and consultation with stakeholders through Locality Planning Groups, there are 7 locality plans in place and looking forward 7 reviews of plans across Fife will be undertaken. Also in 2022, a new Qualities and Communities Committee will be established which will have a focus on Participation and engagement and membership will include non-voting members of the IJB.

Appendix 1

National Outcomes and Priorities

National Health and Social Care Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being.
7. People using health and social care services are safe from harm.
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.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Public Health Priorities for Scotland

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

National Care Service Principles:

1. NCS services are an investment in society
2. Realisation of human rights
3. Enables people and communities to thrive
4. Services are financially sustainable
5. Promote early intervention
6. Services designed collaboratively
7. Continuous improvement
8. Promoting dignity, advancing equality and non-discrimination
9. Inclusive communication
10. Promoting Fair Work

Appendix 2

National Indicators

The National Integration Indicators are reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. The Survey is run every two years and is sent out by post to a random sample of people who are registered with a GP in Scotland. It asks people about their experiences of accessing and using health and social care services. The information collected enables comparisons with different Health and Social Care Partnerships across Scotland, and across different years.

During the period 2021 to 2022 many of the services that we provide in Fife were impacted negatively by the coronavirus pandemic, for example by national lockdown restrictions (such as limiting face-to-face contact) or by staff redeployment to support critical services. These necessary changes have impacted on the services that we can provide and may have had a direct impact on people's experience.

Some areas have improved, these are highlighted in green, and we have included examples in the main section of the Report. For example, we have reduced the number of readmissions to hospital within 28 days of discharge (Indicator 14). This is linked to the 'Community Hospital Flow and Discharge' section on page 50 of the Report. Other indicators have dropped because of external factors, for example the proportion of care services rated good or better by the Care Inspectorate (Indicator 17). This indicator is linked to the 'Inspection of Services' section on page 58 which explains that the overall number of inspections since 2020 has reduced due to the impact of the coronavirus pandemic and lockdown restrictions. This is why the response for this indicator has dropped compared to previous years.

Moving forward we are focusing on remobilisation and recovery, being mindful of the learning gained during the pandemic as well as considering the impact from other external factors including the cost-of-living crisis, climate change, and issues with workforce recruitment. The Partnership will continue to actively monitor internal and external factors and incorporate any outstanding or new requirements into the new Strategic Plan for 2022 to 2025.

ID	Indicator	Previous period	Latest period	Previous period Figure	Latest period Figure	Comparison to Previous Period	Latest period Figure	Fife - Latest Period Compared to Scotland
				Fife	Fife	Fife	Scotland	
1	Percentage of adults able to look af-ter their health very well or quite well	2019/20	2021/22	92.60%	90.19%	↓ 2.41%	90.87%	↓ 0.68%
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2019/20	2021/22	77.57%	79.44%	↑ 1.87%	78.82%	↑ 0.62%
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or sup-port was provided	2019/20	2021/22	73.38%	69.74%	↓ 3.64%	70.59%	↓ 0.85%
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2019/20	2021/22	72.99%	63.09%	↓ 9.90%	66.37%	↓ 3.28%
5	Total % of adults receiving any care or support who rated it as excellent or good	2019/20	2021/22	81.61%	70.62%	↓ 10.99%	75.34%	↓ 4.72%
6	Percentage of people with positive experience of the care provided by their GP practice	2019/20	2021/22	74.73%	62.83%	↓ 11.90%	66.52%	↓ 3.69%
7	Percentage of adults supported at home who agree that their services and support had an impact on im-proving or maintaining their quality of life	2019/20	2021/22	80.54%	75.23%	↓ 5.31%	78.12%	↓ 2.89%
8	Total combined % carers who feel supported to continue in their caring role	2019/20	2021/22	34.29%	27.56%	↓ 6.73%	29.69%	↓ 2.13%
9	Percentage of adults supported at home who agreed they felt safe	2019/20	2021/22	82.46%	79.85%	↓ 2.61%	79.70%	↑ 0.15%

ID	Indicator	Previous period	Latest period	Previous period Figure	Latest period Figure	Comparison to Previous Period	Latest period Figure	Fife - Latest Period Compared to Scotland
				Fife	Fife	Fife	Scotland	
11	Premature Mortality Rate per 100,000 population	2020	2021	422	446	↑ 24	466	↓ 20
12	Rate of emergency admissions per 100,000 population for adults	2020/21	2021	11,374	12,580	↑ 1,206	11,656	↑ 924
13	Rate of emergency bed day per 100,000 population for adults	2020/21	2021	95,747	104,455	↑ 8,707	110,718	↓ 6,263
14	Readmissions to hospital within 28 days of discharge per 1,000 discharges	2020/21	2021	115	114	↓ 1.11	110	↑ 4
15	Proportion of last 6 months of life spent at home or in a community setting	2020/21	2021	90.7%	90.6%	↓ 0.08%	89.9%	↑ 0.74%
16	Falls rate per 1,000 population (65+)	2020/21	2021	26.1	27.9	↑ 1.78	23.09	↑ 4.77
17	Proportion of care and care services rated good or better in Care Inspectorate inspections	2020/21	2021/22	84.71%	73.28%	↓ 11%	75.80%	↓ 2.52%
18	Percentage of adults with intensive care needs receiving care at home	2020	2021	61.29%	60.27%	↓ 1.02%	64.92%	↓ 4.65%
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	2020/21	2021/22	556	908	↑ 352	761	↑ 147
20	Percentage of health and care re-source spent on hospital stays where the patient was admitted in an emergency	2019	2019/20	25.92%	-	-	24.23%	-

National MSG Indicators (Ministerial Strategic Group for Health and Community Care)

ID	Indicator	Previous period	Latest period	Previous period Figure	Latest period Figure	Comparison to Previous Period
				Fife	Fife	Fife
MSG 1a	Emergency Admissions*	2020/21	2021	32,494	36,116	↑ 3,622
MSG 2a	Number of unscheduled hospital bed days; acute specialties*	2020/21	2021	213,723	235,025	↑ 21,302
MSG 3a	A&E Attendances	2020/21	2021/22	54,484	65,531	↑ 11,047
MSG 4	Delayed Discharge bed days	2020/21	2021/22	29,970	46,613	↑ 16,643
MSG 5a	Proportion of last 6 months of life spent at home or in a community set-ting*	2019/20	2020/21	88.37%	90.73%	↑ 2.36%

* Data completeness for emergency admissions and bed days for Fife is 99% as at Dec 2021

** 2021 deaths data not complete, previous financial years only

All figures are for ages 18+

Appendix 3

Financial Information 2018 to 2022

Delegated Services (as at 31 March)	2018			2019			2020			2021			2022		
	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
Objective summary	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Community Services	93.001	92.237	-0.764	97.812	93.586	-4.226	107.695	102.295	-5.400	123.319	120.719	-2.603	163.319	160.733	-2.586
Hospitals and Long-Term Care	49.256	54.51	5.254	52.867	55.259	2.392	54.839	57.197	2.358	56.000	56.666	0.566	55.840	56.500	0.660
GP Prescribing	72.227	75.744	3.517	72.293	74.448	2.155	73.807	73.799	-0.008	70.979	70.955	-0.024	74.730	73.925	-0.805
Family Health Services	86.641	86.627	-0.014	93.005	92.911	-0.094	99.765	99.749	-0.016	103.878	104.367	0.489	107.679	108.053	0.374
Children's Services	15.035	13.715	-1.32	15.37	14.897	-0.473	17.544	17.077	-0.467	18.202	16.913	-1.289	18.614	17.496	-1.118
Social Care	193.333	195.501	2.168	196.627	206.252	9.625	204.635	214.814	10.179	243.682	239.459	-4.223	233.087	231.360	-1.727
Housing	2.078	2.078	0	1.574	1.432	-0.142	1.665	1.656	-0.009	1.324	1.324	0.000	1.529	0.885	-0.644
Total Health & Social Care	511.571	520.412	8.841	529.548	538.785	9.236	559.95	566.589	6.639	617.384	610.300	-7.084	654.798	648.952	-5.846

References

- National Health and Social Care Health and Wellbeing Outcomes
<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>
- Public Health Priorities for Scotland
<https://www.gov.scot/publications/scotlands-public-health-priorities/pages/1/>
- Public Bodies (Joint Working) (Scotland) Act 2014
<https://www.legislation.gov.uk/asp/2014/9/contents/enacted>
- Fife Health and Social Care Partnership
www.fifehealthandsocialcare.org

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.

Language lines

خط هاتف اللغة العربية: 03451 55 55 77

বাংলায় আলাপ করার জন্য টেলিফোন লাইন:

03451 55 55 99

中文語言熱線電話: 03451 55 55 88

Polskojęzyczna linia telefoniczna:

03451 55 55 44

اُردو زبان کے لیے ٹیلیفون نمبر 03451 55 55 66

Fife Council and NHS Fife are supporting the people of Fife together through Fife's Health and Social Care Partnership. To find out more visit www.fifehealthandsocialcare.org

**Fife Health
& Social Care
Partnership** 

Appendix 2 – Strategic Planning Group, Membership List

Name	Role	Position
Cllr David Graham	Chair	Fife Integration Joint Board
Nicky Connor	Member	Director of Health & Social Care
Fiona McKay	Member	Head of Strategic Planning, Performance and Commissioning
Cllr Dave Dempsey	Member	Fife Integration Joint Board
Cllr Rosemary Liewald	Member	Fife Integration Joint Board
Cllr Sam Steele	Member	Fife Integration Joint Board
Bryan Davies	Member	Head of Primary and Preventative Care Services
Lynne Garvey	Member	Head of Community Care Services
Rona Laskowski	Member	Head of Complex and Critical Care Services
Ben Hannan	Member	Director of Pharmacy & Medicines
Tracy Harley	Member	Service Manager, Participation and Engagement
Debbie Thompson	Member	Employee Representation
Fay Richmond	Member	Executive Officer to Chief Executive and Board Chair, NHS Fife
Helen Hellewell	Member	Associate Medical Director, NHS Fife (GP Representative)
Ian Dall	Member	Service User Representative (Chair of the PEN)
Jacquie Stringer	Member	Locality Planning Co-ordinator
Rishma Maini	Member	Public Health
Kenny Murphy	Member	CEO, Fife Voluntary Action (Third Sector Representative)
Lynn Barker	Member	Associate Director of Nursing
Morna Fleming	Member	Carer Representative
Paul Dundas	Member	Independent Sector Representative
Paul Short	Member	Service Manager, Housing Management Executive
Simon Fevre	Member	Employee Representation (NHS)

Strategic Plan- Timescale





Meeting Title:	Integration Joint Board
Meeting Date:	30 September 2022
Agenda Item No:	10
Report Title:	HSCP Draft Year 1 Workforce Action Plan 2022 - 23
Responsible Officer:	Nicky Connor, Director of HSCP
Report Author:	Roy Lawrence, Principal Lead for OD & Culture

1 Purpose

This Report is presented to the IJB for:

- **Decision** – The Integration Joint Board are asked to approve the Fife HSCP Draft Year 1 Workforce Action Plan 2022 – 23.
- **Assurance** – The Workforce Strategy Group will report to SLT Assurance three times annually on the progress of the Action Plan. The Group will also report to the IJB, LPF and Committees annually on progress. The Year 1 Action Plan does not need to be submitted to the Scottish Government, but the Group will review and report to Scottish Government annually on any changes to the Workforce Strategy needed due to changing priorities.

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Promoting mental health and wellbeing.
- Working with communities, partners, and our workforce to effectively transform, integrate and improve our services.
 - Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

Engagement:

There has been engagement following groups and individuals as part of the development of this Plan, who have either supported the content, or their feedback has informed the development of the content:

- Workforce Strategy Group: 10/11/21, 8/12/21, 12/1/22, 16/3/22, 20/4/22, 29/6/22, 20/7/22, 24/8/22

- Draft sent to Senior Leadership Team (SLT) colleagues for feedback
- Meetings with NHS & Fife Council workforce planning teams 23/08/22
- Consultation with Leads and Critical Contributors to actions within the Plan
- Consultation with IJB member 29/8/22
- SLT Business 5th September

Consultation:

Prior to the submission of the Plan to the IJB it has also been presented at:

- Quality & Communities Committee: 9th September
- Finance, Performance & Scrutiny Committee: 16th September
- Local Partnership Forum: 21st September
- IJB Drop-in Session: 28th September

The feedback from these groups has been valued and is included in the revised draft presented today.

3 Report Summary

3.1 Situation

The Integration Joint Board (IJB) approved our Draft Health and Social Care Partnership Three-year Workforce Strategy and Plan which was submitted to the Scottish Government and we await feedback on this.

The integrated Health & Social Care Partnership Workforce Strategy Group undertook a detailed process, engaging with Senior Managers and Workforce Planning Leads in Fife Council and NHS Fife to assure alignment to partner organisation workforce strategies. Leads for the Third and Independent Sector were key stakeholders in the design to assure a whole Partnership approach.

This approach was carried through to the work to develop the Year 1 Workforce Action Plan, which has been developed with colleagues across the system.

The Year 1 Workforce Action Plan is structured around the 'Five Pillars' to Plan, Attract, Employ, Train, Nurture the workforce which is in line with National Workforce Strategy guidance and is focused on short-term actions to enable delivery of the key priorities within the Strategy.

The Government published a National Workforce Strategy in March 2022, followed by written guidance through document DL 2022 (09) in April 2022, which sets out 'NHS Scotland Boards and HSCPs: Three Year Workforce Plan Development Guidance'. This guidance sets out the expectation that Partnership's will report annually on developments/changes to the Three-Year Strategy that may result from changes in service priority.

3.2 Background

The Partnership's existing Workforce Strategy & Plan will be replaced by our Draft Workforce Strategy & Plan at the end of October 2022. This Year 1 Workforce Action Plan articulates our plans to deliver our short-term actions set out in this refreshed Strategy.

There has been a quick turnaround between the submission of the Three-Year Draft Strategy & Plan 2022–25 and the creation of this Year 1 Workforce Action Plan 2022-23 to ensure that the IJB and supporting HSCP Governance structures have the opportunity to support its final design. This

has meant that we have not yet received the Scottish Government feedback on our Draft Strategy & Plan to inform the design of the Year 1 Plan so far. However, the Year 1 Plan will continue to develop as we consult throughout September and October, which will allow this to happen if the feedback is received from Scottish Government in time.

3.3 Assessment

The Year 1 Workforce Action Plan is designed using the SMART methodology (Specific, Measurable, Achievable, Relevant, Time-based). Each element of the SMART framework works together to create a goal that is carefully planned, clear and trackable.

The Plan also continues the clear narrative around the 'Plan, Attract, Train, Employ, Nurture' Pillars set out by the National Workforce Strategy and Fife's Draft Workforce Strategy 2022 - 25.

The Plan draws a clear line between the 'Our Priorities' section related to the 'Five Pillars' and the short-term actions set out within our Draft Strategy. The Plan has developed these priorities into SMART actions to be delivered over the first year of our Three-year Strategy.

The development and design of these SMART actions further embed our integrated approach to the whole system using the 'Lead, Critical Contributor, Signed-Up and Informed' governance approach, with identified Leads for each action alongside the Critical Contributors to achieving the success measure.

There is a clear focus on Integration and our interdependence in delivering the National Health & Wellbeing Outcomes and the Integration Joint Board Strategic Priorities with our workforce across all sectors being the focus of this Plan.

The Plan also represents our collective commitment to a 'Team Fife' culture and aligns with NHS Fife, Fife Council and Independent and Third Sector workforce priorities, valuing the importance of working collectively across all sectors to support our shared common purpose to enable joined up care for the people of Fife.

As the content has been driven by engagement with agency leads across the Partnership, through joint working overseen by the Workforce Strategy Group, there is confidence this Plan meets the needs of our workforce and that the range of integrated actions will be delivered over the timeframes set out.

3.3.1 Quality / Customer Care

There is direct correlation between delivery of the Year 1 Workforce Action Plan and the quality of our care delivery to and for the people of Fife through the Plan addressing the required learning and organisational development to support the workforce. There is a focus on an integrated approach that also supports a culture of continuous improvement. There is clear alignment to the Draft Workforce Strategy & Plan 2022-25 and its alignment to refreshed Health and Social Care Strategic Plan 2022-25. This Plan supports the "what" we need to achieve through short-term actions linked to improving service delivery and "how" we achieve it, alongside our commitment to a positive staff experience in Fife Health and Social Care Partnership.

3.3.2 Workforce

This Year 1 Workforce Action Plan 2022-23 is aligned to our Three-Year Draft Workforce Strategy & Plan 2022-25 and is also dedicated to our workforce. Thanks are extended to all staff working in Fife Health and Social Care Partnership. It describes challenges and opportunities to support how we Plan, Attract, Employ, Train, Nurture our workforce in the short-term. The Plan describes the role of NHS Fife, Fife Council, Third Sector and Independent Sector as employers in delivering these actions and also values the Team Fife culture we aim to support within the Health and Social Care Partnership. The valued role of Trade Union and Staff Side Colleagues and the function of the Local Partnership Forum as part of the Staff Partnership Agreement is critical to supporting our workforce and this partnership working is core to our successful delivery of the Plan.

3.3.3 Financial

A significant proportion of delegated budget within the Health and Social Care Partnership is dedicated to workforce. There are also resources within employer agencies to deliver the training, qualifications and ongoing practice development set out in the Plan to support the workforce. The Senior and Extended Leadership Teams have also supported commitment to Organisational Development and Culture activity, monitored through SLT governance processes.

3.3.4 Risk / Legal / Management

The development of the workforce is identified within the Integration Joint Board Risk Register: 'There is a risk that we do not have sufficient trained, skilled and experienced staff in the right place at the right time to deliver health and social care outcomes for the people of Fife.' The Risk Register will be reviewed and both risk wording and scoring will be updated to reflect the current workforce risk, and this will be reported through the appropriate governance structures of the IJB to enable due scrutiny and assurance. This Year 1 Workforce Action Plan seeks to provide mitigation and assurance related to this risk and details the key short-term actions. Through the monitoring of the delivery by the Workforce Strategy Group and reports to the Senior Leadership Team, Local Partnership Forum and Integration Joint Board there will be both operational and Governance oversight.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has been completed in relation to the Three-Year Draft Workforce Strategy & Plan 2022-25 and was submitted alongside the document.

3.3.6 Other Impact

None.

3.3.7 Communication, Involvement, Engagement and Consultation

The Workforce Strategy Group has led the development of this Plan and has ensured that all voices across the Partnership, including key partners, have had the opportunity to contribute. The Group has representatives from:

- NHS Fife Workforce Planning and HR Department
- Fife Council Workforce Planning and HR Department

- Operational Services and Professional Leads across the Partnership
- Professional Leads and Quality Standards across the Partnership
- Finance and Business Support
- Strategic Planning, Performance and Commissioning
- Organisational Development and Culture
- The Local Partnership Forum Trade Unions
- Independent Sector
- Third Sector
- Fife College

This group will continue to oversee the delivery of the Plan with associated leads and timescales ensuring a strong whole system approach to monitoring and delivery, through an Action Plan sub-group.

The specific groups and forums consulted are described within the route to the meeting section (Section 2) of this SBAR.

3.4 Recommendation

- **Decision** – The Integration Joint Board are asked to approve the HSCP Draft Year 1 Workforce Action Plan 2022 – 23.
- **Assurance** – The Workforce Strategy Group will report to SLT Assurance three times annually on the progress of the Action Plan. The Group will also report to the IJB, LPF and Committees annually on progress. The Year 1 Action Plan does not need to be submitted to the Scottish Government, but the Group will review and report to Scottish Government annually on any changes to the Workforce Strategy needed due to changing priorities.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Health & Social Care Partnership Draft Year 1 Workforce Action Plan 2022-23

5 Implications for Fife Council

Fife Council, as responsible employer for their workforce within the Partnership have been key to the development of this Plan and will support delivery of these actions through the Director of Health of Social Care as the responsible Director for the delegated workforce. The connection between Fife Council and the Partnership is described in the Integration Scheme. The Council has a Workforce Strategy, 'Our People Matter', which sets out the responsibilities for the Council in this area and this has been considered in the development of this Plan to assure alignment.

6 Implications for NHS Fife

NHS Fife, as responsible employer for their workforce within the Partnership have been key to the development of this Plan and will support delivery of these actions through the Director of Health of Social Care as the responsible Director for the delegated workforce. The connection between NHS Fife and the Partnership is described in the Integration Scheme. This NHS Fife Workforce Plan 2022 – 25 sets out the responsibilities for the NHS Fife in this

area and this has been considered in the development of the Plan to assure alignment.

7 Implications for Third Sector

The Third Sector, as a conglomeration of accountable employers hold this responsibility for their workforce within the Partnership and there will be collaborative working through the Workforce Strategy Group and Action Plan sub-group to support delivery of the actions set out within this Plan. There will be close working with Third Sector representatives to support them in achieving this.

8 Implications for Independent Sector

The Independent Sector, as a conglomeration of accountable employers hold this responsibility for their workforce within the Partnership and there will be collaborative working through the Workforce Strategy Group and Action Plan sub-group to support delivery of the actions set out within strategy and plan. There will be close working with Independent Sector representatives to support them in achieving this.

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact: Roy Lawrence

Author Name: Roy Lawrence

Author Job Title: Principal Lead for OD & Culture

E-Mail Address: Roy.Lawrence@fife.gov.uk

Fife Health
& Social Care
Partnership



Workforce Strategy 2022-25 Year One Action Plan | 2022-23



Supporting the people of Fife together



Introduction



Our Workforce Strategy and Plan 2022 – 2025 set out the Partnership’s ambitions to ensure we ‘Plan for, Attract, Train, Employ & Nurture’ our workforce to have the capacity and capability to deliver the aspirations of our refreshed Strategic Plan. The Strategy supports our Mission 25 vision to inspire and support our workforce through providing skills, knowledge, experience, and career pathways to deliver the change needed to sustain the Partnership.

This Plan encompasses our Year 1 Actions to begin delivery of the Workforce Strategy. As with the Strategy, this Plan has been co-produced with key stakeholders to ensure it retains an integrated focus. The actions are SMART (Specific, Measurable, Achievable, Relevant, Time-based) and are drawn from our Key Priorities within the Strategy and linked to the short-term actions set out within the ‘Five Pillars of the Workforce Journey’ to create a consistency of purpose and demonstrate a clear line between our strategic priorities and how we aim to achieve them.

The Plan will report to the Partnership’s Senior Leadership Team on a four-monthly basis and through our Committee Structures, Local Partnership Forum and Integration Joint Board on an annual basis. The Partnership will also report annually to Scottish Government as part of the Three-year Strategy, recognising that elements of our Strategy may need to change over the period. Our Action Plans will cover one year and will therefore reflect these changes as they are published.

An Integrated Action Plan Implementation Group has been established, which will lead the work on this SMART Plan and report to the overarching Workforce Strategy Group for oversight of the ongoing work. The Plan utilises the ‘Lead, Critical Contributor, Signed-Up, and Informed’ approach to ensure there are clear Leads for each of the actions within the Plan. The Plan also sets out what success will look like for each of the actions, describing what we aim to achieve and how we will know if we have achieved that aim.

This Plan is a result of excellent collaborative working across our integrated system, and we would like to thank our partners across all agencies who have demonstrated real Systems Leadership in the design of this Year 1 Action Plan 2022 – 23.

Roy Lawrence

Principal Lead for Organisational Development & Culture

Strengthening our workforce planning



Plan

We will strengthen our workforce planning by:

- Improving workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.
- Ensuring all portfolios develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.
- Developing pathways that set out career progression, succession planning and retention to support a workforce that is representative of the communities we serve and in line with Equality Impact Assessments.
- Enabling the whole system to align with our Workforce, Strategic and Financial Plans and creating a culture of continuous improvement.
- Continuing to develop Integrated Services in the hearts of our communities in line with the priorities for the Strategic Plan and the legislative requirement for locality planning.
- Ensuring that workforce planning supports the capacity and capabilities required through our transformation and redesign of services and models, in line with the agreed funding model.
- Continuing joint working and support for the development of the Local Partnership Forum in line with our Staff Partnership Agreement
- Reviewing all business continuity plans, considering the learning through COVID, to support service and workforce resilience.
- Working closely with regulatory bodies such as the Care Inspectorate regarding the workforce requirements in line with national standards.

Strengthening our workforce planning



Plan

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
By end October 2023 we have a consistent, robust, workforce planning data process across the whole of the HSCP, recognising the different agencies methods.	L - DM CC – BM, PD, KM, EJ, JB, Operational Service Leads SU – SLT, Workforce Strategy Group I - Workforce	Analyse the gap between the current provisions of workforce data with data required to plan for projected future workforce need – DM	Data compilation will be the same across the partnership where practicable and the same date used to register the data.	Complete April 2023		
		Develop data gathering methods with the Third and Independent sectors. Template for data collection to be aligned with the workforce planning projection templates national guidance set out by Scottish Government and applicable across NHS and Fife Council - DM / BM / PD / KM	A data template is created that adheres to the Scottish Government guidance and designed and endorsed by the Third and Independent Sector Leads.	Complete April 2023		



Strengthening our workforce planning

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
		Agree the methodology for workforce planning for HSCP (consistent across partners where practicable) and develop a workforce planning tool to support workforce projections that will set out recruitment priorities across the partnership - DM / PD / BM / KM / E]	The partnership adopts a Workforce Projection Report template which encompasses Workforce Overviews, Workforce Projections and Analysis, Risk Mitigation and 'Five Pillar' Action Plans.	Complete April 2023		
We prioritise investment of resource (people and finance) to deliver positive outcomes for the workforce and create a culture of continuous improvement.	L- DM CC – JB, WYI, Employability services, Service leads, Apprenticeship forum SU – SLT I – Workforce	Develop career pathways that support improved succession planning for our workforce. Encourage links with staff De-velopment Plans as well as strengthening our talent pipeline - DM / PD / KM / JMCQ	Clear succession pathways that can be linked to staff Development Plans and service need.	Complete October 2023		

Strengthening our workforce planning



Plan

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
		Research, report on, and begin to access funding routes to development opportunities including apprenticeship pipelines with awarding agencies and partners - DM / PD / KM / JMCQ	Utilising funding routes to support opportunity and extend Partnership working with internal and external agencies.	Complete Junel 2023		
Develop a high-quality, Partnership specific, Induction for all staff that supports the retention of our workforce.	L- DR CC – EC, DM, JB, Operational Service Leads, HR SU – SLT, Trade Unions I – Recruitment HR, Transactions, Workforce	Develop a Partnership specific induction programme and checklist to use within 6 weeks of appointment, which compliments existing employer Induction, including an interactive online tool that supports new and existing staff to promote the Partnership's Vision and Mission 25 - DR	The workforce is accessing a consistent Partnership focused Induction Programme that enables new staff to receive similar information and support.	Complete May 2023		



Strengthening our workforce planning

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
		Introduce 'Flexibility Works' to help consider equitable options for front-line employees including recognition for those with caring responsibility - EC / DR / EJ / SY / Heads of Service	An increase in staff awareness related to working flexibly.	Complete March 2023		
		Introduce a refresher induction programme for established managers to develop people management skills in key areas, including attendance, recruitment, and workload capabilities - DR / HR / EJ / Heads of Service	Managers / Supervisors utilising the resources and support for their people management, and feedback on the efficacy of these resources.	Complete March 2023		
Prepare for the impact of staffing requirements in the 'Setting the Bar' report from Social Work Scotland	L – JB CC – Heads of Service, DM, KH, EJ,	Review current caseload arrangements across Social Work and provide analysis of gap between 'Setting the Bar' recommendations and implications for the Partnership's workforce establishment - JB	Report findings on the analysis and development of an associated Action Plan. The Action Plan and steps required to meet 'setting the bar' requirements disseminated.	Complete July 2023		



Strengthening our workforce planning

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Prepare system readiness for the implementation of the Safe (health and care) Staffing (Scotland) Act 2019.	L – LB CC – Operations Service Leads, SLT SU – managers / supervisors I – Workforce	Carry out analysis on the impact of the Act on the current and future workforce through workforce projections including recruitment workforce levels and skills mix - LB / Operational service leads.	We will have the right infra-structure to develop our gov-ernance of the legislation and the systems and processes are in place to give assurance that advice and decisions are in-formed and evidence-based.	October 2023		
Support the workforce to be equipped to drive the development of locality working across the Partnership	L – FM / JS CC – RL, SLT, ELT, Operational service leads, SU – team managers I – Workforce	Work with the Senior and Extended Leadership Teams to embed a locality focused approach to service delivery - JS / SLT	SLT and ELT will be embedded in our locality structures and working together to promote a locality approach to services. ELT will have promoted this approach with their services.	July 2023		

Attracting people into careers in Health and Social Care



Attract

We will attract people into careers in Health and Social Care by:

- Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that support integrated joint working.
- Exploring the potential for increasing the international workforce supply routes into Health and Social Care through engagement with NHS Fife, Fife Council and the Third and Independent Sector.
- Prioritising recruitment against our current workforce priorities including children's services, mental health, social care, primary care, to support our recovery agenda.
- Putting in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.
- Targeted and creative recruitment campaigns in Social Care emphasising the wide range of roles across the sector, the skills and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed to incentivise career progression.
- Increasing the number youth apprenticeships and employability programmes and initiatives into health and social care.
- Development of the professional structure across Social Work, Medicine and Nursing, including collectively accountability and assurance.

Attracting people into careers in Health and Social Care



Attract

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Ensure recruitment activity priorities are monitored to align with Partnership and service need including for social care, primary care, mental health, and children's services, to support the recovery agenda	L- DM CC – BM, PD, KM, HR, Operational Service Leads	Design and resource targeted and creative recruitment campaigns in social care - DM / PD / HR / KM	Recruitment campaigns are arranged at optimal times across the year. Effectiveness of activity is reviewed and adapted.	October 2023		
	SU – SLT I - Employability, Workforce	Deliver an options appraisal to identify permanent solutions to range of roles, in particular nursing and medical related that are filled via supplementary staffing / locum arrangements - BM / LB / HH	An options appraisal to identify permanent solutions to range of roles, is delivered.	October 2023		
		Maximise access to and use of the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife - BM / LB	An agreed programme is in place that reflects the plan.	October 2023		
		Develop youth employment pathways to strengthen our talent pipeline by increasing the number of Modern Apprenticeships and Trainee places and developing better links for Foundation Apprenticeship placements and vacancies across the Partnership - DM / KM / PD / MD	Increase the number of social care apprentices within Fife Council and develop / promote cohorts across the Partnership with the college sector.	October 2023		

Supporting the training and development of our workforce



Train

We will support the training and development of our workforce by:

- Working with partners in NHS Fife, Fife Council and the Third and Independent Sectors to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Implementing “grow your own” pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term.
- Implementation of a training passport which recognises core training across sectors.
- Progressively expanding the role of locality-based training programmes to support pathways into Health and Social Care services, which enable existing staff to work flexibly across their practitioner licenses to improve service outputs and increase the pace of role-redesign to facilitate longer-term service reform.
- Supporting the development of digitally enabled workforce in line with new models of working and care delivery, working with partners including Housing.
- Supporting new entrants to Health and Social Care through developing and delivering robust induction for all new starts into Health and Social Care with support for Newly Qualified Practitioners.
- Enabling implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources and a professional support tool.
- Supporting the development of a trauma-informed workforce via the National Trauma Training Programme.
- Developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.
- Supporting Quality Assurance and Improvement across our services through skills development including care homes, care at home, adult resources, community care, preventative care, and complex care.

Supporting the training and development of our workforce



Train

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Design, recruit and embed new roles and career pathways across the Partnership	L – DM, CC – JB, LB, BM, SLT. SU – operational leads, Employability, college partners I – Workforce	Introduce ‘grow your own’ pathways in social work and social care, beginning with the advanced entry programme to the Social Work Degree and associated pathways for eligibility - DM / JB	Secure places on the Advanced Social Work Degree pathway (stage 3 & 4) with Robert Gordon University and increase the number of Dip HE (stage 1 & 2) students with the OU.	First Cohort October 2023		
		Embed the new Social Work career pathways for Advanced Practitioners and Professional Quality Improvement Posts – DM / JB	The new Social Work career pathways are embedded, and posts recruited to.	August 2023		
		Develop a Band 4 Assistant Practitioner to support service development that has capacity to support an advanced career pathway entry to the nursing degree - DM / LB	The role is adopted within the Partnership, and recruitment process is in place.	August 2023		
		Promote service sustainability reviews identified to define workforce requirements / projections and report actions that support the interim and three-year workforce plans - DM / BM	The reviews have been carried out, analysis reported on, and actions agreed to meet the requirements.	October 2023		

Supporting the training and development of our workforce



Train

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Support the establishment of career succession pathways in health care	L – HH CC – SLT Professional leads, DM, BM SU – Operational Leads I – Workforce	Build internal 'grow our own' pathways to sustain our capacity in specialist and hard to recruit areas including non-medical Consultants, Associate Specialists (AS's) and Physician Assistants (PA's) including those within a range of professions who have recognised shortages - LB / DM / Professional Leads	The reviews have been carried out, analysis reported on, and actions agreed to meet the requirements.	October 2023		
Introduce learning specifically for managers and supervisors about health & safety.	L – JC CC – DR, EC, Workforce Development, HR SU – Service Leads / managers I -Workforce	Review and implement core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources link to the HSE's 6 management standards in conjunction with HR Health and Safety initiatives and Fife Council's Workforce Development annual plan - JC / CC / DR / EC	Report on the review, implementation, uptake and outcomes of training delivered.	September 2023		

Supporting the training and development of our workforce



Train

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Implement a training passport which recognises core training across sectors	L - JC CC – Workforce development, RB, DM, DR SU – SLT, Operational Service leads, Team managers	Introduce approach to work with all partners to support engagement with Higher Education, Local Colleges and Professional and Practice Developments to ensure that we have a comprehensive approach that promotes protected learning time for training for roles at all levels - JC / WD / RB / DM / DR	An outline of the passport content is mapped out and a Partnership approach to protected learning time is agreed.	April 2023		
	I – Workforce	Introduce new learning programmes directly aligned to developments in service design and strategic priorities drawn from discussions with managers and align with the Fife Council Workforce Development annual delivery plan and NHS Health Promotion Plan - JC / WD / RB / DR / DM	The new Workforce Development Plan designed in collaboration with Fife Council HR Department and NHS Fife Health Promotion Team includes new programmes that support the Partnership workforce needs.	April 2023		

Supporting the training and development of our workforce



Train

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Implement a training passport which recognises core training across sectors	L - JC CC – Workforce development, RB, DM, DR SU – SLT, Operational Service leads, Team managers I – Workforce	Provide learning for our workforce to develop skills that support higher acuity or complexity, within the community or home / homely setting through, e.g. Hospital at Home, palliative care, and social care drawn from discussions with managers across the Partnership - JC / WD / RB / DR / DM	The new Workforce Development Plan designed in collaboration with Fife Council HR Department and NHS Fife Health Promotion Team includes new programmes that support the Partnership workforce needs.	April 2023		
Introduce a range of 'Innovation Hubs' to take forward key strategic areas for improvement across the Partnership.	L – DM CC – PD, KM, HR, LB, JS, JC	Define the membership and terms of reference for forums to take forward strategic aims including: <ul style="list-style-type: none"> • Improved recruitment • Models of Care • Apprenticeships • Localities • Digital development DM / PD / KM / JC / JS /HR	Each forum has the right membership and terms of reference that ensures the staff voice is represented. Workplans / Outcome measures for the work of groups set out.	April 2023 July 2023		

Supporting the training and development of our workforce



Train

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Introduce new models of working that include wider use of digital opportunities.	L – AV CC – DR, JC, SW, LB, DM, workforce development, HR digital team.	Design and deliver development to build our digitally enabled workforce in line with new models of working and care delivery working with partners, including Housing - JC / DR	The Fife Council Workforce Development and NHS L&D annual delivery plans include programmes that support the workforce needs in line with the digital strategy.	April 2023		
	SU – I -	Develop, with college partners, learning opportunities that reflect the skills need across the partnership to support the use of digital access - JC / DM	The new Fife Council Workforce Development Plan NHS L&D annual delivery plans include new programmes that support the workforce requirements identified in the digital strategy.	April 2023		

Increasing our employment into Health and Social Care



Employ

We will increase our employment into Health and Social Care by:

- Monitoring progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).
- Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care.
- Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers.
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Measure progress and growth in workforce against recruitment commitments set out in our (MOU2) report with actions to develop next steps.	L –LB, HH, CC –DM, SLT, Operational Leads SU – team managers I – Workforce	Review skill set and banding structure within Health Care Support Worker Roles - LB / DM	An Action Plan is agreed that sets out the next steps in year	April 2023	LL	

Increasing our employment into Health and Social Care



Employ

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Measure progress and growth in workforce against recruitment commitments set out in our (MOU2) report with actions to develop next steps.	L –LB, HH, CC –DM, SLT, Operational Leads SU – team managers	Review measures to support retention of current clinical and non-clinical staff set out in the Retire and Return policy and accounting for pensions schemes - LB / SLT / Operational Leads	The Retire and Return policy is fully implemented.	March 2023		
	I – Workforce	Implementation of GMS Contract (MOU2) including Community Care and treatment, Pharmacotherapy, and vaccine transformation - HH	Implementation is on schedule.	October 2023		
Introduce succession pathways that reflect the Integration imperative of the Partnership in line with Equality Impact Assessments.	L – DM CC – LB, JB, Service heads SU – SLT, Team managers I – Workforce r	Agree improvements with Fife College Industry Advisory Board that better support the introduction of variable start dates for our workforce by maintaining a presence on the industry board forum - DM	Flexible entry dates are agreed and published by the college that shift from the current academic year model to one that supports the partnerships requirements.	August 2023		

Increasing our employment into Health and Social Care



Employ

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Introduce succession pathways that reflect the Integration imperative of the Partnership in line with Equality Impact Assessments.	L – DM CC – LB, JB, Service heads SU – SLT, Team managers I – Workforce	Review, improve and implement marketing approaches across the partnership that reflect regulatory requirements when recruiting - DM / LB / Heads of Service	A marketing strategy is agreed and adopted by partner HR / employability departments.	March 2023		
	r	Develop Advanced Practitioners (AP) in key strategic areas including Social Work / Nursing that incorporates quality improvement service design – LB / DM / JB	APs recruited into post with an agreed role profile.	October 2023		
		Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the right forums in line with equality requirements - LB / JB / Service Leads	Ensure employer policies and procedures meet the legislative requirements and promote an inclusive approach. view	October 2023		

Nurturing our workforce



Nurture

We will nurture our workforce by:

- Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.
- Supporting the capacity within our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.
- Listening and learning from staff about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.
- Developing Leadership Programmes across Health and Social Care.
- Nurturing our Leaders as part of the opportunities available to support leadership growth such as SOLACE (Society of Local Authority Chief Executives) Springboard, Project Lift Systems Leadership Programme and Scottish Social Services Council's Leading for the Future.
- Investing in our Culture and Leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and Organisational Development approaches.
- Championing and delivering the policies of NHS Fife and Fife Council to support a nurturing workplace culture.
- Developing an engagement programme across our workforce to inform a set of shared values which we all hold.
- Supporting readiness for the implementation of the Safety (Health and Care (Staffing) (Scotland)) Act 2019.
- Good governance in the implementation of part of 8 of the national whistle blowing standards.
- Continuing to promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group, which is working through an integrated wellbeing strategy approach to understand our workforce sectors.
- Recognising that staff may be unpaid carers and support staff in line with the Carers Act and our partner organisations' flexible working conditions.

Nurturing our workforce



Nurture

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Implementation of the Career Conversation Lite program.	L – DR CC – DM, JC, Operational service leads SU – SLT, Team managers I - Workforce	Promote career development conversations, enabling staff to access the most suitable development opportunity for them - JC / DM / DR / Operational Service Leads	Development opportunity and workforce plans reflect the workforce conversations and supports staff retention.	Begin April 2023		
		Promote the coach approach to shape career conversations. DR / JC	Improved career development conversations and individual plans for the workforce.	April 2023		
Ensure a nurturing workplace culture is at the heart of strategic and policy decision-making forums.	L – EC CC – HR, EJ, SU – SLT, Operational leads, team managers I – Workforce	Develop and implement an integrated Partnership approach to the mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Group - EC / HR / EJ	The integrated group report to SLT, LPF & IJB on initial findings and agreed actions to take forward a Partnership approach.	July 2023		

Nurturing our workforce



Nurture

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Ensure a nurturing workplace culture is at the heart of strategic and policy decision-making forums	L – EC CC – HR, EJ, SU – SLT, Operational leads, team managers I – Workforce	In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices (CFEP) by maintaining a presence on suitable forums and disseminating information via established communication updates including HR and HSCP bulletins - EC / HR / EJ	The Partnership workforce at all levels will receive the newsletters and associated communications timeously. Actions to support the CFEP are in place from employers.	October 2023		
.		Raise awareness of employees to the resources and supports available to them and how to access these by ensuring regular comms are in the weekly bulletin and updated on intranet and in relevant forums - EC / HR / EJ	The Partnership workforce will receive the newsletters and associated communications timeously.	October 2023		
		Develop and promote communication and resources to reduce sickness absence levels particularly attributed to MSK and stress and report on impact of approach - EC / HR / EJ	A reduction in absences specifically related to MSK and stress related causes across the workforce and including being better informed in associated causes and lifestyle.	October 2023		

Nurturing our workforce



Nurture

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
Deliver a Systems Leadership Programme aimed at leaders from across the partnership.	L – RL CC – DR, DM, SLT, ELT. SU – PD, KM, I – Workforce	Design and deliver a Systems Leadership Programme for our existing Extended Leadership Team, involving the Third and Independent Sectors - RL / DR / DM	Delivery of the programme with evaluations to measure its success.	October 2023		
Deliver a Systems Leadership Programme aimed at leaders from across the partnership.	L – RL CC – DR, DM, SLT, ELT. SU – PD, KM, I – Workforce	Design and deliver a Systems Leadership Programme for staff including Team Managers, First-Line Supervisors, and peers - DR / ELT / SLT / DM	Delivery of the programme with evaluations to measure its success.	Begin April 2023		
Continue to promote and implement iMatter and Heartbeat surveys and Action Plans.	L – DR CC – SLT, ELT SU – Team Managers I – Workforce	Analyse previous iMatter completion data and provide targeted support to improve future iMatter response rate - DR / ELT / SLT	Communications to the workforce that support the review findings.	July 2023		
		Provide support on a group and individual basis to increase the number of teams submitting and completing Action Plans - DR / ELT	Achievement of increased submissions. Evaluation of managers to gauge impact of OD support.	August 2023		

Nurturing our workforce



Nurture

Strategic Intent / Operational Goal	Lead / Critical Contributor / Signed Up / Informed	Actions Required & Owner	Success / outcome measure	Timescale	Updates / changes	RAG
		Promote positive change through participation and engagement with iMatter by developing and sharing 'good news' stories - DR	Evaluation of approach, review and continue to develop measures to improve approach.	July 2023		
Develop and implement Equality and Inclusion Initiatives	L – EJ CC – SY, VG SU – SLT I – Workforce	Work towards bronze accreditation for the 'Close the Gap's Equally Safe at Work' programme. EJ / SY / VG	Achievement of Bronze accreditation in process or confirmed dependant on timescale of process.	October 2023		
		Review current policies and approaches to equality and inclusion. Develop actions to ensure a consistent Partnership approach that meets legislative requirements and national guidance - RL / EJ / SF / SY / DT	Implement actions from review to assure IJB that employer policies and procedures meet governance requirements.	June 2023		
Support the implementation of Excellence in Care	L – LB CC – ELT, SLT, Operational Service Leads SU -	Review and monitor the progress of implementation of Excellence in Care which seeks to improve, integrate, and coordinate the way quality care services are delivered including recognising the impact of the COVID-19 pandemic on how health care is delivered and how it has affected those accessing and working in health and care - LB / ELT / SLT / Operational service leads	Consistent, robust processes and systems for measuring, assuring and reporting on the quality of care and practice are embedded across HSCP services and reported through the Quality Matters Assurance Group.	October 2023		

Workforce Strategy Group

- Frequency – bimonthly
- Attendance – Group members
- Lead – Roy Lawrence

SMART Plan Subgroup

- Frequency - 4 weekly
- Attendance - Lead members
- Lead – Dafydd McIntosh

Progress report to SLT Assurance

- January 2023
- April 2023
- September 2023

Annual Reporting:

- Integration Joint Board & Committees
- Local Partnership Forum
- Scottish Government

Lead / Critical Contributor / Signed Up / Informed

Lynn Barker	Associate Director of Nursing	LB
Ruth Bennett	Health Promotion Manager	RB
Jane Brown	Principal Social Work Officer	JB
Elizabeth Crighton	Project Manager (Wellbeing)	EC
Jacque Crooks	Workforce Development Lead Officer HR	JC
Paul Dundas	Independent Sector Lead Scottish Care	PD
Extended Leadership Team	All Direct Reports to SLT	ELT
Vickie Grieg	Fife Council HR Lead Officer	VG
Kathy Henwood	Head Children & Families & Criminal Justice / Chief Social Work Officer	KH
Elaine Jordan	HR Business Partner Fife Council	EJ
Roy Lawrence	Principal Lead for Organisational Development & Culture	RL
Dafydd McIntosh	Organisational Development & Culture Specialist	DM
Brian McKenna	HR Manager NHS	BM
Kenny Murphy	Director Fife Voluntary Action	KM
Diane Roth	Organisational Development & Culture Specialist	DR

Jacque Stringer	Locality Planning Co-ordinator	JS
Trade Unions	Debbie Fyfe – Fife Council Eleanor Haggett – Fife Council Simon Fevre – NHS	TU
Stacey Webb	Team Manager (Digital Skills & Learning)	SW
Senior Leadership Team	All Direct Reports to the Director and Chief Officer	SLT
Susan Young	HR Team Leader NHS	SY
Audrey Valente	Chief Finance Officer	AV
Workforce Youth Investment Team	Fife Council HR	WYI

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.

Language lines

خط هاتف اللغة العربية: 03451 55 55 77

বাংলায় আলাপ করার জন্য টেলিফোন লাইন:

03451 55 55 99

中文語言熱線電話: 03451 55 55 88

Polskojęzyczna linia telefoniczna:

03451 55 55 44

اُردو زبان کے لیے ٹیلیفون نمبر 03451 55 55 66

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



Meeting Title:	Integration Joint Board
Meeting Date:	30 September 2022
Agenda Item No:	11
Report Title:	Revision to Governance Manual
Responsible Officer:	Nicky Connor, Director of Health & Social Care
Report Author:	Nicky Connor, Director of Health & Social Care

1 Purpose

This Report is presented to the Board for:

- Assurance

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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 well-being.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.

- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.
- Living well with long term conditions.
- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

Regular updates have been provided to the Chief Executives of NHS Fife and Fife Council from the Integration Scheme Working Group and the Director of Health and Social Care.

This paper was discussed at the Audit & Assurance Committee on 14 September 2022. Assurance was sought and given by the Committee to formally issue the Governance Manual.

3 Report Summary

3.1 Situation

The Public Bodies (Joint Working) Scotland Act 2014 set out the requirements to review the Integration Joint Board (IJB) Integration Scheme within a 5-year period which required both NHS Fife and Fife Council to submit an updated scheme by 31 March 2021.

The Scheme was delayed due to the Covid-19 Pandemic and an extension was granted by Scottish Government. This was formally adopted by Fife Council and NHS Fife in March of 2022.

3.2 Background

The current Integration Scheme required review and has been updated to reflect the current arrangements for the IJB in line with Legislation. This work has now concluded and the Scheme was formally signed off by Scottish Ministers on 8 March 2022.

The Governance Manual which was first produced in August 2019 needed to be reviewed to reflect the updated Integration Scheme amendments and the changes to the roles and remits of the three governance committees which report to the IJB.

3.3 Assessment

A working group was established to review the Integration Scheme and consisted of representation from the Health & Social Care Partnership, NHS Fife and Fife Council. Advice was also sought at an early stage in the process from Internal Audit.

It was decided to use this group to review the governance arrangements which are in place across the IJB. This work has now concluded and the governance manual has been fully reviewed.

The format of the reviewed governance manual continues has been refreshed to give more clarity to the agreed arrangements and to remove repetition and duplication. A copy of the updated Manual is attached as Appendix 1.

There were only minor amendments made to the Scheme of Delegation and Standing Orders.

3.3.1 Quality / Customer Care

The review of the Governance Manual supports the nine National Health and Wellbeing Outcomes and will positively impact on the health and social care services for the people of Fife.

3.3.2 Workforce

The refresh of the Governance Manual provides greater clarity around roles and responsibilities for the workforce and committees.

3.3.3 Financial

The Governance Manual includes the financial regulations.

3.3.4 Risk / Legal / Management

The manual has been reviewed to ensure there are robust governance arrangements in place.

3.3.5 Equality and Diversity, including Health Inequalities

The review of the governance arrangements supports the nine National Health and Wellbeing Outcomes and will positively impact on health and social care services for the people of Fife.

3.3.6 Other Impact

Not applicable.

3.3.7 Communication, Involvement, Engagement and Consultation

Integration Scheme Working Group which also reviewed the Governance Manual documentation consisting of representatives from the IJB, NHS Fife and Fife Council and included legal advice on the Standing Orders and Scheme of Delegation.

3.4 Recommendation

Assurance – the Board to asked to be assured that adequate and appropriate governance arrangements are in place to discharge the duties which are delegated to the IJB and to issue a copy of the Manual to each IJB member.

4 List of Appendices

The following appendices is included with this report:

Appendix 1 – Updated Governance Manual

5 Implications for Fife Council

Awareness of updated Governance Manual for the IJB

6 Implications for NHS Fife

Awareness of updated Governance Manual for the IJB

7 Implications for Third Sector

Awareness of the updated Governance Manual for IJB.

8 Implications for Independent Sector

Awareness of the updated Governance Manual for IJB

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact:

Author Name: Norma Aitken

Author Job Title: Head of Corporate Services, H&SC Partnership

E-Mail Address: Norma.aitken-nhs@fife.gov.uk



**Fife Health & Social Care
Partnership**

Supporting the people of Fife together

GOVERNANCE MANUAL

September 2022

CONTENTS

- 01 Code of Corporate Governance**
- 02 Health and Social Care – Integration Scheme for Fife**
- 03 Scheme of Delegation**
- 04 Standing Orders**
- 05 Financial Regulations**
- 06 Code of Conduct**
- 07 Integrated Performance Framework**
- 08 Business Timetable**
- 09 Terms of Reference – Governance Committees**
 - **Audit & Assurance Committee**
 - **Finance, Performance & Scrutiny Committee**
 - **Quality & Communities Committee**



CODE OF CORPORATE GOVERNANCE

1 Introduction

- 1.1 Integration of Health and Social Care is the Scottish Government's programme of reform to improve services for people who use adult health and social care services. The Public Bodies (Joint Working) (Scotland) Act was granted Royal Assent on 1 April 2014. That meant changes to the law which required Health Boards and Local Authorities to integrate these services. The Act was a landmark adult health and social care reform for Scotland and is the most substantial reform to the country's national health services and social care services in a generation.
- 1.2 Integration means that the expertise and resources of health and social care are combined, shared, co-ordinated and planned jointly with other key partners including unpaid carers, the third sector and the independent sector. The integration process will support the improvement of the quality and consistency of health and adult social care services, especially for people with long term conditions and disabilities, many of whom are older people. The principal aim is to improve the health and wellbeing of the people of Fife. Our vision is to enable the people of Fife to live independent and healthier lives. This will be delivered by working with individuals and communities using our collective resources effectively. Transforming services provided will ensure these are safe, timely, effective, of high quality and based on achieving personal outcomes. Our values are to be person-focussed, act with integrity, care, kindness and respect whilst empowering and being inclusive.
- 1.3 One of the main aspects of the Public Bodies (Joint Working) (Scotland) Act is to create statutory Health & Social Care Partnerships in each local authority area in co-operation with health boards.
- 1.4 The integration process uses the nine National Health and Wellbeing Outcomes to support people in Fife to improve their own health and wellbeing as well as improving the quality and consistency of health and social care. This includes advice, support and services, especially for people with long term conditions and disabilities

2 Corporate Governance

- 2.1 Corporate Governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how we relate to our communities. It covers the following dimensions:
 - Service delivery arrangements.
 - Structures and processes.
 - Risk management and internal control.
 - Standards of conduct.

2.2 The key elements of the structures and processes that comprise the IJB's governance arrangements are summarised in sections 3 to 25 below.

3 The Integration Scheme

3.1 The Integration Scheme is important as it sets out the crucial aspects of how integration will look in Fife in the future including:

- The functions of health and social care which are delegated to the IJB.
- How the delegated functions will be delivered and monitored.
- The development of finance management and governance arrangements.

4 The Strategic Plan

4.1 The Fife Strategic Plan 2019-2022 ([hyperlink to updated plan](#)) is at the heart of integration and sets out how health and social care services will be delivered in a more integrated way to improve the quality of support for people who need them and deliver the national health and wellbeing outcomes. The commissioning intentions of the Strategic Plan have been aligned to the NHS Fife Clinical Strategy and Fife Council Community Plan. A new Strategic Plan for 2022-2025 is currently being developed.

5 Participation and Engagement

5.1 The Participation and Engagement Strategy 2022-2025 has been approved by the Integration Joint Board.

5.2 The Partnership is committed to establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation. Developing the vision which specifies the intended outcomes for citizens and service users continues to be progressed, communicated and translated into courses of actions.

6 Standing Orders

6.1 The Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable, be the rules and regulations for the proceedings of any Committees and Governance Committees of the Fife Integration Joint Board and reference to the "Integration Joint Board" and "the Board" in these Standing Orders should be interpreted accordingly. The term "Chair" shall also be deemed to include the Chair of any Committee or Governance Committee but only in relation to such Committees or Governance Committees.

6.2 In the Standing Orders "the Integration Joint Board" shall mean the Fife Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No 3) Order 2015.

7.1 Composition Of the IJB

- 7.1 The IJB consists of sixteen voting members: eight Elected Members from Fife Council and eight NHS Fife Non-Executive Board members.
- 7.2 There are six non-voting professional advisors: Director of Health & Social Care; General Practitioner; Nurse Director; Medical Director; Chief Finance Officer and Chief Social Work Officer.
- 7.3 There are eight non-voting stakeholder members: Independent Sector Representative, Third Sector Representative, Staff Representative from Fife Council, Staff Representative from NHS Fife, Joint Trade Union Representative, Fife Council; Service User Representative, Carer Representative and Associate Director, Allied Health Professionals.
- 7.4 Other Officers are also in attendance at the IJB as required.

8 Terms of Reference of the IJB

- 8.1 The Terms of Reference for the Integration Joint Board (IJB) are formally set out in the Public Bodies (Joint Working) Integration Joint Monitoring Committees (Scotland Act) Orders 2014 with reference to the Scottish Statutory Instruments 2014 No.285. http://www.legislation.gov.uk/ssi/2014/285/pdfs/ssi20140285_en.pdf
- 8.2 The primary functions of the IJB are to
- Develop an annual commissioning plan for NHS Fife and Fife Council.
 - Direct NHS Fife and Fife Council and any other appropriate body to deliver the functions delegated to the IJB through the Integration Scheme.
 - Produce an Annual Performance Report on progress.
 - Oversee operational delivery of integrated services.
 - Set a balanced budget annually.
 - Approve the annual accounts.

9 Terms of Reference of the Governance Committees

- 9.1 Three governance committees have been established by the IJB as follows:
- Audit and Assurance
 - Quality and Communities
 - Finance, Performance and Scrutiny
- 9.2 The principles of this Code of Corporate Governance apply equally to IJB governance committees which report directly to the IJB.
- 9.3 There is a standard template for the Terms of Reference for each of the governance committees which contains the purpose of that committee, the composition, the minimum number of meetings to be held each year, the remit, the authority and the reporting arrangements. The purpose, composition, meetings and remit will vary for each governance committee, but the authority and the reporting arrangements will be the same,

- 9.4 Each of the governance committees will produce an annual workplan which will require to be approved by 1 April each year.
- 9.5 Each governance committee will also produce an Annual Assurance Statement which will detail the progress made against the workplan and will provide assurance to the IJB that they have discharged their duties effectively .
- 9.6 The Terms of Reference for each of the three governance committees can be found in Section 10 of the Governance Manual.

10 How the IJB Works

- 10.1 The IJB and the governance committees play a key role in policy development and review and also holding officers to account. There is a clear distinction between the officer's role in proposing and implementing policies and the role of board members in reviewing policy, and scrutinising decisions. The IJB issues Directions, provides a long-term view of strategic issues and also looks in detail at key aspects of the partnership's operations.
- 10.2 Challenge and scrutiny contribute to good governance by being a key part of transparent and accountable decision making, policy making and review. The potential impact of alternative service delivery models means that the sub-committees are a crucial mechanism for ensuring oversight. Each of the sub-committees is able to make recommendations and propose changes to be considered by the IJB where a formal decision will be taken and any necessary Directions issued to the appropriate organisation(s)
- 10.3 Defining and documenting the roles and responsibilities of members and management, with clear protocols for effective communication in respect of the authority and partnership arrangements is essential. A Director of Health and Social Care and a Chief Finance Officer have been appointed, in line with the legislation.

11 Code of Conduct

- 11.1 The Scottish Government published guidance and a revised Model Code of Conduct in December 2021 setting out the roles, responsibilities and membership of the IJB which Fife has chosen to adopt. This guidance confirmed that IJBs are "devolved public bodies" for the purposes of the Ethical Standards in Public Life (Scotland) Act. This means that the IJB is required to produce a code of conduct for members.
- 11.2 Induction training as part of an organisational development strategy has been provided and will continue to support the development needs of members and senior officers in relation to their strategic roles.

12 Acting in the Public Interest

- 12.1 IJB members and staff are expected to promote and support the principles in the Code of Conduct and to promote through their own personal conduct the values of the eight principles of public life as follows;

- Leadership
- Selflessness
- Integrity
- Objectivity
- Openness
- Accountability and Stewardship
- Honesty
- Respect

12.2 Certain employees may also be bound by their own professional and ethical codes of practice.

12.3 These values should be visible in everything we do and contribute to person-centred, safe and effective services.

13 Good Governance Framework

13.1 Good Governance is about the culture, systems, processes and values by which the IJB conducts its business and delivers services. The IJB adheres to and works within a framework of internal values and expected external principles and standards which help to deliver good standards of governance. The standards reflect the conduct of business and day to day delivery of services and applies to all Board members and officers.

13.2 In 2016, CIPFA/SOLACE issued guidance, Delivering Good Governance in Local Government: Framework, which is intended to be used as best practice for developing and maintaining a locally adopted code of governance. The framework sets out seven principles of good governance as follows:

- A Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
- B Ensuring openness and comprehensive stakeholder engagement.
- C Defining outcomes in terms of sustainable economic, social, and environmental benefits.
- D Determining the interventions necessary to optimise the achievement of the intended outcomes.
- E Developing the entity's capacity, including the capability of its leadership and the individuals within it.
- F Managing risks and performance through robust internal control and strong public finance management.
- G Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

13.3 The IJB governance arrangements have been assessed in line with this framework and an action plan has been developed to further strengthen the governance arrangements of the IJB and the partnership. Improvement actions are included in the governance statement provided as part of the Annual Accounts process.

Documentary evidence of compliance is available and is linked to the Good Governance Framework.

14 Financial Regulations

14.1 All relevant laws and regulations, internal policies and procedures require to be complied with and expenditure must be lawful. The finance management arrangements require to conform with the governance requirements of the CIPFA Statement on the Role of the Chief Finance Officer in local Government (2015).

14.2 The IJB Chief Finance Officer will discharge their duties in respect of the delegated resources by:

- Establishing Finance governance systems for the proper use of the delegated resources.
- Ensuring that the Strategic Plan meets the requirement for best value in the use of the IJB's resources.
- Ensuring the resources that are allocated to the Health Board and Local Authority are spent according to the plan and that the provisions of the directions enable them to discharge their responsibilities in this respect.

14.3 The Health Board Accountable Officer and the Local Authority Section 95 Officer are responsible for the resources that are paid by the IJB to the Health Board and Local Authority in support of the Directions for operational delivery.

14.4 In the operational role within the Health Board and Local Authority, the Director of Health and Social Care is:

- Accountable to the Chief Executive of the Health Board for financial management of the operational budget and is advised by the Health Board Director of Finance.
- Accountable to the Section 95 Officer of the Local Authority for financial management of the operational budget; and
- Accountable to the Chief Executive of the Local Authority and Chief Executive of the Health Board for the operational performance of the services managed by the Director of Health and Social Care.

14.5 The legislation requires that the IJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973).

14.6 In discharging these responsibilities, IJB members and senior officers are responsible for implementing effective arrangements for governing the IJB's affairs and facilitating the effective exercising of its functions including arrangements for managing risk.

- 14.7 As a consequence of these responsibilities, the IJB must regulate the actions taken on its behalf that carry financial implications to provide assurance of their propriety and consistency. It is furthermore a requirement of these regulations that all financial transactions instructed by the Board are within the legal powers of the Board.
- 14.8 The IJB have approved Financial Regulations which form a key element of the maintenance of a robust, clear and accountable governance framework for the IJB.
- 14.9 The IJB Financial Regulations apply from 1 April 2016 and set out the arrangements for the proper administration of the financial affairs of the IJB.

15 Scheme of Delegation

- 15.1 The effectiveness of the decision-making framework across the partnership is influenced by the information provided to decision makers, the robustness of data quality and delegation arrangements.
- 15.2 The Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards and that public money is safeguarded, properly accounted for and used economically, efficiently, effectively, equitably and ethically. The IJB's activities are furthermore guided by the relevant Scheme of Delegation which sets out the underlying principles and responsibilities on openness, integrity and accountability.
- 15.3 Reliance is placed on the existing counter fraud and anti-corruption arrangements in place within each partner which have been developed and are maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).

16 Risk Management

- 16.1 The IJB has established a system of risk management arrangements for the functions delegated to it. The IJB's risk management arrangements provide an assessment of the key risks to the IJB. The IJB Risk Management Strategy sets out the framework for identifying and managing risks, for measuring the impact on performance and demonstrating clear accountability as to how these risks are being managed, along with any new or emerging risks which are considered to be significant. Key elements of the risk strategy include the way in which risks are identified, evaluated and controlled. Following the completion of the Integration Scheme review, the Risk Management Strategy will also be reviewed to ensure it remains up to date and supports all other governance arrangements
- 16.2 The operational delivery of services by the Local Authority and Health Board, as directed by the IJB, will be subject to their respective governance and risk management arrangements. The risk management strategy will be embedded across the partners and link to the partners Risk Strategies and Frameworks. Training and guidance is provided to staff and IJB members.

17 Performance Scrutiny

- 17.1 Health and social care integration introduced a statutory based new model of cross-sector working which determines that scrutiny of performance must be embedded in the local governance framework for whatever model of operation is selected.
- 17.2 External scrutiny is provided by the Care Inspectorate as well as the Health & Safety Executive (HSE) and Mental Welfare Commission who regulate, inspect and support improvement of adult social work and social care.
- 17.3 The Scottish Government's Clinical and Care Governance Framework outlines the roles, responsibilities and actions that will be required to establish governance arrangements in support of the Act's integration planning and delivery principles and the required focus on improved outcomes.
- 17.4 The Finance and Performance Governance Committee monitors performance targets and service standards. Measuring the performance of services and related projects ensures that they are delivered in accordance with defined outcomes and that they represent the best use of resources and value for money.

18 Equality Responsibilities

- 18.1 The Equality Act 2010 stipulates that all public bodies across Scotland are required to produce and deliver a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty. The duty has two parts - a General Duty and Specific Duties. The General Duty came into force in April 2011 and applies to any organisation which carries out a public function, requiring due regard to be given to the need to:
- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act. Advance equality of opportunity between persons who share a relevant characteristic and persons who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.
- 18.2 The purpose of the general Equality Duty is to ensure that all public bodies mainstream equality into their day-to-day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key functions including the development of internal and external policies, decision-making processes, procurement, service delivery and improving outcomes for service users.
- 18.3 In May 2012, further Specific duties came into force to support public bodies in their performance of the general equality duty. This places a statutory duty on designated public bodies to:
- Report progress on mainstreaming the public sector equality duty.
 - Publish equality outcomes and report progress.

- Assess and review policies and practices (impact assessment).
- Consider award criteria and conditions in relation to public procurement.
- Publish in a manner that is accessible.

18.4 Linkages have been made with the equality leads in NHS Fife and Fife Council, to share practice and align engagement activities to avoid unnecessary duplication.

18.5 The IJB's Strategic Plan sets out how integrated health and social care support and services will be delivered in the future, following wide engagement with the people of Fife, users of service, their carers and public, independent and third sector providers and practitioners. To ensure successful delivery of the plan, it is vital that the IJB is fully committed to the values and ethos placed upon it by the Equality Act 2010, ensuring equality is mainstreamed in business and that everyone in Fife has equal opportunities regardless of their age, ability, gender, sexual orientation, race, belief, childbearing or marital status.

18.6 A mainstreaming report was created in 2016, with equality outcomes based on the commissioning intentions of the strategic plan and an update report was provided in 2018. The outcomes are currently being reviewed and following further consultation and engagement the report will be updated. With regards to conducting equality impact assessments, the IJB utilises the partnership designed documentation. The benefit of this approach is that it provides an effective recording mechanism that can provide management reports, internet publication of completed reports and is accessible to both Council and NHS staff as required.

19 Audit Arrangements

19.1 The audit assurance arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit (2019). A risk based internal audit plan for the IJB is agreed and updated annually. The audit plan considers the risks associated with the Strategic Plan and planning process; the Finance plan underpinning the Strategic Plan; and relevant issues raised from the partner Health Board and Local Authority internal auditors. The IJB provides timely support, information and responses to internal and external auditors and properly considers audit findings and recommendations at the relevant governance committee, depending on the subject matter.

19.2 The IJB established adequate and proportionate internal audit arrangements for the review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This included determining who is to provide the internal audit service for the IJB and nominating joint NHS Fife and Fife Council Chief Internal Auditors. The risk- based audit plans for the IJB, Local Authority and Health Board are co-ordinated to ensure proper coverage, avoid duplication of efforts and determine areas of reliance from the work of each team.

19.3 The operational delivery of services within the Health Board and Local Authority on behalf of the IJB will be covered by their respective internal audit arrangements.

19.4 The risk-based audit plan should be developed by the Chief Internal Auditors of the IJB, approved by the IJB and shared with the relevant committees of the Health Board and Local Authority. The IJB annual internal audit report may also be shared as appropriate with the partner NHS Fife and Fife Council through the reporting arrangements for internal audit in those bodies.

20 Responsibilities Arising from the Code of Corporate Governance

20.1 It is the responsibility of the Chair of the IJB and the Director of Health and Social Care to ensure that Board members and staff understand their responsibilities. IJB Members and relevant managers shall receive copies of the Code of Corporate Governance. Managers are responsible for ensuring their staff understand their responsibilities.

20.2 The Code of Corporate Governance will be published on the IJB's public website.

21 Annual Governance Statement

21.1 The IJB is committed to keeping the Code of Corporate Governance under review and will undertake a comprehensive review every three years.

21.2 The IJB is required to prepare an Annual Governance Statement in order to report publicly on the extent to which it complies with its own code of governance, which in turn is consistent with the good governance principles in the framework.

21.3 The IJB is required to conduct a review at least once in a year of the effectiveness of its system of internal control and to report publicly on compliance with its own code on an annual basis and on how it has monitored the effectiveness of its governance arrangements in the year and on planned changes.

21.4 The Annual Governance Statement therefore reports on the outcome of this review and is included in the Annual Accounts and is a valuable means of communication. It enables the IJB to explain to the community, service users and other stakeholders its governance arrangements and the controls it has in place to manage risks of failure in delivering its outcomes.

21.5 The basis of the Annual Governance Statement will be an overview of and opinion on the IJB's arrangements contained in the approved Code of Corporate Governance. The Annual Governance Statement will provide assurance that internal control and governance arrangements are adequate and operating effectively in practice *or*, where reviews of the internal control and governance arrangements reveal gaps, it will identify planned actions that will ensure effective internal control and governance in future.

21.6 The annual review, scrutiny and reporting processes will be in alignment with the publication of the Annual Accounts and Performance Information, which will include the Annual Governance Statement signed by the Director of Health and Social Care and the Chair of the IJB. An Annual Performance Report on Health and Social Care Integration will be prepared by the Director of Health and Social Care, presented to the IJB for approval and submitted as laid out in regulations.

21.7 The Annual Governance Statement will include a review of the collective performance of the IJB including previously identified actions and the progress made against implementation. Self-assessment of IJB's performance should follow the framework.

21.8 Any failures of controls (finance or otherwise) will be considered for disclosure within the Annual Governance Statement along with any remedial actions identified for significant failures. Factors which indicate a significant failure include but are not limited to: matters reported on by internal or external audit; increased risk to service delivery; impacts to planned use of resources; material impact to the finance statements; risks to data integrity or patient confidentiality, including any lapses of data security; and breaches of the Financial Regulations and/or Standing Orders.

22 Independent Assurances

22.1 The review by the Director of Health and Social Care should be supported by internal and independent assurances, including those of internal and external audit. External auditors review the Annual Governance Statement in the accounts and the Chief Internal Auditor provides an Annual Assurance opinion. Both parties consider whether the governance statement reflects compliance with the essential features. They identify any information that is materially incorrect based on, or inconsistent with, their knowledge of the IJB, or that is otherwise misleading. .

23 Ongoing Review and Continuous Improvement

23.1 The IJB is committed to improving governance on a continuing basis through a process of evaluation and review to ensure compliance with best practice guidance and when necessary measures will be put in place to address areas identified for improvement. This includes how they have monitored and evaluated the effectiveness of their governance arrangements in the year, and on any planned changes in the coming period. Monitoring also includes self-assessment and improvement planning.

23.2 The arrangements each year are subject to annual review to consider any revised guidance issued from the Scottish Government or Audit Scotland. The IJB may also, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulation of the procedure of business of the IJB and of any Committee. All IJB Governance Committees have a role in advising the IJB on these matters.

24 Feedback

24.1 The IJB aims to continuously improve service delivery and it is important that this Code remains relevant. We would therefore be happy to hear from you with regard to new operational procedures, changes to legislation, confusion regarding the interpretation of statements or any other matter connected with the Code.

25 Conclusion - Good Governance in Practice

25.1 The IJB promotes the application of the values and principles in all its operations and expects high standards of conduct and behaviour. Good Governance

principles and values must be followed in any work, activity or decision undertaken on behalf of the IJB. Good Governance underpins all of the IJB's strategies, plans, policies, frameworks, procedures and activities which involve employees and IJB members. Partnership activities and plans rely upon the input and overview of IJB members who represent Fife's communities and are essential to decision making and scrutiny responsibilities.

25.2 The Code of Good Governance (see Section 13.2) sets out the systems established to achieve good governance arrangements. IJB members and officers are expected to be aware of and must adhere to the values, the governance and the conduct principles in IJB related activity.



Fife Health and Social Care Integration Scheme

between

Fife Council and NHS Fife

March 2022

CONTENTS

SECTION	PAGE NO
Introduction	2
Aims, Outcomes and Values of this Integration Scheme	2
The Health and Social Care Integration Scheme for Fife	4
1. Definitions and Interpretation	4
2. Local Governance Arrangements	5
3. Delegation of Functions	5
4. Local Operational Delivery Arrangements	5
5. Clinical and Care Governance	8
6. Chief Officer	9
7. Workforce	10
8. Finance	11
9. Participation and Engagement	15
10. Information Sharing and Data Handling	16
11. Complaints	16
12. Claims Handling, Liability and Indemnity	17
13. Risk Management	17
14. Dispute Resolution Mechanism	18
Annex 1 – Functions Delegated by NHS Fife to the IJB and Services Currently Provided by NHS Fife Which are to be Integrated	19
Annex 2 – Functions Delegated by Fife Council to the IJB and Services Currently Provided by Fife Council Which Are to be Integrated	22
Appendix 1 – Participation and Engagement	31

INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 (“The Act”) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social services.

The Act requires NHS Fife and Fife Council to prepare jointly an Integration Scheme setting out how this joint working is to be achieved.

Between Fife Council and NHS Fife it has been agreed that this delegation will be a third body called the Integration Joint Board (“IJB”) (under S1 (4) (a) of the Act commonly referred to as a “Body Corporate” arrangement.

This document sets out the integration arrangements adopted by NHS Fife and Fife Council as required by Section 7 of the Act. This Integration Scheme follows the format of the model document produced by the Scottish Government, and includes all matters prescribed in the regulations.

As a separate legal entity, set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB has full autonomy and capacity to act in its own behalf and can, accordingly, make decisions about the exercise of its functions as it sees fit. However, the legislation that underpins the IJB requires that its voting members are appointed by the relevant Health Board and Council. While serving on the IJB its members carry out the functions under the Act on behalf of the IJB itself, and not as delegates of their respective Health Board or Council. This work is carried out in accordance with the Standards Commission Model Code of Conduct for Members of Devolved Public Bodies.

The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of the services conferred on it by the Act through the locally agreed arrangements set out in this Integration Scheme. This Integration Scheme should be read in such a way as to follow the spirit of the agreement. Any questions on interpretation should be based on reading the implied terms in order to make the interpretation compatible with the purpose of the agreement. This purpose is to achieve a unified and seamless health and social care service for the people of Fife. All individuals work together to achieve the same outcomes and follow the same vision, philosophy and principles.

AIMS, OUTCOMES AND VALUES OF THIS INTEGRATION SCHEME

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. This Integration Scheme is intended to support achievement of the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5 (1) of the Act, namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
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.
7. People using health and social care services are safe from harm.
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.
9. Resources are used effectively and efficiently, and resource allocation is underpinned by the principle of delivering “value based” health and social care services.

The IJB is committed to enabling the people of Fife to live independent and healthier lives. We will deliver this by working with individuals and communities, using our collective resources effectively to transform services, ensuring these are safe, timely, effective, high quality and based on achieving personal outcomes. This will be underpinned by our agreed values to be person focused, respectful, inclusive, empowering and acting with integrity and care. The IJB is committed to the protection and enhancement of equality and human rights.

Service users and carers will see improvements in the quality and continuity of care and smoother transitions between services and partner agencies. These improvements require planning and co-ordination. By efficiently deploying multi-professional and multi-agency resources, integrated and co-ordinated care systems will be better able to deliver the improvements we strive for; faster access, effective treatment and care, respect for people's preferences, support for self-care and the involvement of family and carers.

The IJB will be committed to ensuring that service transformation takes place. It will operate in a transparent manner in line with the Langlands Good Governance Standards and the Nolan Principles that underpin the ethos of good conduct in public life. These are selflessness, integrity, objectivity, accountability, openness and honesty. The IJB will demonstrate these principles in the leadership of transformational change. By adhering to an open and transparent approach it will ensure that it is well placed to satisfy our moral duty of candour as well as any developing legal requirements in this area.

Integration must be about much more than the structures that support it and must reflect the values of integrated and collaborative working. It is only by improving the way we work together that we can in turn improve our services and outcomes for individuals and communities who use them.

THE HEALTH AND SOCIAL CARE INTEGRATION SCHEME FOR FIFE

The Parties:

Fife Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Fife House, North Street, Glenrothes Fife KY7 5LT ;

And

Fife Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Fife”) and having its principal offices at Hayfield House, Hayfield Road, Kirkcaldy, Fife KY2 5AH (“NHS Fife”) (together referred to as “the Parties”)

Hereby agree to the following:

1. DEFINITIONS AND INTERPRETATION

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

The “Chief Officer” (Director of Health and Social Care) undertakes a joint function and is the Accountable Officer to the IJB.

“Directions” means the legal mechanism intended to direct and allocate responsibilities between partners as set out in section 52 the Act. Directions are the means by which the IJB directs NHS Fife and Fife Council what services are to be delivered using the integrated budget to achieve to agreed outcomes.’

The “Director of Health and Social Care” is the operational Director jointly responsible to the Chief Executives of the Health Board and Local Authority.

“IJB Order” means the Public Bodies (Joint Working) (IJBs) (Scotland) Order 2014;

“Integration Joint Board” or “IJB” means this Integration Joint Board for Fife established by an order made under section 9 of the Act;

“Health and Social Care Partnership” is the name given to the delivery of services under the leadership of the Director of Health and Social Care for functions which have been delegated to this Integration Joint Board.

“Outcomes” means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Scheme” means this Integration Scheme;

“Strategic Plan” means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

2. LOCAL GOVERNANCE ARRANGEMENTS

- 2.1 The Parties have agreed to proceed by way of adopting the body corporate model of integration and to establish an IJB as provided for in Section 1(4)(a) of the Act.
- 2.2 The arrangements for appointing the voting membership of this Integration Joint Board are that Fife Council will appoint 8 Councillors and NHS Fife will appoint 8 Board members to be members of this Integration Joint Board in accordance with article 3 of this Integration Joint Board Order. The Board members appointed by the Parties will hold office for a maximum period of 3 years and will be bound by the Standards Commission Advice for IJB Members. Board members appointed by the Parties will cease to be members of the Board in the event that they cease to be a Board member of NHS Fife or an Elected Fife Councillor.
- 2.3 The Chair of the IJB will serve a three-year term and will rotate between the voting members nominated by Fife Council and NHS Fife. The Vice-Chair will also serve a 3-year term and will be selected from the partner body which does not hold the chair.
- 2.4 In addition to the voting members described in paragraph 2.2 above, the IJB will also comprise the non-voting members specified in article 3(1) of the IJB Order.
- 2.5 The IJB will appoint non-voting members in accordance with articles 3(6) and 3(7) of the IJB Order and may appoint additional nonvoting members in accordance with article 3(8) of the IJB Order.

3. DELEGATION OF FUNCTIONS

- 3.1 The functions that are delegated by NHS Fife to the IJB (subject to the exceptions and restrictions specified or referred to in Part 1 of Annex 1) are set out in Part 1 of Annex 1. The services currently provided by NHS Fife in carrying out these functions are described in Part 2 of Annex 1.
- 3.2 The functions that are delegated by Fife Council to the IJB (subject to the restrictions and limitations specified or referred to in Parts 1A and 1B of Annex 2) are set out in Parts 1A and 1B of Annex 2. For indicative purposes only the services which are currently provided by Fife Council in carrying out these functions are described in Part 2 of Annex 2.

4. LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

The local operational arrangements agreed by the Parties are:

- 4.1 The Integration Joint Board has a responsibility for the planning of Services. This will be achieved through the Strategic Plan.
- 4.2 The Integration Joint Board directs the Parties to deliver services in accordance with the Strategic Plan.

- 4.3 The Integration Joint Board, through the Chief Officer, is responsible for the operational oversight of Integrated Services, through the issuing and monitoring of Directions.
- 4.4 The Chief Officer as Director of Health and Social Care will be responsible for the operational management of Integrated Services in line with the Parties respective Schemes of Delegation.
- 4.5 The Integration Joint Board is responsible for the planning of Acute Services in partnership with the hospital sector, for those hospital services most commonly associated with the urgent, unscheduled and emergency care pathways, alongside primary and community health care and social care. The Act and regulations require that the budget for these hospital services for Fife's population is included in the scope of the strategic plan. The Director of Acute Services will be a member of the IJB Strategic Planning Group. In line with the Act NHS Fife is required to provide financial, activity and performance monitoring reports to the Chief Officer and Integration Joint Board at a frequency in line with the IJB performance framework and directions. The Chief Officer and Director of Acute Services will work closely together to support a coherent single cross-sector system. An Accountability Framework has been developed between the Parties to ensure there is a clear understanding of the balance of risk between this integration authority and NHS Fife and how any variances will be addressed in line with national guidance on financial planning for large hospital services and hosted services.
- 4.6 The Integration Joint Board will be responsible for monitoring and reporting in relation to the oversight of delivery of the integrated services. This Integration Joint Board will receive detailed work plans and reports from the Parties outlining the key objectives for the year against the delivery of the Strategic Plan. This Integration Joint Board will receive reports for performance monitoring and for informing the future Strategic Plans from the Parties.
- 4.7 The Parties have identified a core set of indicators that relate to services from publicly accountable and national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions are collated to form a Performance Framework which provides information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators with the Chief Officer and Head of Strategic Planning, Performance and Commissioning to enable an Integrated Performance Report to be presented to this Integration Joint Board. The improvement measures are a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures are linked to the national and local Outcomes to assess the timeframe and the scope of change.
- 4.8 The Performance Framework also states where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement

in respect of organisational accountability for a performance target for NHS Fife or Fife Council, this is taken into account by this Integration Joint Board when preparing the Strategic Plan and is requested through the use of Directions and a suite of performance measures reported to the IJB.

- 4.9 The Performance Framework is used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to this Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by this Integration Joint Board when preparing the Strategic Plan. Information will be requested through the use of Directions and a suite of performance measures reported to the IJB.
- 4.10 The Performance Framework is reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.
- 4.11 In line with Section 43 of the Act the Integration Joint Board will prepare an Annual Performance Report for the reporting year relating to the planning and carrying out of integrated functions and delivery of the Strategic Plan. The parties are required to provide the information to the Chief Officer that this Integration Joint Board may reasonably require for the purpose of preparing the Annual Performance Report and Strategic Plan.
- 4.12 The Parties provide support to this Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures in line with the Strategic Plan and National Reporting Framework.
- 4.13 The reporting and measurement arrangements are reviewed regularly in line with the Strategic Plan and any emerging guidance. A range of performance monitoring reports covering both finance and activity measures is in place.
- 4.14 The Parties provide support to the Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures and delivery of the Strategic Plan.
- 4.15 The Parties agree that the current support will continue until new models of service delivery have been developed.
- 4.16 The NHS Fife Board will share with this Integration Joint Board the necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other health boards.
- 4.17 Fife Council will share with this Integration Joint Board necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other councils.
- 4.18 The Chief Officer will ensure that, where there is an impact of the Strategic Plan on the Integration Authorities for the Council areas within the health board

areas of Tayside, Forth Valley and Lothian, then arrangements will be in place to identify any risks and management plans required.

- 4.19 The Parties will ensure that their officers acting jointly will consider the Strategic Plan of the other Integration Joint Boards or this Integration Authorities for the Council areas within the health board areas of Tayside, Forth Valley and Lothian to ensure that they do not prevent the Parties and Fife's Integration Joint Board from carrying out their functions appropriately and in accordance with this Integration Planning and Delivery principles and to ensure that they contribute to achieving the National Health and Wellbeing Outcomes.

5. CLINICAL AND CARE GOVERNANCE

The arrangements for clinical and care governance agreed by the Parties are:

- 5.1 The Executive Medical Director, Director of Public Health and Executive Nurse Director, NHS Fife are accountable to the NHS Fife Clinical Governance Committee for quality of care delivery and professional governance in relation to the delegated NHS Fife functions.
- 5.2 The Chief Social Work Officer, Fife Council is accountable for ensuring proper standards and values are maintained in respect of the delivery of Social Work Services delegated to this Integration Joint Board. The Chief Social Work Officer provides specific reports including the annual report and assurance to the relevant committee of Fife Council.
- 5.3 The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.
- 5.4 The Parties will continue to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.
- 5.5 The Executive Medical Director, the Director of Public Health and the Executive Nurse Director continue to attend the NHS Fife Clinical Governance Committee which oversees the clinical governance arrangements of all NHS Fife service delivery divisions.
- 5.6 Professional oversight, advice and accountability in respect of care and clinical governance are provided throughout the Partnership by the Executive Medical Director Executive Nurse Director, and Professional Lead Social Worker.
- 5.7 Professional advice is provided to this Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be fully involved in Strategic Planning processes.

- 5.8 Assurance will be given through arrangements which will come together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks.
- 5.9 The Parties will ensure clinical and/or care governance arrangements are congruent with those of the IJB. Any changes to these arrangements will be agreed between the Parties and implemented through a minute of variation signed on behalf of both Parties and the IJB.
- 5.10 This Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43).
- 5.11 The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

6. CHIEF OFFICER

The IJB shall appoint a Chief Officer in accordance with the Act. The arrangements for the Chief Officer are:

- 6.1 The Chief Officer as Director of Health and Social Care reports to the Chief Executive, Fife Council and the Chief Executive, NHS Fife. Joint performance review meetings involving both Chief Executives and the Director of Health and Social Care take place on a regular basis in accordance with each organisation's normal performance management arrangements.
- 6.2 The Chief Officer in their role as Director of Health and Social Care has delegated operational responsibility for the delivery of integrated services as outlined in Annex 1 and 2 of this Scheme.
- 6.3 The Chief Officer has a senior team of 'direct reports'. The Chief Officer will nominate one of the Direct Reports to act for him or her during periods of absence. In the absence of a nomination the Chair and Vice-Chair of the IJB and the Chief Executives of both Parties will agree a person to act.
- 6.4 The Chief Officer as Director of Health and Social Care is a member of the Senior Management Teams of NHS Fife and Fife Council.

- 6.5 It is recognised and accepted that all members of the Senior Management teams of both NHS Fife and Fife Council have key roles to play in supporting Health and Social Care Integration and delivery of the Strategic Plan.
- 6.6 The Chief Officer is the Accountable Officer to this Integration Joint Board for Health and Social Care. A key element of the role is to develop close working relationships with elected members of Fife Council and NHS Fife Board members.
- 6.7 In addition, the Chief Officer has established and maintains effective relationships with a range of key stakeholders including Scottish Government, the third and independent sectors, service-users, trade unions and professional organisations.

7. WORKFORCE

The arrangements in relation to the respective workforces agreed by the Parties are:

- 7.1 The IJB will approve a Joint Workforce and Organisational Development Strategy in order to support delivery of effective integrated services as an integral component of the Strategic Plan. The Strategy will be updated in line with each revision of the Strategic Plan to support this Integration Joint Board to carry out its functions.
- 7.2 Workforce planning information continues to be provided by the Human Resource functions in Fife Council and NHS Fife. The parties will ensure that the IJB is consulted on their Strategic Workforce Plans which must incorporate the IJB Joint Workforce and Organisational Development Strategy. The parties will provide assurance to the IJB on the delivery of those aspects relevant to the functions of the IJB as well as on the implementation of staff governance standards and training and development where relevant to the Strategic Plan.
- 7.3 Core Human Resource services continue to be provided by the appropriate corporate Human Resource and workforce functions in Fife Council and NHS Fife.
- 7.4 The employment status of staff has not changed as a result of this Integration Scheme i.e. staff continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.
- 7.5 The Parties are committed to the continued development and maintenance of positive and constructive relationships with recognised trade unions and professional organisations involved in Health and Social Care Integration.
- 7.6 Trade Union and professional organisation representatives continue to be very much involved in the process of health and social care integration. Senior staff-side representatives from the Parties are members of the Strategic Planning Group.
- 7.7 The establishment of any group including employees or trade union representatives will not replace or in any way supersede the role and functions

of existing established consultative and partnership arrangements within Fife Council and NHS Fife.

- 7.8 Future service changes will be developed on a planned and co-ordinated basis involving the full engagement of those affected by the changes in accordance with established policies and procedures. This includes NHS Scotland's legal commitment to its employees to act as an exemplar employer under staff governance standards.
- 7.9 It is recognised that those currently involved in service delivery are well placed to identify how improvements can be made and to determine how the Parties can work together to provide the best services with, and for, the people of Fife.
- 7.10 The Parties are committed to ensuring staff possess the necessary knowledge and skills to provide service-users with high quality services.
- 7.11 The Parties are committed to an integrated management approach where individuals may report through a person employed by either Party. The Parties are in agreement that staff employed by their organisations will take and follow instruction from a manager employed by either Party.
- 7.12 Arrangements continue to ensure statutory professional supervision for clinicians and social workers.
- 7.13 The need to take due cognisance of extant recruitment policies and procedures within NHS Fife and Fife Council is well recognised. A fair, equitable and transparent recruitment process will be followed.

8 FINANCE

8.1 Resources

- 8.1.1 The Parties agree the allocations to be made available to the IJB in respect of each of the functions delegated by them to the IJB. The allocations will reflect those services which are delegated by virtue of this Scheme.
- 8.1.2. The resources to be made available to the IJB fall into two categories:
- (a) Allocations for the delegated functions, any exclusions to be agreed by both parties.
 - (b) It is the intention that resources used in "large hospitals" that are set aside by NHS Fife are made available to the IJB for inclusion in the Strategic Plan, subject to the quantum being agreed by the Parties.

Allocations to the IJB for delegated functions

- 8.1.3 The method for determining the annual allocations to the Integrated Budget will be aligned with and be contingent on the respective financial planning and budget-setting processes of both Parties. To allow timely financial planning, an early indication of the allocation for the following

financial year is required. This should be provided by the parties during the 3rd quarter of each financial year and confirmed as early in the 4th quarter as is possible. This will allow early discussions about spending plans and a collective focus on the financial sustainability of the IJB.

8.1.4 The Director of Health and Social Care and the Chief Finance Officer will develop a proposed Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget-setting process. The case will be evidence-based with full transparency on its assumptions on the following:

- Activity changes.
- Cost inflation.
- Efficiency savings.
- Performance against outcomes.
- Legal requirements.
- Transfers to/from the amounts made available by NHS Fife for hospital services.
- Adjustments to address equity of resources allocation across the integrated budget.

8.1.5 The Parties evaluate the proposal for the Integrated Budget against their other priorities and will agree their respective allocations accordingly.

Method for determining the resources set aside for large hospital services

8.1.6 The resources set aside by NHS Fife reflect those services currently provided in large hospital service settings for the Fife population. As Fife is a coterminous partnership, the total resources available to deliver those health care services will be identified. Cost and activity information will be identified taking into account any planned changes due to the implementation of existing or new interventions in the Strategic Plan.

Method for determining the resources set aside for large hospital services in future years

8.1.7 The future resources set aside shall be determined in response to changes in hospital activity and case mix due to interventions in the Strategic Plan and changes in population need. Timing differences between reduction in capacity and the release of resources will be taken into account.

8.2 Financial Management Arrangements and Budget Variations

Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health and Social Care strives to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational integrated budget, the Director of Health and Social Care, the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must

agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the IJB.

8.2.2 The IJB may re-align budgets to address an overspend by either:

- Utilising an underspend in an element of the operational Integrated Budget to reduce an overspend in another element. An assessment should be made on the forecast annual requirement of the underspending element to ensure sufficient resource remains to cover all costs in that area and the transfer of resource should be on a non-recurring basis; and/or
- Utilising the balance on integrated general fund, if available, of the IJB in line with the reserves policy.

8.2.3 If the recovery plan is unsuccessful and there are insufficient underspends or where there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the IJB, shall have the option to:

- Make additional one-off payments to the IJB; or
- Provide additional allocations to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.

8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB less:

- the adjustment for allocations which fall outside the scope of the agreed risk share methodology where agreed between the parties and
- any adjustment to reflect agreed in-year, non-recurring budget realignment where the source relates to the transfer of an underspend in one element of the annual allocations to another area.

Process for Resolving Budget Variances in Year - Underspend

8.2.5 Where there is a forecast underspend in an element of the operational budget, the first priority for use of the forecast underspend will be to offset any forecast overspend within the operational integrated budget. In the event of an overall underspend which is not planned by the IJB, the underspend will be returned to the Parties based on the proportion of their current year final allocations to the IJB. Where there is an overall planned underspend this will be retained by the IJB and transferred to reserves.

8.2.6 Underspends in “ring-fenced” allocations may not be available for alternative use and may need to be returned to the Scottish Government.

- 8.2.7 Any changes to the allocations to the IJB in year by either of the Parties is expected to be in extremis. In such circumstances, a report will be provided to the IJB to seek agreement to the change in annual allocations justification and the recalculation of the relevant amounts.

Process for a balancing cash payment between the Parties in the event of variances

- 8.2.8 The net difference between allocations made to the IJB, as agreed by both parties, and actual expenditure incurred by the Parties as directed by the IJB, will require the balance to be transferred between the Parties as a final adjustment on closure of the Annual Accounts.

8.3 Reporting Arrangements

- 8.3.1 Fife Council's Section 95 Officer, NHS Fife's Director of Finance and the IJB Chief Finance Officer have established a process of regular in-year reporting and forecasting to provide the Director of Health and Social Care with management accounts for both arms of the operational budget and for the IJB as a whole.
- 8.3.2 The Chief Finance Officer provides the Director of Health and Social Care with financial advice for the respective operational budgets.
- 8.3.3 The preparation of management accounts in respect of the delegated functions includes an objective and subjective analysis of budget and estimated outturn and is provided monthly in arrears to the Director of Health and Social Care. This may be amended to a monthly accruals basis should Fife Council change its accounting basis.
- 8.3.4 NHS Fife provides financial monitoring reports to the IJB in respect of the set aside functions at least quarterly in arrears. The report includes activity, the content of which will be agreed with the Director of Health and Social Care.
- 8.3.5 The IJB receives financial management support from the Chief Finance Officer.
- 8.3.6 Accounting records and financial ledgers are held independently by Parties. IJB Financial Reporting and year-end accounts are consolidated using Excel spreadsheets.
- 8.3.7 Financial services are provided to the Director of Health and Social Care and the IJB, as appropriate, to carry out their functions i.e. the staff and other resources are made available to support the preparation of the annual accounts, the financial statement prepared under Section 39 of the Act, the financial elements of the Strategic Plan, and any other such reports on financial matters as may be required.
- 8.3.8 The IJB financial statements are completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). The timetable

ensures that NHS Fife and Fife Council can meet their statutory audit and publication requirements for their individual and group financial statements as appropriate.

8.3.9 Reserves and transactions are reviewed on a quarterly basis during the financial year by the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and the NHS Fife's Director of Finance to help to ensure that the timetable of the IJB will be met. This quarterly review will be a formal meeting and actions and agreements so recorded.

8.3.10 An annual accounts timetable is agreed in advance with the external auditors of the Parties and the IJB.

8.4 Arrangements for use of Capital Assets

8.4.1 The IJB does not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. The Parties continue to own and manage any property and assets used by the IJB. Access to sources of funding for capital expenditure will be retained by each Party. The Parties will set out any relevant revenue consequences of capital expenditure made by either Party, including confirmation of the recurring funding source of any revenue consequences and subsequent agreement from the IJB.

8.4.2 The Director of Health and Social Care consults with the Parties to ensure best value from resource allocation and will participate in the development of relevant future capital programmes.

9. PARTICIPATION AND ENGAGEMENT

9.1 Consultation on the original Integration Scheme was undertaken in accordance with the requirements of the Act. This was the start of an ongoing dialogue recognising that there is ongoing engagement regarding the development of the Strategic Plan and public involvement in the decisions made by the Integration Joint Board.

9.2 The IJB will approve a Participation and Engagement Strategy to fully implement the recommendations within the National Planning for People Guidance (2021) And some of the recommendations made in the Independent Adult Review of Adult Social Care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. Through the Health and Social Care Partnership there will be public engagement processes linked to the unique requirements of the seven locality profiles and this will report into the governance structures of the IJB and connect with the arrangements in place within both parties.

9.3 The aim of this is to ensure engagement processes are meaningful, effective, measurable and involves public representatives in a way that builds and develops a working relationship between communities, community organisations, public and private bodies to help them to identify and act on community needs and ambitions and be involved in the planning, design and delivery of health and social care services.

- 9.4 This will allow the Health and Social Care Partnership to develop stronger collaborative relationships between members of the public and communities, local engagement processes within the NHS, Fife Council and linked to the third and independent sectors to ensure public participation engagement networks are joined up for the people of Fife and aligned to the responsibilities held by the IJB to support localities and community engagement.

10. INFORMATION SHARING AND DATA HANDLING

- 10.1 Fife Council, NHS Fife and the IJB have developed and agreed an overarching Information Sharing Agreement (“ISA”) which governs and supports the sharing of personal information between the Fife partner agencies.
- 10.2 The ISA utilises the templates and guidance provided in the Scottish Government’s Information Sharing Toolkit, which was developed as a data sharing standard for public bodies. The Toolkit aligns with the Data Sharing Code of Practice published by the Information Commissioner and takes account of changes introduced through the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.
- 10.3 The ISA will be reviewed by the IJB every two years, or sooner if appropriate. To support the ongoing integration of health and social care services, further data sharing agreements, work instructions and related guidance for practitioners will be developed as required together with relevant data processing agreements. This approach ensures that information sharing and processing arrangements will continue to meet both operational needs and the legislative requirements of the evolving external environment as the IJB is now a Category 1 Responder in terms of the Civil Contingencies Act 2004.

11. COMPLAINTS

- 11.1 The Parties agree that complaints received from one or more members of the public about the actions or lack of action by either Party in respect of the Integrated Services, or about the standard of Integrated Services, or about the standard of Integrated Services provided by or on behalf of either of the Parties shall be handled in accordance with the following provisions.
- 11.2 Where the complaint involves more than one Party, agency or service, the Parties shall work together and agree which Party, agency or services will take the lead in handling the complaint (“the Lead Party”). The Lead Party shall inform the complainant that they are leading this process.
- 11.3 Where possible, complaints shall be resolved by front line staff. In these cases, a decision will be given within 5 working days or less, unless there are exceptional circumstances. If it is not possible to resolve a complaint at this stage, the complainant will be advised of this and it may be suggested that they escalate their complaint to the next stage.
- 11.4 If a complaint has not been resolved by front line staff, is particularly complex or requires further investigation, the Lead Party will carry out a detailed investigation and give a full response within 20 working days where possible. If it is not possible to meet this timescale, the Lead Party will advise the complainant and agree a revised time limit.

- 11.5 If a complainant remains dissatisfied at the end of the investigation stage, the Lead Party shall direct them to the Scottish Public Services Ombudsman , if appropriate. There will be no further level of appeal to either of the Parties.
- 11.6 The Parties shall ensure that details of how to make a complaint are readily available to members of the public, online and in their respective premises.
- 11.7 A report shall be provided to the IJB on a six-monthly basis advising of the complaints received by the Parties, resolution timescales and complaint outcomes.

12. CLAIMS HANDLING, LIABILITY and INDEMNITY

- 12.1 The Parties and the IJB recognise that they could receive a claim arising from, or which relates to, the work undertaken on behalf of the IJB.
- 12.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them and in accordance with any relevant requirement relating to insurance cover.
- 12.3 So far as reasonably practicable, the normal common law and statutory rules relating to liability will apply.
- 12.4 Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.
- 12.5 Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.
- 12.6 In the event of any claim against the IJB, or in respect of which it is not clear which Party should assume responsibility, then the Director of Health and Social Care (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

13. RISK MANAGEMENT

- 13.1 The Parties and the IJB have jointly agreed a shared Risk Management Strategy which identifies, assesses and prioritises risks related to the planning and delivery of integrated services, particularly any which are likely to affect this Integration Joint Board's delivery of the Strategic Plan regardless of whether these are held by the IJB, NHS Fife or Fife Council. This included the development of an IJB Strategic Risk Register that sets out the key risks that apply to the delivery of the Strategic Plan and the carrying out of integrated functions. Any updates to the shared Risk Management Strategy shall be approved by the IJB and the Parties.
- 13.2 The shared Risk Management Strategy identifies and describes processes for mitigating those risks and sets out the agreed reporting standard that will enable other significant risks identified by the Parties to be compared across the organisations.

- 13.3 The Risk Management Strategy and the Risk Register have been approved by this Integration Joint Board. The Risk Management Strategy allows for any subsequent changes to the Strategy to be approved by this Integration Joint Board.
- 13.4 The shared Risk Management Strategy includes an agreed Risk Monitoring Framework and arrangements for reporting risks and risk information to the relevant bodies. It also sets out the arrangements for providing assurance on both operational and strategic risks and how and by whom these will be disseminated to all bodies.
- 13.5 The Chief Officer ensures that the Risk Register is reported to this Integration Joint Board on a timescale and format agreed by this Integration Joint Board, this not to be less than twice per year.
- 13.6 The process for amending this Integration Joint Board Risk Register is set out in the risk management strategy.
- 13.7 The Parties provide sufficient support, from their existing risk management resources, to this Integration Joint Board to enable it to fully discharge its duties in relation to risk management. The Parties also make appropriate resources available to support this Integration Joint Board in its risk management.

14. DISPUTE RESOLUTION MECHANISM

- 14.1 Where the Parties fail to agree on any issue related to this Scheme, then the following process will be followed:
- (a) The Chief Executives of the Parties will meet to resolve the issue and if resolved will report through the appropriate governance routes of the partner organisations.
 - (b) If unresolved, the Parties will prepare and exchange a written note of their position within 10 working days of the date of the decision to proceed to written submissions or such period as the Parties agree.
 - (c) In the event that the issue remains unresolved, representatives of the Parties will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue. The cost of mediation will be shared equally between the Parties.
 - (d) If the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree they will notify the Scottish Ministers that agreement cannot be reached; the notification will explain the actions taken to try to resolve the dispute and request that the Scottish Ministers give directions.

PART 1 - Functions Delegated by NHS Fife to the IJB

Column A The National Health Service (Scotland) Act 1978	Column B
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of - section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children) section 38a (breastfeeding) section 39 (medical and dental inspection, supervision and treatment of pupils and young persons) section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 (use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency) section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of (Non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018.
The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;
The National Health Service (General Dental Services) (Scotland) Regulations 2010.
The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.

All sections, duties, functions and Services as they relate to adult carers as defined in the Carer Act”

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by -
section 22 (approved medical practitioners);
section 34 (inquiries under section 33: cooperation)
section 38 (duties on hospital managers: examination, notification etc.) (c);
section 46 (hospital managers' duties: notification)
section 124 (transfer to other hospital);
section 228 (request for assessment of needs: duty on local authorities and Health Boards);
section 230 (appointment of patient's responsible medical officer);
section 260 (provision of information to patient)
section 264 (detention in conditions of excessive security: state hospitals);
section 267 (orders under sections 264 to 266: recall)
section 281 (correspondence of certain persons detained in hospital);
and functions conferred by—
The Mental Health (Safety and Security) (Scotland) Regulations 2005;
The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005
The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and
The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or Except functions conferred by by virtue of, the Public Services Reform

Section 31(public functions: duties to provide (Scotland) Act 2010 information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient All functions of Health Boards conferred by, the Patient Rights (Scotland) Act 2011

Rights (complaints Procedure and by or virtue of, Consequential Provisions) (Scotland) Regulations 2012/36

Carers (Scotland) Act 2016

Section 31

(Duty to prepare local Carers Strategy)But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014, so far as they extend to the services detailed in Part 2 of Annex 1 of this Scheme.

PART 2

Services Currently Provided by NHS Fife Which Are to be Integrated

Interpretation of this Part 2 of Annex 1 In this part —

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, and includes any secure forensic mental health services;

“out of hours period” has the same meaning as in Regulation 3 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018.; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

PART 2A

Provision for People Over the Age of 18

The functions listed in Part 1 of Annex 1 are delegated to the extent that:

- a) The function is exercisable in relation to persons of at least 18 years of age;
- b) The function is exercisable in relation to care or treatment provided by health professions for the purpose of health care services listed at numbers 1 to 22 below: and
- c) The function is exercisable in relation the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) inpatient hospital services relating to the following branches of medicine —
 - (i) general medicine;
 - (ii) geriatric medicine;
 - (iii) rehabilitation medicine;
 - (iv) respiratory medicine; and
 - (v) psychiatry of learning disability,
 - 3) palliative care services provided in a hospital;
 - 4) inpatient hospital services provided by general medical practitioners;
 - 5) services provided in a hospital in relation to an addiction or dependence on any substance;
 - 6) mental health services provided in a hospital, including secure forensic mental health services.
 - 7) district nursing services;
 - 8) services provided outwith a hospital in relation to an addiction or dependence on any substance;
 - 9) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 10) the public dental service;
 - 11) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978;

- 12) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- 13) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- 14) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
- 15) services providing primary medical services to patients during the out-of-hours period;
- 16) services provided outwith a hospital in relation to geriatric medicine;
- 17) palliative care services provided outwith a hospital;
- 18) community learning disability services;
- 19) mental health services provided outwith a hospital;
- 20) continence services provided outwith a hospital;
- 21) kidney dialysis services provided outwith a hospital;
- 22) services provided by health professionals that aim to promote public health.

PART 2B

NHS Fife has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services:

Provision for People Under the Age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:

- a) the function is exercisable in relation to persons of less than 18 years of age; and
- b) the function is exercisable in relation to the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 3) the public dental service;
 - 4) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978;
 - 5) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
 - 6) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
 - 7) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
 - 8) services providing primary medical services to patients during the out-of-hours period;
 - 9) community learning disability services;
 - 10) mental health services provided outwith a hospital including Child and Adolescent Mental Health services;
 - 11) Community Children's Services - Health Visitors, School Nursing, Community Children and Young Persons Nursing Service, family Nurse Partnership Team, Child Health Admin Team, Allied Health Professions, Child Protection Nursing Team.

Part 1A

Functions Delegated by Fife Council to the IJB

Functions prescribed for the purposes of section 1(7) of the Act.

Column A

Enactment conferring function

Column B

Limitations

National Assistance Act 1948

Section 48

(duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958

Section 3

(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(local authorities for the administration of the Act)

So far as it is exercisable in relation to another integration function.

Section 4

(provisions relating to performance of functions by local authorities)

So far as it is exercisable in relation to another integration function.

Section 8

(research)

So far as it is exercisable in relation to another integration function.

Section 10

(financial and other assistance to voluntary organisations etc. for social work)

So far as it is exercisable in relation to another integration function.

Section 12

(general social welfare services of local authorities)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 12A

(duty of local authorities to assess needs)

So far as it is exercisable in relation to another integration function.

Section 12AZA

(assessments under section 12A - assistance)

So far as it is exercisable in relation to another integration function.

Section 13

(power of local authorities to assist persons in need in disposal of produce of their work)

Section 13ZA

(provision of services to incapable adults)

So far as it is exercisable in relation to another integration function.

Section 13A

(residential accommodation with nursing)

Section 13B

(provision of care or aftercare)

Section 14

(home help and laundry facilities)

Section 28

(burial or cremation of the dead)

So far as it is exercisable in relation to persons cared

for or assisted under another integration function.

Section 29
(power of local authority to defray expenses of parent, etc.,
visiting persons or attending funerals)

Section 59
(provision of residential and other
establishments by local authorities and maximum period for
repayment of sums borrowed for such provision)

So far as it is exercisable in
relation to another integration
function.

Carers (Scotland) Act 2016

Section 6
(Duty to prepare an adult support plan)

Section 21
(duty to set local eligibility criteria)

Section 24
(duty to provide support)

Section 25
(provision of support to carers: breaks from caring)

Section 31
(duty to prepare local carers strategy)

Section 34
(information and advice service for carers)

Section 35
(short breaks services statement)

The Local Government and Planning (Scotland) Act 1982

Section 24(1)

(The provision of gardening assistance for the disabled and the elderly)

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 2

(rights of authorised representatives of disabled persons)

Section 3

(assessment by local authorities of needs of disabled persons)

Section 7

(persons discharged from hospital)

In respect of the assessment of need for any services provided under functions contained in welfare enactment within the meaning of section 16 and which are integration functions.

Section 8

(duty of local authority to take into account

In respect of the assessment of need for any services provided under functions abilities of carer) contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.

The Adults with Incapacity (Scotland) Act 2000

Section 10

(functions of local authorities)

Section 12

(investigations)

Section 37

(residents whose affairs may be managed)

Section 39

(matters which may be managed)

Section 41

(duties and functions of managers of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Only in relation to residents of establishments which are managed under integration functions.
Only in relation to residents of

establishments which are managed under integration functions.

Section 42

(authorisation of named manager to withdraw from resident's account)

Only in relation to residents of establishments which are managed under integration functions.

Section 43

(statement of resident's affairs)

Only in relation to residents of establishments which are managed under integration functions.

Section 44

(resident ceasing to be resident of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Section 45

(appeal, revocation etc)

Only in relation to residents of establishments which are managed under integration functions.

The Housing (Scotland) Act 2001

Section 92
(assistance to a registered for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Community Care and Health (Scotland) Act 2002

Section 5
(local authority arrangements for residential accommodation outwith Scotland)

Section 14
(payments by local authorities towards expenditure by NHS bodies on prescribed functions)

The Mental Health (Care and Treatment) (Scotland) Act 2003

Section 17
(duties of Scottish Ministers, local authorities and others as respects Commission)

Section 25
(care and support services etc)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26
(services designed to promote well-being and social development)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27
(assistance with travel)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 33
(duty to inquire)

Section 34
(inquiries under section 33: Co-operation)

Section 228
(request for assessment of needs: duty on local authorities and Health Boards)

Section 259
(advocacy)

The Housing (Scotland) Act 2006

Section 71(1)(b)
(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Section 4
(council's duty to make inquiries)

Section 5
(co-operation)

Section 6
(duty to consider importance of providing advocacy and other services)

Section 11
(assessment Orders)

Section 14
(removal orders)

Section 18
(protection of moved persons property)

Section 22
(right to apply for a banning order)

Section 40
(urgent cases)

Section 42
(adult Protection Committees)

Section 43
(membership)

Social Care (Self-directed Support) (Scotland) Act 2013

Section 5
(choice of options: adults)

Section 6
(choice of options under section 5: assistances)

Section 7
(choice of options: adult carers)

Section 9
(provision of information about self-directed support)

Section 11
(local authority functions)

Section 12
(eligibility for direct payment: review)

Section 13
(further choice of options on material change of circumstances)

Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed (Support)(Scotland)Act 2013

Section 16
(misuse of direct payment: recovery)

Section 19
(promotion of options for self-directed support)

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Act.

Column A
Enactment conferring function

Column B
Limitation

The Community Care and Health (Scotland) Act 2002

Section 4
The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002

In each case so far as the functions are exercisable in relation to persons of at least 18 years of age.

PART 1B

In addition to the functions that must be delegated, Fife Council has chosen to delegate the functions listed in Part 1A as they relate to Adult Social Work Services provided to persons aged 16-18 years.

PART 2

Services Currently Provided by Fife Council Which Are to be Integrated

Set out below is an illustrative description of the services associated with the functions delegated by the Council to the IJB as specified in Parts 1A and 1B of Annex 2.

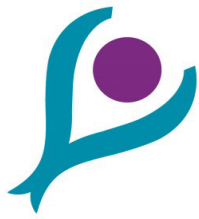
- Adult Social work services for people aged 16 and over
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

PARTICIPATION AND ENGAGEMENT

Our key stakeholders for the review of the participation and engagement strategy will include:

- individual members of the public, identified communities and protected characteristics providers/contractors of health and social groups (including marginalised groups, Black Asian and Minority Ethnic groups, non-English speakers, those who are non-IT organisations literate.
- public, third and independent sector.
- patients, service users, carers, their families and their representatives or advocates.
- equality group representatives.
- Fife Community Planning Partnership.
- HSCP staff and linked professionals (for networks example GPs).
- Fife Community Councils.
- Professional networks.
- Fife IJB Members.

We will use a variety of medium to communication and receive feedback to inform the strategy building on the profile of the first strategy and supporting our locality working.



Fife Health & Social Care Partnership

Supporting the people of Fife together

SCHEME OF DELEGATION

PROCEDURE

All Services are required to prepare and annually review a Scheme of Delegation as part of the Health and Social Care Partnerships Code of Corporate Governance.

The Service Scheme confirms levels of delegation and responsibility for the Senior Leadership Team and their Service Management Sections.

Each Section will put in place the necessary delegation arrangements below Service Manager level to ensure the efficient and effective delivery of Health and Social Care services in line with the Health and Social Care Partnership's Scheme of Delegation.

All employees with delegated authority must ensure that they operate within Health and Social Care Partnership Policy, Financial Regulations and Standing Orders at all times.

REFERENCES

Health and Social Care Integration Scheme for Fife 2022

Integration Joint Board Financial Regulations – May 2022

Fife Council List of Officers Powers – November 2020

Fife Council Financial Regulations – updated July 2018.

Fife Council Scheme of Tender Procedures – updated September 2018

NHS Fife Financial Operating Procedures – December 2021

NHS Fife Code of Corporate Governance – January 2022

CONTACT

Director of Health and Social Care

Date of Issue: August 2022

Review Date: August 2025

Authorised By: Director of Health and Social Care

CONTENTS

- 1 INTRODUCTION**
- 2 ACTIVITIES COVERED BY THE SCHEME**
- 3 STATEMENT OF THE RIGHTS AND RESPONSIBILITIES OF EMPLOYEES**
- 4 LEVELS OF DELEGATION**
- 5 EMERGENCIES AND CASES OF URGENCY**
- 6 APPENDICES**

1 INTRODUCTION

- 1.1 This Scheme of Delegation (the “Scheme”) shall operate in a consistent manner throughout the Health and Social Care Partnership. The Scheme takes account of the Council Scheme and incorporates current Council-wide agreements on delegation.
- 1.2 The Director of Health and Social Care will ensure a Scheme of Delegation for Services is prepared which details those decisions which have been delegated to each level of management within the Services. Posts holding delegated authority under the Service-wide Scheme are detailed in Item 4. This will follow the principle of subsidiarity ie levels of delegation set at the nearest appropriate point to service delivery and all employees operating at the same level having identical delegated powers (unless there is a unique delegation specific to a named post).
- 1.3 The Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning and the Chief Finance Officer will put in place a set of operational levels of responsibility and management processes to ensure the proper implementation of the Scheme.
- 1.4 The Scheme shall be kept up to date by the Chief Finance Officer as required. A review of the Scheme will be carried out by the Chief Finance Officer, in conjunction with The Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning for each Section, involving employee consultation and feedback to ensure its continued accuracy, relevance and practical application. All proposed changes/adjustments must be submitted on the designated form (Appendices 1 and 2) to the Management Support Officer who supports the Director of Health and Social Care, for consideration by the Senior Leadership Team. Any amendments to the Scheme of Delegation must be approved by the Integration Joint Board via the Finance, Performance and Scrutiny Committee. Changes to the Scheme will be issued to all relevant employees and the Scheme updated on Health & Social Care website.
- 1.5 No unauthorised changes to the agreed procedures will be permitted. Inappropriate use of the Scheme by authorised or non-authorised employees may lead to disciplinary action being taken.
- 1.6 Where specific decisions have been delegated below Director level, who has authority to exercise these decisions will be clearly defined.
- 1.7 All delegated powers will be exercised with reference to the agreed statement of rights and responsibilities for delegated decision making set out in Part 3.
- 1.8 All delegated powers will be exercised subject to adequate budgetary provision being available and having regard to all relevant Corporate and Service policies and procedures.

1.9 In implementing this Scheme of Delegation, the Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning and the Chief Finance Officer will:-

- Notify all affected employees in writing of their rights and responsibilities and their individual level of delegation/authorisation through management structures.
- Ensure appropriate cover is in place during holidays or employees' absences to enable the normal business of the Service to continue:
 - a) If a Team Manager is absent another Team Manager or Service Manager can authorise.
 - b) If a Service Manager is absence another Service Manager or Head of Service can authorise.
 - c) If the Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning or the Chief Finance Officer are absent another Head of Service or the Director can authorise.
- Ensure that affected employees comply with their responsibilities under the Scheme and that assurance arrangements are in place to monitor this via supervision and performance management.

2 ACTIVITIES COVERED BY THE SCHEME

Line Management

- Recruitment, including Criminal Records checks.
- Employee Development and Contribution Management.
- Training.
- Annual and all other types of leave.
- Flexi-Time/Time Off in Lieu.
- Job Share, Career Breaks and Secondments.
- Voluntary, Ill-Health and Early Retirements.
- Changes to Establishment.
- Conduct and Discipline.
- Attendance Management.

Financial Authority

- Transfer between Budget Heads.
- Authorisation of Expenditure.
- Travel and Accommodation Expenditure.
- Payroll Changes.
- Travel and Subsistence Claims.
- Purchase Orders.

- Invoices.
- Cheque Requests.
- Imprest.
- Payments to the Council.
- Payments to the NHS.
- Pay Claims.
- Setting of Fees and Charges.
- Ex-Gratia Payments.
- Virements.

Limits of Financial Authority – Social Work Service

TITLE	CURRENT APPROVAL LIMIT £
Director of Health & Social Care	£500,000
Head of Community Care Services / Head of Complex & Critical Care / Head of Primary & Preventative Care	500,000
Head of Strategic Planning, Performance and Commissioning	500,000
Chief Finance Officer	500,000
Service Manager Quality Assurance	100,000
Team Manager (Contracts)	100,000
Senior Contracts Officers	100,000
Service Managers	50,000
Contracts Officers	50,000
Contracts Assistants	50,000
Team Managers	10,000
Community Support/Unit/House Managers	10,000
Lead Officers (Fife-Wide (formerly Adult) Resources)	5,000

Operations

- Work Prioritisation.
- Deployment of Employees.
- Allocation of Tasks.
- Allocation of Resources.
- Complaints Management.
- Emergencies.
- Freedom of Information.

3 STATEMENT OF RIGHTS AND RESPONSIBILITIES UNDER THE SCHEME

Employees' Rights

All employees who are involved in taking delegated decisions have the following rights:-

- To be informed in writing of the general principles of delegated decision-making and those areas where they have the authority to take delegated decisions.
- To be consulted about any decisions that affect the Service or activity they are responsible for managing.
- To be informed of any changes in corporate or Service policies affecting levels of delegated authority.
- To receive training required in order to exercise delegated authority effectively.
- To seek and receive support, supervision and advice from their line manager or a more senior manager in exercising delegated authority.
- To decline to use the authorised delegated powers subject to agreement with their line manager or a more senior manager.

Employee's Responsibilities

All employees taking delegated decisions have the following responsibilities:-

- To ensure that delegated decisions are taken in accordance with all relevant policies, procedures and guidelines and in a professional and competent manner.
- To seek professional advice, where appropriate, particularly in relation to decisions that may have financial, human resource or legal implications.
- To ensure that Line Managers, Service Managers, Heads of Service and/or the Director are kept fully informed of decisions they have taken under delegated authority, as required. In particular when the decision may involve

an appeal or the involvement of a third party, eg the media or elected members.

- To ensure that decisions taken under delegated authority can be justified in terms of equity and consistency of approach and are appropriately recorded.
- To consult with colleagues including Line Managers, Service Managers, Heads of Service or the Director where a delegated matter may have consequences for others part of the Service or other Services. Not to make any decision nor take any action in accordance with the powers conferred by this Scheme or any Service Scheme of Delegation if the decision or outcome could create the perception that an employee is not strictly adhering to the key principles of public life as set out in the Model Code of Conduct for Devolved Public Bodies. These principles are selflessness, integrity, objectivity, accountability, openness, honesty, respect and leadership. Delegated powers must not be used where either the interests of the employee, the matter to which the decision relates or the identity of any other person involved could lead a member of the public to conclude that the powers have been used to avoid scrutiny by the Partnership or a sub-committee of the Partnership. If an employee is in any doubt as to whether they should make use of delegated powers then they should seek guidance via the Director.
- The provisions of the Scheme to officers are intended to assist in the efficient and effective management of the Partnership's activities and to foster a culture of responsiveness to customers and service users. In applying the Scheme it is important that officers pay due regard to the need for appropriate periodic reporting of delegated decisions to members of the Health and Social Care Partnership, both for information purposes and to allow Councillors to properly discharge their scrutiny role.

4 LEVELS OF DELEGATION

Director of Health and Social Care

The Director, in their capacity as Chief Officer of the IJB as set out in Section 6.11 of the Fife Council Scheme of Delegation, may arrange for powers delegated to him/ her to be exercised by employees in other Services. This includes employees of NHS Fife.

All delegated powers will be exercised subject to adequate budgetary provision being available and having regard to the terms of the Partnership's Financial Regulations and Standing Orders – Scheme of Tender Procedures.

Proper Officer

The Director shall, in respect of any report prepared by or on their behalf, act in consultation with the Chief Finance Officer as the proper officer for the purposes of **Section 50 D of the Act (Inspection of Background Papers)**.

Line Management

- a) The Director may, after consultation and agreement with the Chief Finance Officer via the Partnership's Change of Establishment procedure, amend the establishment of their Service in respect of the number of posts below the level of Second Tier or equivalent, as long as the costs can be met on a continuing basis within the approved estimates of expenditure of the Service and do not conflict with any current policy.
- b) The Director may appoint an employee below Second Tier level or equivalent as long as such appointments are in accordance with the Council's pay and grading structure and the costs can be met on a continuing basis within the approved estimates of expenditure of the Service and do not conflict with any current policy on appointments to vacancies.
- c) The Director may authorise any employee to attend training and development events and courses including conferences and seminars in the United Kingdom, subject to reports being made to elected members.
- d) The Director may attend and may authorise the attendance of employees at meetings of appropriate professional associations.
- e) The Director may, in accordance with Fife Council and NHS Fife agreed Disciplinary and Capability Procedures, take disciplinary action including dismissal as appropriate, in respect of employees in the relevant service.
- f) The Director may grant paid compassionate or unpaid special leave of absence to any employee in their service for up to five working days and may approve other paid or unpaid leave of absence subject to Fife Council and NHS Fife policies for managing leave.
- g) The Director may, following consultation and agreement with the Chief Finance Officer, determine the grading of any post below the level of Second Tier or equivalent. The Director shall include reference to the exercise of powers in this connection in their annual performance monitoring report to Committee.
- h) The Director may, following consultation and agreement with the Chief Finance Officer, approve the voluntary termination, early retiral or ill-health retiral of any employee in their Service, provided the terms and conditions relating to the termination or retirement are in accordance with the relevant Fife Council or NHS Fife policy. Reports on decisions taken under such delegated authority shall be submitted to the Superannuation Fund and Pensions Committee for monitoring purposes.
- i) The Director may, following consultation with the Chief Finance Officer, terminate or vary contracts of employment in accordance with Fife Council / NHS Fife policy decisions. Consultation with the Chief Finance Officer is not required in connection with the termination of temporary or Fixed Term contracts of employment.

- j) The Director shall be responsible for implementing the provisions of Fife Council's Scheme of Contribution Management and NHS Fife's iMatter scheme.

Contracts

The delegations to the Director / Head of Community Care Services / Head of Complex & Critical Care / Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning and the Chief Finance Officer in respect of contracts are set out in the Partnership's Standing Orders – Scheme of Tender Procedures.

Finance

The Director may:-

- a) Following Budget Transfer Guidance, and in consultation with the Chair / Spokesperson, vire budgets between budget heads provided that, as a result of all such transfers, the amount of any individual estimate is not increased or reduced by more than £500,000 within any particular financial year. Transfer of budgets through virement is limited to those areas of expenditure and income under the direct control of the Director and, therefore, excludes such areas as load and leasing changes, rates on property, insurances, public building property repair and maintenance and central support charges.
- b) Utilise income to finance expenditure not provided for in the budget, provided that any additional expenditure is not more than **£500,000** or that any individual budget is not increased by more than **£500,000** within any particular financial year. If above that value, the Director must report to the IJB for approval.
- c) Recommend and apply the Partnership's policy for the collection of fees and charges due.

Advertising

The Director may authorise the accepting of advertising and/or sponsorship in respect of Partnership controlled media where the value of the contract to be entered into is less than **£20,000** and any terms of Fife Council and NHS Fife's Advertising and Sponsorship policies are complied with.

Grants

- a) The Director may determine applications for grant which are received from individuals, voluntary bodies, agencies or businesses, in those cases where the sum applied for is less than **£5,000** and the Partnership already has in place agreed criteria and assessment systems (**Monitoring and Evaluation Framework**) relating to the type of grant applied for. An annual report detailing such expenditure must be submitted to the relevant sub-committee.
- b) Decisions in respect of grants paid from the Community Safety Project fund should only be made following consultation with the Chair of the Community

Safety Implementation Group and the Chair of the Community Safety Committee.

Ex-Gratia Payments

Where a claim for compensation has been submitted to the Partnership then it must be assessed either by the Director or claim handlers for Fife Council or NHS Fife to determine whether the Partnership has any legal liability, the Director may decide that the circumstances giving rise to the claim merit the making of an ex-gratia payment. The Director is authorised to make such payments up to the value of **£2,500**. Such payments require to be made in consultation with the Chief Finance Officer.

Specific Delegations to the Director

The Partnership Scheme of Delegation outlines areas of operational responsibility where powers are delegated to the Director under statute. These are attached at **Appendix 4**.

Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning The Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning contribute to the leadership and strategic management of the Service in achieving Health and Social Care, Partnership and Service aims and values. They hold delegated authority to ensure efficient and effective service delivery and resource management across their area of strategic responsibilities. They also have overall and ultimate responsibility for the management of all employees in their Section and are able to exercise the following specific delegated authority.

Line Management

- a) To select and recruit employees so long as such appointments are within the approved establishment and approved estimate of expenditure and that appointments are made in accordance with Fife Council and NHS Fife's Recruitment and Selection and Disclosure policies.
- b) To appointment temporary or casual employees provided such appointments are made in terms of the above policies.
- c) To conduct Contribution Management for employee development interviews for Service Managers and ensure its implementation across all nominated levels of management.
- d) To prepare employee development plans/iMatter Plans and identify training need for all employees for whom they have direct line management responsibility.

- e) To authorise employees to attend training events and meetings of appropriate professional associations where sufficient financial provision has been identified.
- f) To approve applications for annual leave, flexible working and adjustments.
- g) May grant paid compassionate leave to any employee within their Service for up to 5 working days and may approve other paid or unpaid leave of absence within the limits defined in any current Fife Council or NHS Fife policy that allows discretionary leave.
- h) To approve applications for job share, career breaks, secondments, flexible working requests and working beyond 65.
- i) To approve, in consultation with the Director, applications for voluntary termination, early retiral or ill-health retiral for any employee provided the decision is taken in accordance with relevant Fife Council or NHS Fife policies.
- j) To amend employees establishment in consultation with the Human Resources Service/Department in Fife Council or NHS Fife provided an authorised officer in either Fife Council or NHS Fife's Financial Services has confirmed that the cost of the amended establishment can be contained within expenditure limits.
- k) To take action, including dismissal, in accordance with Fife Council/NHS Fife's agreed Disciplinary, Capability and Attendance Management Policies.

Financial Management

The Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care have overall and ultimate responsibility for the management of their budget and they are able to exercise the following delegated authority.

- a) To authorise expenditure within their agreed limit of **£500,000** subject to the Partnership's Financial Regulations.
- b) To transfer / vire budgets of up to **£250,000** between heads of expenditure in accordance with the Partnership's Financial Regulations.
- c) To authorise travel and accommodation for employees.
- d) To authorise payroll information and changes.
- e) To authorise ex-gratia payments in respect of claims against the Partnership of up to **£100**.
- f) To authorise travel and subsistence claims for officers at Service Manager level or below.

- g) To authorise purchase orders, suppliers' invoices / cheque requests for up to **£500,000**.
- h) To authorise imprests.
- i) To authorise amendments, reductions and cancellation of invoices for up to **£500,000**.
- j) To recommend fees and charges for agreement at Partnership / Fife Council / NHS Fife Committees.
- k) To recommend and apply the Partnership's policy for fees and charges due.

Service Managers

All Service Managers have responsibility for the overall management, supervision and control of designated operational teams and are able to exercise the following delegated authority.

Service Delivery

- a) To make the necessary arrangements for the efficient and effective delivery of the services they are responsible for within the overall framework of corporate and Service policies and subject to the general principles outlined above.
- b) To set priorities, manage work programmes and performance standards within the overall framework of corporate and Service policies.
- c) To consider, and wherever possible resolve, complaints including taking remedial action where appropriate.

Line Management

- a) To select and recruit employees so long as such appointments are within the approved establishment and approved estimate of expenditure and that appointments are made in accordance with Fife Council and NHS Fife's Recruitment and Selection and Disclosure policies.
- b) To appointment temporary or casual employees provided such appointments are made in terms of the above policies.
- c) To conduct supervision/Contribution Management for all employees for whom they have direct line management responsibility and ensure its implementation across their area of management responsibility.
- d) To prepare employee development plans/iMatter Plans and identify training need for all employees for whom they have direct line management responsibility.
- e) To authorise employees to attend training events and meetings of appropriate professional associations where sufficient financial provision has been identified.

- f) To approve applications for annual leave, flexible working and adjustments.
- g) May grant paid compassionate leave to any employee within their Service for up to 5 working days and may approve other paid or unpaid leave of absence within the limits defined in any current Fife Council or NHS Fife policy that allows discretionary leave.
- h) To approve applications for job share, career breaks, secondments, flexible working requests and working beyond 65.
- i) To approve, in consultation with the Director and Head of Service, applications for voluntary termination, early retirement or ill-health retirement for any employee provided the decision is taken in accordance with relevant Fife Council or NHS Fife policies.
- j) To recommend to Head of Service the payment of ex-gratia payments in respect of claims against the Partnership of up to **£100**.
- k) To take action, including dismissal, in accordance with Fife Council/NHS Fife's agreed Disciplinary, Capability and Attendance Management Policies.

Financial Management

Service Managers have responsibility for the management of that part of the Service budget which is allocated to them. They are able to exercise the following delegated authority within their financial limit of authority which is **£50,000**.

- a) To authorise expenditure within their agreed limit of financial authority subject to the Partnership's Financial Regulations.
- b) To transfer / vire budgets within their limit of financial authority between heads of expenditure in accordance with the Partnership's Financial Regulations.
- c) To authorise travel and accommodation for employees.
- d) To authorise payroll information and changes.
- e) To authorise travel and subsistence claims for officers at Team Manager level or below.
- f) To authorise purchase orders, suppliers' invoices / cheque requests within their limit of financial authority.
- g) To authorise imprests.
- h) To authorise amendments, reductions and cancellation of invoices within their limit of financial authority.
- i) To recommend and apply the Partnership's policy for fees and charges due.

5 EMERGENCIES AND CASES OF URGENCY

- 5.1 The Director is authorised to take such measures as may be required in emergency situations or in cases of urgency to manage risk or to protect people or property, subject to advising the IJB Chair and Vice-Chair as soon as possible and to reporting to the appropriate sub-committee as soon as possible thereafter on any items for which IJB approval would normally be necessary.
- 5.2 Where such measures involve the Partnership incurring expenditure then the Chief Executives of both Fife Council and NHS Fife should be advised and a report submitted to both the Cabinet Committee (Fife Council) and the Finance, Performance and Resources Committee (NHS Fife) as soon as possible thereafter.

**HEALTH AND SOCIAL CARE PARTNERSHIP
PROCEDURE FOR REQUESTING CHANGES TO
SCHEME OF DELEGATION**

1	Applicant completes Change Form after agreement with relevant Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning Chief Finance Officer, Service Manager
2	Forms are sent to Management Support Officer to Director of Health and Social Care
3	Form will be acknowledged by Management Support Officer to Director of Health and Social Care
4	Changes requested will be considered by: Designated Officer Senior Leadership Team Director (depending on implication of changes)
5	Confirmation of action to be taken will be given.
6	If changes approved, revision(s) to Scheme will be made and advised to the Employee Network (Appendix 3).

**HEALTH AND SOCIAL CARE PARTNERSHIP
REQUEST FOR CHANGE / ADJUSTMENT TO
SCHEME OF DELEGATION**

1	DESCRIPTION OF PROPOSED CHANGE	
2	REASONS FOR CHANGE: (Give examples based on experience / use or policy / procedural changes)	
3	VARIATION: Is it a local variation? Or A Service-wide variation?	YES / NO YES / NO
4	IMPROVEMENTS: How will the proposal improve the efficiency of decision making?	
5	COMMENTS Any other comments?	
6	MATERIAL (You can attach any other relevant material).	

Proposed Change Requested By:

Signature: Date:

Countersigned by Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning, Chief Finance Officer :

Signature: Date:

HEALTH AND SOCIAL CARE PARTNERSHIP

EMPLOYEE NETWORK

Director of Health and Social Care

Head of Community Care Services,
Head of Complex & Critical Care,
Head of Primary & Preventative Care,
Head of Strategic Planning, Performance and Commissioning
Chief Finance Officer

Service Managers

Team Managers

Designated Section Officers

DIRECTOR OF HEALTH AND SOCIAL CARE

In addition to the delegated authority specified at paragraph 4 above, the Director of Health and Social Care, where appropriate acting in consultation with the Chief Executives of Fife Council and NHS Fife, is authorised:-

- 7.1 To carry out the functions of the Partnership in terms of the following sections of the Social Work (Scotland) Act 1968:-
- Section 12 - general social welfare services of local authorities,
 - Section 13 – power of local authority to assist persons in need in disposal of produce of their work,
 - Section 14 – home help and laundry facilities.
 - Section 27 – supervision and care of persons put on probation or released from prisons or under the community service scheme.
 - Section 28 – burial or cremation of the dead.
 - Section 29 - power of local authority to defray expenses of parents, etc visiting person or attending funerals.
- 7.2 To carry out the functions of the Partnership under Section 11 of the Matrimonial Proceedings (Children) Act 1958.
- 7.3 To make arrangements for the protection of property of persons admitted to hospitals, etc in terms of Section 48 of the National Assistance Act 1948.
- 7.4 To administer the Panel(s) appointed under the Curators ad litem and Reporting Officers (Panels) (Scotland) Regulations 1984 including arrangements for training of members of said Panel(s).
- 7.5 To carry out the functions of the Council under the Adoption (Scotland) Act 1978 and Regulations made thereunder including the operation of the Adoption Allowance Scheme.
- 7.6 To operate the scheme for the payment of allowances under Section 50 of the Children Act 1975.
- 7.7 To carry out the functions of the Council under the Foster Children (Scotland) Act 1984 and the Private Fostering (Scotland) Regulations 1985.
- 7.8 To carry out the functions of the Partnership under Sections 1 and 2 of the Chronically Sick and Disabled Person Act 1970.
- 7.9 To make arrangements for facilities for seriously disabled persons for sheltered employment and training in terms of the Disabled Persons (Employment Act 1958).

- 7.10 To make arrangements with respect to the prevention of illness, care and aftercare of persons suffering from mental disorder under sections 7 (1)(a) in so far as relating to the care of persons for the time being resident in accommodation – 7 (1)(b) to (d) and 8 of the Mental Health (Scotland) Act 1984.
- 7.11 To instruct in consultation with the Head of Service Support, the provision of aids and the adaptation of property of chronically sick and disabled persons in accordance with the relevant Council policy.
- 7.12 Approval of luncheon clubs subject to provision having been made for any expenditure in the approved estimates of the Partnership.
- 7.13 To issue contracts under the National Health Service and Community Care Act 1990 for the provision of residential accommodation subject to the terms of the contracts having been approved in advance.
- 7.14 To carry out the functions of the Partnership in relation to the provision of services for children in terms of the Children (Scotland) Act 1995 and regulations made thereunder.
- 7.15 To carry out the functions of the Chief Social Work Officer and to exercise the powers and duties of the Council in terms of the following provisions of the Adults with Incapacity (Scotland) Act 2000:-
- Section 10 - exercise of general functions in relation to guardians, welfare attorneys and persons authorised under intervention orders.
 - Section 12 - safeguarding property, financial affairs or personal welfare following investigation.
 - Part 6 - various powers and duties in respect of intervention orders and guardianship orders.



Fife Health & Social Care Partnership

Supporting the people of Fife together

HEALTH AND SOCIAL CARE INTEGRATION IN FIFE STANDING ORDERS FOR THE INTEGRATION JOINT BOARD

1 General

- 1.1** These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable be the rules and regulations for the proceedings of any Committees and Sub-Committees of the Fife Integration Joint Board and reference to the 'Integration Joint Board' and "the Board" in these Standing Orders should be interpreted accordingly. The term 'Chair' shall also be deemed to include the Chair of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.2** In these Standing Orders "the Integration Joint Board" shall mean the Fife Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No. 3) Order 2015.

2 Membership

- 2.1** Voting membership of the Integration Joint Board shall comprise eight Board Members of NHS Fife to be appointed by NHS Fife and eight Fife Councillors to be appointed by Fife Council. If NHS Fife is unable to appoint eight non-executive directors then it may appoint other appropriate people, who must be members of the NHS Fife Board, but at least two of those appointed must be non-executive directors.
- 2.2** Non-voting membership of the Integration Joint Board shall comprise:
- a) the Director of Health & Social Care (Chief Officer) of the Integration Joint Board;
 - b) the Chief Social Work Officer of Fife Council;
 - c) the Chief Finance Officer being the proper officer of the Integration Joint Board appointed under section 95 of the Local Government (Scotland) Act 1973;
 - d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

- e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
- f) a registered medical practitioner employed by the Health Board and not providing primary medical services;
- g) one member in respect of staff of NHS Fife engaged in the provision of services provided under integration functions;
- h) one member in respect of staff of Fife Council engaged in the provision of services provided under integration functions
- i) one member in respect of third sector bodies carrying out activities related to health or social care in the area of Fife;
- j) one member in respect of service users residing in the area of Fife;
- k) one member in respect of persons providing unpaid care in the area of Fife; and
- l) such additional members as the Integration Joint Board sees fit. Such a member may not be a councillor or a non-executive director of the Health Board. The members appointed under paragraphs (d) to (f) must be determined by Fife Health Board.

2.3 A Member of the Integration Joint Board in terms of Standing Order 2.2 (a) to (c) will remain a Member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Joint Board shall be for up to three years.

2.4 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that they remain eligible and is not otherwise disqualified from appointment.

2.5 A voting Member appointed under paragraph 2.1 ceases to be a member of the Integration Joint Board if they cease to be a Councillor or a Member of the NHS Fife Board.

2.6 A Member of the Integration Joint Board, other than those Members referred to in Standing Order 2.2 (a) to (c), may resign their membership at any time during their term of appointment by giving notice to the Integration Joint Board in writing. The resignation shall take effect from the date notified or on the date of receipt if no date is notified. If this is a voting Member the Integration Joint Board must inform the constituent authority that made the nomination.

2.7 If a Member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from the Board immediately.

2.8 Depute Members may be appointed by the party which appointed the Member, or by the Member as appropriate. The appointment of such Deputies will be subject to the same rules and procedures as for Members. Deputies shall receive papers for Meetings of the Integration Board but shall be entitled to attend or vote at a Meeting only in the absence of the principal Member they represent. If the Chair or

Vice Chair is unable to attend a meeting of the Integration Board, any Depute Member attending the meeting may not preside over that meeting.

- 2.9** The acts, meetings or proceedings of the Integration Joint Board shall not be invalidated by any defect in the appointment of any Member.

3 Chair and Vice Chair

- 3.1** The Chair and Vice Chair will be drawn from NHS Fife and Fife Council voting members of the Integration Joint Board. If a Council member is to serve as Chair then the Vice Chair will be a member nominated by NHS Fife and vice versa.
- 3.2** The Chair and Vice Chair will then be appointed on a rotational basis between Fife Council and NHS Fife. The Chair and Vice Chair will be appointed for periods of three years. Fife Council or NHS Fife may change their appointee as Chair or Vice Chair during an appointing period.
- 3.3** The Vice-Chair may act in all respects as the Chair of the Integration Joint Board if the Chair is absent or otherwise unable to perform their duties.
- 3.4** At every meeting of the Integration Joint Board the Chair, if present, shall preside. If the Chair is absent from any meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a Chair shall be appointed from within the Members present for that meeting.
- 3.5 Powers, authority and duties of Chair and Vice-Chair.**

The Chair shall amongst other things:-

- a) Ensure that every Member has an opportunity to be heard;
- b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Director of Health and Social Care or other relevant officer in attendance at the Meeting;
- c) Determine the order in which speakers can be heard;
- d) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- e) Maintain order and at their discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
- f) The decision of the Chair on all matters within their jurisdiction shall be final;
- g) Deference shall at all times be paid to the authority of the Chair.
- h) When he/she speaks, the Chair shall be heard without interruption; and
- i) Members shall address the Chair while speaking.

4 Meetings

- 4.1** Meetings of the Integration Joint Board will be convened at as agreed by the Integration Joint Board. These can be held either in person, virtually or blended as appropriate.

- 4.2** The Chair may convene Special Meetings if it appears to them that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a meeting.
- 4.3** If the Chair refuses to issue a notice convening a meeting of the Integration Joint Board within 14 days following receipt of a written request to that effect specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, then those Members who made the request may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the written request.
- 4.4** Adequate provision will be made to allow for Members to attend a meeting of the Integration Joint Board or a committee of the Integration Joint Board either by being present together with other Members in a specified place, or in any other way which enables Members to participate despite not being present with other Members in a specified place. Members participating in meetings in either of the ways set out in this paragraph will be eligible to participate in arriving at a consensus or take part in any vote.

5 Notice of Meeting and Agenda

- 5.1** Before every meeting of the Integration Joint Board, or committee of the Integration Joint Board, an Agenda and papers, specifying the time, place and business to be transacted at the meeting, will be approved by the Chair, or by a Member authorised by the Chair and, shall be delivered to every Member by post or by electronic means so as to be available to them at least seven days before the meeting. The agenda will clearly identify any items which should be treated as confidential and in respect of which the press and public are likely to be excluded from the meeting in accordance with Standing Order 12.3. Any such papers will be made available, on request, to Members of the Integration Joint Board who are not on the relevant committee. Lack of receipt of an Agenda and papers by any member shall not affect the validity of anything done at a meeting.
- 5.2** In the case of a meeting of the Integration Joint Board called by Members in default of the Chair, the Agenda and papers shall identify those Members who requisitioned the meeting.
- 5.3** At all meetings of the Integration Joint Board, no business other than that on the agenda shall be discussed or adopted except whereby reason of special circumstances, which shall be specified in the minutes, the Chair is of the opinion that the item should be considered at the meeting as a matter of urgency.

6 Quorum

- 6.1** No business shall be transacted at a meeting of the Integration Joint Board unless there are present, and entitled to vote four Board Members appointed by Fife Council and four Board Members appointed by NHS Fife.

- 6.2** A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by the methods set out in Para. 4.4. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.
- 6.3** No business of any committee of the Integration Joint Board will be transacted unless the quorum of members set out in their Terms of Reference are present.
- 6.4** Subject to the provisions of the Model Code of Conduct for Members of Devolved Public Bodies, no item of business shall be transacted at a meeting of the Integration Joint Board if, in consequence of the Model Code of Conduct restricting the rights of members to vote, less than a quorum of the Integration Joint Board are entitled to vote on that item.
- 6.5** If within ten minutes after the time appointed for the commencement of a meeting of the Integration Joint Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.
- 6.6** Nothing in Standing Order Nos. 6.1 - 6.4 shall preclude members agreeing to continue to meet - where the meeting is inquorate - to discuss business, other than that of a quasi-judicial or regulatory nature. In the case of the Integration Joint Board continuing the minutes will include a note of the discussions and recommendations of the members. It will be up to the Chair to decide if the matter should be simply recorded in the minute for agreement or subject to being a separate agenda item at the next Integration Joint Board. In the case of a committee of the IJB continuing the minutes will include a note of the discussions and recommendations of the members with the minute being marked as an "IJB" paragraph and will become a matter for decision by the Integration Joint Board.

7 Deputations, Presentations and Petitions

- 7.1** A deputation shall be received by the integration Joint Board, at the discretion of the Chair to be exercised reasonably, on written or e-mail application not less than five days prior to the meeting to the Proper Officer, setting out the subject on which the deputation wishes to be heard.
- 7.2** A deputation shall mean a body of persons including, for the purpose, petitioners, of whom not more than five shall appear before the Integration Joint Board desirous of stating a case to the Integration Joint Board, which shall last not more than five minutes without the consent of the Integration Joint Board, regarding the subject matter of any item of business or any item of interest to the Integration Joint Board, except any matter of a quasi-judicial or regulatory nature.
- 7.3** Members of the Integration Joint Board may, during a further period of not more than five minutes, ask questions of the deputation. Such questions shall be asked and answered without discussion. The deputation, questions and responses shall not be matters for debate.

- 7.4 Deputations must relate to an agenda item being considered at that meeting.
- 7.5 Those desirous of making a presentation shall, except for the requirement that it be a deputation of a body of persons, be subject to the same provisions as those set out for deputations above.
- 7.6 Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Standard Officer's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting
- 7.7 No more than one deputation, presentation or petition shall be allowed per meeting of the Integration Joint Board.

8 Codes of Conduct and Conflicts of Interest

- 8.1 Members of the Integration Joint Board and Deputes shall subscribe to and comply with the Model Code of Conduct for Members of Devolved Public Bodies the terms of which are deemed to be incorporated into these Standing Orders. All members shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Model Code of Conduct for Members of Devolved Public Bodies.
- 8.2 If any Member or Depute has a financial or non-financial interest as defined in the Model Code of Conduct for Members of Devolved Public Bodies and is present at any meeting at which the matter is to be considered, they must as soon as practical, after the meeting starts, disclose that they have an interest and the nature of that interest and if they are precluded from taking part in consideration of that matter. They should leave the physical or virtual meeting during discuss of this item.
- 8.3 If a Member or Depute or any associate of theirs has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Joint Board, that Member or Depute shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member or Depute shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member or Depute on any question with respect to that contract or matter.

9 Adjournment of Meetings

- 9.1 A meeting of the Integration Joint Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

10 Disclosure of Information

10.1 No Member of the Board or employee of Fife Council or NHS Fife shall disclose to any person any information which falls into the following categories:-

- Personal data as defined in the UK General Data Protection Regulation and the Data Protection Act 2018
- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
- The full or any part of any document marked “not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973”, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.
- Any information regarding proceedings of the Integration Joint Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Joint Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

10.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to their knowledge by virtue of their office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Joint Board.

11 Admission of Press and Public

11.1 Meetings of the Integration Joint Board shall be open to the public except in relation to items certified as exempt and subject to the extent of the accommodation available.

11.2 The Director of Health & Social Care shall be responsible for giving public notice of the time and place of each meeting of the Integration Joint Board by posting details of the meeting on the Fife Direct web site not less than seven days before the date of each meeting.

11.3 The Integration Joint Board may by resolution at any meeting exclude the press and public during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of the proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

11.4 Every meeting of the Integration Joint Board shall be open to the public but these provisions shall be without prejudice to the Integration Joint Board’s powers of

exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Joint Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Joint Board.

12 Alteration and Rescission of Decisions of the Integration Joint Board

12.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Integration Joint Board will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 13.

13 Suspension, Deletion or Amendment of Standing Orders

13.1 Any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Joint Board participating and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

14 Motions, Amendment and Debate

14.1 It will be competent for any Member of the Integration Joint Board at a meeting of the Integration Joint Board to move a motion directly arising out of the business before the Meeting.

14.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded.

14.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-

- On a question of Order.
- With the permission of the Chair.
- In explanation or to clear up a misunderstanding in some material part of their speech.

In all of the above cases no new matter will be introduced.

14.4 The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. They will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied the Chair will call for the vote to be taken.

- 14.5** Amendments must be relevant to the motions to which they relate and no Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.
- 14.6** It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.
- 14.7** Any Member may indicate their desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed or information offered to decline or accept the question or offer of information.
- 14.8** When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:
- to adjourn the debate; or
 - to close the debate.
- 14.9** A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of those present.

15 Voting

- 15.1** Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 15.2** Only the eight Board Members appointed by NHS Fife, and the eight Members appointed by Fife Council shall be entitled to vote.
- 15.3** Any matter which requires to be decided by a vote shall be determined by a majority of votes of the Members participating and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote.
- 15.4** Where there is an equality of votes the voting Members may agree that the decision will be made by the toss of a coin, which may be electronic or in person. If the voting Members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6-month period.

16 Minutes

16.1 The names of the Members and others present at a meeting shall be recorded in the minutes of the meeting.

16.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement by a person nominated by the Director of Health & Social Care after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

17 Committees and Working Groups

17.1 The Integration Joint Board may establish any Committee or Working Group as may be required from time to time but each Working Group shall have a limited time span as may be determined by the Integration Joint Board.

17.2 The Membership, Chair, remit, powers and quorum of any Committee or Working Groups will be determined by the Integration Joint Board.

17.3 Agendas and papers for consideration at a Committee or Working Group will be issued to all Members no later than seven days prior to the start of the meeting.

18 Urgent Decisions

18.1 If a decision which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or Committee, the Chief Officer may take action, subject to Standing Order 18.2 and the matter being reported to the next meeting of the Integration Joint Board or Committee.

18.2 The Chief Officer shall establish whether the Chair and/or Vice-Chair are available, and shall consult both if possible, or one if only one is available. The Chief Officer may make an urgent decision if both the Chair and Vice-Chair are not available, but the report of the matter must explain attempts made to consult them.



**Fife Health & Social Care
Partnership**

Supporting the people of Fife together

INTEGRATION JOINT BOARD

FINANCIAL REGULATIONS

MAY 2022

Review Date May 2025

ITEM

- 1 Scope and Observance**
- 2 Financial Management & Performance**
- 3 Financial Planning**
- 4 Delegated Authority**
- 5 Internal Audit**
- 6 Risk Management & Insurance**
- 7 Economy, efficiency and Effectiveness**
- 8 Observance of Financial Regulations**

FIFE INTEGRATION JOINT BOARD FINANCIAL REGULATIONS May 2022

DEFINITIONS AND INTERPRETATION

“**1973 Act**” means the Local Government (Scotland) Act 1973;

“**Act**” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“**Board**” means Integration Joint Board;

“**Chief Finance Officer**” means the Chief Finance Officer of the Board appointed by the Board in terms of section 95 of the 1973 Act;

“**Director of Health and Social Care**” means the Chief Officer of the Board appointed by the Board in terms of s10 of the Act;

“**The Council**” means Fife Council;

“**Integrated Budget**” means the Integrated Budget of the Board set in accordance with the provisions of the Integration Scheme;

“**Integration Scheme**” means the Integration Scheme between the Parties approved by the Scottish Ministers;

“**NHS**” means Fife Health Board;

“**Parties**” means the Fife Council and Fife Health Board (and “**Party**” means either of them); and

“**Strategic Plan**” means the plan which the Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act.

1. SCOPE AND OBSERVANCE

- 1.1 The Integration Joint Board is a devolved public body established by The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No. 3) order 2015 on 3 October 2015 following Ministerial approval of the Integration Scheme.
- 1.2 The Board has been delegated the responsibility of delivering a set of Health and Social Care services by the Council and the NHS. These services are laid out in the Board's Integration Scheme.
- 1.3 The Board will issue directions to the Council and to the NHS in relation to the delivery of the services delegated to the Board. The Council and the NHS in following these directions shall ensure that their own financial regulations are fully observed.
- 1.4 The Board is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Board. In particular:-
 - (1) The NHS (Financial Provisions) (Scotland) Regulations 1974 require the NHS Directors of Finance to design, implement and supervise systems of financial control and the NHS circular 1974 (GEN) 88 requires the Director of Finance: –
 - approve the financial systems;
 - approve the duties of officers operating these systems; and
 - maintain a written description of such approved financial systems including a list of specific duties.
 - (2) Section 95 of the 1973 Act requires that every local authority shall make arrangements for the proper administration of its financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.
- 1.5 All members of the Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring Board members are clear about the standards to which they are working and the controls in place to ensure these standards are met.
- 1.6 All key governance documentation is held in the Corporate Governance Manual which provides guidance on how the Integration Joint Board governance arrangements work in practice. It explains the various governance documents and the Board Committees. The financial regulations are one such example of corporate governance to provide direction and control
- 1.7 The key controls and control objectives for financial management standards are:-
 - (1) the promotion of the highest standards of financial management by the Board;
 - (2) regular budget monitoring reports, to the Board and other bodies as designated in the Integration Scheme with explanations for any significant variances from budget and proposed remedial action

2. FINANCIAL MANAGEMENT AND PERFORMANCE

2.1 Responsibility of the Board

2.1.1 In all matters to do with the management and administration of the Integrated Budget by the Board and its officers exercising such delegated powers as the Board has agreed in this regard, these Financial Regulations will apply in all circumstances.

2.1.2 Prior to any funding being passed by one of the Parties to the Board as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the Board and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the Board in its Strategic Plan.

2.1.3 The Integration Scheme sets out the detail of the integration arrangements agreed between the Parties in accordance with the Act. In relation to financial management it specifies:-

- (1) the financial management arrangements including treatment of budget variances;
- (2) the reporting arrangements between the Board, the NHS and the the Council;
- (3) the method for determining the resources to be made available by the NHS and the Council to the Board; and
- (4) the functions which are delegated to the Board by the NHS and the the Council.

2.1.4 The Board is responsible for the production of the Strategic Plan, setting out the needs, priorities and services for its population over the medium term (3 years). The Strategic Plan includes:-

- (1) the resources from the Council to the Board for delegated social care services;
- (2) the resources from the NHS to the Board for delegated primary and community healthcare services and for those delegated hospital services managed by the Director of Health and Social Care; and
- (3) the amount set aside by the NHS for delegated services.

2.2 Responsibility of the Director of Health and Social Care

2.2.1 The Director of Health and Social Care is the accountable officer of the Board in all matters except finance. The Director of Health and Social Care will discharge his/her duties in respect of the delegated resources by:-

- (1) ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness in the use of the Board's resources; and
- (2) ensuring that the Board gives directions to the NHS and the Council that are designed to ensure resources are spent according to the Strategic Plan. It is the responsibility of the Director of Health and Social Care to ensure that the provisions of the directions enable the Parties to discharge their responsibilities with regard to the provisions of the directions.

2.2.2 In his/her operational role within the NHS and the Council, the Director of Health and Social Care has no "accountable officer" status but is:-

- (1) accountable to the Chief Executive of the NHS for financial management of the operational NHS budget
- (2) accountable to the Chief Financial Officer (Section 95 Officer) of the Council for financial management of the operational social care budget; and
- (3) accountable to the Chief Executive of the Council and Chief Executive of the NHS for the operational performance of the services managed by the Director of Health and Social Care.

2.3 Responsibility of the Board's Chief Finance Officer

2.3.1 The Board is required to appoint an officer responsible for its financial administration. This post, known as the Chief Finance Officer, will fulfil a role equivalent of the section 95 officer within the Council.

2.3.2 Fife Council's Section 95 Officer, NHS Fife's Director of Finance and the Integration Joint Board Chief Finance Officer will establish a process of regular in-year reporting and forecasting to provide the Director of Health & Social Care with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole.

2.3.3 The Chief Finance Officer will provide the Director of Health & Social Care with financial advice for the respective operational budgets.

2.3.4 The Chief Finance Officer will discharge his/her duties in respect of the available resources by:-

- (1) establishing financial governance systems for the proper use of the available resources;
- (2) ensuring that the Strategic Plan meets the requirement for best value in the use of the Board's resources; and
- (3) ensuring that the directions given by the Chief Officer to the NHS and the Council provide for the resources that are allocated in respect of the directions to be spent according to the Strategic Plan. It is the responsibility of the Chief Finance Officer to ensure that the provisions of the directions enable the Parties to discharge their responsibilities in this respect.

2.3.5 The responsibilities of the NHS accountable officer, (the NHS Chief Executive) and the Council's Chief Financial Officer (section 95 officer) are as follows: -

- (1) the NHS accountable officer and the Council's section 95 officer discharge their responsibility, as it relates to the resources that are delegated to the Board, as set out in the Integration Scheme, the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect;
- (2) the NHS Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will provide specific advice and professional support to the Director of Health and Social Care and Chief Finance Officer to support the periodic review of, the Integration Scheme; (The Act requires that an Integration Scheme once approved, must be re-submitted and follow the consultation process as described in section 46 of the Act in order to be amended.)

3. FINANCIAL PLANNING

3.1 Strategic Plan

3.1.1 The Board is responsible for the production of the Strategic Plan – setting out the needs, priorities and services for its population over the medium term (3 years). This should include a medium-term financial plan for the resources within the scope of the Strategic Plan, incorporating:-

- (1) the Integrated Budget – aggregate of payments to the Board; and
- (2) the notional budget – the amount set aside by the NHS for delegated services.

3.1.2 The NHS and the Council should provide indicative three year rolling funding allocations to the Board to support the Strategic Plan and the medium term financial planning process. Such indicative allocations would remain subject to annual approval by both Parties.

3.1.3 It is the responsibility of the Director of Health and Social Care and the Chief Finance Officer to develop a draft budget or the Integrated Budget based on the Strategic Plan and to present this to the Parties for consideration and agreement within each Party's budget setting process. The draft budget should take account of such factors as:-

- (1) **Activity Changes:** the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long-term conditions) and for other planned activity changes;
- (2) **Cost inflation:** pay and supplies cost increases;
- (3) **Efficiencies:** all savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Board and the Council/the NHS as part of the annual rolling financial planning process to ensure transparency;

- (4) **Performance on outcomes:** the potential impact of efficiencies on agreed outcomes must be clearly stated and open to discussion and consideration by the Council and the NHS;
- (5) **Legal requirements:** legislation may entail expenditure commitments that should be taken into account in adjusting the amounts to be paid, or set aside, to the Board by the Parties;
- (6) **Transfers to/from the notional budget for hospital services:** as set out in the Strategic Plan;

3.1.4 The method for the determination of contributions to the Integrated Budget is stated in the Integration Scheme.

3.2 Limits on Expenditure

3.2.1 No expenditure shall be incurred by the Board unless it has been included within the approved Integration Budget and Strategic Plan, except:-

- (1) where additional funding has been approved by the NHS and/or the Council and the Integrated Budget/Strategic Plan updated appropriately;
- (2) as provided for in paragraph 3.3 below (Virement).
- (3) in emergency situations subject to the agreement and confirmation of the Director of Health and Social Care.

3.3 Virement

3.3.1 Virement is defined by the Chartered Institute of Public Finance and Accountancy (CIPFA) as “the transfer of an under spend on one budget head to finance additional spending on another budget head, in accordance with an Authority’s Financial Regulations”. In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service or department to another. This would also include transfers between the two arms of the operational budget.

3.3.2 Virements require approval and they shall be permitted subject to the following:-

- (1) Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year
- (2) Virements by budget managers within their own area of responsibility will follow the virement regulations within their parent body.
- (3) Where the virement involves the transfer of between £250,000- £500,000 between operational budget headings, and the transfer is not between budgets directed to the Council and the NHS and will not affect the execution of existing policy, the transfer shall be approved by the Director of Health and Social Care

- (4) Where the amount is over £500,000 or where the transfer is between budgets directed to the Council and the NHS or where the transfer of any amount would affect the execution of existing policy, the prior approval of the Director of Health and Social Care and the Board shall be required.

3.4 Budgetary Control

- 3.4.1 It is the responsibility of the Chief Finance Officer to provide regular budget monitoring reports, to the Board and other bodies with explanations for any significant variances from budget and the remedial action planned.
- 3.4.2 The Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of the Council shall, along with the Chief Finance Officer put in place a system of budgetary control which will provide the Director of Health and Social Care with management accounting information for both arms of the operational budget and for the Board in aggregate.
- 3.4.3 It is the responsibility of the Board Chief Finance Officer, in consultation with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of the Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information.

3.5 Variances

- 3.5.1 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from that appearing in the Strategic Plan, it shall be the duty of the Director of Health and Social Care and the Chief Finance Officer, in conjunction with the NHS Director of Finance and the Chief Financial Officer (section 95 officer) of the Council, to report to the IJB and the relevant committees of, the NHS and the Council, the details of the variance and any remedial action required.

3.6 Reports to the Integration Joint Board

- 3.6.1 All reports to the Board and any committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Finance Officer prior to being included in an agenda.

3.7 Legality of Expenditure

- 3.7.1 It shall be the duty of the Director of Health and Social Care to ensure that no expenditure is incurred, or included within the Strategic Plan, unless it is within the legal powers of the Board. In cases of doubt the Director of Health and Social Care should consult the respective legal advisors of the NHS and the Council before incurring expenditure.

3.8 Management of Reserves

- 3.8.1 Legislation empowers the Board to hold reserves, which should be accounted for in the financial accounts and records of the Board.
- 3.8.2 Any under spend will be held by the Council on behalf of the Board and only adjusted through subsequent allocations from the Board.

3.9 VAT

3.9.1 HM Revenues and Customs have confirmed that there is no requirement for a separate VAT registration for the Board as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the Chief Finance Officer should the operational activities of the Board change and a need to register be established.

3.10 Procurement/Commissioning of Services

3.10.1 Article 19 of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 provides that the Board may enter into a contract with any person in relation to the provision to the Board of goods and services for the purpose of carrying out the functions conferred on it by the Act.

3.10.2 As a result of specific VAT and accounting issues associated with the Board contracting directly for the provision of goods and services, the Director of Health and Social Care is required to consult with the NHS Director of Finance and the Chief Financial Officer (section 95 officer) of the the Council, and the Chief Finance Officer prior to any direct procurement exercise being undertaken.

3.11 Accounting Procedures and Records

3.11.1 All accounting procedures and records of the Board shall be determined by the Chief Finance Officer subject to discussion with the Chief Financial Officer of the Council and the NHS Director of Finance.

3.11.2 Section 13 of the Act provides that the Board is subject to the audit and accounts provision of a body under section 106 of the 1973 Act. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations - section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the 1973 Act. These will be proportionate to the limited number of transactions of the Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

3.12 Financial Statements of the Board

3.12.1 The reporting requirements for the Board will be as specified in applicable legislation and regulations. Financial statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under section 105 of the 1973 Act.

3.12.2 The financial statements must be completed to meet the audit and publication timetable specified in regulations. It is the primary responsibility of the Chief Finance Officer to meet these targets and of the Director of Health and Social Care to provide any relevant information to ensure that the NHS and the Council meet their respective statutory and publication requirements for the single entity and group accounts.

3.12.3 The Chief Finance Officer shall agree the financial statements production timetable with the external auditors of the Board, the NHS and the Council.

3.12.4 The Accounts Commission shall appoint a Board External Auditor.

4. DELEGATED AUTHORITY

- 4.1 Through its Directions to the Council and the NHS (as appropriate), the Board will delegate financial resources for the delivery of the functions that have been delegated to the Board. The Council and the NHS will apply their own financial regulations as part of the undertaking of any direction issued by the Board.
- 4.2 The NHS and the Council may not, without the specific approval of the Board vire funds between directions unless there is a specific protocol for financial risk management agreed as part of the direction.

5. INTERNAL AUDIT

5.1 Responsibility for Internal Audit

- 5.1.1 The Board shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the allocated resources, but not the amount or sufficiency of the allocated resources. This will include determining who will provide the internal audit service for the Board and nominating a Chief Internal Auditor.
- 5.1.2 The operational delivery of internal audit services within the NHS and the Council will be contained within their respective and established arrangements.
- 5.1.3 The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.
- 5.1.4 On or before the start of each financial year, the Board's Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Integration Joint Board for approval. The audit plan should be shared with the relevant committee of both the NHS and the Council.
- 5.1.5 The Board's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Director of Health and Social Care and the Audit and Risk Committee of the Board indicating the extent of audit cover achieved and providing a summary of audit activity during the year. As a minimum the annual audit report and Chief Internal Auditor's opinion will also be reported to the audit committee of the NHS and the Audit and Governance Panel of the Council.

5.2 Authority of Audit

- 5.2.1 The Board's Chief Internal Auditor or their authorised representatives shall have authority, on production of identification, to: -
- (1) obtain entry at all reasonable times to any premises or land used or operated by the Board;
 - (2) have access to all systems, records, documents and correspondence relating to any financial and other transactions of the Board; and

- (3) require and receive such explanations as are necessary concerning any matter under examination.

6. RISK MANAGEMENT AND INSURANCE

6.1 Responsibility for Insurance and Risk

6.1.1 The Board shall make appropriate insurance arrangements for all activities of the Board in accordance with the risk management strategy.

6.1.2 The Director of Health and Social Care shall arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for *all normal insurable risks arising from the activities* of the Board. This will include the provision of appropriate insurance in respect of members of the Board acting in a decision making capacity.

6.1.3 The Director of Health and Social Care and the Chief Finance Officer will review the requirement for membership of CNORIS or other appropriate insurance arrangements on an annual basis

6.1.4 The NHS Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will ensure that the Director of Health and Social Care has access to professional support and advice in respect of risk management.

7. ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

7.1 The Director of Health and Social Care will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Board. This will apply in respect of:

- (1) the resources delegated to the Board by the Council and the NHS and
- (2) the resources paid to the the Council and the NHS by the Board for use as directed and set out in the Strategic Plan.

7.2 The Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There shall be a process of strategic planning which shall have full Board member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It shall be the responsibility of the Director of Health and Social Care to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Board provides Best Value.

7.3 The Director of Health and Social Care shall be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

8. OBSERVANCE OF FINANCIAL REGULATIONS

8.1 Responsibility of Director of Health and Social Care and The Chief Finance Officer

8.1.1 It shall be the duty of the Director of Health and Social Care, assisted by the Chief Finance Officer, to ensure that these Financial Regulations are adhered to.

8.2 Breach of Regulations

8.2.1 A breach of these Financial Regulations must be reported immediately to the Chief Finance Officer, who may then discuss the matter with the Director of Health and Social Care, or another nominated or authorised person as appropriate to decide what action to take.

8.3 Review of Financial Regulations

8.3.1 These Financial Regulations shall be the subject of annual review by the Chief Finance Officer in consultation with the NHS Director of Finance and the Council's section 95 officer, and where necessary, subsequent adjustments will be submitted to the Board for approval.

Audrey Valente
Chief Finance Officer
Health and Social Care Partnership
18/05/22



**Fife Health & Social Care
Partnership**

Supporting the people of Fife together

Code of Conduct for Members of Fife Integration Joint Board

March 2022

CONTENTS

Section 1: Introduction to the Model Code of Conduct

My Responsibilities
Enforcement

Section 2: Key Principles of the Model Code of Conduct

Section 3: General Conduct

Respect and Courtesy
Remuneration, Allowances and Expenses
Gifts and Hospitality
Confidentiality
Use of Public Body Resources
Dealing with my Public Body and Preferential Treatment
Appointments to Outside Organisations

Section 4: Registration of Interests

Category One: Remuneration
Category Two: Other Roles
Category Three: Contracts
Category Four: Election Expenses
Category Five: Houses, Land and Buildings
Category Six: Interest in Shares and Securities
Category Seven: Gifts and Hospitality
Category Eight: Non-Financial Interests
Category Nine: Close Family Members

Section 5: Declaration of Interests

Stage 1: Connection
Stage 2: Interest
Stage 3: Participation

Section 6: Lobbying and Access

ANNEXES

Annex A Breaches of the Code
Annex B Definitions

SECTION 1: INTRODUCTION TO THE MODEL CODE OF CONDUCT

- 1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).
- 1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.
- 1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

- 1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.
- 1.5 I will comply with the substantive provisions of this Code, being Sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.
- 1.6 I will comply with the substantive provisions of this Code, being Sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.
- 1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.
- 1.8 I will not, at any time, advocate or encourage any action contrary to this Code.
- 1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

- 1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

- 2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.
- 2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in Sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
 - a) a one-off incident,
 - b) part of a cumulative course of conduct; or
 - c) a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.
- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.
- 3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.
- 3.10 I will respect and comply with rulings from the Chair during meetings of:
- a) my public body, its committees; and
 - b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.
- 3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

- 3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

- 3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.
- 3.14 I will never **ask for** or **seek** any gift or hospitality.
- 3.15 I will refuse any gift or hospitality, unless it is:
- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
 - b) a gift being offered to my public body;
 - c) hospitality which would reasonably be associated with my duties as a board member; or
 - d) hospitality which has been approved in advance by my public body.
- 3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.
- 3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

- 3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.
- 3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.
- 3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.
- 3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

- 3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.
- 3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.
- 3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).
- 3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

- 3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.
- 3.27 I will not use, or in any way enable others to use, my public body's resources:
- a) imprudently (without thinking about the implications or consequences);
 - b) unlawfully;
 - c) for any political activities or matters relating to these; or
 - d) improperly.

Dealing with my Public Body and Preferential Treatment

- 3.28 I will not use, or attempt to use, my position or influence as a board member to:
- a) improperly confer on or secure for myself, or others, an advantage;

- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

- 4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.
- 4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".
- 4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.
- 4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.
- 4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.7](#) of this Code.
- 4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.
- 4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.
- 4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

- 4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.
- 4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with my public body:
- a) under which goods or services are to be provided, or works are to be executed; and
 - b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

- 5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.
- 5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.
- 5.3 A connection includes anything that I have registered as an interest.
- 5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:
- a) The matter being considered by my public body is quasi-judicial or regulatory; or
 - b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.
- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.
- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the

public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

- 6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a) any role I have in dealing with enquiries from the public;
 - b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
 - c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/ procurement).
- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.
- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.
- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.
- 6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the

basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

INTRODUCTION

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/ or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
 - **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
 - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
 - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in Section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
 - That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
 - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

“Chair” includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

“Cohabitee” includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

“Election expenses” means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which maybe offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the

general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks, bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.



Fife Health & Social Care Partnership



Performance Management Framework

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 led to the establishment of the Fife Health and Social Care Partnership Integrated Joint Board (IJB) with responsibility for the strategic planning and commissioning of a range of health and social services across Fife. The main purpose being to improve the wellbeing of people who use such services, in particular securing better outcomes and experiences for individuals and communities and obtaining better use of resources across health, care and support systems at national and local levels.

The Strategic Plan for Fife sets out how the IJB will carry out the functions it is responsible for to meet the agreed local strategic priorities and deliver the National Health and Wellbeing outcomes defined by the Government.

The IJB has a duty to effectively monitor and report on the delivery of services. It must also prepare and publish a performance report annually setting out how we are delivering and improving in relation to the National Health and Wellbeing outcomes. The report must include information about the core suite of integration indicators, supported by local measures and data to provide a broader picture of local performance.

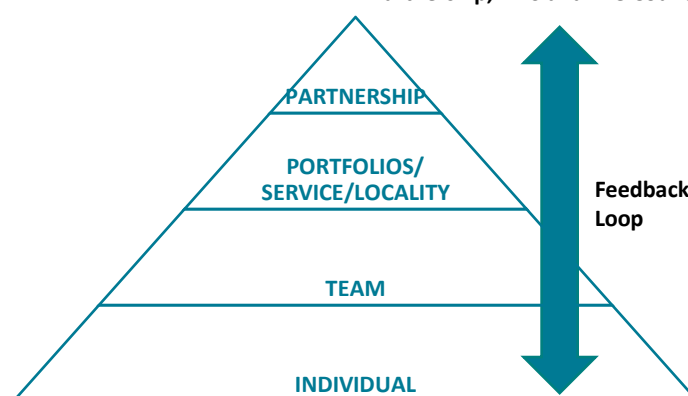
The Performance Management Framework

The role of performance management is to ensure that the vision and priorities set out by the IJB translate into tangible outcomes.

It is about enabling the IJB to assess whether it is achieving what it set out to do, ensuring effective management of resources as well as helping identify areas where improvement is required.

The Integrated Strategic Plan sets out the Vision, Mission and Values of the Fife Health and Social Care Partnership, as well as its commissioning intentions and strategic priorities. The cascade of these priorities is illustrated in Figure 1.

Figure 1- Performance Management cascade through the Partnership, NHS and Fife Council



The performance management framework:

- Defines how the IJB will manage performance across the functions for which it is responsible to ensure that the strategic priorities are being achieved;
- Defines the governance and assurance arrangements that will ensure performance is being managed effectively across the partnership, linking closely to the Clinical and Care Governance Strategy, Risk Management Framework and Governance Manual;
- Ensures that everyone understands their accountabilities in delivering priorities and how progress will be measured and reported;
- Identifies how the IJB will report progress on the delivery of national outcomes and indicators;
- Identifies how the IJB will report progress on the delivery of local outcomes and indicators;

This revision of the performance framework clarifies reporting expectations and documentation through:

- A summary of the key performance information reported at a strategic and local level (Appendix 1)
- A template for performance indicator reporting for those indicators identified as Red (Appendix 2);
- A definition sheet to capture for each indicator what is being reported, how it is collated / calculated and the officer responsible for the measure (Appendix 3);
- A template for the reporting of progress against the strategic plan (Appendix 4)

- The introduction of version control and quality assurance record to the Performance Report template (Appendix 5)
- Summary diagram showing the organisational structure for performance reporting (Appendix 6)

Performance Management - Reporting Structure

As set out in the Integration Scheme for Fife, 'Local Operational Delivery Arrangements' the IJB is responsible for monitoring and reporting in relation to the delivery of the integrated services on behalf of NHS Fife and Fife Council.

The Integration Joint Board will receive detailed work plans and reports from the Parties outlining the key objectives for the year against the delivery of the Strategic Plan. The Integration Joint Board will receive reports for performance monitoring and for informing the future strategic planning from the Parties.

The table below summarises the reporting structure.

Who Receives Reports	What is Reported	Data Included	Frequency
Scottish Government Community Planning Partnership NHS Fife Board NHS Fife Clinical Governance Committee NHS Fife Planning Performance and Resources Committee Fife Council Policy and Coordination Committee Fife Council Scrutiny Committee	Published Annual Report Strategic Plan	National Outcome Indicators Key Local Performance Outcomes and Indicators	Annually
Fife Health & Social Care Integration Joint Board Strategic Planning Group Audit & Risk Committee Local Area Committees	Annual Report / Quarterly Performance Reports Locality Reports	National Outcome Indicators* Key Local Performance Indicators*	Annually / Quarterly
IJB Finance & Performance Committee IJB Clinical & Care Governance Committee Quality Matters Assurance Group	Quarterly Performance Reports Adults & Older People Social Work Quality and Performance Report Clinical Quality Report Performance & Accountability Framework	National Outcome Indicators* Key Local Performance Indicators*	Quarterly
Health & Social Care Senior Leadership Team Heads of Service	Quality and Performance Reports Management Team Reports	National Outcome Indicators* Key Local Performance Indicators* Internal Operational Performance measures*	Quarterly / Monthly
Service Managers	Service Reports	Internal Operational Performance measures*	Monthly
Team Managers	Service / Operational Reports	Internal Operational Performance measures*	Monthly

*Additional detail on specific information reported can be found in Appendix 1

Governance Arrangements

Health and social care integration introduced a statutory based new model of cross-sector working which determined that scrutiny of performance must be embedded in the local governance framework.

External scrutiny is provided by the Care Inspectorate (formerly known as Social Care and Social Work Improvement Scotland) as well as the Health & Safety Executive (HSE) and Mental Welfare Commission who regulate, inspect and support improvement of adult social work and social care.

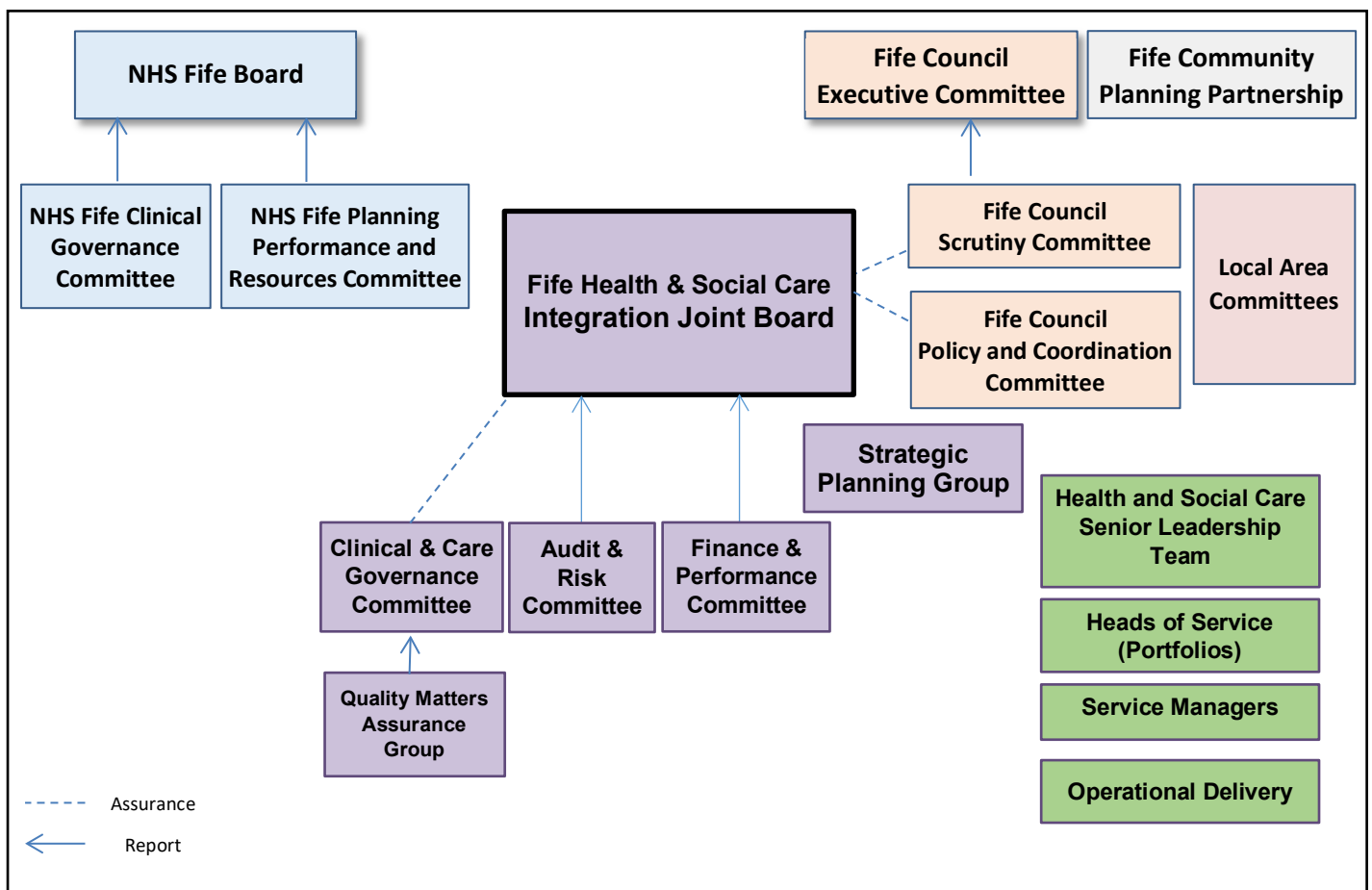
The Scottish Government's Clinical and Care Governance Framework outlines the proposed roles, responsibilities and actions that will be required to establish governance arrangements in support of the Act's integration planning and delivery principles and the required focus on improved outcomes.

In Fife the Integrated Joint Board is supported in carrying out its duties by three committees. These are:

- Clinical and Care Governance;
- Finance and Performance;
- Audit and Risk

The Finance and Performance Governance Committee monitors performance targets and service standards. Measuring the performance of services and related projects ensures that they are delivered in accordance with defined outcomes and that they represent the best use of resources and value for money.

The diagram below illustrates the governance structure for the Health and Social Care Partnership:



Detailed information on the governance arrangements for the Health and Social Care Partnership can be found in the Governance Manual.

National Performance Drivers

National Health and Social Care Standards

The Health and Social Care Standards (the Standards) set out what should be expected when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.



Health and Social Care Standards
My support, my life.

The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

The Standards are based on five headline outcomes:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

National Health and Wellbeing Outcomes

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services and apply across all integrated health and social care services. They also form the basis of how the Scottish Government will monitor performance in relation to health and social care through the associated core suite of indicators/measures.



Scottish Government
Riaghaltas na h-Alba
gov.scot

The 9 National Outcomes are:

- 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, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home in a homely setting in the 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 service users.
- OUTCOME 5** Health and social care services contribute to reducing health inequalities
- OUTCOME 6** People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
- OUTCOME 7** People who use health and social care services are safe from harm.
- OUTCOME 8** People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
- OUTCOME 9** Resources are used effectively in the provision of health and social care services, without waste.

This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

The core national indicators identified to demonstrate progress against these outcomes are:

1.	Percentage of adults able to look after their health very well or quite well.
2.	Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3.	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4.	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5.	Percentage of adults receiving any care or support who rate it as excellent or good.
6.	Percentage of people with positive experience of care at their GP practice.
7.	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8.	Percentage of carers who feel supported to continue in their caring role. There are additional suggested indicators related to carers – <ul style="list-style-type: none"> • Percentage of carers who agree that their services and support had an impact in improving or maintaining their quality of life. • Percentage of carers who agree that they are able to plan for the future for the person they care for. • Percentage of carers who agree that they are treated well by services and their needs as a carer are recognised.
9.	Percentage of adults supported at home who agree they felt safe.
10.	Percentage of staff who say they would recommend their workplace as a good place to work.
11.	Premature mortality rate.
12.	Rate of emergency admissions for adults.
13.	Rate of emergency bed days for adults.
14.	Readmissions to hospital within 28 days of discharge.
15.	Proportion of last 6 months of life spent at home or in community setting.
16.	Falls rate per 1,000 population in over 65s.
17.	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18.	Percentage of adults with intensive needs receiving care at home.
19.	Number of days people spend in hospital when they are ready to be discharged.
20.	Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21.	Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22.	Percentage of people who are discharged from hospital within 72 hours of being ready.
23.	Expenditure on end of life care.

Six national indicators have been identified as priority by Scottish Government Ministers and are included in the performance report to the Finance and Performance Committee:



- Balance of care: Percentage of population in community or institutional settings
- Number of Emergency Admissions
- Number of unscheduled hospital bed days
- A & E Attendances
- Delayed Discharge Bed Days
- Percentage of last six months of life by setting

Local Performance Drivers

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 and high quality and based on achieving personal outcomes.

Our Values

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

Fife Health and Social Care Partnership Strategic Priorities

As set out in our Strategic Plan for Fife 2019 – 2022.

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 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.

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.

Local Performance Drivers

Committees of the IJB (IJB and Finance & Performance Committee)

The report to the Finance and Performance Committee, and then IJB, will include a summary information on all indicators identified for monitoring (report overview provided in Appendix 5). This summary will indicate the RAG (Red / Amber / Green) status against target. For those identified as Red additional analysis of the indicator, challenges and improvement actions will be provided (Appendix 2)

Ministerial Priority National Integration Indicators

- Balance of care: Percentage of population in community or institutional settings
- Number of Emergency Admissions
- Number of unscheduled hospital bed days
- A & E Attendances
- Delayed Discharge Bed Days
- Percentage of last six months of life by setting

Local Performance Information

- Assessment Beds
- STAR Beds
- START (Short term assessment and review team)
- Nursing and Residential Placements
- Weekly Hours of Care at Home (externally commissioned)
- Weekly Hours of Care at Home (In-house)
- Adult Services Packages of Care
- Technology Enabled Care
- Provision of Disability Adaptations.
- Prescribing Costs/formulae compliance/efficiencies

LDP Standards (formerly HEAT targets)

- Drug and Alcohol Treatment Waiting Times
- CAHMS Waiting Times
- Psychological Therapies Waiting Times
- Alcohol Brief Interventions
- Smoking Cessation
- Dementia (Diagnosis and Post/Diagnostic Support)

Portfolio Information

- Priority Indicators still to be confirmed

Management Information

- Absence
- Complaints
- Freedom of Information Requests

Heads of Service / Service Managers / Operational Managers (Quarterly Performance Reports)

Assessment & Care Management / SDS / Carers

- Number of Assessments
- Number of Reassessments
- Number of Reviews
- % of Initial Assessments started in Timescale
- Average (median) waiting time for initial assessment (critical level)
- % of clients assessed selecting option 1
- % of clients assessed selecting option 2
- % of clients assessed selecting option 3
- % of clients assessed selecting option 4
- Number of carer support plans offered
- Number of carer support plans accepted
- Number of carer support plans completed

Outcome Measures (Assessed at review)

- Listened to about things that mattered to you?
- You have a say about how your support is provided
- You are treated with respect
- You are responded to
- Your support is reliable and well co-ordinated
- You are supported to live as independently as possible
- The support you receive has improved or maintained your quality of life

Adult Protection

- Number of IRDS completed
- Number of Investigations completed
- Number of Case Conferences
- Number of LSIs
- % of IRDs completed in target timescale
- % of Investigations in timescale
- Advocacy

Occupational Therapy

- Referrals for OT service
- Number of Telephone Assessments completed
- % of cases closed at screening (proxy measure)
- Number of OT full Assessments (POSA)
- Average waiting time to assessment start (each level of need)
- % of assessments started in timescale
- Satisfaction/ Quality indicator TBC
- Longest wait to assessment start (days)

Service Managers

- Monthly monitoring snapshots

Operational (Team) Managers (Monthly reports)

- Monthly monitoring snapshots

Care at Home

- Assessments completed by START

Mental Health

- % of SCRs completed in timescale

Hospital Discharge

- Number of Assessments completed

Performance Reporting Template

National Health & Wellbeing Outcome(s)	Identify the National Health and Wellbeing Outcomes this indicator relates to.	Fife H&SC Strategic Plan Priority Area	Identify the Health and Social Care Partnership's Strategic Plan Priorities this indicator relates to.
---	--	---	--

Title:	
Measure or Stretch Aim	Describe here the service level expectation/target

Graph showing latest performance goes here

Performance analysis	<p>Provide a contextual review of what the performance data is showing or an overview of the service the indicator represents.</p> <p>Explain a bit about the Service area, if appropriate.</p> <p>Any trends evident?</p> <p>Are there any reasons for changes in performance?</p>
Scotland Performance	Provide an overview of what national data (where available) is showing for this indicator.
Current challenges	Identify any challenges in relation to meeting the stretch aim/target.

Improvement Actions	Success Criteria	Date of completion / Current Progress / Responsible Officer
Describe here the actions to be taken with timescales		dd-mmm-yy Job title

Performance Indicator Definition Sheet

Indicator Title	'Explanatory title here'
Indicator Reference Number	'Reference number(s) here'
National Health and Wellbeing Outcome(s)	Identify here which of the national health and wellbeing outcomes this indicator relates to.
Fife Health & Social Care Strategic Plan Priority Area	Identify here which of the Health and Social Care Partnership's Strategic Plan Priorities this indicator relates to.
Links to other frameworks/ local outcome priorities / returns	Identify if the indicator is part of / complimentary to: <ul style="list-style-type: none"> any relevant local strategies / plans (Community Plan for Fife, Council Plan etc) any national frameworks or statutory reporting (e.g. SOURCE national return for Social Care, Local Government Benchmarking Framework, Statutory Performance Indicators)
Frequency and timing of reporting	Identify how frequently the data will be collated and reported E.g. Monthly, Quarterly, Annually Identify when the data will be pulled from MIS to meet the reporting requirements (e.g. 15 th of each month for previous month data)
Designated Officer	Name / position / portfolio (or team) / contact details <i>The Designated Officer should be a member of the respective Service management team to ensure senior management ownership of PIs. They will be responsible for ensuring that any performance issues highlighted by the data are quickly addressed and will be responsible for ensuring that agreed improvement actions are implemented.</i>
Performance Indicator Description and Data sources	Description of the performance indicator Where does the data come from? Include file paths to reports. E.g. Manual Systems <ul style="list-style-type: none"> File or file reference and its location Name of record or recording system and its location financial ledger or account reference and its location Government returns, form(s), statistics, etc. Computer Systems <ul style="list-style-type: none"> Name of software package and file reference Name of database query or report generated Brief description of input documentation and its location
Rationale for performance indicator	Reason why this indicator is being monitored as part of the performance indicator suite: <ul style="list-style-type: none"> What do we want to find out? Why? And What can we influence as a result?
Definition / Interpretation	Detailed definition of the measure including the definition of related terms and any notes on interpretation.
Unit of Measurement	Number / Percentage and number of decimal places
Formula / Calculation	Where the measure is not a straight figure, please provide detail of how the measure will be calculated, with formula and precise definitions of each component. (For example, the question in a survey / review document and the question response(s) which will be counted towards the measure.)

Disaggregation Available	Identify if the measure can be disaggregated, (e.g. by locality / team / provider / primary support reason(s) / equality groups etc) to identify outcomes for different groups and highlight equality issues or to look at differing performance across localities or teams.
Target	What is the target?
Target Rationale	Why is this target appropriate?
Agreed tolerances (where appropriate)	When setting the target, if it is appropriate to have a RAG (Red, Amber, Green) status what is the agreed tolerance level for this? If this indicator is disaggregated what are the tolerances for each level of reporting?
What to look out for	Is there anything that needs to be checked before the indicator is compiled? For example, that team names/team members are still correct, that automated calculations are working correctly, that service names are still correct etc
Where are the results reported?	E.g. Management Team Reports / Performance and Finance Committee report
Further Guidance Available	Identify here links to further guidance – for example data specifications and guidance notes issued by the Scottish Government
Source Officer(s)	Name / Position / Department / Contact details of the person(s) responsible for collecting and compiling the information
Checking Officer (Optional)	Name / Position / Department / Contact details of the person responsible for quality assuring the indicator
File / Report Locations	Identify where collated and finalised data is saved.

Fife Health & Social Care Partnership Reporting Update Template



Project/Section Name

Lead Officer(s)

Strategic Plan Priority / Relevant Action

Please identify which Priority(s) your initiative / activity relates to:

Priority	Y/N
Priority 1 Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife	<input type="checkbox"/>
Priority 2 Promoting mental health and wellbeing	<input type="checkbox"/>
Priority 3 Working with communities, partners and our workforce to effectively transform, integrate and improve our services	<input type="checkbox"/>
Priority 4 Living well with long term conditions	<input type="checkbox"/>
Priority 5 Managing resources effectively while delivering quality outcomes	<input type="checkbox"/>

Please identify which of the Changes / Activities defined in the Plan this initiative relates to (pages 36 – 66 of the Strategic Plan):

--

Key progress / achievements

Please note that this is during the period dd-mmm-yy to dd-mmm-yy
 This should identify what activities have been progressed over the course of the year / time period and is your opportunity to highlight any areas of good practice. You can also provide context here if what has been achieved varied from your original plans.
 Where appropriate, please include illustrative performance information to demonstrate performance / achievement and highlight any areas where performance indicators have been maintained / improved.

--

Challenges

This section should identify improvement, sustainability, or specific challenges you faced in achieving your objectives during the period. E.g., Did something affect your planned timescales? Was there an impact on workforce / staffing? Did you need to change your planned approaches to service delivery in response? Where appropriate, please highlight any areas where performance has been negatively impacted and what will be done to address this.

Next steps

Please identify your next steps / planned activity/ areas for development for the coming period (dd/mm/yyyy – dd/mm/yyyy)

Wherever possible please include, logos, pictures, data, good news story, case study or information graphics relevant to this project

Keep your language in line with Plain English principles. Avoid Service Jargon!

National Outcome – Identify appropriate outcomes (can be more than one)

Outcome 1 People are able to look after and improve their own health and well-being 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 well-being, including to help 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	

Appendix 5 –
Performance Report
Template
Cover Page
Contents
Performance Matrix
summarising the
indicators which will be
reported



Fife Health & Social Care Partnership



Performance Report “Month” “Year”



Supporting the people of Fife together



Contents

- Executive Summary
- Performance Matrix & Information
- National Health & Social Care Outcomes
- Local Performance Information
- Portfolio Performance Information
- LDP Standards
- Management Information
- Appendices

Quality Assurance Record

Action	Name	Role	Date Completed
Performance Data Collated By:			
Reviewed By:			
Approved By:			

Version Control

Version	Description	Name	Role	Date Completed
0.1				
0.2				
1				

Executive Summary

Text

Performance Matrix & Information

The table below summarise the data which is reported across the remainder of this report.

Performance to Six National Outcomes	Data Frequency
Number of Emergency Admissions	Monthly
Number of unscheduled hospital bed days	Monthly
A & E Attendances	Monthly
Delayed Discharge Bed Days	Monthly
Percentage of last six months of life by setting	Annually
Balance of care: Percentage of population in community or institutional settings	Annually
Local Performance Information	Data Frequency
Assessment Units	Monthly
Short Term Assessment and Rehabilitation (STAR) Beds	Monthly
Short Term Assessment and Review Team (START)	Monthly
Nursing & Residential Care Population	Monthly
Short Term Support Service	Monthly
Weekly hours of Care at Home for Older People (Externally Commissioned)	Monthly
Weekly hours of Care at Home (Internal Services)	Monthly
Adult Packages of Care	Monthly
Technology Enabled Care	Monthly
Provision of Disability Adaptations	Six Monthly
Prescribing – Cost per patient	Monthly
Prescribing – Formulary compliance	Monthly
Prescribing – Medicines Efficiencies	Monthly
Portfolio Performance Information	
To be confirmed	
LDP Standards	Data Frequency
Drugs & Alcohol Treatment Waiting Times	Quarterly
CAMHS Waiting Times	Monthly
Psychological Therapies Waiting Times	Monthly
Alcohol Brief Interventions	Quarterly
Smoking Cessation	Monthly
Dementia (Diagnosis and Post-Diagnostic Support) **In development**	Quarterly
Management Information	Data Frequency
Health & Social Care Absence	Monthly
Complaints	Monthly
Information Requests	Quarterly

The following pages will be comprised of:

- A summary of the indicators for each section including current RAG (Red / Amber / Green) performance status against target (where available/appropriate)
- A completed Performance Reporting Template for each indicator that has been identified in the summary table as 'Red' or 'Amber'.

National Health & Social Care Outcomes

The Ministerial Strategic Group for Health and Community Care (MSG) requested partnerships submitted objectives towards a series of integration indicators based on 6 high level indicators:

- (1) Emergency admissions;
- (2) Unscheduled hospital bed days;
- (3) Emergency department activity;
- (4) Delayed discharges;
- (5) End of life care; and
- (6) Balance of care.

The table below shows current performance against these. The table summarises the current performance of each indicator's latest rolling month's data from the previous financial year's data. It uses the newest complete month and takes the sum of the 12 months prior and compares this with the previous financial year. For example, if the latest data for an indicator is available in July 2018, this will compare the rolling year figure (sum of previous 12 months i.e. from August 2017 to July 2018) with the equivalent figure from the 2017/18 financial year.

Arrows showing comparisons from the previous financial year are shown, with Green positive, Red negative or Yellow no change (as demonstrated on the key below). Percentage differences between the two figures are also provided.

↑	Improvement of indicator from previous
↓	
↑	Worsening of indicator from previous
↓	
No diff	No change

MSG Indicator	MSG Description	Latest Available Month	Previous Financial Year	Fife Total Previous Year	Fife Rolling Year*	Fife Rolling Year diff from previous financial year	% Diff
1a.1	Emergency Admissions	Apr-19	2018/19	43,447	43,316	↓ 131	-0.30%
1b.1	Emergency Admissions from A&E	Jun-19	2018/19	22,409	22,618	↑ 209	0.92%
1b.2	A&E Conversion Rate (%)	Jul-19	2018/19	23.00%	23.22%	↑ 0.23%	0.23%
2a.1	Unscheduled hospital bed days	Mar-19	2017/18	258,988	253,865	↓ 5,123	-2.02%
2b.1	Unscheduled hospital bed days - GLS	Mar-19	2017/18	10,712	7,759	↓ 2,953	-38.06%
2b.2	Unscheduled hospital bed days - Mental Health	Mar-19	2017/18	101,479	95,526	↓ 5,953	-6.23%
3a	A&E Attendances	Jul-19	2018/19	97,446	97,390	↓ 56	-0.06%
3b	A&E % seen within 4 hours	Jul-19	2018/19	94.94%	94.30%	↓ 0.65%	-0.65%
4.1	Delayed discharge bed days: All reasons	Aug-19	2018/19**	33,811	39,062	↑ 5,251	13.44%
5a.1	Percentage of last six months of life: Community	Sep-19	2017/18	88.72%	88.62%	↓ 0.10%	-0.10%
6.1	Balance of care: Percentage of population: Home (unsupported) - All ages	Sep-19	2016/17	97.97%	98.00%	↑ 0.03%	0.03%

* Takes the last 12 months from the date shown in column D, except for MSG 5 and 6, where the previous financial year before is taken for comparison

** Delayed discharge data definition change occurred in July 2016 - cannot use any previous financial year before Apr-18, so comparison starts after Apr-18

Local Performance Summary Information

Indicator	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Description		E.g. Monthly	Aug-18	XX	Jul-19	XX	Aug-19	XX	↑↓↔

Portfolio Performance Summary Information

Indicator	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Description		E.g. Monthly	Aug-18	XX	Jul-19	XX	Aug-19	XX	↑↓↔

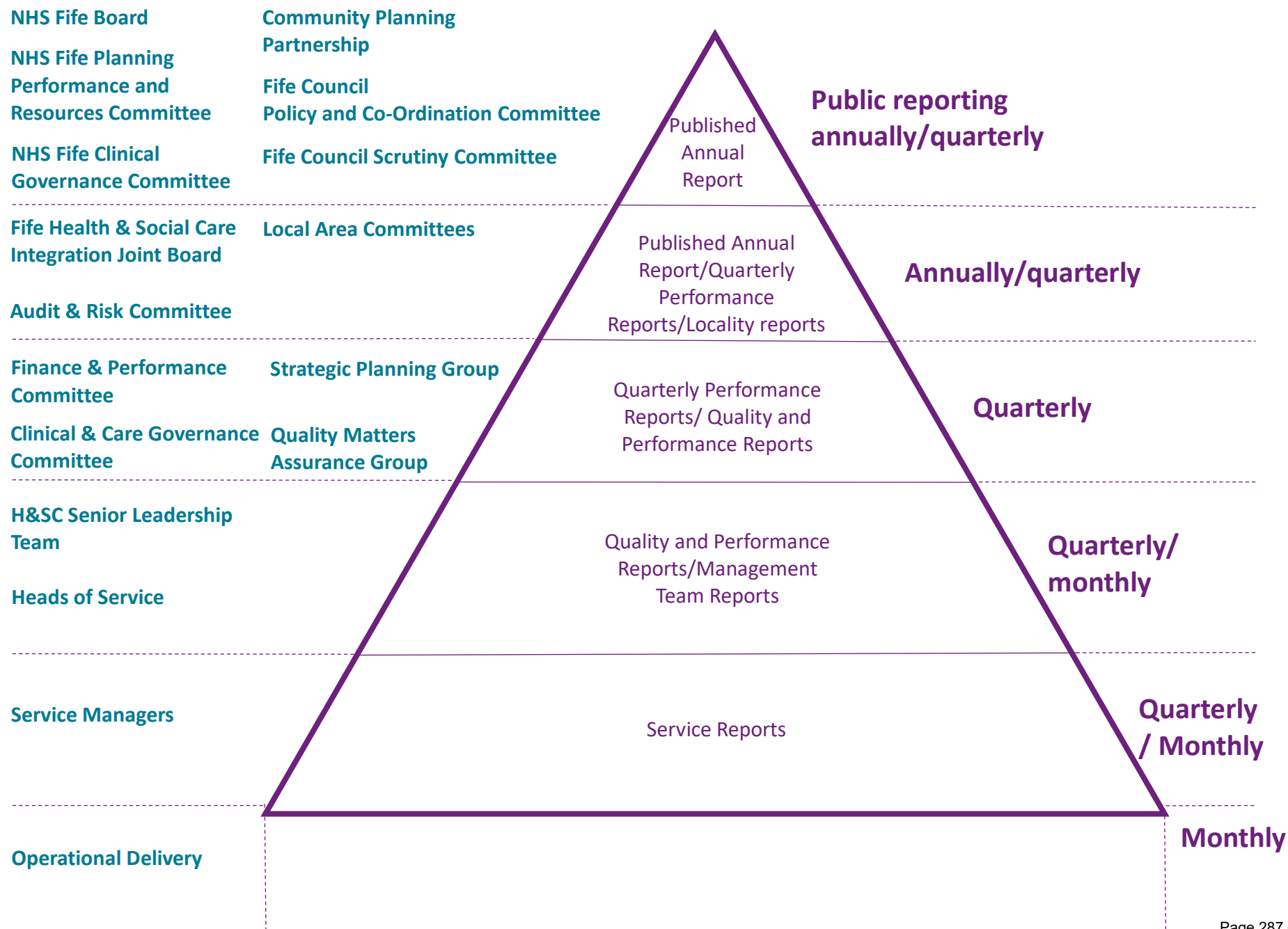
LPD Standards Summary Information

Indicator	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Description		E.g. Monthly	Aug-18	XX	Jul-19	XX	Aug-19	XX	↑↓↔

Management Information

Indicator	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Description		E.g. Monthly	Aug-18	XX	Jul-19	XX	Aug-19	XX	↑↓↔

The following pages are comprised of the reporting template for each indicator highlighted as red / amber.



FIFE INTEGRATION JOINT BOARD – BUSINESS TIMETABLE

TITLE	DESCRIPTION	REVIEW DATE
Annual Accounts	Annual Accounts for the IJB	Annually - September
Annual Report	Yearly update on progress with Strategic Plan	Annually
Climate Change Report	Annual report to Scottish Government on climate change priorities	Annually
Equalities	All public authorities in Scotland, including Integration Joint Boards, must comply with the public sector equality duty set out in the Equality Act 2010 The duty places an obligation on public authorities to take action to eradicate discrimination and to pro-actively promote equality of opportunity. The IJB has agreed a number of equality outcomes for the Health and Social Care Partnership.	2022
Financial Reporting	Annual Budget	Annually - March
	Financial Recovery Plan	Annually – if required
	Medium Term Financial Strategy	Annually
Governance (Governance Manual Review 2022)	Standing Orders	2022
	Scheme of Delegation	2022
	Financial Regulations	Annually
HSCP Strategic Plan	The Strategic Plan describes how the Partnership, will develop health and social care services for adults and older people in Fife.	2022
Integration Scheme	The Integration Scheme sets out the IJB aims and outcomes and lists the delegated functions.	2027
Performance Management Framework	The Performance Management Framework sets out how the IJB will manage and report on performance across its functions and defines the governance and assurance arrangements in place to ensure performance is being effectively managed.	Last Reviewed November 2019

Policies, Procedures and Strategies	Advocacy Strategy	2022
	Carers Strategy	2022
	Complaints Handling	2022
	Data Protection Policy	November 2021
	Directions Policy	April 2023
	Information Requests Policy	April 2020
	Participation and Engagement Strategy	2022
	Records Management	November 2021
	Risk Management Policy and Strategy	2022
Publication Scheme		2022
Records Management	Information on records management including codes of practice, business classification schemes, policies and retention schedules. Under the Public Records (Scotland) Act 2011 the IJB is required to produce a RM Plan which will be assessed and approved by the Keeper of the Records of Scotland.	2025
Workforce Planning	Details of the Workforce and Organisational Development Strategy for the Health and Social Care Partnership.	2022

AD HOC UPDATES

IJB Board Members	Details of Board members, professional advisers and stakeholder representatives	As changes in membership occur
Governance	Agendas and minutes for Board and Governance Committee meetings.	Updated according to IJB meeting timetable
Code of Conduct for Members	Details of Board members, professional advisers and stakeholder representatives	Standards Commission Updates

INTEGRATION JOINT BOARD AUDIT & ASSURANCE COMMITTEE TERMS OF REFERENCE

PURPOSE

To provide assurance to the Integration Joint Board (IJB) that it is fulfilling all its statutory requirements and on the adequacy and effectiveness of systems of internal control and assurance, with appropriate and consistent escalation and action in accordance with the scope of services as defined in the Integration Scheme.

Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

COMPOSITION

Following expressions of interest from IJB members, the Chair of the Board will agree the membership of the Audit & Assurance Committee.

This will be composed of :

Not less than 4 voting members of the IJB, in addition to Professional Advisors and identified non-voting members.

The Committee will include at least two voting members of the IJB, one from NHS Fife and one from Fife Council.

The Chair and Vice-Chair will be appointed by the Chair of the IJB from the voting members and will serve for a two-year term with an option to reappoint at the discretion of the Chair of the IJB.

The Chair of the IJB cannot be a member of the Audit and Assurance Committee.

The Chair of the Audit and Assurance Committee cannot chair any other committee of the IJB.

The Chief Finance Officer of the IJB will be the Lead Officer for the Committee. The Head of Strategic Planning, Performance Strategic Commissioning will deputise in the absence of the Lead Officer.

Internal Auditor will be invited to attend the Committee.

External Audit will be invited to attend the Committee.

Risk Manager will be invited to attend the Committee.

MEETINGS

The Audit and Assurance Committee will meet a minimum of 6 times per financial year.

Where a member of the Committee misses 3 consecutive meetings they will cease to be a member of the committee unless there are exceptional circumstances which have been discussed with the Chair prior to their absence.

No meeting of the Audit and Assurance Committee will be rescheduled or cancelled, once agreed for the year, without prior discussion/notification with the Chair of the Committee and Lead Officer

QUORUM

The meeting shall be quorate when 2 voting members of the Committee are present, one from NHS Fife and one from Fife Council.

REMIT

- 1 Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.
- 2 To review and continually reassess the IJBs view of governance, risk management and control, to assure that it remains fit for purpose.
- 3 To review and approve the annual internal audit plan and Internal Audit Charter. Assure itself of the quality of Internal Audit and approve the appointment of internal auditors.
- 4 To assure that arrangements for delegation of committee powers within the IJB structures promote independent judgement and assist with balance of power and the effective discharge of duties.
- 5 To ensure that arrangements for Directions are robust and meet the requirements of the Integration Scheme.
- 6 To review the overall Internal Control arrangements to provide assurance to the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
- 7 Oversee Information Governance on behalf of the IJB.
- 8 Consider the Annual Financial Accounts and related matters before endorsing for submission and approval by the IJB.
- 9 Assure the Board of compliance with Best Value Standards as set out by Audit Scotland.
- 10 Assure the Board on training and compliance with legislation on ethics, fraud and corruption.
- 11 Assure the Board that audit recommendations have been completed and used to drive improvement.

- 12 Scrutinise the Corporate Risk Register and provide a bi-annual update on changes prior to the Corporate Risk Register being submitted to the IJB.
- 13 Review and consider Reports on Internal Control and Corporate Governance; Internal Audit and External Audit, Risk Management; Standing Orders, Financial Regulations; Annual Accounts and other matters as required. Oversee progress against actions associated with internal and external audits.
- 14 This Committee will undertake an annual process of self-assessment/self-evaluation as directed by the Board.
- 15 This Committee will have oversight of the annual process of self-assessment/self-evaluation on behalf of the Board, to ensure the effectiveness of the self-evaluation governance process and for inclusion within the Annual Assurance Statement.
- 16 Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.

AUTHORITY

In discharging its responsibilities in line with the agreed workplan, the Audit & Assurance Committee may seek information from:

Members of the Senior Leadership Team

Professional, Director or other Officers of the Board

External experts

REPORTING ARRANGEMENTS

Minutes from this Committee report to the IJB allowing the Chair to assure, reassure or escalate issues arising from this Committee to the Integration Joint Board.

The Audit & Assurance Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required.

**INTEGRATION JOINT BOARD
FINANCE, PERFORMANCE & SCRUTINY COMMITTEE
TERMS OF REFERENCE**

PURPOSE

To provide assurance to the Integration Joint Board (IJB) that the financial position is kept under review and to monitor performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme.

To ensure that arrangements are in place to secure best value in the use of all resources and that arrangements work effectively.

Scrutinise the resources available to the IJB to ensure performance is delivered through delegated services to the people of Fife in line with the Strategic Plan.

Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

COMPOSITION

Following expressions of interest from IJB members, the Chair of the Board will agree the membership of the Finance, Performance & Scrutiny Committee.

This will be composed of :

Not less than 4 voting members of the IJB, in addition to Professional Advisors and identified non-voting members. The Committee will include at least two voting members of the IJB, one from NHS Fife and one from Fife Council.

The Chair and Vice-Chair will be appointed by the Chair of the IJB from the voting members and will serve for a two-year term with an option to reappoint at the discretion of the Chair of the IJB.

The Head of Strategic Planning, Performance Strategic Commissioning will be the Lead Officer for the Committee. The Chief Finance Officer will deputise in the absence of the Lead Officer.

A member of this Committee will also be a member of the Strategic Planning Group.

MEETINGS

The Finance, Performance and Scrutiny Committee will meet a minimum of 6 times per financial year.

Where a member of the Committee misses 3 consecutive meetings they will cease to be a member of the committee unless there are exceptional circumstances which have been discussed with the Chair prior to their absence.

No meeting of the Finance, Performance and Scrutiny Committee will be rescheduled or cancelled, once agreed for the year, without prior discussion/notification with the Chair of the Committee and Lead Officer.

QUORUM

The meeting shall be quorate when 2 voting members of the Committee are present, one from NHS Fife and one from Fife Council.

REMIT

- 1 Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.
- 2 To oversee, on behalf of the IJB, a Performance Framework which provides assurance to the IJB that there is a fit for purpose reporting structure in place.
- 3 To receive and scrutinise progress reports from accountable officers on finance, performance, transformation and delivery of the priorities within the Strategic Plan.
- 4 Monitor and scrutinise the use of all resources available to the IJB.
- 5 Review and scrutinise the IJB's Medium Term Financial Strategy, any in year savings and Recovery Plans in support of the Strategic Plan prior to it being approved by the IJB.
- 6 Review and scrutinise annual budgets with recommendations to the IJB.
- 7 Review and scrutinise reserves and additional funding.
- 8 Monitor and provide detailed scrutiny on Finance and Performance Risks on behalf on the IJB.
- 9 Oversee the implementation of and scrutinise a Transformation and Change Programme in line with the Strategic Plan.
- 10 Ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives and the performance indicators.
- 11 Directions issued by the IJB will be scrutinised and monitored by this Committee to ensure partners are complying as instructed.
- 12 Receive regular reports on the performance indicators and review outcomes.
- 13 Report to the IJB on resources required to carry out Performance Reviews and related processes.
- 14 Report to NHS Fife and Fife Council on the performance and financial position of the IJB and respond to requests for information from NHS Fife and Fife Council.

- 15 Review, monitor and scrutinise delivery of the Strategic Plan making any recommendations as appropriate to the IJB for approval.
- 16 This Committee will undertake an annual process of self-assessment/self-evaluation as directed by the Board.
- 17 Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.

AUTHORITY

In discharging its responsibilities in line with the agreed workplan, the Finance, Performance & Scrutiny Committee may seek information from:

Members of the Senior Leadership Team.

Professional, Director or other Officers of the Board.

External experts.

REPORTING ARRANGEMENTS

Minutes from this Committee report to the IJB allowing the Chair to assure, reassure or escalate issues arising from this Committee to the Integration Joint Board.

**INTEGRATION JOINT BOARD
QUALITY & COMMUNITIES COMMITTEE
TERMS OF REFERENCE**

PURPOSE

The key purpose of this Committee is to provide assurance to the IJB in relation to its statutory duty, policy requirement and strategic approach to:-

- safe, effective, person-centred care in accordance with the scope of services as defined in the Integration Scheme.
- locality capacity building, locality planning, community development, participation and engagement and support to carers.
- help the people of Fife to live independent and healthier lives by transforming health and care, supporting early intervention and prevention and working closely with delegated, third and independent services to reduce health inequalities.
- clinical and care governance and that quality of care is being led professionally and clinically.
- the Health and Wellbeing Outcomes, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

COMPOSITION

Following expressions of interest from IJB members, the Chair of the Board will agree the membership of the Quality & Communities Committee

This will be composed of:

Not less than 4 members of the IJB, excluding the Advisors (Associate Medical Director, Associate Nurse Director, Principal Social Work Officer and Head of Strategic Planning, Performance and Commissioning).

The Committee will include at least two voting members of the IJB, one from NHS Fife and one from Fife Council.

Representation on the Committee will also be invited from non-voting members of the IJB including Patient Representative, Carers Representative and the Third and Independent Sector Leads.

The Chair and Vice-Chair will be appointed by the Chair of the IJB from the voting members and will serve for a two-year term with an option to reappoint at the discretion of the Chair of the IJB.

The Associate Medical Director is the current Lead Officer for the Committee. The Associate Nurse Director and Principal Social Work Officer will deputise / rotate as Lead Officer.

The Head of Strategic Planning, Performance and Commissioning will attend as adviser for Localities, Participation and Engagement.

MEETINGS

The Quality & Communities Committee will meet a minimum of 6 times per financial year.

Where a member of the Committee misses 3 consecutive meetings they will cease to be a member of the committee unless there are exceptional circumstances which have been discussed with the Chair prior to their absence.

No meeting of the Quality & Communities Committee will be rescheduled or cancelled, once agreed for the year, without prior discussion/notification with the Chair of the Committee and Lead Officer.

QUORUM

The meeting shall be quorate when one representative from NHS Fife and one from Fife Council is present

REMIT

- 1 Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.
- 2 To provide assurance to the IJB that the clinical and care governance requirements of recommendations for decision and/or direction have been considered by the Committee.
- 3 To monitor the implementation of locality capacity building, locality planning, community development, participation and engagement and support to carers and to seek assurance that the services being delivered are high quality, safe, effective, person-centred and provide best value for the people of Fife.
- 4 To assure the IJB that services respond to requirements arising from regulation, accreditation and other inspections recommendations.
- 5 Monitor the integrated clinical care governance activity being delivered within the Health and Social Care Partnership and provide assurance to the IJB that the mechanisms, activity and planning are supported and delivered effectively.
- 6 Oversee the integrated clinical and care governance and risk management activities in relation to the development and delivery of the Strategic Plan ensuring cognisance of the Plan for Fife and NHS Fife Health and Wellbeing Strategy.
- 7 To provide strategic focus and vision through strong connection to the Strategic Planning Group and the Integrated Professional Advisory Group.
- 8 Monitor integrated clinical and care governance risk register on behalf of the IJB.
- 9 Assure the IJB that appropriate and effective clinical and care governance mechanisms and structures are in place for clinical and care governance throughout the whole of the Health and Social Care Partnership.

- 10 This Committee will undertake an annual process of self-assessment/self-evaluation as directed by the Board.
- 11 Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.

AUTHORITY

In discharging its responsibilities in line with the agreed workplan, the Quality & Communities Committee may seek information from:

Members of the Senior Leadership Team.

Professional, Director or other Officers of the Board.

External experts.

REPORTING ARRANGEMENTS

Minutes from this Committee report to the IJB allowing the Chair to assure, reassure or escalate issues arising from this Committee to the Integration Joint Board.



Meeting Title: Integration Joint Board

Meeting Date: 30 September 2022

Agenda Item No: 12

Report Title: IJB Strategic Risk Register

Responsible Officer: Nicky Connor, Director of Health and Social Care

Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion

This Report relates to which of the following National Health and Wellbeing Outcomes:

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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 well-being.
- 7 People who use health and social care services are safe from harm.
- 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.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

This Report Aligns to which of the Integration Joint Board 5 Key Priorities:

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

2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Senior Leadership Team.
- Audit and Assurance Committee – 14 September 2022 where it was noted that no new risks had been added to the register since it was last reviewed in July 2022. The committee liked the condensed version although there was the suggestion that adding a target date would be an area of improvement going forward.

3 Report Summary

3.1 Situation

As required by the Integration Scheme and set out in the IJB Risk Management Policy and Strategy (RMPS), the IJB has in place a strategic risk register which highlights the key risks to delivery of the Strategic Plan. The risks on the IJB Strategic Risk register are managed by the Senior Leadership Team (SLT).

3.2 Background

The IJB Strategic Risk Register was last presented to the IJB at its meeting of 28 January 2022, and to the Audit and Assurance Committee on 14 September 2022.

3.3 Assessment

The risks on the IJB Strategic Risk Register were reviewed in July and are not due for further review until October. The Workforce risk is being considered by SLT in line with the developing workforce strategy and a meeting has been arranged to discuss this and progress separately. Changes from the July review are highlighted in red. The relevant governance committee is now noted in column 19. No new risks have been added.

The current high-level risks are as follows:

Risk	Residual Risk Score
Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	HR (16)

<p>Contractual /Market Capacity There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures</p>	HR (16)
<p>Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.</p>	HR (16)
<p>Whole System Capacity - There is a risk that there may be insufficient capacity across Fife's Health and Social Care system to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/flow. This could lead to an increased delay position, sub-optimum use of beds and impact on admissions. This in turn may impact on person centred care, delivery of Strategic Plan outcomes and potentially presents reputational exposure.</p>	HR (16)
<p>Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of Covid</p>	HR (15)

The full risk register is shown at Appendix 1, in order of residual risk score, column 10. This is the risk score taking into account the current level of internal controls and management actions. The risk matrix is shown at Appendix 2.

At Audit and Assurance Committee on 14 September a condensed version of the IJB Strategic Risk Register, to help support the role of that Committee in overseeing the risk register, was presented for consideration. This version is shown at Appendix 3

Work will continue on the development of the risk register in line with the refresh of the Strategic Plan.

3.3.1 Quality / Customer Care

The existence of an IJB Strategic Risk Register will support quality and customer care issues.

3.3.2 Workforce

No direct workforce implications.

3.3.3 Financial

No direct financial implications.

3.3.4 Risk / Legal / Management

The IJB and its governance committees need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA has not been completed and is not necessary because the existence of a risk register is not directly relevant to equality issues.

3.3.6 Environmental / Climate Change

There are no direct environmental or climate change impacts

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team

4.4 Recommendation

- **Assurance** – Members are asked to note the risk register and be assured that risks continue to be managed by the risk owners with scrutiny being applied by the respective governance committees
- **Discussion** – Members are asked to discuss the risk register and whether any further information is required.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – IJB Strategic Risk Register – September 2022

Appendix 2 – Risk Assessment Matrix

Appendix 3 – IJB Strategic Risk Register Condensed Sept 2022

6 Implications for Fife Council

7 Implications for NHS Fife

8 Implications for Third Sector

9 Implications for Independent Sector

10 Directions Required to Fife Council, NHS Fife or Both (must be completed)

Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

11 To Be Completed by SLT Member Only (must be completed)

Lead	Audrey Valente
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Avril Sweeney
Author Job Title: Manager, Risk Compliance
E-Mail Address: Avril.sweeney@fife.gov.uk

Risk Register

IJB Strategic Risk Register - as at 01/09/22

							Management Actions		Risk Ownership									
Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Internal Controls	SMART Actions	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
3	IJB Strategic Risk Register	May-15	Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	Almost certain (5)	Extreme(5)	HR (25)	Regular Tripartite Meetings with Partners to discuss funding and implications of funding assumptions including inflation pressures. Balanced budget, including savings plan set March 2021. Medium Term Financial Strategy in place Regular budget monitoring in place Regular financial reports to Finance and Performance Committee and IJB. Financial Recovery Plan required in an overspend position Project Management Office Transformation Change Programme in place Financial Governance Group	Financial Regulations and Scheme of Delegation to be reviewed following completion of the Integration Scheme review. This is anticipated to be complete by July 2022 . Fin Regs COMPLETE - To be reported to Committee/IJB. Work ongoing on the Scheme of Delegation Annual refresh of MTFS to take account of external factors (cost of living/fuel crisis etc) and new Strategic Plan by Sept 2022 Grip and Control process to be rolled out across HSCP by September 2022	HR (16)	MR (8)	Director of Health & Social Care	Chief Finance Officer	Oct-22	Risk reviewed scoring remains as is as deficit showing in years 2 and 3. Relevant completed actions are now noted as internal controls. Early indications from SG show a significant reduction in funding going forward	Jul-22	Active	Over/Under spend monitoring Act v Budget Balanced Budget	Finance, Performance and Scrutiny
21	IJB Strategic Risk Register	Oct-17	Contractual /Market Capacity There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures and cost of living and fuel cost pressures	Likely (4)	Major (4)	HR (16)	Ongoing robust market and relationship management with the 3rd and independent sector and their representative groups. Market facilitation programme and contract monitoring process. Continued creation of capacity and capability to manage and facilitate the market Provider Forums to support relationship and market management. SG funding toward the Living wage agreed and applied. Maximisation of internal services as necessary Commissioning Strategy approved Strategic Planning Group Care at Home Collaborative is now up and running and being supported by Scottish Care	Reimagining the Voluntary sector programme is due to commence. This is scheduled for completion by 12/12/22. Work underway to support private sector to develop using a range of opportunities. This is a programme of work which will be developed over the next year - Dec 2022 Following the organisational restructure and review of the IS, the Strategic Planning Group will be redesigned. COMPLETE	HR (16)	MR (9)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Oct-22	Risk reviewed. Scoring remains the same. 1 action completed and risk description amended to include cost of living and fuel cost pressures	Jul-22	Active	Hours delivered by external providers	Finance, Performance and Scrutiny Quality and Communities
26	New Risk	Jan-20	Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.	Likely (4)	Major (4)	HR (16)	Primary Care Improvement Plan - regular monitoring and reporting to GMS Board, C&CG, IJB and Scottish Government	Review of models of care incorporating the learning from the pandemic. To be completed by Sept 2022 Remodelling and recruitment of workforce action plan resulting from earlier Committee report to be complete by Sept 2022 MOU2 - (Pharmacotherapy, CTAC and Vaccine programme) action plan to deliver by September 2022	HR (16)	MR (8)	Director of Health & Social Care	Head of Primary and Preventative Care	Oct-22	Risk reviewed. Scoring remains the same. Actions have been extended	Jul-22	Active	Programme timeline - monitoring of progress	Finance, Performance and Scrutiny Quality and Communities

1	2	3	4	5	6	7	Management Actions		10	11	Risk Ownership		14	15	16	17	18	19
							Internal Controls	SMART Actions			Accountable Officer	Managed by						
Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade			Residual Risk Grade	Target Risk Grade			Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee
New 27	IJB Strategic Risk Register	Dec-21	Whole System Capacity - There is a risk that there may be insufficient capacity across Fife's Health and Social Care system to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/flow. This could lead to an increased delay position, sub-optimum use of beds and impact on admissions. This in turn may impact on person centred care, delivery of Strategic Plan outcomes and potentially presents reputational exposure.	Likely (4)	Major (4)	HR (16)	Whole system capacity and modelling tool across the Acute and HSCP system is enabling the identification of capacity and providing early intelligence where action can be taken to mitigate capacity risks. Ongoing daily interrogation of the official delay position Daily H&SC capacity and flow huddle. Weekly MDT/whole system verification meeting Timely social work assessments to expedite discharge to interim placements. Ongoing recruitment to Care at Home Service. Pathfinder site - "Planned date of discharge". Ongoing messaging to staff - "Discharge planning from admission" Consistent approach to implementing the "Moving On" guidance and choices. Daily Bronze Control meetings. Daily Workforce hub huddles. Daily Updates to Chief Officer Attendance/absence management. Additional staff recruitment All care packages have been reviewed by June 2022 STV Advertising campaign launched 1 July 2022 to attract carers	Home First and Prevention models are being developed and these will be in place by Feb 2023 (Stakeholder Home First events commencing July 2022) Review of all Care Packages to support capacity in the system - due to complete by June 2022. COMPLETE Interim processes to support Care at Home for the period to 31/10/22 include: Internal and external recruitment campaigns for Care at Home. Work is being undertaken to attract volunteers to the service Working with external partners and Scottish Care to support their ability to grow the sector A dedicated Home Care Manager and Social Worker are working to accelerate interim moves from hospital to a care home, where appropriate	HR (16)	MR (8)	Director of Health & Social Care	Head of Community Care Services	Oct-22	Risk reviewed. Scoring remains the same. Actions on track	Jul-22	Active	Number of people in delay Associated bed days lost. Delay performance rate per 100K population Weekly return to SG	Quality and Communities
9	IJB Strategic Risk Register	May-15	Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of Covid	Possible (3)	Extreme (5)	HR (15)	Current Strategic Plan 2019-2022 is in place and actions are monitored through the Performance Report Annual Report completed each year to highlight progress made with the Strategic Plan Commissioning strategy approved. Strategic Planning Group Participation and Engagement Team in place Senior Leadership Team reporting to Quality and Communities Group	Review of the Strategic Plan will be completed by November 2022 Redesign of the Strategic Planning group is being undertaken. This is expected to be complete by 30/04/22 COMPLETE Annual report review with feedback from external and internal auditors to support transparency and accessibility of information by September 2022	HR (15)	MR (8)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Oct-22	Risk reviewed. Scoring remains the same. Scottish Government have allowed an extension to November for the Strategic Plan	Jul-22	Active	Performance Report	Finance, Performance and Scrutiny
7	IJB Strategic Risk Register	Jan-19	Workforce - There is a risk that the delegated bodies and partners across the system are unable to deliver the Workforce Strategy & Action Plan 2022 - 25. This risk may arise as a result of a wide range of factors; the challenge of retaining and recruiting staff across the system; the impact of a changing age demographic on the people of Fife and our workforce; the impact of the increased pressure across the workforce on mental health and wellbeing; challenges around leadership capability and impact on organisational culture. The impact of this risk may be an inability to deliver the objectives of the Strategic Plan due to reduced levels and quality of service, low staff morale and impact on our financial strategy.	Likely (4)	Major (4)	HR (16)	Workforce Strategy 2019-2022. Workforce Action Plan 2022 - 2025. NHS Workforce Planning Team system / Fife Council Workforce Planning system. Regular Workforce Strategy Group meetings - ensuring all key stakeholders are involved in the Strategy & Plan design. Ensure connection with the Scottish Government's Workforce Strategy and NHS Recovery Plan. Regular reporting to SLT Assurance meetings. Senior & Extended Leadership Team Development sessions.	Workforce Strategy Group to co-design Workforce Strategy & Action Plan by July 2022. Sub Actions Content holders to deliver draft inputs Draft / outline Strategy for consideration by the Group Draft / outline to IJB Development Session Monthly meetings of Workforce Strategy Group through early 2022 to finalise content and deal with issues in real time, Jan - Jul '22. Sign off of the Workforce Strategy & Action Plan by IJB July 2022. Published on website and submitted to Scottish Government by July 31st '22	MR (12)	MR (8)	Director of Health & Social Care	Principal Lead for Organisational Development and Culture	Jul-22	The significant work to date on the development of the Workforce Strategy and Action Plan has highlighted the potential increase in risks in this area. The strategy is due to be finalised shortly and a meeting will be convened to consider the risk (or risks) facing the HSCP around workforce	Jul-22	Active	Action Plan monitoring	Finance, Performance and Scrutiny

1	2	3	4	5	6	7	Management Actions		10	11	Risk Ownership		14	15	16	17	18	19
							Internal Controls	SMART Actions			Accountable Officer	Managed by						
Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	8	9	Residual Risk Grade	Target Risk Grade	12	13	14	15	16	17	18	19
19	HSCP Annual Report 2016-17	Oct-17	Demographic/Changing Landscape Impacts - There is a risk that the IJB will not be able to deliver the outcomes of the Strategic Plan due to the impact of demographic changes, population growth, financial pressures and the changing landscape of Health and Social Care	Likely (4)	Major (4)	HR (6)	Current Strategic Plan 2019-2022 is in place and actions are monitored through the Performance Report Annual Report completed each year to highlight progress made with the Strategic Plan Medium Term Financial Strategy aligned to Strategic Plan	Transformational Change Programme - Time line to March 2024 Annual refresh of MTFs to take account of external factors (cost of living/fuel crisis etc) and new Strategic Plan by Sept 2022 Review of Strategic Plan by November 2022	MR (12)	MR (8)	Director of Health & Social Care	Chief Finance Officer Head of Strategic Planning, Performance and Commissioning	Oct-22	Risk reviewed. Scoring remains the same. Actions on track	Jul-22	Active	Performance Report Transitions from Children to Adults	Finance, Performance and Scrutiny Quality and Communities
11	IJB Strategic Risk Register	May-15	Clinical and Care Governance - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for C&CG, leading to negative impacts on the delivery of care to individuals, the Strategic Plan and damage to the reputation of the partner organisations and the IJB.	Possible (3)	Major (4)	MR (12)	Qualities and Communities Committee is now in place. The Quality Matters Assurance Group reports to SLT Assurance. Governance framework is in place Systems and processes in place at all levels to provide assurance reports on a regular basis Qualities and Communities Committee provides oversight of all activity Quality Matters Assurance Group to enable the assurance and reassurance or escalation of Q&C matters to the IJB or partner bodies. Weekly quality huddle looking at a dashboard of information. Leadership walkabouts in place	Governance arrangements in Primary Care are being strengthened. This is due for completion by September 2022 Refreshing the C&CG Governance arrangements and Strategic Framework following conclusion of the IS COMPLETE	MR (12)	LR (6)	Director of Health & Social Care	Associate Medical Director Associate Nurse Director Principal Social Work lead	Oct-22	Risk reviewed. Scoring remains the same. Actions have been extended	Jul-22	Active	Quality and Performance Report	Quality and Communities
20	HSCP Annual Report 2016-17	Oct-17	Transformation / Change There is a risk that the transformation change programmes do not meet the desired timescales or achieve the required outcomes which may impact on the quality and sustainability of services to meet the needs of the people of Fife	Possible (3)	Major (4)	MR (12)	Chief Finance Officer is named Transformation Lead Development of a Programme Management Office (PMO) and Team. Standard documentation and templates Alignment to Strategic Plan and Medium Term Financial Strategy Transformation Board established	Transformational Change Programme - Time line to March 2024 Refresh of transformation priorities in line with Strategic Plan and creation of a project dossier that defines change, redesign and transformation by 30/06/2022 - COMPLETE in relation to the project dossier - work to integrate with Strategic Plan will follow that timetable to November 2022	MR (12)	LR (4)	Director of Health & Social Care	Chief Finance Officer	Oct-22	Risk reviewed. Scoring remains the same. 1 action extended to tie in with Strategic Plan review	Jul-22	Active	Benefits realisation. Risk registers Quality and financial outcomes	Finance, Performance and Scrutiny Quality and Communities
12	IJB Strategic Risk Register	May-15	Resilience - There is a risk that the IJB is unable to fulfill its statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and link appropriately with partner bodies and multi-agency partners to ensure the ability to maintain critical HSCP services and provide support to the wider Fife Community	Unlikely (2)	Extreme (5)	MR (10)	IJB's are Category 1 responders and are therefore included in Local, and National Resilience arrangements Collaborative working with Fife Council and NHS Fife Resilience Teams Monitoring and regular updating of BC plans for partner bodies. HSCP Resilience Policy and Strategy HSCP Response and Recovery Plan Regular training and exercising of plans with partners HSCP Resilience Assurance Group set up and TOR being agreed	Review of resilience arrangements to incorporate learning from Covid to be completed by 30/09/22 Creation of Action plan to ensure IJB is able to meet its new Statutory Responsibilities under the Civil Contingencies Act by 31/07/2022 - Action Plan created - work will continue to complete all actions by Mar 2023	MR (10)	MR (8)	Director of Health & Social Care	Head of Community Care Services	Oct-22	Risk reviewed. No change to risk score. Actions on track	Jul-22	Active	BC Assurance. Annual Report - planning, responses and lessons learned Incident mgt	Quality and Communities

Management Actions										Risk Ownership								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Internal Controls	SMART Actions	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information	Relevant Committee
10	IJB Strategic Risk Register	May-15	Adult and Child Protection - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for Adult and Child protection, leading to negative impacts for individuals and for multi-agency working and damage to the reputation of the partner organisations and the IJB.	Possible (3)	Extreme (5)	HR (15)	Chief Officer attends the Chief Officers Public Safety Group Identified SLT leads for Adult and Child Protection. Participate in multi-agency working. Lines of professional accountability to the AMD, AND and CSWO. Established quality improvement processes and learning culture in relation to adverse events and near misses. Established reporting to IJB committees on Adult and Child protection. Recent positive Adult Protection audit	Completion of re-run of ASP internal audit by September 2022. Deliver the improvements in the Adult Protection Audit Plan by September 2022 . Annual report to IJB in Sept 2022	MR (10)	LR (5)	Director of Health & Social Care	Principal Social Work Lead Associate Director of Nursing	Oct-22	Risk reviewed. Scoring remains the same. 1 action has been extended	Jul-22	Active	Audits Self assessments	Quality and Communities
1	IJB Strategic Risk Register	May-15	Information Governance and Digital Transformation - There is a risk the information governance systems and arrangements of the IJB and partner bodies are inadequate which may lead to a negative impact on the pace of the digital transformation change agenda and information governance	Possible (3)	Moderate (3)	MR (9)	The IJB Records Management Plan (RMP) was approved by the Keeper of National Records Scotland (NRS) in September 2019. This sets out the Information Governance structure for the IJB to manage records and information collected, created and held by the IJB, including policies and procedures that are created and maintained by the partner bodies. For example, Information Security policies and record disposal procedures. Training on Information Governance (Records Management, Data Protection and Freedom of Information) was provided to IJB members at development sessions Information Sharing Agreements and Data processing agreements are in place with the partner bodies SharePoint Site for IJB now operational	Development of the IJB's digital strategic framework by 31/12/22 (Aligned to timescales for workforce strategy) IJB Records Management Plan - 3 year improvement plan actions to be delivered by Dec 2022	MR (9)	LR (6)	Director of Health & Social Care	Chief Finance Officer	Oct-22	Risk reviewed. Risk score remains the same. 1 Action extended	Jul-22	Active	Monitoring of the IJB Records Management Plan	Finance, Performance and Scrutiny
15	IJB Strategic Risk Register	Oct-17	Participation and Engagement - There is a risk that the IJB may not effectively communicate and engage with key stakeholders in developing the vision and plan for Health and Social Care Services in line with the values of the IJB, leading to the inability to influence models of care and inappropriate use of limited resources	Possible (3)	Moderate (3)	MR (9)	Localities Group is place with action plans. Participation and Engagement (P&E) team has been expanded Sub-group of IJB actively involved SBAR Template sets out clear participation questions. Qualities and Communities Committee (Established within the new Integration Scheme arrangements) will have a focus on P&E and membership will include non-voting members of the IJB. Carers Strategy Group in place	The Participation and Engagement Strategy is to be reviewed. A draft version is now with SLT and it is anticipated this will be complete by July 2022 Work has begun with the Carers Centre to identify representation on the IJB from Jun 2022 Carers strategy is being reviewed. It is anticipated this will be out to consultation by September 2022 Refresh of P&E network by 31/10/2022	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Oct-22	Risk reviewed. Scoring remains the same. Actions have been extended	Jul-22	Active	Level of consultation responses	Quality and Communities
24	IJB Strategic Risk Register	Jul-18	Governance - There is a risk that the Governance arrangements, for the IJB and partner bodies, including the issuing and carrying out of Directions, are not clearly defined and collectively understood and may not produce sufficient assurance in terms of operational delivery, meeting key targets, and the aligning of services to strategic intentions, leading to concerns over delivery of the Strategic Plan outcomes, governance breaches, non-compliance issues and impact on the reputation of the IJB	Likely (4)	Major (4)	HR (16)	Integration Scheme in place Public Consultation of review of Integration Scheme complete Programme of Development sessions for IJB members is ongoing Regular audit action monitoring	Monitoring of Ministerial Strategic Group Actions and other relevant audit actions due for completion by March 2022. COMPLETE IN RELATION TO IS. MSG will continue to be monitored throughout the year to Mar 2023. Further review of all Governance documentation to be completed once Integration Scheme review is agreed. Due to complete by 31/10/22	MR (9)	MR (8)	Director of Health & Social Care	Chief Finance Officer	Oct-22	Risk reviewed. Scoring remains the same.	Jul-22	Active	Management, Internal and External audits	Finance, Performance and Scrutiny

Risk Assessment Matrix

Figure 1

Likelihood	Consequence				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)	LR (5)	MR (10)	HR (15)	HR (20)	HR (25)
Likely (4)	LR (4)	MR (8)	MR (12)	HR (16)	HR (20)
Possible (3)	VLR (3)	LR (6)	MR (9)	MR (12)	HR (15)
Unlikely (2)	VLR (2)	LR (4)	LR (6)	MR (8)	MR (10)
Remote (1)	VLR (1)	VLR (2)	VLR (3)	LR (4)	LR (5)

In terms of grading risks, the following grades have been assigned within the matrix.

■	Very Low Risk (VLR)	(1) - (3)
■	Low Risk (LR)	(4) - (6)
■	Moderate Risk (MR)	(8) - (12)
■	High Risk (HR)	(15) - (25)

Likelihood of Recurrence Ratings

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence Ratings

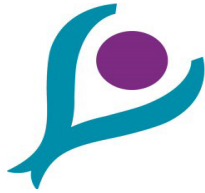
Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim

Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry

Risk Register

IJB Strategic Risk Register - Condensed - as at 01/09/22

Ref.	Risk	Initial Risk Grade	Residual Likelihood	Residual Consequence	Risk Grade	Target Risk Grade	Committee	Latest Date	Trend Since Apr '22	Trend since Jan '22
3	Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	HR (25)	Likely (4)	Major (4)	HR (16)	MR (9)	F,P&S	12/02/2021	No change	No change
21	Contractual /Market Capacity There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures and cost of living and fuel cost pressures	HR (16)	Likely (4)	Major (4)	HR (16)	MR (9)	F,P&S Q&C	12/02/2021 04/03/2022	No change	No change
26	Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.	HR (16)	Likely (4)	Major (4)	HR (16)	MR (8)	F,P&S Q&C	12/02/2021 04/03/2022	No change	No change
27	Whole System Capacity - There is a risk that there may be insufficient capacity across Fife's Health and Social Care system to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/flow. This could lead to an increased delay position, sub-optimum use of beds and impact on admissions. This in turn may impact on person centred care, delivery of Strategic Plan outcomes and potentially presents reputational exposure.	HR (16)	Likely (4)	Major (4)	HR (16)	MR (8)	Q&C	04/03/2022	No change	No change
9	Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of Covid	HR (15)	Possible (3)	Extreme (5)	HR (15)	MR (8)	F,P&S	12/02/2021	No change	No change
7	Workforce - There is a risk that the delegated bodies and partners across the system are unable to deliver the Workforce Strategy & Action Plan 2022 - 25. This risk may arise as a result of a wide range of factors; the challenge of retaining and recruiting staff across the system; the impact of a changing age demographic on the people of Fife and our workforce; the impact of the increased pressure across the workforce on mental health and wellbeing; challenges around leadership capability and impact on organisational culture. The impact of this risk may be an inability to deliver the objectives of the Strategic Plan due to reduced levels and quality of	HR (16)	Possible (3)	Major (4)	MR (12)	MR (8)	F,P&S	12/02/2021	Under Review	Under Review
19	Demographic/Changing Landscape Impacts - There is a risk that the IJB will not be able to deliver the outcomes of the Strategic Plan due to the impact of demographic changes, population growth, financial pressures and the changing landscape of Health and Social Care	HR (16)	Possible (3)	Major (4)	MR (12)	MR (8)	F,P&S Q&C	12/02/2021 04/03/2022	No change	No change
11	Clinical and Care Governance - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for C&CG, leading to negative impacts on the delivery of care to individuals, the Strategic Plan and damage to the reputation of the partner organisations and the IJB.	MR (12)	Possible (3)	Major (4)	MR (12)	LR (6)	Q&C	04/03/2022	No change	No change
20	Transformation / Change There is a risk that the transformation change programmes do not meet the desired timescales or achieve the required outcomes which may impact on the quality and sustainability of services to meet the needs of the people of Fife	MR (12)	Possible (3)	Major (4)	MR (12)	LR (4)	F,P&S Q&C	12/02/2021 04/03/2022	No change	No change
12	Resilience - There is a risk that the IJB is unable to fulfill its statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and link appropriately with partner bodies and multi-agency partners to ensure the ability to maintain critical HSCP services and provide support to the wider Fife Community	MR (10)	Unlikely (2)	Extreme (5)	MR (10)	MR (9)	Q&C	04/03/2022	No change	No change
10	Adult and Child Protection - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for Adult and Child protection, leading to negative impacts for individuals and for multi-agency working and damage to the reputation of the partner organisations and the IJB.	HR (15)	Unlikely (2)	Extreme (5)	MR (10)	LR (5)	Q&C	04/03/2022	No change	No change
1	Information Governance and Digital Transformation - There is a risk the information governance systems and arrangements of the IJB and partner bodies are inadequate which may lead to a negative impact on the pace of the digital transformation change agenda and information governance	MR (9)	Possible (3)	Moderate (3)	MR (9)	LR (6)	F,P&S Q&C	12/02/2021 04/03/2022	No change	No change
15	Participation and Engagement - There is a risk that the IJB may not effectively communicate and engage with key stakeholders in developing the vision and plan for Health and Social Care Services in line with the values of the IJB, leading to the inability to influence models of care and inappropriate use of limited resources	MR (9)	Possible (3)	Moderate (3)	MR (9)	LR (6)	Q&C	04/03/2022	No change	No change
24	Governance - There is a risk that the Governance arrangements, for the IJB and partner bodies, including the issuing and carrying out of Directions, are not clearly defined and collectively understood and may not produce sufficient assurance in terms of operational delivery, meeting key targets, and the aligning of services to strategic intentions, leading to concerns over delivery of the Strategic Plan outcomes, governance breaches, non-compliance issues and impact on the reputation of the IJB	HR (16)	Unlikely (2)	Major (4)	MR (8)	MR (8)	F,P&S	12/02/2021	No change	Risk Reduced



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE TUESDAY 19 JULY 2022 AT 3.00 PM VIRTUAL TEAMS MEETING

- Present:** Dave Dempsey (Chair), Fife Council
Sam Steele, Fife Council
Sinead Braiden, NHS Fife Board Member
- Attending:** Audrey Valente, Chief Finance Officer (Fife H&SCP)
Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Tony Gaskin, Chief Internal Auditor (NHS Fife)
Norma Aitken, Head of Corporate Services (Fife H&SCP)
Avril Sweeney, Risk Compliance Manager (H&SCP)
Tim Bridle, Audit Scotland (Observer)
Shona Slayford, Principal Auditor (Observer)
Carol Notman, Personal Assistant (Minutes)

No	Agenda Item	Action
1.	WELCOME AND APOLOGIES Audrey Valente formally welcomed Dave Dempsey back as Chair of the new Audit and Assurance Committee. Dave Dempsey welcomed everyone to the meeting and introductions were made for those who were new to the committee.	
2.	DECLARATION OF INTEREST Sam Steel noted for the record that although she was representing the committee as a Councillor, she was also an employee of NHS Fife. It was agreed that this was noted and would not need to be declared at future meetings.	
3.	DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 27 APRIL 2022 The minutes were agreed as an accurate record of discussion and the action log was reviewed.	
4	AUDIT AND ASSURANCE COMMITTEE TERMS OF REFERENCE Audrey Valente introduced the new Terms of Reference for the Committee.	

	<p>Dave Dempsey noted one typing error to be amended before the final draft and sought clarity on the Vice Chair as currently there was not one for this committee. Nicky Connor advised that there are new members anticipated to join the NHS Fife Board at the end of the year who will be asked to represent NHS Fife at this committee.</p> <p>Sinead Braiden agreed, as the only NHS Fife Board Representative, for the remaining meetings in 2022 to act as Interim Vice Chair. Carol Notman to forward on diary invites to the committee planning meetings to Sinead Braiden.</p>	CN
5	<p>FIFE INTEGRATION JOINT BOARD UNAUDITED ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO MARCH 2022</p> <p>Audrey Valente presented the draft annual accounts and noted that the key message from the report was:</p> <ul style="list-style-type: none"> • During 2021-22 the HSCP had an underspend of £50m. • The closing balance for Reserves was £79M, this is made up of 2020-21 reserves balance and this year's underspend. In addition there was late funding received from Scottish Government for Covid-19 expenditure and other Scottish Government priorities such as Mental Health Recovery and Renewal. • The additional costs relating to Covid-19 for the Partnership was £33M for which full funding from Scottish Government was received. The reserves will be utilised to cover the additional costs for covid during 2022-23. • The non-achieved savings from 2021-22 will require to remain under review and delivered in 2022-23 in order to achieve the budget set for 2022-23. <p>Sinead Braiden queried if the costs for covid-19 this year are allocated to the reserves, were there any other restrictions on the reserves or was the IJB able to utilise the reserves as it wished. Audrey Valente confirmed that the Partnership was working with Scottish Government to absorb any current covid expenses into current workstreams as business as usual activity. Audrey noted that £35M has been allocated against covid-19 commitments and based on previous years' experience this sum will cover 1 year going forward.</p> <p>Sinead Braiden asked if the IJB was responsible for the vaccination delivery which will be a recurring cost. Audrey Valente confirmed that the Local Mobilisation Plan had estimated £6-8M for the vaccination costs, but the service was still working with Scottish Government regarding what the costs will be going forward as they are not available at the moment.</p> <p>Audrey Valente noted with regard to flexibility for the use of the reserves that £66M has been committed leaving £13M where there is some flexibility but noted that this funding is non-recurring therefore is required to be utilised wisely in order to maximise the spend to save.</p> <p>Dave Dempsey queried who sat on the Finance Governance Board. Audrey confirmed that she was Chair supported by the HSCP Finance Manager with the membership including the Heads of Service and Finance</p>	

	<p>Business Partners from both NHS Fife and Fife Council. Nicky Connor confirmed that it was an operational management group.</p> <p>Dave Dempsey noted that he had been surprised to see that Pharmacy had been transferred back to acute services. Nicky Connor confirmed that this had been agreed prior to her taking up post as the Pharmacy Services cover both acute services and the partnership it was felt that it should sit as a corporate service.</p> <p>Dave Dempsey noted that the accounts say that Fife HSCP was aiming to be the best performing HSCP and queried how this could be measured. Nicky Connor advised that there were several deliverables that had a national benchmark such as delayed discharges that we would be able to compare statistics and provide evidence of any improvement made. In addition, published reports can be reviewed to provide a benchmark showing comparison for Fife HSCP and other HSCPs.</p> <p>Dave Dempsey noted that he did not feel that the graphics in the documents added value to the content. Audrey Valente noted that any feedback for future year reports was appreciated and would be taken into consideration.</p> <p>Dave Dempsey queried whether there was a prediction for health funding to be reduced going forward. Audrey Valente noted that there had been initial meetings with Scottish Government where the predicted reduction to health budgets for the next ten years had been outlined.</p> <p>Tim Bridle confirmed that the independent audit report would be added to the accounts on completion of review and wished to note his thanks to the finance teams for getting the accounts completed within the timescales with the ongoing covid-19 challenges.</p> <p>Dave Dempsey wished the thanks of the committee to be passed to the Finance Teams for their efforts in getting the accounts to the external auditors by the deadline of 30th June.</p> <p>Dave Dempsey confirmed with the committee that they were happy to accept the recommendations outlined within the report.</p>	
<p>6</p>	<p>INTERNAL AUDIT ANNUAL REPORT 2021/22</p> <p>Audrey Valente advised this report provides the Audit and Assurance Committee with the independent view of the overall adequacy and effectiveness of the framework of governance, risk management and control within the IJB. In turn it informs the IJB's draft Annual Governance Statement which is part of the IJB's Annual Accounts.</p> <p>Tony Gaskin advised that it was a new style of report and wished to confirm that the increased recommendations do not infer that the situation has worsened, but merely a different approach between local authority and health board. Tony Gaskin wished to thank Shona Slayford and Audrey Valente for their support in getting the report to its final state.</p> <p>Sinead Braiden, noted that page 75 highlights workforce risk as significant and confirmed that there has been full discussion at the NHS Staff Governance Committee and acknowledged that this is a significant issue facing the service. She noted that many services were working hard to redesign their way of working to continuing providing the care required. In</p>	

	<p>addition, international recruitment has been introduced recently within NHS Scotland.</p> <p>Nicky Connor thanked Tony Gaskin and Shona Slayford for their report and advised in response, the Partnership was going to bring forward the first draft of the workforce strategy which will be tabled at the IJB prior to report being forwarded to Scottish Government. She noted that there has been a recent recruitment drive on STV which has resulted in 68 enquiries to date. It is not known at this point what the final result of the campaign will be but if it is successful there is the opportunity to roll it out further.</p> <p>Dave Dempsey queried whose responsibility it was to track the action points outlined within the report. Tony Gaskin confirmed that they are on the follow up system and will be discussed regularly with the officers. Dave Dempsey confirmed with Tony that the internal audits will be responsible for following up on the actions.</p> <p>Dave Dempsey confirmed with the committee that they were happy to accept the recommendations outlined within the report.</p>	
7.	<p>PROGRESS ON 2021/22 INTERNAL AUDIT PLAN</p> <p>Tony Gaskin advised that the Internal Audit Team had finalised 2 substantial reports, the Annual Report and the Clinical Assurance Report, both of which will be brought to the next committee meeting in September.</p> <p>Dave Dempsey noted within Appendix 1, there were 2 ongoing activities that had been marked as complete and asked what 'complete' means for something that never ends. Tony confirmed that it was noted as complete when the audit standards had been completed and the audit team was content that there were no issues to be highlighted.</p> <p>Dave Dempsey confirmed with the committee that they were happy to accept the recommendations outlined within the report.</p>	
8.	<p>GOVERNANCE COMMITTEE ASSURANCE STATEMENTS</p> <p>Norma Aitken advised that all the Governance Committee Assurance Statements were being brought to this committee following discussion with the internal auditors.</p> <p>Sinead Braiden noted a minor point that her name was not listed within the Clinical Care Governance Statement. Sinead and Norma to discuss out with meeting and ensure that correct version is forwarded to the IJB.</p> <p>Dave Dempsey noted he had been struck between the similarities of the statements for all three committees, he acknowledged that these statements were in their final format having been signed but noted going forward there was the opportunity to improve the assurance statements looking at the terms of reference checklist of what the committee is supposed to have achieved and providing assurance that this had been completed.</p> <p>Nicky Connor agreed that this as an area that could be improved going forward and suggested Audrey Valente and Norma Aitken investigate how the committees could provide their own assurance prior to submission of annual statement next year.</p>	<p>SB/NA</p> <p>AV/NA</p>

	<p>Dave Dempsey confirmed with the committee that they were happy to accept the recommendations outlined within the report.</p>	
<p>9</p>	<p>IJB RISK REGISTER</p> <p>Avril Sweeney noted that report was for discussion and sets out the risks on the risk register for the IJB. She noted that the risks are currently in the process of being reviewed.</p> <p>Avril confirmed that the risks are presented in appendix 1 in order of risk score advising that there are 5 risks which score high.</p> <p>Dave Dempsey queried how those with small screens are able to view the register as the pdf document does not allow the columns to be manipulated. He also noted that each of the risks belong to a committee so assumed that they are reviewed by that committee in more detail. Avril confirmed that both the Quality and Communities and Finance, Performance and Scrutiny Committees each had their own risks that are tabled at the committee on a regular basis. She confirmed that the Audit and Assurance Committee did not own any of the risks as its role is to ensure that there is assurance that the risks are being managed appropriately.</p> <p>Audrey Valente suggested that she and Avril review the format and bring back alternative suggestions to the next committee.</p> <p>Tony Gaskin noted that the role of this committee is to look at the system of risk management and not the management of each individual risks. He noted that this could be presented in a table highlighting if the risk has been updated and tabled at the appropriate committee.</p> <p>Sinead Braiden noted that the NHS Risk Register is currently under review and queried whether this will impact the risk register for the Partnership. Nicky Connor confirmed that the IJB risk register was separate to that of NHS Fife's and it was within the gift of the IJB to look at best practice and implement what works well, as long as it fulfils our audit and governance requirements.</p> <p>Dave Dempsey noted from a governance point of view there may be a requirement to see the risk register in this format on a quarterly or annual basis but he would prefer not to see it in full at every meeting.</p> <p>Dave Dempsey confirmed with the committee that they were happy to accept the recommendations outlined within the report.</p>	<p>AV/AS</p>
<p>9.</p>	<p>ITEMS FOR ESCALATION</p> <p>There were no items identified that required escalation.</p> <p>There was discussion around what would constitute requiring escalation and it was agreed that the wording should be amended to "Items for Highlighting" which would allow chairs to highlight good news as well as issues which the IJB should be aware of.</p>	<p>CN</p>
<p>10.</p>	<p>AOCB</p> <p>No items were raised under AOCB.</p>	

11.	DATE OF NEXT MEETING 14 th September 2022 – 10.00am – 12.00pm	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 8 JULY 2022 AT 10 PM VIA MICROSOFT TEAMS

Present: Arlene Wood, NHS Board Member [Chair]
Cllr David Graham
Martin Black, NHS Board Member
Alistair Morris, NHS Board Member
Graeme Downie, NHS Board Member
Cllr Dave Dempsey
Cllr David Alexander

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Norma Aitken, Head of Corporate Service, Fife H&SCP
Euan Reid, Lead Pharmacist Medicines Management
Rona Laskowski, Head of Critical and Complex Care Services
Roy Lawrence, Principle Lead for Organisation Partnership
Bryan Davies, Head of Primary and Preventative Care Services
Simon Fevre, Chair, LPF Forum

In attendance:
Carol Notman, Personal Assistant (Minutes)

Apologies for

Absence: Helen Hellewell, Associate Medical Director

		ACTION
1.	WELCOME AND APOLOGIES Fiona McKay welcomed everyone to the new Finance, Performance and Scrutiny Committee and introduced Arlene Wood who has taken up the role of Chair. Fiona wished to thank David Graham for his chairing over the last few years. Arlene Wood welcomed everyone to the meeting and introductions were made.	
2.	DECLARATIONS OF INTEREST There were no declarations of interest noted.	
3.	MINUTE OF PREVIOUS MEETINGS – 29 APRIL 2022	

	The minutes of the last Finance & Performance Committee were agreed as an accurate record of the meeting.	
4.	MATTERS ARISING / ACTION LOG There were two outstanding actions from the Finance & Performance Committee, Audrey Valente advised it is anticipated that they will be tabled at the next meeting.	
5.	FINANCE, PERFORMANCE & SCRUTINY COMMITTEE TERMS OF REFERENCE Fiona McKay advised that the Terms of Reference has been updated to incorporate the scrutiny element of the committee. Dave Dempsey advised for the Audit and Assurance Committee, he had created a checklist for the remit of the committee from the ToR which could be reviewed for the annual assurance statement to look at whether the committee has achieved what it set out to do. David Graham suggested that the first sentence within the Composition section is amended to read the Chair of the Board rather than committee. It was agreed that this needs to be changed. Arlene Wood and Fiona McKay to review what requires to be added to the workplan to ensure that the Committee is delivering on its remit.	NA AW/FM
6.	WORKFORCE STRATEGY Roy Lawrence noted that the purpose of the paper is to allow the Finance, Performance & Scrutiny Committee to consider and support the request to approve the strategy to be forwarded onto the IJB before it is submitted to the Scottish Government on the 31 st July 2022. Roy advised that consultation is still ongoing and will be continuing throughout July. He noted that the final draft and plan will be submitted to the IJB in September following feedback from the Scottish Government. Dave Dempsey queried the appendix as it is described as a strategy and a plan and asked what the difference was and what the boundaries of each was. Roy noted that the document encompasses both, the main text of the document outlines the strategy with the plan being the 5 pillar areas which will then become a SMART plan once endorsed by Scottish Government. Alastair Morris advised that the strategy reads well and he reinforced the requirement to have SMART objectives. He noted surprise to see how many of the staff members were aged between 55-64 across all services and disciplines which is concerning. Roy agreed with the importance of SMART objectives within the plan and advised that he had not wanted to include these until all the feedback has been received. He noted that the organisation is very aware of the aging population of its workforce there is a new member of the Workforce team joining in August who will be concentrating on setting up apprenticeships and modern apprentice opportunities. David Graham noted small change that was required within the SBAR advising that Item 8 should read Implications for the Independent Sector. He queried if the partner organisations had different views on the workforce strategy, how would the Partnership as the middle organisation deal with this. Roy confirmed that all organisations had been working very closely to make sure that the data mirrors one another, although each have their separate plan they	

	<p>are written in coordination so that they align. Nicky Connor wished to provide further assurance that the strategy has been fully endorsed by the Exec Team and will be forwarded to Staff Governance. It is noted that that the Partnership has oversight of the strategy as it is not the employing organisation for the staff members.</p> <p>Martin Black queried with regards the comment to passports within pages 35/36 and asked if this passport is a local or national initiative and is it recognised by the professional bodies. Nicky Connor confirmed that the passports has been introduced Nationally in consultation with the Care Inspectorate and NES Scotland therefore it was not entirely within the Partnerships gift to deliver on this element. Martin queried as the Partnership provides grants to the organisations does this then determine that they are required to go onto the passport system therefore we are dictating how they deliver the plan. Fiona McKay noted that there is a Service Level Agreement in place with the Independent and Third Sector organisations which has conditions on how staff are supported within it, she noted that the feedback received with regards the passports has been positive as it helps with recruitment showing what training new staff have already received.</p> <p>Arlene Wood suggested that developing a glossary for the Strategy would be beneficial.</p> <p>Arlene Wood confirmed with the committee that they were happy to approve the strategy and thanked Roy Lawrence and his team for the efforts taken to pull the strategy together.</p>	RL
7.	<p>PARTICIPATION AND ENGAGEMENT STRATEGY UPDATE</p> <p>FMcK advised the draft strategy was being brought to the committee to allow discussion regarding content and to agree to ask the IJB to approve the strategy. Fiona wished to thank the members who joined the Short Life Working Group that had supported the development of the Strategy.</p> <p>Graeme Downie noted that more details is required in Section 2.2 which is on page 82 of the papers. He also noted that the social media section (2.4) seems to be very short considering the reliance on social media in society today. Graeme noted concern that Figure 1 on page 91 seems to be overly filtered and there is the need to ensure that there is balance within the structure. Fiona McKay confirmed that the One Fife Wide Forum can be attended by any member of the public but it is anticipated that the people attending would have a health and social care interest. She noted that the changes will be incorporated to the document prior to submission to the IJB.</p> <p>Dave Dempsey queried how the public representatives were chosen. Fiona Mckay noted that this occurred through the Localities where the public groups had been set up, and the public representatives will feedback on the comments received. It is hoped that there will be 2 sessions focussing on specific topics to allow true participation and communication.</p> <p>Dave noted that the first box within Figure 1 says that there potentially will be 7 in each locality which would result in 49 Forums. Fiona McKay confirmed that there would be One Fife Wide Forum and would remove the reference to 7 in each locality to avoid confusion going forward.</p> <p>Martin Black noted that social media is a wonderful thing for those who can read and write but 30% of the population cannot read or write and have been</p>	FM

	<p>disadvantaged because of their inability. He asked how do we ensure that those who have been excluded have their voices heard. Fiona McKay noted that at recent events there were over 30-40 people working or had connection in the locality and they had been given the message to 'spread the word', She also confirmed that an easy read version of the strategy has been developed with pictures to include those with learning disabilities or require support to understand the content of the strategy. Fiona confirmed that social media has a place, but it does not replace face to face discussions.</p> <p>Alastair Morris noted although the strategy is very well written he found it quite complicated and suggested a brief Synopsis/Exec Summary. Fiona Mckay agreed that an Exec Summary would be beneficial to go alongside the full document and was happy to get this organised.</p> <p>Arlene Wood confirmed that the committee were happy to support the strategy, taking into consideration the suggestions received at today's committee.</p>	FM
8.	<p>FINANCE UPDATE</p> <p>Audrey Valente presented the finance update noting that as at 31 March 2022 the Partnership was reporting a projected outturn underspend of £5.846M. She noted that although funding had been received during 2021-22 for the unachieved savings due to covid-19, to ensure financial stability going forward it is important that these savings are delivered this financial year.</p> <p>Audrey advised that funding of £33M was received in relation to covid-19 with an additional £35M late funding was received in March 2022 from Scottish Government.</p> <p>Audrey confirmed that Fife Council was carrying forward £79M in Reserves. She advised that the majority of the reserves had been ear-marked for specific use. Audrey advised that there was some flexibility with £12M which required to be spent wisely and allow the Partnership to progress with its programme of transformation.</p> <p>Audrey advised that the Annual Accounts had been submitted to the External Auditors by the deadline of 30 June 2022 and will be presented at the Audit and Assurance Committee on 19th July 2022.</p> <p>Audrey summarised saying although the financial position appears positive, she wished to remind the committee that it is unlikely that further covid funding will be received for 2022-23 and it is anticipated that there will be significant reduction of funding from Scottish Government over the next ten years which will result in a significant financial gap going forward.</p> <p>Alastair Morris asked if all the money within Reserves was for the IJB or if some was being held for Fife Council and NHS Fife. Audrey Valente confirmed that the reserves were for the IJB.</p> <p>Dave Dempsey queried what the next steps were noted within the SBAR. Audrey Valente apologised noting that this was standard wording for the finance update but as this was the year-end report next steps was not relevant and would ensure that the document was amended prior to submission to IJB.</p> <p>Graeme Downie asked regarding the savings noted in the report relating to difficulties with recruitment and whether the Partnership was able to project forward what the costs would have been if there had been no vacancies. Audrey Valente advised that she was not in a position currently to provide this</p>	

	<p>information but a paper looking at the vacancies in more detail would be tabled at the September Committee which would provide a clearer picture.</p> <p>Graeme asked with regards the uncommitted spend and whether it would be possible to look at the additional costs that home care workers are experiencing with regards increased travelling costs. Nicky Connor noted that this was not within the gift of the IJB as it is not the employing organisation and any decision made would impact on other staff employed by the partner organisations. Nicky wished to give assurance that the Partnership is scoping to see other sectors are doing. Fiona McKay advised that there had been a 4% increase to Independent and Third Sector Organisations in April 2022 but that was prior to the current hike in petrol costs. She advised that Scottish Care have raised their concerns to the Scottish Government.</p> <p>There was discussion and it was agreed that it would be very useful to hold a Development Session focussing on finance to explain the complexities of the IJB Accounts and Audrey Valente agreed to organise.</p> <p>Arlene Wood confirmed with the committee that they were happy to agree the recommendations outlined within the paper.</p>	AV
9.	<p>ANNUAL REVIEW OF BEST VALUE</p> <p>Fiona McKay presented the Annual Review of Best Value Paper.</p> <p>Dave Dempsey noted that he struggled to get his head around best value when there were no quantitative measures available. Fiona McKay confirmed that Best Value can be subjective, but the Partnership required to have the concept of Best Value in all the work that was taken forward and to ensure that there is governance and accountability within the framework.</p> <p>Arlene Wood confirmed with the committee that they were happy to agree the recommendations outlined within the paper</p>	
10.	<p>HOME FIRST UPDATE</p> <p>Lynne Garvey presented paper providing an update the change and improvement work being undertaken to enable the delivery of a new Home First Model.</p> <p>Martin Black queried if there was a single point of access for power and attorney and guardianship. Lynne Garvey noted currently this was not in place but was the ambition of the service as having this in place would be very beneficial to support reducing delayed discharges. Fiona McKay confirmed that she had commissioned advocacy support as it is acknowledged to be a complicated area.</p> <p>Arlene Wood noted that the paper clearly outlines the good structure and programme management, but she was not seeing the outcome measures and impact of the programme which would be good to see. Lynne Garvey advised that outcome measures will be added to the next report for further assurance.</p> <p>Arlene Wood confirmed with the committee that they were happy to agree the recommendations outlined within the paper and acknowledged the considerable work that has been undertaken to achieve the progress to date.</p>	LG
11.	<p>WINTER LESSONS AND REFLECTIONS</p>	

	<p>Lynne Garvey talked to the paper highlighting the collaborative work with the Partnership and NHS Fife to cope with the increased demand on services over the winter period and wished to note that the challenges the services experienced over the winter period are still in place today.</p> <p>No questions were raised with regards winter lessons and Arlene Wood confirmed with the committee that they were happy to support the paper progressing to the IJB.</p>	
12.	<p>LOCAL PARTNERSHIP FORUM ANNUAL REPORT</p> <p>Simon Fevre presented the 2nd Annual Report noting prior this this there had been a local action plan in place. Simon wished to thank all the contributors who supported the development of the report noting that it remains in draft format until the 20th July when it will be tabled at the Local Partnership Forum in its final format.</p> <p>Dave Dempsey noted that the document was largely a statement of fact and asked where the scrutiny of the information is undertaken in particular in relation to the sickness absence rates. Simon Fevre confirmed that the scrutiny of the report is undertaken at the Local Partnership Forum where the information is reviewed and the questions asked what we are going to do about it. Nicky Connor confirmed that she and Simon had been involved in the attendance management taskforce group and advised that the Partnership had invested in additional officers for Fife Council to support staff attendance management.</p> <p>Martin Black queried whet there was a whistleblowing champion in the Partnership. Nicky advised that the Partnership was not the employer and to the best of her knowledge the standard applies only to NHS Scotland. With regards Local Authority, there are other mechanisms in place but they are not the same standards. Nicky confirmed that the issue has been regularly highlighted within her Directors Briefs so staff are aware of their ability to speak out.</p> <p>David Alexander noted that for a while there were issues in obtaining information on Fife Council staff absences from Oracle and asked if this had been resolved. Simon Fevre advised that this issue had been resolved and reports were now available to be pulled from the system.</p> <p>Arlene Wood confirmed with the committee that they were happy to agree the recommendations outlined within the paper.</p>	
13.	<p>ITEMS FOR ESCALATION</p> <p>No items were identified for escalation.</p>	
14.	<p>AOCB</p> <p>Finance & Performance Committee Annual Assurance Statement</p> <p>Norma Aitken advised that this information was for information.</p>	
15.	<p>DATE OF NEXT MEETING:</p> <p>16 September 2022 at 10.00am via MS Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE TUESDAY 5TH JULY 2022, 1000hrs - ms teams

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Graeme Downie
Councillor Margaret Kennedy
Councillor Lynn Mowatt
Councillor Sam Steele
Ian Dall
- Attending:** Dr Helen Hellewell, Associate Medical Director (HH)
Nicky Connor, Director of Health & Social Care (NC)
Ben Hannan, Director of Pharmacy & Medicines (BH)
Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO) (KH)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning (FMcK)
Lynne Garvey, Head of Community Care Services (LG)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Kenny Murphy, Third Sector Representative (KM)
Simon Fevre, Staff Side Representative (SF)
Rona Laskowski, Head of Complex and Critical Care Services (RLas)
Bryan Davies, Head of Preventative and Primary Care Services (BD)
Amanda Wong, Director of Allied Health Professionals (AW)
- In Attendance:** Jennifer Cushnie, PA to Associate Medical Director (Minutes)
- Apologies for Absence:** Chris McKenna, Medical Director
Martin Black, NHS Board Member
Lynn Barker, Director of Nursing
Catherine Gilvear, Quality Clinical & Care Governance Lead
Paul Dundas, Independent Sector Lead
Ben Johnston, Head of Capital Planning / Project Director

No	Item	Action
1	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>HH welcomed all to the meeting and introduced Sinead Braiden, Chair of the newly formed Quality & Communities Committee.</p> <p>SB welcomed all to the meeting, particularly the newly elected members. SB outlined the protocol for the meeting and all meetings moving forward. She highlighted, the focus of the Quality & Communities Committee is on community care, clinical pathways and quality of care, not, ie. Finances, which will be scrutinised directly via other governance groups.</p>	
2	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>Councillor Margaret Kennedy wished to declare she is an employee of NHS Tayside.</p>	
3	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above. BD advised he will be covering for Ben Johnston, with support from Justin Gilbert. He added, he will be focusing on the service model section of the report, rather than the capital build.</p>	
4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 04 MARCH 2022</p> <p>The previous minutes from the C&CGC meeting on 20 April 2022 were approved as an accurate record of the meeting.</p>	
5	<p>GOVERNANCE</p>	
	<p>5.1 Quality & Communities Committee Terms of Reference</p> <p>HH introduced the Q&CC Terms of Reference. She stated, those who attended the C&CGC will recall the ToR came to Committee prior to IJB and there was an ask to strengthen the community and localities element. This has been considered and through discussions with Members, changes have been made to reflect this.</p> <p>FMcK added the Remit has been strengthened to clarify the reports which will come to Committee, predominantly around engaging with people within the community and with Carers. This is demonstrated in the Participation and Engagement Strategy.</p> <p>SF drew attention to the non-voting Membership and felt it does not appear as though Staff Representation is included. He advised NC has spoken with all from the Trade Unions and he asked if wording should be changed for clarity. NC and SF will discuss wording off-line.</p> <p>KH felt the ToR read very well, however, felt there should be a mention of The Promise Scotland as other Strategies are specified. It was agreed to discuss further off-line to ensure it does not appear as though some Strategies are prioritised over others.</p> <p>KM questioned wording around Membership, specifically, those representing the community would be 'invited'. He felt 'invited' implied they <i>may not</i> be invited to the meeting. As these members are integral and necessary to a committee which is focused on</p>	<p>NC / SF</p> <p>NC / SF</p>

	<p>communities. HH was happy to meet off-line to discuss wording with KM.</p> <p>A verbal update relating to the Terms of Reference will come back to the next meeting on 09.09.22.</p>	<p>HH / KM</p> <p>HH / FMcK</p>
	<p>5.2 Mental Health Strategy Progress Report – June 2022</p> <p>RL introduced the report covering Nov 2021- April 2022 and provided examples of progress against the 7 strategic commitments within Mental Health. She stressed the report does not cover all work which is underway within Mental Health. She pointed out there are areas which have not progressed at the level she would have liked, ie Participation and Engagement. RL told of a P&E Officer who has recently been appointed and stated P&E is a priority.</p> <p>A Mental Health Communications post is currently being recruited to and RL explained the remit of the role.</p> <p>RL advised the Lived Experience Team is being facilitated by Fife Voluntary Action in line with trauma informed principles, which RL outlined.</p> <p>RL referred to a previous commitment to Committee to refresh the Fife HSCP Mental Health Strategy, however, RL told of 3 National Strategies to be launched within the next 6 months. These are a National Refresh of the Scottish Government MH Strategy, the National Self-Harm Strategy and a Refresh of the Suicide Prevention Strategy. She felt it would be premature to refresh the Fife HSCP ahead of these 3 National Strategies. With this in mind, she requested a expansion to the timeline for the Fife HSCP MH Strategy.</p> <p>SB believed capital investment for the estate is expected. She asked if the Strategies are separate or the same Strategy. RL felt the best way to explain them are as complimentary, she described what this entailed.</p> <p>Cllr Kennedy referred to the Neuro Developmental Pathway (page 30) of the report, in particular Education and Diagnosis being key to outcomes around children. She asked if Health Visiting is connected into this. She also queried SAMHS and ED, asking if these will be expanded more in the future.</p> <p>RL advised in terms of the Neuro Developmental Pathway, this is for school age children, investment to date has been into psychology and speech therapies and developing / delivering a training plan to Education and School Nursing. She is unaware if this stretches to Health Visiting but will take this back with the suggestion this be considered. RL advised SAMHS café is a permanent investment made under the Action 15 funding stream. The original investment was extended to cover 7-days a week and told of further investments to expand this work further.</p> <p>SF found the progress report very helpful, he commented solid foundations within the service are fundamental to success moving forward but felt it was important to manage expectations. RL agreed and welcomed SF's comments.</p>	

	<p>KM queried the new resource in Participation and Engagement and questioned the co-ordination and synchronisation of this work. RL advised this post will sit within the Partnership's Participation and Engagement Team and detailed some of the work planned.</p>	
	<p>5.3 Participation and Engagement Strategy</p> <p>FMcK thanked members of the IJB who joined a working group to review the Participation and Engagement Strategy. The group worked to ensure the Strategy is fit for purpose and meets the requirements within the framework for engagement, working with localities, private independent providers and third sector. She highlighted the significant engagement which has taken place to develop a robust Strategy to take forward the many Strategies which will form the Strategic Plan. FMcK confirmed the report is now ready to take through the Committees for final sign off.</p> <p>Cllr Downie asked for further detail relating to individual feedback mechanisms and also clarification around social media activity. He commented there are 3 layers between the public and the IJB, which is quite a bit of filtration possibly hindering the Committee hearing people on the ground. FMcK explained how work is tailored to the specific groups being worked with. She advised on-line can be limiting for some people and it is hoped to return to face-face engagement moving forward. She explained a means for people to engage through the locality groups and carers groups. This feedback will come through to a community engagement forum where people's voices can be heard. FMcK and Cllr Downie will meet to discuss off-line.</p> <p>Cllr Kennedy queried whether elected members would assist to engage members of the public through the various interest groups they are involved in for their views. FMcK felt this would be helpful, bearing in mind this should be around Health & Social Care and questions should be tailored. She added, feedback to people who have engaged is very important and helpful.</p> <p>KM would like to have seen a clearer value around objectivity, transparency and accountability. He felt it is sometimes alleged, the outcome is already decided. Objective work is key, co-design and co-production is encouraging. He acknowledged a degree of co-commissioning and would like to see co-delivery - work to aspire to. He asked for clarity around the use of the word 'volunteers'. FMcK felt co-commissioning and co-production sits within the Commissioning Strategy and people's views must be taken through P&E. She added, a team who is listening and feeding back to particular services about how they can redesign or transform is the aim, along with not being too close to make the distinction around delivery. She advised, the Commissioning Strategy will sit alongside and we will always strive to get the best joined up services possible. FMcK will look again at the wording around "volunteers".</p> <p>SB thanked KM for his comments and agreed moving towards co-delivery is where the Partnership need to be.</p>	<p>FMcK / Cllr Downie</p>

	<p>ID felt the Strategy takes a huge step towards achieving many of the improvements sought for many years. He was encouraged to see the move towards continuous improvement within the Strategy.</p>	
	<p>5.4 Workforce Strategy Plan 2022-25</p> <p>RL advised he was seeking approval from the Committee for the Strategy to be submitted to Scottish Government ahead of the deadline of 31 August 2022. Submission to IJB will be September 2022.</p> <p>SF acknowledge the huge amount of work which has gone into the report and was supportive of the short, medium and long-term actions. Although felt, how these are communicated to staff will be challenging and the Strategy needs to become a living document.</p> <p>RL was supportive of SF’s comments and told of consulting and engaging / communicating with the workforce and how the actions will move forward.</p> <p>KM fully endorsed the document and conceded retention of the workforce is becoming more and more challenging. He felt the Strategy is clear and easy to follow.</p> <p>RL told of 2 new recruits joining his Team, bringing extensive knowledge and experience of recruitment and retention and the many challenges involved. He emphasised the Strategy is a growing, working document and spoke of continuous improvement.</p> <p>There was a discussion relating to skills development and staff wellbeing.</p> <p>SB summarised the discussions and stated the Committee were content to recommend the Workforce Strategy Plan 2022-25 to the IJB.</p>	
	<p>5.5 Winter Lessons and Reflections</p> <p>LG introduced the Winter Lessons and Reflections Report and explained the Winter Plan (RNP4) has been presented to IJB and other Committees previously. The ‘Situation’ section of the Winter Lessons and Reflections report describes arrangements which were in place during Winter 2021-22. She wanted to emphasise, the collaboration and leadership shown has been phenomenal and stressed the challenges and pressures remain today, possibly worse than ever experienced.</p> <p>LG Explained the Opel tool which is used across the System. She advised there is an average increase of 25% in referrals to the Discharge Hub due to frailty and the increasing elderly population, also fallout post-pandemic.</p> <p>Pre-pandemic, on average there were 55 referrals per week, this number is now largely sitting at 89, showing the significant pressure on the System. Despite this, discharges from Acute average at 60 referrals. Every service within HSCP is seeing the result of these demands. Awaiting Guardianship and Legal Aid is holding up patients being released, adding to the additional pressures.</p>	

	<p>LG explained the role of the Complex Care Team, Hospital @ Home, Unscheduled Care Flow and Navigation. Performance rates were outlined which have been very good despite pressures , which the report demonstrates.</p> <p>Looking to Winter 2022/23, LG told of continuous improvement with transformational work which is outlined in the Home First report.</p> <p>ID stated prior to the pandemic, targets were not achieved, he asked if the underlying problem has been identified and hoped this was being investigated. LG commented there are local targets which are exceeded regularly, despite pressures. She felt what ID was referring to is a National target which Fife has reduced significantly and is actually one of the best performing Boards in Scotland. She advised the solution is Home First and explained the investment and work which has/is taking place.</p> <p>KH commented the report exposes the situation pre and post Covid with alarming vacancy rates across the system. She felt preventing people coming into hospital is an area of vulnerability, not just in Fife but Nationally. She acknowledged the recruitment pool is not there and suggested some form of alternative plan could be developed rather than hoping posts will be filled. She offered to assist in any way she can. She felt lived experience also needs to be considered and should guide future plans.</p> <p>There was discussion around ‘winter pressures’ and it was agreed pressure is now felt throughout the year, particularly of recent years. LB advised she planned to bring forward ‘Winter Plans’ sooner to IJB and the name may be revised. Lessons learned and hearing what stakeholders have to say are taken on board and LG spoke of the workshops/events which take place.</p> <p>HH explained the historical reasons for specific ‘winter plans’ however, as Covid is not a seasonal illness, the pressures on the system are now constant.</p>	
	<p>5.6 Home First Update</p> <p>LG introduced the Home First Update to the Committee for Awareness. She stated this is a significant transformation change within the Partnership, with the overarching principle of assisting people of Fife to live longer and healthier lives at home or within a homely setting. She spoke of alignment with Scottish Government policies and the governance around Home First.</p> <p>Future Plans were outlined with LG describing a vision to improve co-ordination and streamline the model. LG spoke of roadshows which are being arranged with assistance from FMcK, in terms of Engagement and Participation. She added stakeholders support is crucial to the success of the new Home First.</p> <p>KH voiced concern around alignment with the move towards Place Based Leadership and local areas having an understanding of the community profile in each specific area. KH was keen to bring together without causing a tension across Council and HSCP, she did not see this as barrier but important to consider. LG agreed and this will be further discussed.</p>	

	<p>There was much discussion around single point of access, accessing services and promotion and prevention.</p> <p>KM felt the EqIA should be appended to papers and come to Committee. Also, the format of the report was inconsistent with other papers with Implications, etc missing. LG explained she removed some sections in the report as they were blank, also the EqIA was exceptionally large, however, will circulate.</p>	LG
	<p>5.7 Business Cases for Lochgelly and Kincardine</p> <p>BD presented the two business cases for the health and wellbeing hubs at Lochgelly and Kincardine. He explained, these were put on hold in Jan 2022, due to the pandemic.</p> <p>BD introduced the Capital Investment Proposal and the Service Model component of the Proposal, which is relevant to this Committee and the IJB. He advised the two locations for the hubs were identified using the SG Place Based Needs Planning Tool. He described the strategic approach being used and plans for similar developments.</p> <p>The news of the developments was enthusiastically received and there was support for the list of services which will be provided within the hubs. The benefit to the communities was felt to be very positive.</p>	
	<p>5.8 Development Work</p> <p>A separate development session will be arranged for the near future.</p>	
6	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>6.1 Minute of the Quality Matters Assurance Group Unconfirmed Minute from 01.04.22</p>	
7	<p>ITEMS FOR ESCALATION</p> <p>KM asked if there is a documented process for complaints which may require escalated to IJB Board members, ie for significant risk reasons? NC advised there is a formal complaints process which links with both FC and NHS, also for complaints for services not manage by HSCP, through wider partners. In terms of risk, she referred to an overarching report which highlights themes coming through complaints. NC is sighted of this report. She stated, if anything comes through as a complaint which she thought relevant to IJB, she would ensure this is escalated accordingly. She advised, she is not aware of complaints which have required escalation to IJB but gave examples of complaints which have prompted change.</p> <p>KM felt there may be complaints which should be escalated which could shape future direction. There was much discussion around Complaints and Duty of Candour and transparent investigation.</p>	
8	<p>AOCB</p> <p>No further items raised.</p>	
9	DATE OF NEXT MEETING – Friday 9th September, 1000hrs MSTeams	



HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 20 JULY 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Eleanor Haggett, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Karen Laird, HR Officer, NHS Fife (for Susan Young)
Kenny McCallum, UNISON
Lisa Cooper, Immunisation Programme Director (for Bryan Davies)
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Morag Stenhouse, H&S Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Alison Nicoll, RCN
Angela Kopyto, Dental Officer, NHS Fife
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Bryan Davies, Head of Primary & Preventative Care Services
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Susan Young, HR Team Leader, NHS Fife
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 21 June 2022 The Minute from the meeting held on 21 June 2022 was approved as an accurate record of the meeting.	

NO	HEADING	ACTION
2.2	Action Log from 21 June 2022	
	The Action Log from the meeting held on 21 June 2022 was updated slightly and then approved as accurate.	
3	JOINT CHAIRS UPDATE	
	Nicky Connor advised that to date the iMatter survey has had a 63% response rate. Over 80 employees requested paper copies of the survey, these have to be returned this week and then a final figure will be given. The final report will then be generated and brought to the next LPF meeting.	NC
	Eleanor Haggett and Debbie Thompson both raised the issue of extreme weather and how best to support staff going forward. It was agreed to discuss this at the Health & Safety Assurance Group Meeting next week.	RLas
	Nicky Connor advised LPF members that Bryan Davies, Head of Primary & Preventative Care Services had secured a post of Chief Officer, Strategic Performance & Commissioning within Borders. Bryan will leave Fife in October 2022 and recruitment for a replacement is underway with interviews scheduled for early September 2022.	
4	LPF ANNUAL REPORT	
	Simon Fevre advised that this report had been discussed at the LPF meeting on 21 June 2022 before being taken to the Finance, Performance & Scrutiny Committee on 8 July 2022. The report had been well received with no significant changes suggested. The final report had been reformatted and, if approved by the LPF, would be taken to the IJB meeting on 29 July 2022.	
	Simon and Nicky both thanked everyone one involved in producing the report in a timely manner.	
	Once the report has been to the IJB thought is to be given to producing an edited version of the report, agreeing the comms strategy required to ensure all staff can access the report and producing printed copies.	SF/RLaw
5	HEALTH AND SAFETY UPDATE (Inc FORUM)	
	Rona Laskowski advised that the Health & Safety Assurance Group meets next week. Work is ongoing to ensure remit is correct for this group and that assurance can be given regarding health and safety.	
	Morag Stenhouse advised that Power BI reports would be finalised and circulated shortly, they are late due to annual leave. Morag is working with Avril Sweeney to ensure people who need to can access Power Bi in future.	
	Within Fife Council there have been no RIDDORs so far in July. Staff shortages are impacting the team. A report on Slips, Trips and Fall will be circulating shortly.	
	Staff issues within both Fife Council and NHS Fife will be discussed at the Health & Safety Assurance Group next week and agreement sought on what is being report on to the LPF.	

NO	HEADING	ACTION
5	HEALTH AND SAFETY UPDATE (Inc FORUM) (Cont)	RLas / WMcC
	Wendy McConville raised the issue of Violence and Aggression training for staff. Rona Laskowski suggested having an offline discussion on this with Wendy, which was agreed.	
6	FINANCE UPDATE	
	Audrey Valente advised the financial position of the delegated and managed services, as at 31 March 2022 is currently a surplus of £5.846m.	
	Currently the key areas of overspend are Hospital & Long-Term Care, Family Health Services, Older People Nursing and Residential, Social Care Other and Adult Placements.	
	These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Adults Fifewide, Adults Supported Living, Social Care Fieldwork Team and Housing.	
	Full funding was made available by the Scottish Government (SG) to fund the costs of Covid-19 and to also fund the unachieved savings as a result of Covid-19.	
	The reserves balance at the end of 2021-22 is £79.712m and is made up of the core underspend of £5.846m, further funding received in March 2022 for Covid-19 related expenditure and additional Earmarked Reserves.	
7	DRAFT WORKFORCE STRATEGY AND PLAN UPDATE	
	Roy Lawrence advised that this report and Strategy had been circulated to LPF members 10 days before the meeting to allow feedback. The Strategy will go to the IJB meeting on 29 July 2022 for approval before being submitted to Scottish Government (SG) by 31 July 2022. SG will feedback and the Strategy will come back to the IJB on 30 September 2022.	
	The Strategy was discussed at a recent NHS Staff Governance Committee and was well received.	
	An updated Action Plan will be created which will be reported to the Workforce Strategy Group three times a year with an annual update coming to the LPF and IJB.	
	Discussion took place the recruitment advert on STV and on streamlining the recruitment process for new staff and Nicky advised that this is under consideration and following a test of change for this advertising consideration we can consider the learning for other areas.	
8	STAFF HEALTH & WELLBEING – UPDATE FROM WELLBEING STRATEGY GROUP	
	Roy Lawrence gave a verbal update on this group. A working group, which has met twice, has been established to help understand how the main group will fit into the existing integrated landscape, look at how the partnership works across all sectors and ensure there is a positive impact on the wellbeing of the workforce. Challenges include engaging with the wellbeing agenda and promoting self-care. A meeting is scheduled for the end of August 2022.	

9 WINTER LESSONS AND REFLECTIONS

Lynne Garvey updated on the current issues being experienced and how the OPEL tool is helping to articulate the pressures using shared language. Joint working continues with acute services, third and Independent Sector to support whole system working. Services continue to flex to cope with current situation. The Discharge Hub is now dealing with a 25% increase in referrals compared to pre-covid.

Discussion took place around “winter” pressures, which were highlighted by the forum as now being year-round pressures, and the planning for this which is ongoing.

Lynne has recently taken on the role of SLT Resilience Lead and updated the meeting on what this entails and how this connects to business continuity.

10 HOME FIRST UPDATE

Lynne Garvey presented on the Strategy for this transformation project. Seven sub groups have been formed and are each undertaking key pieces of work. It is hoped to have 1 or 2 points of access into Services rather than the current 17. A series of key stakeholder events are planned.

Discussion took place around recruitment of staff into caring as a career and how best to engage with younger applicants. There are currently 75 Foundation Apprenticeships in place, giving older school pupils an insight into care and work is ongoing to ensure as many of these convert into partnership staff.

Simon Fevre asked about the challenge of transforming services given the current staff situation. Lynne Garvey acknowledged that there is impact between progressing transformation when services are pressured and staffing is impacted. There is work ongoing on a daily basis, there is a strategy being developed and full implementation will need to be prioritised and phased to support the change needed whilst being cognisant of the pressures.

11 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19

Nicky Connor gave a general overview of the current situation with Covid-19 which is still challenging. Cases seem to be plateauing but the effects and impacts are still being felt throughout the system.

Lynne Garvey advised that daily huddle continue. Significant pressure being felt in many areas. Forty-eight surge beds are still currently in use. Staff absence in Home Care is currently 13.6% but the position should improve in the next few weeks as people return from annual leave.

Rona Laskowski advised that within Mental Health there are currently 126 staff absence, 40 of these (approx 30%) are covid related. This is leading to minimum staffing levels within services and a range of actions are underway to alleviate this. Recruitment issues continue. Despite this staff continue to deliver high quality care which meets patient needs. This has been reflected in a recent Older People’s ward visit and comments received via Care Opinion.

Discussion took place around the use of Agency staff to cover absences and the rates of pay these attract. Nicky advised on the work of the NHS Fife Attendance Management Taskforce group.

11 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19

Lisa Cooper updated on the challenges faced in Bryan Davies' area as a result of covid-19. The resilience and flexibility of staff is visible on a daily basis.

Update on Covid (including updated guidance and temporary policy)

Karen Laird advised that NHS Covid absence is being reclassified to sickness absence from special leave from 1 September 2022 and these absences will be managed consistently with all other sickness absence from this date. COVID absence prior to this date will not be included for triggers. Staff with a positive LFD result, regardless of whether they have symptoms, should not attend work for a minimum of 5 days and this absence will be recorded as special leave – COVID positive. This is consistent with non-COVID infection control measures.

Elaine Jordan confirmed that Fife Council guidance has been updated and is in alignment with the NHS guidance. This has been uploaded to the intranet and contains specific links for H&SC staff.

12 HEALTH & WELLBEING**Attendance Information inc Taskforce Update**

Karen Laird advised that the NHS Fife average absence was 5.63% in May 2022 and 6.25% in June 2022. Covid-19 related absence equated to an additional 1.16% in May 2022 and 2.27% in June 2022.

H&SC NHS staff had a rate of 5.77% in May 2022 and 6.13% in June 2022 which is below NHS Fife's absence rate for June and first time above 6% since December 2021. Covid-19 related absence equated to an additional 1.17% in May 2022 and 2.33% in June 2022. Community Care Services and Complex Critical Care Services have the highest % with 6.96% and 6.98% respectively.

Mental Health highest reason for episodes and hours lost followed by gastro and other known causes in terms of hours lost; and cold/cough/flu is also very high in terms of number of episodes. Nursing and Midwifery bands 1-4 and 5+ remain high for % (9.6) and hours lost (13164) respectively. Personal and Social Care is also high (7.82%) but this is due to be being a small WTE.

Short term absence has increased from 2.46% in May to 2.63% in June 2022 but is a decrease compared to June 2021 which was 2.77%.

Long term absence has increased from 3.3% in May to 3.5% in June 2022 and is a similar level to June last year. (3.54%).

Elaine Jordan advised that having stabilised in January and February 2022, absence rates fell in March and April, while May and June have seen an increase from 12.7% in May to 13.2% in June. Although there has been a reduction in the total number of absences over the past four months, the increase in the number of long-term absences (from 270 in March 2022 to 282 in June 2022) has driven the increase in the overall absence rate. There is currently a focus on reducing long term absence, with full time HR support being provided.

NHS Attendance Taskforce

The Attendance Taskforce has been commissioned to provide senior leadership input to practice and process. The aim of this is to reduce absence and support staff experience and wellbeing.

12 HEALTH & WELLBEING (Cont)

NHS Attendance Training is under review and will incorporate the Turas LEARN attendance policy training as a pre-cursor to attendance. This will enable a more operationally focused and interactive training session. The scenarios the HR team plan to introduce are Patterns of Absence; Mental Health related absences; Triggers and formal targets; Supporting Staff who are struggling to remain at work. Any feedback on the scenario topics or suggestions for attendance training content is welcome.

It was agreed that at future LPF meetings the item on Attendance would be placed earlier in the agenda to ensure time for a full discussion.

SF

Staff Health & Wellbeing

Karen Laird advised that a new staff Health & Wellbeing Framework is going to the APF this week for comment, will be issued to LPF members for comment. Work being undertaken to "badge" the managerial training currently available which it would be useful for managers to know about / consider for themselves in terms of staff support - this is being led by Sharon Doherty. New Hub at QMH is now fully open and work is ongoing for Hubs in other areas.

Public Health Scotland have reviewed the Health and Work services and plan to change the way the Healthy Working Lives programme supports workplace health to enable us to improve staff health and wellbeing in Scotland and they will no longer deliver the HWL award. Instead, their new approach will support organisations in key areas that will make the biggest difference to their workforce health and wellbeing, aligned to the ambition of becoming a Fair Work Nation. This will have implications for both FC and NHS Fife.

Two new health and wellbeing programme initiatives being worked on - one for staff within the Palliative Care service, the other for MH / LD staff as part of the Task Force for that staff group.

Temporary increase to NHS Scotland mileage rate has been extended until 30/11/22 and circular sent separately.

Elizabeth Crichton provided an update on the Management of Stress Project with the University of Hull. Steering group has met three times. Thirteen focus groups were organised, interviews with Director and three Heads of Service held. Feedback being used to create bespoke survey questions for Fife Council's online stress survey – which will be open from 1 – 31 August 2022. Global e-mail list for H&SC staff with a Fife Council has been set up.

A pilot, operating in selected teams within Care at Home and starting in Adult Resources, is raising awareness on the supports available to employees off sick. Fife Council's Time for Talking services, physiotherapies services and others are explained as well as signposting. The feedback from managers and employees has been positive. Employees have advised they were delighted to have the opportunity to have a discussion and for someone to listen. Calls back are being agreed with employees to evaluate the success of the pilot.

Awareness raising sessions have been organised and promoted, some online, some within care homes. The feedback from participants has been very positive. In addition, a member of the wellbeing team has been meeting staff in the care homes and highlighting and providing information on a range of supports / resources available.

NO	HEADING	ACTION
13	ITEMS FOR BRIEFING STAFF	
	Hazel Williamson will draft a Chair's update for inclusion in a future Director's Weekly Briefing.	HW
14	AOCB	
	Nothing was raised under this item.	
15	DATE OF NEXT MEETING	
	Wednesday 21 September 2022 – 9.00 am – 11.00 am	