



Fife Health & Social Care Partnership

Supporting the people of Fife together

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 26 JULY 2024 AT 10.00 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**

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	Arlene Wood	-
2	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
3	MINUTES OF PREVIOUS MEETING AND ACTION NOTE 2023	Arlene Wood	3-14
4	CHIEF OFFICER UPDATE	Fiona McKay	
5	COMMITTEE CHAIR ASSURANCE REPORTS 5.1 Audit & Assurance Committee 5.2 Finance, Performance & Scrutiny Committee 5.3 Qualities & Communities Committee 5.4 Strategic Planning Group	Vanessa Salmond	15-25
6	STRATEGIC PLANNING & DELIVERY 6.1 Community Led Support: Progress Report	Fiona McKay	26-55
7	LIVED EXPERIENCE & WELLBEING 7.1 People Story – Third Sector Partner Community Support	Lynn Barker	
8	INTEGRATED PERFORMANCE & QUALITY 8.1 Finance Update 8.2 Annual Performance Report	Audrey Valente Fiona McKay	56-68 69-196

9	GOVERNANCE & OUTCOMES 9.1 Creating Hope for Fife: Fife's Suicide Prevention Action Plan	Lisa Cooper	197-211
10	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 10.1 Fife Alcohol and Drugs Partnership Annual Report 10.2 Local Partnership Forum Annual Report	Fiona McKay Roy Lawrence	212-299 300-338
11	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Audit & Assurance Committee Confirmed Minute from 17 May 2024 Finance, Performance & Scrutiny Committee Confirmed Minute from 15 May 2024 Quality & Communities Committee Confirmed Minute from 10 May 2024 Local Partnership Forum Confirmed Minute from 14 May 2024 Strategic Planning Group Confirmed Minute from 2 May 2024	Dave Dempsey Alistair Grant Sinead Braiden Fiona McKay/ Eleanor Haggett Graeme Downie	339-345 346-353 354-361 362-366 367-374
12	AOCB	All	-
13	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 30 AUGUST 2024 INTEGRATION JOINT BOARD – FRIDAY 27 SEPTEMBER 2024	All	-

Fiona McKay
Interim Director of Health & Social Care
Fife House
Glenrothes
KY7 5LT

Copies of papers are available in alternative formats on request from Vanessa Salmond,
Head of Corporate Governance, 6th Floor, Fife House – e:mail
Vanessa.Salmond@fife.gov.uk



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 31 MAY 2024 AT 10.00 AM

- Present** Arlene Wood (AW) (Chair)
Graeme Downie (GD) (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) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB)
Janette Keenan (JK), Director of Nursing, NHS Fife
Lynne Parsons (LP), Employee Director, NHS Fife
Debbie Fyfe (DF), Joint Trades Union Secretary
Ian Dall (ID), Service User Representative
Kenny Murphy (KM), Third Sector Representative
Morna Fleming (MF), Carer Representative
Paul Dundas (PD), Independent Sector Representative
- Professional Advisers** Nicky Connor (NC), Director of Health and Social Care/Chief Officer
Audrey Valente (AV), Chief Finance Officer
Helen Hellewell (HH), Deputy Medical Director
Jennifer Rezendes (JR), Principal Lead Social Work Officer
Lynn Barker (LB), Associate Director of Nursing
- Attending** Lisa Cooper (LC), Head of Primary & Preventative Care Services
Lynne Garvey (LG), Head of Community Care Services
Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture
Vanessa Salmond (VS), Head of Corporate Governance
Clare Gibb (CG), Communications Adviser
Carol Notman (CN), Personal Assistant (Minute)

No	TITLE		ACTION
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1 CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES

Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board meeting and noted that Item 8.1 has been removed from the agenda and an Extraordinary Meeting to review the financial situation will be organised in due course.

Arlene Wood congratulated Nicky Connor on her new appointment of Chief Executive within NHS Tayside but noted that the IJB were very sad to say goodbye and wished to thank Nicky for her leadership over the last 5 years.

Apologies have been received from Joy Tomlinson, Chris McKenna, Christine Moir, Rona Laskowski, Jillian Torrens.

Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking

and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with minute taking and the media have been invited to listen in to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

Arlene Wood asked Board Members if there were any interests to declare which have not already been submitted.

Rosemary Liewald advised that she was an appointed Trustee for STAND which is the subject of the Lived Experience Presentation it was confirmed by the Standards Office that there was no conflict of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 28 MARCH 2024

The Minute and Action Note were both approved as an accurate record.

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Nicky Connor who provided the Chief Officer update noting the briefing issued to IJB members yesterday highlighted the celebration of nurses on International Nurses Day and celebrated nurses across all sectors.

Nicky paid tribute to all who supported her during her time as Chief Officer and was leaving confident that Team Fife will continue to flourish.

Arlene on behalf of the Board thanked Nicky and wished her well in her new role in Tayside and noted that the Board is looking forward to supporting Fiona McKay as she takes on the role of Interim Chief Officer.

5 COMMITTEE CHAIR ASSURANCE REPORTS

Arlene Wood advised that these reports are being presented to enhance governance arrangements by providing assurance to the IJB on Committee Business noting that agreement on the principles of these reports have been discussed at the Strategic Planning Group on 2 May 2024, the Quality and Communities Committee on 10 May 2024, Finance, Performance & Scrutiny Committee on 15 May 2024 and Audit & Assurance Committee 17 May 2024.

Arlene Wood introduced Vanessa Salmond who presented these reports advising that these were the first iteration of the chair reports and these will be further developed following feedback to strengthen the governance process.

Arlene Wood then invited in turn Graeme Downie, Chair of Strategic Planning Group Sinead Braiden, Chair of Quality & Communities, Alastair Grant, Chair of Finance, Performance & Scrutiny and Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. All agreed that the reports were helpful summaries. Graeme Downie advised that there had been one item from the Strategic Planning Group that was being escalated regarding local housing update as it is anticipated there could be impact to IJB Services going forward, but it was noted that the service is not directly delivered by the IJB. Dave Dempsey noted that the Audit and Assurance Committee had

some concerns that the risk score trajectories would require to change if target dates were to be met.

Arlene Wood queried where there have been escalations around the financial information whether this will impact the risk register. Audrey Valente advised that the risk score has just been revised and will be brought back through the governance committees to a future meeting.

The Board were assured that the Standing Committees are discharging their functions and remit and escalating any issues appropriately.

6 STRATEGIC PLANNING & DELIVERY

6.1 Digital Strategy

This report was discussed at the Strategic Planning Group on 2 May 2024, the Quality and Communities Committee on 10 May 2024 and Finance, Performance & Scrutiny Committee on 15 May 2024.

Arlene Wood introduced Audrey Valente who presented this report advising that this was the first Digital Strategy which highlights the digital priorities for the Partnership.

Arlene Wood invited in turn Graeme Downie, Chair of Strategic Planning Group, Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. All agreed that the Strategy was an excellent document and Graeme Downie noted that the Strategic Planning Group had commended the Officers who had developed the model for the Strategy.

There was discussion around infrastructure concerns and access to reliable Wi-Fi connectivity in rural areas. Audrey Valente confirmed that this was out with the remit of the Partnership and that Fife Council would be responsible for the roll-out of digital coverage but would discuss and raise the concerns of the Board with Fife Council's Business Technology Services.

Concern was raised with those who do not wish to engage with digital. Nicky Connor noted that although the Strategy focusses on 'Digital First' it is acknowledged that digital will not be appropriate for everyone and that the delivery of care will always be person centred.

The Board approved the Digital Strategy.

6.2 Workforce Strategy Action Plan Year 2: Update

This report was discussed at the Local Partnership Forum on 14 May 2024 and the Finance, Performance & Scrutiny Committee on 15 May 2024.

Arlene Wood introduced Roy Lawrence who presented this report noting that the report was the 6-month update for the Workforce Strategy Action Plan and was being brought to the Board for assurance.

Arlene Wood then invited in turn Nicky Connor, Co-chair of the Local Partnership Forum and Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Nicky Connor noted that the action plan was very well supported by the Local Partnership Forum and Alastair Grant agreed the Finance, Performance & Scrutiny Committee had been impressed with the level of detail and the comprehensive work that has been undertaken by the team.

There was discussion around succession planning and the importance of continually growing the talent which is already within Fife which has been highlighted by the recent changes within the Senior Leadership Team.

Following in-depth discussion, the Board was assured that the work underway to deliver the Year 2 Action Plan is responsive to change, innovative, varied and being delivered at pace to ensure the Plan achieves its ambitions to Plan, Attract, Employ, Train and Nurture the existing and future workforce.

7 LIVED EXPERIENCE & WELLBEING

7.1 Lived Experience – Early Onset Dementia

Arlene Wood introduced Lynn Barker who presented the lived experience video highlighting the significant impact that the STAND Group have in supporting individuals and their friends and family who have been diagnosed with early onset dementia. Arlene Wood advised that the link for the video would be issued to members following the meeting for those who experienced technical issues.

VS

8 INTEGRATED PERFORMANCE

8.1 Finance Update

Item deferred to be discussed at future Extraordinary IJB Meeting.

8.2 Performance Report – Executive Summary

This report has been discussed at the Finance, Performance & Scrutiny Committee on 15th May.

Arlene Wood introduced Fiona McKay who presented this report advising it was the regular Executive Summary that is submitted to the IJB and wished to highlight that the waiting times for Care at Home is the lowest it has been for quite some time. In addition, the Partnership has been contacted by Audit Scotland who would like to highlight Fife's Care at Home Collaborative in their Annual Report.

Arlene Wood invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Alistair confirmed there were no issues raised from the Committee meeting.

As the full Performance Report which contains supplementary information has been discussed in detail at the Finance, Performance &

Scrutiny Committee, the Board were assured that there was adequate monitoring and reporting of performance for this reporting period.

9 GOVERNANCE & OUTCOMES

9.1 Recruitment for Director of HSCP

This report has been discussed with the Chair and Vice Chair and Joint Trade Union Leads and the Chief Executives of Fife Council and NHS Fife.

Arlene Wood introduced David Miller who presented this report and advised that the recruitment for the Chief Officer rotated between Fife Council and NHS Fife, and it was the responsibility of NHS Fife to support the recruitment on this occasion, however a similar process as previously undertaken by Fife Council would be followed as outlined in the paper. Following approval, the Recruitment Agency, Eden Scot, who have recent experience of recruiting to Chief Officer positions, will be appointed.

Arlene Wood advised that both she and Graeme Downie have met with Chief Executives of both NHS Fife and Fife Council and confirmed all interested parties were keen that there is no delay with commencing the recruitment process.

The Board approved the process outlined for the appointment of an Interim Director as set out in this report. The Board agreed the recruitment and selection process for a permanent appointment which closely mirrors previous CO appointments. The Board noted the appointment panel will consist of 4 NHS and 4 Fife Council members inclusive of the Chair and Vice Chair of the IJB and will be supported by an Independent Professional Advisor. The Board were assured that an element of the interview process would include an opportunity for stakeholder engagement.

9.2 Governance Committee Assurance Statements

This report was discussed at the Quality and Communities Committee on 10 May 2024, Finance, Performance & Scrutiny Committee on 15 May 2024 and Audit & Assurance Committee on 17 May 2024.

Arlene Wood introduced Vanessa Salmond who presented this report advising, as per the established governance process, that these Statements confirm to the IJB that adequate governance is in place.

Arlene Wood invited in turn Sinead Braiden, Chair of Quality & Communities, Alastair Grant, Chair of Finance, Performance & Scrutiny and Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. All Chairs confirmed that the reports were supported by the committees.

The Board took assurance that good governance is in place across the partnership.

9.3 Revised Directions Policy

This report was discussed at the Finance, Performance & Scrutiny Committee on 15 May 2024 and Audit & Assurance Committee on 17 May 2024.

Arlene Wood introduced Vanessa Salmond who presented this report who advised that this report is seeking support for the implementation of a revised Directions Policy to provide clarity around the process for formulating, approving, issuing, monitoring and reviewing Directions.

Arlene invited in turn Alastair Grant, Chair of Finance, Performance & Scrutiny and Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. All confirmed that the report was supported by the governance Committees.

The Board approved the Revised Directions Policy.

9.4 NHS Fife Annual Duty of Candour Report 2022/2023

This report was discussed at the Quality and Communities Committee on 10 May 2024.

Arlene Wood introduced Helen Hellewell who presented this report and highlighted that the 33 events noted within the report were for NHS Fife wide. Helen provided clarity that the General Practitioners noted within the report were part of the 2C Practices which are managed by NHS Fife therefore not Independent Practitioners.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities, to comment on discussions at the Committee before questions from Board members. Sinead confirmed that there were no issues raised at the Committee.

There was discussion around what systems were in place across the Partnership to ensure that learning and actions are completed and sustainable. Confirmation was provided that Services follow the appropriate policies in place such as the Adverse Event Policy and issues are discussed at the Quality Matters Assurance Group (QMAG) for shared learning.

The Board confirmed that they had been assured that NHS Fife and Fife Health and Social Care Partnership comply with their duties relating to Duty of Candour for 2022-23.

9.5 Fife Council Duty of Candour Report 2022/2023

This report was discussed at the discussed at the Quality and Communities Committee on 10 May 2024.

Arlene Wood introduced Jennifer Rezendes who presented this report noting that it was for assurance and similar to the NHS Fife report the Fife Council report included all Fife Council Services that have a requirement to report on Duty of Candour.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities, to comment on discussions at the Committee before questions from Board members. Sinead confirmed that there were no issues raised at the Committee.

The Board confirmed that they had been assured that Fife Council and Fife Health and Social Care Partnership comply with their duties relating to Duty of Candour for 2022-23.

10 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

10.1 Risk Management Annual Report

This report was discussed at the Audit & Assurance Committee on 17 May 2024.

Arlene Wood introduced Audrey Valente who presented this report noting it was for discussion and decision. Audrey advised following the IJB agreeing the Risk Management Policy and Strategy in March 2023 a Short Life Working Group had been set-up to ensure the actions from the delivery plan were progressed. An updated delivery plan, including the implementation of a risk appetite statement and associated processes is provided in Appendix 1 of the report.

Arlene Wood invited Dave Dempsey, Chair of Audit and Assurance to comment on discussions at the Committee before questions from Board members. Dave confirmed that the Committee had looked in detail to the report and endorsed the report.

The Board confirmed that they approved the Risk Reporting Framework, the Risk Management Process and Guidance and the Risk Management Training Resources.

10.2 United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024

This report was discussed at the Quality and Communities Committee on 10 May 2024.

Arlene Wood introduced Lisa Cooper who presented this report noting that it was for assurance that the Partnership was complying with its duties of UNCRC and following royal assent it will become an Act in July 2024.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities, to comment on discussions at the Committee before questions from Board members. Sinead confirmed that the Committee were content with the Partnership readiness for the implementation of UNCRC.

There was discussion around how the work linked with the IJB Strategic Risk to ensure that any risks are incorporated. Questions were asked about the action plan for implementation, risks, reporting structures etc. Lisa Cooper advised that the action plan had been presented at the Qualities and Communities Committee and wished to provide assurance

that the Action Plan and Risks would be brought to a future cycle of the Governance Committees and will include the IJB.

The Board confirmed that they were assured that appropriate preparations are in place in NHS Fife and Fife HSCP for the Act coming into force in July 2024.

10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP

The minutes of the following Governance Committees were provided for information:

- Audit and Assurance Committee – 15 March 2024
- Finance, Performance & Scrutiny – 12 March 2024
- Quality & Communities Committee – 8 March 2024
- Local Partnership Forum – 13 March 2024
- Strategic Planning Group – 7 March 2024

11 AOCB

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

12 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 21 JUNE APRIL 2024 (Visit details to be confirmed prior to IJB Meeting)

INTEGRATION JOINT BOARD – FRIDAY 26 JULY 2024



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE EXTRAORDINARY INTEGRATION JOINT BOARD (IJB) MONDAY 24 JUNE 2023 AT 10.00 AM

- Present**
 - Arlene Wood (AW) (Chair)
 - Graeme Downie (GD) (Vice-Chair)
 - Fife Council –Dave Dempsey (DD), Margaret Kennedy (MK), Rosemary Liewald (RLie), and Sam Steele (SS)
 - NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK)
 - Janette Keenan (JK), Director of Nursing, NHS Fife
 - Chris McKenna (CM), Medical Director, NHS Fife
 - Lynne Parsons (LP), Employee Director, NHS Fife
 - Debbie Fyfe (DF), Joint Trades Union Secretary
 - Ian Dall (ID), Service User Representative
 - Kenny Murphy (KM), Third Sector Representative
 - Morna Fleming (MF), Carer Representative
 - Paul Dundas (PD), Independent Sector Representative
- Professional Advisers**
 - Nicky Connor (NC), Director of Health and Social Care/Chief Officer
 - Audrey Valente (AV), Chief Finance Officer
 - Helen Hellewell (HH), Deputy Medical Director
 - Jennifer Rezendes (JR), Principal Lead Social Work Officer
 - Lynn Barker (LB), Associate Director of Nursing
- Attending**
 - Lisa Cooper (LC), Head of Primary & Preventative Care Services
 - Jillian Torrens (JT), Head of Complex and Critical Care Services
 - Lynne Garvey (LG), Head of Community Care Services
 - Joy Tomlinson (JT), Director of Public Health, NHS Fife
 - Amanda Wong (AW), Director of Allied Health Professionals, NHS Fife
 - Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
 - Lindsay Thomson (LT) (Representing Vanessa Salmond as Standards Officer)
 - Clare Gibb (CG), Communications Adviser
 - Cara Forrester (CF), Communications Adviser
 - Carol Notman (CN), Personal Assistant (Minute)

No	TITLE		ACTION
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1 CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES

Arlene Wood, IJB Chair welcomed everyone to the Extraordinary Integration Joint Board meeting, in particular Lindsay Thomson, who will be acting as Standards Officer for this meeting.

Apologies have been received from Lynn Mowatt, David Alexander, Roy Lawrence, Sinead Braiden, James Ross and Vanessa Salmond.

Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking

and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.

A recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

Arlene Wood confirmed there were no declaration of interests.

3 INTEGRATED PERFORMANCE

8.1 Finance Update

This report was discussed at the the Extraordinary Finance, Performance & Scrutiny Committee on 17 June 2024.

Arlene Wood introduced Audrey Valente who presented this report and advised that the paper provided the provisional outturn for the IJB for 2023-24 and highlighted that the overspend after utilising all available reserves was £5.5m. Audrey highlighted that the provisional outturn has moved from the December 2023 reported position by £10m and the report explains the overspend and movement. It was noted that there was a strong possibility that the Risk Share Agreement will be required to be put in place for 2024-25. Assurance was provided that given the movement within the budget that there would be increased scrutiny of the financial position for 2024-25.

Arlene Wood invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. It was confirmed that there was robust discussion, and the recommendations within the finance report were supported at the extraordinary meeting of the Finance, Performance & Scrutiny Committee.

Arlene Wood noted the major challenge ahead with the financial position deteriorating so late in the financial year and asked with regards the areas of overspend and financial pressures where the Partnership was with recovery plans. Audrey Valente confirmed that some of the pressures are part of the £39m savings which have already been approved by the IJB and savings plans are in place. As agreed at the Finance, Performance & Scrutiny Committee, a deep dive will be undertaken for all areas of savings and significant overspends.

There was discussion around the status of IJB Directions and whether these had been revised or revoked given that the budget was not fully transferred as per the directions. Audrey Valente confirmed that the Directions had not been revoked and still stand but the Partnership had been in a fortunate position during 2023-24 that there had been reserves therefore it had not been a significant issue but going into the next financial year it will become more of an issue and regular dialogue with both Partners will be essential.

There was a query with regards governance of the Directions to partners and how these are monitored and discrepancies highlighted and escalated appropriately. Audrey Valente confirmed that there was internal monitoring in place and advised that there has been discussion

with Dave Dempsey who is Chair of the Audit & Assurance Committee and any lessons learned and review of governance process will be acted upon and also confirmed that both the internal and external auditors have been made aware of the situation.

The Board confirmed that they were assured that there was robust financial monitoring in place and approved the financial outturn position and the use of reserves as at March 2024. In addition, the Board approved the issue of Directions for NHS Fife and Fife Council.

4 AOCB

As Arlene Wood had not been alerted prior to the meeting of any other business to be raised under this the meeting was closed by the Chair confirming dates of the next meeting.

5 DATES OF NEXT MEETINGS

INTEGRATION JOINT BOARD – FRIDAY 26 JULY 2024

DRAFT



ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 31 MAY 2024

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024 - it was agreed that Fiona McKay and Vanessa Salmond would provide a generic process for all self-assessment returns to ensure proper governance arrangements are followed.	Fiona McKay / Vanessa Salmond	30 September 2024	

COMPLETED ACTIONS

Lived Experience – Early Onset Dementia Video link to be shared with the committee following meeting for those who experienced technical issues.	Vanessa Salmond	May 2024	Complete
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Meeting Title:	Integration Joint Board
Meeting Date:	26th July 2024
Agenda Item No:	5
Report Title:	Chairs Assurance Reports
Responsible Officer:	Audrey Valente, Chief Finance Officer
Report Author:	Vanessa Salmond, Head of Corporate Governance and IJB Secretary

1 Purpose

The aim of this report is to enhance governance arrangements by providing assurance to the IJB on Committee business.

This Report is presented to the Board for: -

- Assurance

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:

- Sustainable
- Outcomes
- Integration

2 Route to the Meeting

Contents of these reports have been discussed at:

- Audit & Assurance Committee, 27 June 2024;
- Finance, Performance & Scrutiny Committee, 3 July
- Quality and Communities Committee, 5 July 2024; and
- Strategic Planning Group, 9 July 2024;

3 Report Summary

3.1 Situation

The Chair Assurance reports are intended to provide assurance and provide a platform for escalation, if required, to the IJB around the risks, key issues and delivery of the workplan that the Governance Committees have considered.

3.2 Background

The Chair Assurance Reports are an integral part of these Committee Assurance Principles adopted by the IJB.

3.3 Assessment

These reports are a standing agenda item for IJB at each Committee/Board cycle and are approved by each Governance Committee Chair.

3.3.1 Quality / Customer Care

The Assurance reports enhance focused, risk-based assessment of the quality and safety of care where applicable.

3.3.2 Workforce

The principles would enhance focused, risk-based assessment of staff health and wellbeing, compliant with the mitigation of workforce risks.

3.3.3 Financial

There are no financial implications identified arising from this report.

3.3.4 Risk / Legal / Management

These reports are designed to focus attention on the adequacy and effectiveness of associated controls of strategic risks and on the quality of assurances received.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

There are no implications identified arising from this report.

3.3.6 Environmental / Climate Change

There are no implications identified arising from this report.

3.3.7 Other Impact

There are no implications identified arising from this report.

3.3.8 Communication, Involvement, Engagement and Consultation

Committee Chairs endorse these reports.

4 Recommendation

- **Assurance** – These reports are presented to IJB to provide assurance that Governance Committees are discharging their functions and remit and escalating any issues appropriately.

5 List of Appendices

The following appendix is included with this report:

Appendix 1 - Audit and Assurance Chair Assurance Report

Appendix 2 - Finance, Performance & Scrutiny Committee Chair Assurance Report

Appendix 3 - Quality and Communities Chair Assurance Report

Appendix 4 - Strategic Planning Group Chair Assurance Report

6 Implications for Fife Council

Not applicable.

7 Implications for NHS Fife

Not applicable.

8 Implications for Third Sector

Not applicable.

9 Implications for Independent Sector

Not applicable.

10 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: Vanessa Salmond

Author Job Title: Head of Corporate Governance and IJB Secretary

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Meeting Title:	Integration Joint Board
Meeting Date:	26 July 2024
Agenda Item No:	5.1
Report Title:	Chair's Assurance Report Audit and Assurance Committee
Committee Chair:	Dave Dempsey
Responsible Officer:	Audrey Valente, Chief Finance Officer
Report Author:	Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Audit and Assurance Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

2 Performance Against Work Plan

The Audit and Assurance Committee has an approved Annual Workplan. All items of business scheduled to be reported at the July Committee cycle as per the Committee workplan were presented.

The annual review of the Committee Terms of Reference was conducted at the meeting, Committee agreed that no changes/amendments were required.

At the meeting on 27^h June the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Items related to Audit: Draft Annual Accounts and Financial Statement 2023-24; Internal Fife IJB Annual Report 2023-24 (incorporating Internal Control Evaluation) and Internal Audit Report for Contract/Market Capacity.
- Risk: IJB Strategic Risk Register
- Governance and Compliance: Annual Review of Terms of Reference
- Business Cycle: Committee Workplan (2024)

3 Update on Risks

There are no IJB Strategic Risks assigned to the Audit and Assurance Committee, however the role of the Committee is to ensure an effective risk

management process is in place and provide overarching scrutiny of the IJB Strategic Risk register. This is achieved through regular reporting to the Committee. During this review, the Finance Risk score has increased from 16 to 20, reflecting the out-turn position and the impact on the 2024-25 financial position. There remain 4 high-level risks (residual score of 16), which Committee were content with.

4 Committee Levels of Assurance / Decisions / Recommendations

The Audit and Assurance Committee made the following decisions at its meeting on 27 June 2024:-

Assurance

- **Contract/Market Capacity** – Report provided *reasonable assurance* to Committee, no issues requiring escalation.
- **IJB Annual Report 2023-24** – A preliminary report incorporating a draft Internal Control Evaluation for 2023-24 was presented to Committee. Although this preliminary report provides assurance to the Committee that reliance can be placed on the IJB's governance arrangements and systems of internal control for 2023-24 in the areas of corporate, clinical and care, staff, and information governance as described in the Fife IJB Governance Statement, the effectiveness of financial governance cannot be fully assessed until further work is concluded. A final composite report will be provided to Committee members and presented in full to the September 2024 meeting.

Decisions

- **Draft Annual Accounts and Financial Statement 2023-24** – Committee agreed the draft governance statement and to submit this along with the unaudited accounts to external audit for review and assessment.

5 Escalations/Highlights to the IJB

Although not an agenda item tabled at this meeting, the Committee did have an in-depth discussion around their role in the Governance of Finance. IJB can be assured that this Committee recognises and is actively pursuing actions to fulfil their role and remit pertaining to the governance of finance.

6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

Dave Dempsey, Chair, Audit and Assurance Committee



Meeting Title:	Integration Joint Board
Meeting Date:	26 July 2024
Agenda Item No:	5.2
Report Title:	Chair's Assurance Report Finance, Performance and Scrutiny Committee
Committee Chair:	Alastair Grant
Responsible Officer:	Fiona McKay, Head of Strategic Planning and Commissioning
Report Author:	Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Finance, Performance and Scrutiny Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

2 Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an Annual Workplan. All items of business scheduled to be reported at the July Committee cycle as per the Committee workplan were presented. The Committee can therefore give assurance of performance against the workplan. In summary, at their meeting on 3 July the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Finance Update, Lessons Learned: Financial Movement Review and Deep Dive Risk Review: Contractual/Market Capacity.
- Performance: Annual Performance Report 2023-24.
- Transformation: Creating Hope for Fife: Fife's Suicide Prevention Action Plan and CAMH's Update

3 Update on Risks

A deep dive risk review of - Contractual/Market Capacity Risk was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report. No issues for escalation were highlighted.

4 Committee Levels of Assurance / Decisions / Recommendations

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 3 July 2024:-

Assurance

- **CAMH's Update** - Committee were provided with assurance from this report that an action plan is in place to strive to meet required performance targets by January 2025, with a focus on recruitment.

Recommendations

- **Finance Update** – Following discussion and a Q&A session, Committee were assured that there is robust financial monitoring in place for this financial year and that actions are being progressed to minimise the requirement for a risk share agreement due to overspends and underachievement of savings. The Committee agreed to remit the financial monitoring position as at May 2024 to the IJB.
- **Lessons Learned Review** – Committee were assured by the lessons learned and the work undertaken to identify potential root causes of the outturn position for 2023-24 and the impact for 2024-25. Committee agreed that continued working across the whole system is imperative to ensure synergies in financial reporting and negating duplication and reporting of savings between partner organisations.
- **Annual Performance Report** – Committee were assured that this report fulfills the statutory performance reporting requirements for 2023-24 and supported the report to be remitted to the IJB for formal agreement.
- **Creating Hope for Fife: Fife's Suicide Prevention Action Plan** - Committee were assured that the Fife Suicide Prevention Plan which has been developed, clearly articulates multiagency working will be taken forward and measured. The Committee supported that this report and action plan to be remitted to the IJB for oversight.

5 Escalations/Highlights to the IJB

There were no other significant areas of concern or items requiring escalation to the IJB identified at this meeting.

6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

Alastair Grant, Chair, Finance, Performance and Scrutiny Committee



Meeting Title: Integration Joint Board

Meeting Date: 26 July 2024

Agenda Item No: 5.3

Report Title: Chair's Assurance Report
Quality and Communities Committee

Committee Chair: Sinead Braiden

Responsible Officer: Helen Hellewell, Deputy Medical Director
Lynne Barker, Director of Nursing, HSCP
Jennifer Rezendes, Principal Social Work Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Quality and Communities Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference. A revised Terms of Reference was presented to the Committee for agreement, it was agreed these would be further refined and circulated to members for agreement prior to the next Committee cycle.

2 Performance Against Work Plan

The Quality and Communities Committee has an Annual Workplan. All items of business scheduled to be reported at the July Committee cycle as per the Committee workplan were presented. The Committee can therefore give assurance of performance against the workplan. In summary, at their meeting on 5th July the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters and a Deep Dive Review: Contractual/Market Capacity Risk,
- Strategic Planning: Community Led Support Service Progress Report 2023-24.
- Legislative Requirement and Annual Reports: Fife Alcohol and Drug Partnership (ADP) and Annual Survey 2023-24; Annual Performance Report 2023-24; Creating Hope for Fife: Fife's Suicide Prevention Action Plan and Children's Services Annual Report 2022-23.

3 Update on Risks

A deep dive risk review of - Contractual/Market Capacity Risk was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report. No issues for escalation were highlighted.

4 Committee Levels of Assurance / Decisions / Recommendations

The Quality and Communities Committee made the following decisions at its meeting on 5th July 2024:-

Assurance

- **Quality Matters Report** – There were no governance issues to highlight or escalate to the Board. The Committee noted an increase in adverse events recorded and requested further work to explore the root cause to ensure there is no issues requiring escalation. Overall, the Committee were assured that clinical and care governance was discharged effectively during this reporting period.
- **Children's Service's Annual Report 2022-23** – Committee were assured on the continued commitment and quality and care impact of the Children's Service's Teams within our Communities.

Recommendations

- **Community Led Support Service Progress Report 2023-24** - Members of the Committee acknowledged the many positive impacts reported within this report resulting from this approach. Following a slight amendment to the report, Committee agreed for this report to be presented to the IJB.
- **Fife Alcohol and Drug Partnership (ADP) and Annual Survey 2023-24** – Committee commended this report and acknowledged the huge caseload within Fife. The report and survey provided members with assurance on the quality and care impact of ADP and supported the report to progress to the IJB for formal approval.
- **Annual Performance Report** – Committee were assured that this report fulfills the statutory performance reporting requirements for 2023-24 and supported the report to be remitted to the IJB for formal agreement.
- **Creating Hope for Fife: Fife's Suicide Prevention Action Plan and Children's Services Annual Report 2022-23** - Committee were assured that a robust Fife Suicide Preventions Plan has been developed and is aligned to national strategic requirements. The Committee supported this report and action plan to be remitted to the IJB for oversight

5 Escalations/Highlights to the IJB

There were no other significant areas of concern or items requiring escalation to the IJB identified at this meeting other than those reports identified above to be remitted to the IJB.

6 Forward Planning/Horizon Scanning

There were no specific issues under horizon scanning for the attention of the IJB.

Sinead Braiden, Chair, Quality and Communities Committee



Meeting Title:	Integration Joint Board
Meeting Date:	26 July 2024
Agenda Item No:	5.4
Report Title:	Chair's Assurance Report Strategic Planning Group
Group Chair:	Roy Lawrence (Acting)
Responsible Officer:	Fiona McKay, Head of Strategic Planning and Commissioning
Report Author:	Vanessa Salmond, Head of Corporate Governance

1 Introduction

This Assurance Report from the Chair of the Strategic Planning Group (SPG) is intended to provide the Integration Joint Board (IJB) with assurance around the monitoring function of the Group in relation to integrated strategic planning and commissioning; development and progress within strategic planning; responses to emerging strategic issues, and new national and local drivers, to ensure the delivery of key objectives in the Strategic Delivery Plan.

2 Performance Against Work Plan

The Strategic Planning Group has an approved Annual Workplan. All items of business scheduled to be reported at the July meeting as per the Groups' workplan were presented.

At the meeting on 9 July the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Annual Reports: Annual Performance Report 2023-24 and Home First Strategy Annual Report.
- Strategy Flash Reports: Dementia Strategy and Mental Health and Wellbeing Strategy.

3 Group Levels of Assurance / Decisions / Recommendations

The Strategic Planning Group made the following decisions at its meeting on 9 July 2024:-

Assurance

- **Strategy Flash Reports** – The SPG were assured by the updates on progress reported within the Flash reports, with no issues requiring escalation.
- **Home First Strategy Annual Report** - Group were assured by the progress reported within this report and acknowledge the pace of work being undertaken to realise further benefits from this test of change.

Recommendations

- **Annual Performance Report** – Reviewed and supported by the Group to proceed to the IJB.

4 Escalations/Highlights to the IJB

Following resignation of the current Chair, a new Chair will be advised prior to the next committee cycle.

5 Forward Planning/Horizon Scanning

A future development session, providing an overview of the Project Management Approach adopted within the Partnership will be scheduled.

Roy Lawrence, Acting Chair, Strategic Planning Group



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	26th July 2024
Agenda Item No:	6.1
Report Title:	Community Led Support Service Progress Report
Responsible Officer:	Fiona McKay, Interim Director of Health and Social Care/Chief Officer
Report Author:	Jacquie Stringer, Service Manager Locality/Community Led Support

1 Purpose

This Report is presented to the Integration Joint Board for:

- **Assurance** – this report provides assurance that the Partnership is progressing, expanding and measuring the impact of the Community Led Support Service.

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:

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

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.

- The Senior Leadership Team discussed this paper at the meeting on 24th June 2024.
- The Quality and Communities Committee discussed the report at the meeting on the 5th July. There was a request to review the case study (appendix 1, page 58) - this has been actioned. The Committee noted this was a good report and agreed that the report should progress to the Integration Joint Board.

3 Report Summary

3.1 Situation

Fife Health and Social Care Partnership Strategic Plan 23-26 states that “*We will support people to develop and maintain the knowledge to manage their own health conditions, make positive choices, and lead healthier lives.*” This is reflected in the Community Led Support Service (CLSS) model and supporting HSCP strategies.

The HSCP Community Led Support Service sits within the Locality Planning (Business Enabling Portfolio) and includes The Well, Link Life Fife (LLF) and Macmillan Improving the Cancer Journey (ICJ). The Well provides a light touch support and information service, with LLF and ICJ Community Link Workers (CLWs) supporting people with more complex social and health needs. CLSS is a Fife wide service.

CLWs will apply the “Good Conversations” model enabling workers to orientate towards what matters most to people and what they want to achieve. The Good Conversations approach allows workers to harness the role of the person, their strengths, social networks, and community supports, with a particular focus on supporting people who are dealing with difficult situations or living complex and challenged lives.

The new GP Framework Contract (2018) recognised one of the most challenging aspects of being a GP was workload. The current referral process can be time consuming, which may result in primary care not referring to the CLSS. To maximise referral opportunity from primary care to CLSS, the Partnership can now

receive referrals via SCI Gateway (electronic referral platform utilised by GPs). Individuals can also self-refer/drop-in to the wells.

Community Led Support Service work with Community Planning in Fife Council and NHS Fife to ensure there is connection to the Plan4Fife and NHS Fife Population Health & Wellbeing Strategy.

This report is to raise awareness, offer assurance of the progress/impact of the Community Led Support Services during 2023/24.

3.2 Background

The HSCP Community Led Support Service provides a link between clinical and non-clinical services. The overarching aims of the CLSS is to support people to live well by strengthening connections between community resources and primary care, and for community link workers to become members of the wider multi-disciplinary team where appropriate. The CLWs are funded via a variety of internal/external budgets (see 3.3.2 workforce for further information). Fife Council Dunfermline and South & West Fife Anti-Poverty Groups funded a link worker for 12 months to increase the number of physical Wells/footfalls and promote partnership working. Macmillan Cancer Support fund 4 link workers. The externally funded posts present opportunities to expand the service and share learning between staff groups, however, this also presents a risk of not being able to sustain the positions and managing expectations of our partners.

CLSS receives referrals from Primary and Secondary Care, Social Work, Social Care and NHS Fife Acute Service. The services are available throughout Fife, ensuring that all 52 GP practices can refer via SCI Gateway. The Well receives over 1000 referrals a year from the Social Work Contact Centre (individuals who do not meet the SW criteria are supported by The Well).

Scottish Government have commissioned Voluntary Health Scotland to coordinate "*The Scottish Community Link Worker Network*" a national network for primary care community link working in Scotland. Fife CLSS are part of this network which has an aim to create a space for community link workers in primary care settings in Scotland to come together to share learning and to develop, network and support each other to improve outcomes for people and communities.

Integration is at the heart of Community Led Support. Ensuring those who use the services get the right support whatever their needs, at the right time and in the right setting at any point in their journey thereby providing a truly holistic approach.

3.3 Assessment

The aim of Community Led Support Service is to provide the foundation for a more effective way of supporting people that strengthens individual and community resilience and wellbeing. The concept is based on joined up working and collaboration across a range of organisations and partners working together in the interests of the community, providing more effective support to those who need it. It moves away from professional led process/decisions and aims to focus on good, effective conversations with people.

This way of working within Fife Community Led Support Service is not exclusive to HSCP. The Partnership commission services that support the CLS model, for

example Fife Forum and Fife Carers. All internal and external services work together to ensure people reach and receive the right service.

The Community Led Support Service Progress Report provides an overview of the impact from 1st April 2023 to 31st March 2024 (appendix 1). Below are key highlights from the report:

[The Well The Well | Fife HSCP \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org)

- 1654 number of referrals received – 950 were received from the SW Contact Centre
- 75% of people engaged with The Well
- There are currently 12 physical Well throughout Fife (reviewed quarterly), currently operating 24 hours per week.
- Top three concerns for people engaging with The Well
 1. Community Support
 2. Mental Health
 3. Financial Support

[Link Life Fife Link Life Fife | Fife HSCP \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org)

- 1236 number of referrals received – 55% from Mental Health Primary Care Nursing Team and 30% from GPs
- 76% of people engaged with Link Life Fife
- Highest referring GP cluster – Kirkcaldy
- Lowest referring GP cluster – Cowdenbeath
- Top three concerns for people engaging with LLF
 1. Emotional Health
 2. Social Isolation
 3. Physical Health

[Macmillan Improving the Cancer Journey Improving Cancer Journey | Fife HSCP \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org)

- 1005 number of referrals received – 77% received from NHS Fife Acute Services
- 78% number of people engaged with ICJ
- Top three concerns for people affected by cancer are:
 1. Money or finance
 2. Tired or Exhausted
 3. Moving around

Monitoring and Evaluation of CLSS

Monitoring and evaluation of the CLSS is key to inform workforce and service development. Edinburgh Napier University presented the CollaboRATE tool at a Community of Practice meeting. This tool measures the level of shared decision making in the interaction from the person’s perspective. The tool consists of 3 questions:

1. How much effort was made to help you understand your concerns?
2. How much effort was made to listen to the things that matter most to you about your concerns?
3. How much effort was made to include what matters most to you in choosing what to do next?

Fife ICJ has thus far received 30 responses to the CollaboRATE and Link Life Fife has received 54 responses (appendix 2), the results were positive. All questions had a mean score greater than 8.5 and a mean total score greater than 26. This indicates that the link workers in Fife have successfully ensured service users feel involved in the supporting process and that their opinions and feelings are considered when making decisions. As can be seen from service user comments, the overwhelming message was how grateful they were for the support of both ICJ and LLF (appendix 2).

The CLSS data collection is key to monitor the service’s performance. The services currently utilise the FORT (Fast Online Referral Tracking) case management system and POWER BI (Business Intelligence). Each CLSS has an operating guidance document – reviewed annually.

3.3.1 Quality / Customer Care

Case – see CLSS Impact Report (appendix 1).

Positive Impact	Negative Impact
The Partnership has a better understanding of where it can prioritise and respond to locality needs	Members of the locality group unable to prioritise and commit to locality needs due to staffing challenges/budget constraints
Alleviating pressure on Primary Care and Social Work Contact Centre throughout all seven localities by receiving referrals from primary care via SCI Gateway.	HSCP are unable to meet the 3-day initial contact/10-day appointment due to increased referrals/funding for CLLS staff.
HSCP webpage and NHS intranet (Staff Link/FROG) providing community led support services information – increase awareness/referrals	Health Professionals making inappropriate referrals.

Feedback from the people (referrals) being supported with receiving an effective, timely, safe, and high- quality service.	Staff unable to provide permanent support across all The Wells and CLSS with temporary funding.
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3.3.2

Workforce

The Well - There is a significant impact for The Well regarding workforce and sustainability. The Well currently has 2 FTE and 2 temporary (Dec 24) FTE Link Workers. To enable The Well to operate in the 7 localities the model relies on staff from Social Work Services, Improving the Cancer Journey, Link Life Fife, and Fife Forum. Without the support of the additional services the Well would be restricted to the level of service it could provide with 2 FTE staff. In addition, Fife Council Dunfermline and South & West Fife Anti-Poverty budget has funded 1.5 link workers (The Well) for 12 months.

Link Life Fife – 7 Link Workers (1 allocated to each locality) and 2 Local Area Co-ordinators - permanent.

Macmillan Improving the Cancer Journey – 4 link workers are funded by Macmillan Cancer Support until 2026. 1 Local Area Co-ordinator is permanent.

Team structure (appendix 3).

3.3.3

Financial

A £10k budget is allocated for Community Led Support Services and Locality Planning. This budget is required to cover:

- Well venue hire.
- Marketing materials for promotion of the CLSS.
- Locality meetings and wider stakeholder events – venue hire/refreshments.
- Miscellaneous staffing costs – e.g., DSE requirements for home working.
- Fife Council Language Line for foreign language interpreting.

3.3.4

Risk / Legal / Management

The CLSS supported by the Risk Manager have created a risk register (appendix 4). The highest risk to note is the staffing of The Wells and ongoing budget for venue hire.

3.3.5

Equality and Human Rights, including children’s rights and health inequalities

An impact assessment has been completed (appendix 5).

3.3.6

Environmental / Climate Change

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](https://www.fife.gov.uk/media/10000/ClimateActionPlan2020_summary.pdf)

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

CLSS have produced a communications plan in partnership with the HSCP Communications Team (appendix 6).

4 Recommendation

- **Assurance** – Integration Joint Board take assurance that Community Led Support Service continue to expand, measure impact and are connected to all the HSCP portfolios – Primary & Preventative Care Services, Community Care Services & Complex & Critical Care Services, Business Enabling and Professional Leads.
- A further report will be presented to the Senior Leadership Team in the Autumn to support a proposal for a CLSS staffing/funding model for 2025-26.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 - Community Led Support Services Progress report.

6 Implications for Fife Council

CLSS work in partnership with Fife Council. Community Planning is represented at the Locality Planning group meetings. The Service Manager and Senior Community Led Support Officer are members of the “*No Wrong Door*” discovery phase working group.

7 Implications for NHS Fife

NHS Fife Health Professionals (Primary & Secondary Care) and GPs refer/signpost to Community Led Support Services. A test of change took place in May 2023 with NHS Fife Acute division to support the “*waiting well*”. Outpatient and inpatient letters share links to the Well. The Wells have a weekly presence at Victoria Hospital, Kirkcaldy and Queen Margaret Hospital, Dunfermline.

8 Implications for Third Sector

Third Sector are key partners within CLSS. Fife Forum and Fife Carers provide staff to support The Wells. Presentations have been delivered at the Care at Home Collaborative meeting and Fife Voluntary Action Health & Social Care Third Sector Forum to raise awareness how the CLSS can support service users and staff.

9 Implications for Independent Sector

Regular meetings take place with the Scottish Care, Fife HSCP Independent Sector Lead.

10 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

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Community Led Support Service Progress Report



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Introduction

I am delighted to highlight and celebrate the work of the Community Led Support Service (CLSS) and the continued commitment to support the health and wellbeing outcomes for the people living in Fife. The teams have worked exceptionally hard to innovate and respond to meet the needs of local people/communities. Community Led Support Service is a crucial part of Fife’s Health and Social Care Partnership (HSCP), prioritising early intervention with the aim of supporting people to improve their own wellbeing wherever possible. The work of the CLSS is aligned to the strategic priorities of the HSCP Strategic Plan 2023-2026, the Plan for Fife, and NHS Fife Population Health and Wellbeing Strategy.

Fiona McKay
 Head of Strategic Planning, Performance and Commissioning
 Fife Health and Social Care Partnership



Vision

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

Our Values

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



**WE ARE
MACMILLAN.
CANCER SUPPORT**



Who we are and how we work

The HSCP Community Led Support Service sits within the Locality Planning (Business Enabling Portfolio) and includes The Well, Link Life Fife (LLF) and Macmillan Improving the Cancer Journey (ICJ). The Well provides a light touch support and information service, with, LLF and ICJ Link Workers supporting people with more complex social and health needs. CLSS is a Fife wide service.



What is a Community Link Worker (CLW)?

“A **non-clinical** practitioner based in or aligned to a cluster/locality who works directly with people to help them navigate and engage with wider services. They often serve a socio-economically deprived community or assist people who need support because of, for example, the complexity of their conditions” (2018 GMS Contract in Scotland).

Note: The CLW in some areas are known, or have previously been known, by other names such as community connectors, link workers, community links practitioners, navigators and health and wellbeing practitioners.



Well Link workers hosting a well at EATS Rosyth

CLWs will apply the “Good Conversations” model enabling workers to orientate towards what matters most to people and what they want to achieve.

The Good Conversations approach allows workers to harness the role of the person, their strengths, social networks and community supports, with a particular focus on supporting people who are dealing with difficult situations or living complex and challenged lives. These skills enhance workers’ abilities in assessment and planning of care support and rehabilitation as well as supporting an orientation towards wellbeing, prevention, anticipatory care, and support for self-management.

Community Led Support Service



The Well

The Well is a place where you can drop-in, both in your community and online to find out information and receive general advice to help you stay well and independent within your local community.

The Well allows you to speak with Health and Social Care professionals and discuss what's important to you regarding your health and wellbeing. Here you are directed to supports that best meet your needs. The Wells bring together those who know all about health and social care in your local community such as Local Area Coordinators, Social Work, Social Security Benefits and a range of other community, health and social care staff. At the Wells you will have a good conversation about what matters to you, whether this is about living a healthier lifestyle, having meaningful activities or living independently in your own home.

The Well | Fife HSCP (fifehealthandsocialcare.org).

Link Life Fife



Link Life Fife is a community support service for anyone in Fife who is over 18 years. It provides support to manage issues including stress, anxiety, feelings of being overwhelmed, or for anyone who finds their mental health or general wellbeing affected. Link Life Fife Link Workers cover the 52 GP practices across Fife and work flexibly, meeting those referred to the service in a place where they feel safe, including home, community setting or via telephone/online.

Link Life Fife | Fife HSCP (fifehealthandsocialcare.org)

Improving the Cancer Journey

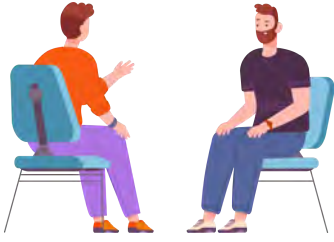


Improving the Cancer Journey (ICJ) provides a one-stop shop for all your cancer support needs. Cancer doesn't just affect your physical well-being; it can impact every aspect of your life and the lives of those around you. But knowing where to turn for support is not always easy. Fife Health & Social Care Partnership and Macmillan Cancer Support launched the Improving Cancer Journey Service in 2018. Our Service is here to help people affected by cancer get the support they need, whether it's financial, emotional, medical, or practical.

Improving Cancer Journey | Fife HSCP (fifehealthandsocialcare.org)

The Well

Case Study



Stephen, a man in his 50s, was advised to visit The Well in the community by a health professional as he lives alone and is struggling severely with his mental health. He also has ongoing physical health issues which impact on his overall wellbeing. Stephen had been a carer for a friend and had given up his job to take on this role. The friend had sadly passed away. When he came to the Well he was struggling financially, emotionally and his mental health had hit rock bottom. His financial worries included: debt, being unable to afford electricity, unable to live on current income and rent arrears.

Stephen was very anxious when he came to the Well but was made welcome and comfortable in the surroundings. He explained that he was a very proud gentleman who had always managed to be self sufficient and did not like asking for financial support. However, he had received a Universal Credit payment that was very low and would not last him for all his essentials in the coming month.

The Link Worker was able to support Stephen by giving him time to explain his situation and what mattered to him.

Together they agreed on an action plan on what would improve his health and wellbeing. Examples of actions included below:

- **The Well team member contacted Fife Council Housing who gave Stephen a fuel top up voucher and reassured him that he had no further rent arrears.**
- **Together they applied for a Crisis Grant to help him in the short term.**

Stephen felt so much better after his initial meeting to The Well that he did not feel he would be anxious visiting again, if he needed further support. He stated that he did not realise that there were so many “*genuinely, helpful people*” out there.

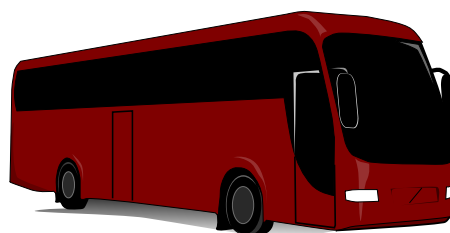


Link Life Fife

Case Study

A referral was received by a Primary Care Mental Health Nurse for Devon who spent many years living alone in his home. Devon struggled with his mental health and felt isolated, having once been an active member of his community. Devon wanted to reconnect and build his confidence, whilst establishing a daily routine.

The Link Worker met with Devon at his home and discussed how they could support and encourage him to achieve his personal goals. Travel was identified as a priority and a referral was submitted to Fife Bus Service with Devon being supported with travel training to build confidence in accessing his community again.



Through the good conversation approach, Devon further identified he would like to access community support groups.

The Link Worker sourced what was available in the local community and provided the information.

Devon and the Link Worker discussed what groups Devon would like to engage with and it was agreed the Link Worker would initially support Devon to attend the groups.

Devon was supported to attend the community groups Currie Club, Express Group and Contact Point. Since these introductory visits, Devon has built up his confidence, established a routine and is independently travelling and attending the Express Group and Contact Point. Devon is making new friendships in his local community.



ICJ

Case Study



Martin a 56 year old male was referred to Improving Cancer Journey (ICJ) by a Clinical Nurse Specialist (CNS), he advised that he was feeling anxious after his diagnosis and wasn't fully aware of what support he could access and how to navigate the help.

Martin was diagnosed with Head and Neck and Kidney cancer. He hoped to have his concerns listened to as he was quite anxious with his with his current situation and the impact it would have on his life.



The Link Worker was able to support by giving Martin time to talk through his situation and what mattered to him, when they met face to face. Martin advised that he required clearer understanding of what support was available to him.

Together they agreed on an action plan on what would improve his health and wellbeing: examples of actions included below

- Referred on to CARF for a benefits check, which reduced one of his biggest stresses.
- Helped him access a blue badge, as he was unaware of the pathway.

Martin and his family feel more able to deal with his diagnosis and the wider impact it can cause. With the support of ICJ he feels he can concentrate on his treatment plan now that there is additional support for his non clinical needs.



Community Led Support Service - Our year in numbers

3895 Referrals received



Engagement Rate
77%



57%



41%

2% unknown



Emotional Health



Community Support



Money or Finance

Top 3 concerns



2022/2023

2023/2024

Increase /Decrease

1424 Good Conversations
(referrals/drop ins)

2037 Good Conversations
(referrals/drop ins)

43%

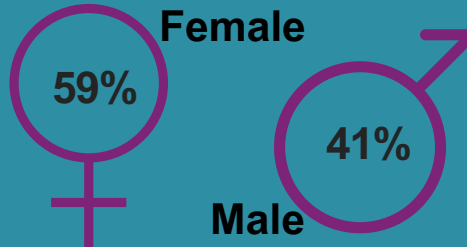
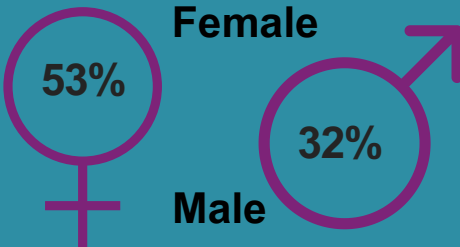


1200 Referrals



1654 Referrals

38%



6%

9%

Referrals from Social work contact centre
778

Referrals from Social work contact centre
950

22%

Top 3 Age Range
55-64
65+
Unknown

Top 3 Age Range
65+
55-64
45-54

- Top 3 Concerns
- Community Support
 - Mental health
 - Financial support

- Top 3 Concerns
- Community Support
 - Mental health
 - Financial support



2022/2023

2023/2024

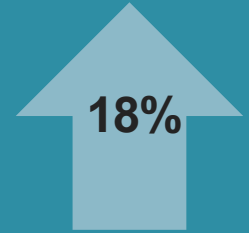
Increase /Decrease



1044 Referrals



1236 Referrals



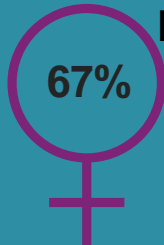
Engagement Rate
70%



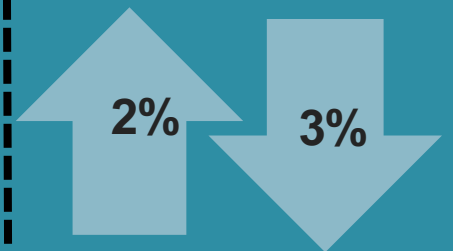
Engagement Rate
76%



Female
Male



Female
Male



66% of referrals from PCMHN

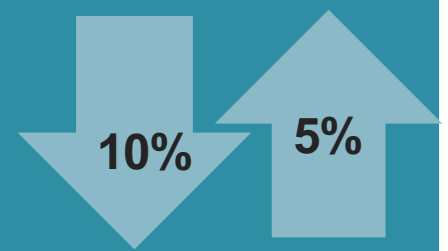


55% of referrals from PCMHN

25% Referrals from GP's



30% Referrals from GP's



Top 3 Age Range

25-34
55-64
45-54

Top 3 Age Range

55-64
35-44
25-34

Top 3 Concerns

- Emotional Health
- Social Isolation
- Housing

Top 3 Concerns

- Emotional Health
- Social Isolation
- Physical Health



2022/2023

2023/2024

Increase /Decrease



1120
Referrals



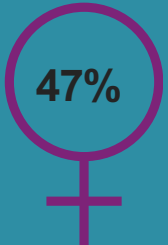
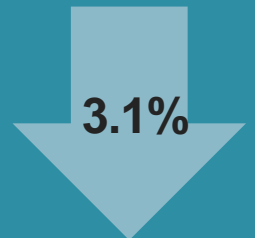
1005
Referrals



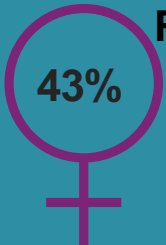
Engagement
Rate
81.5%



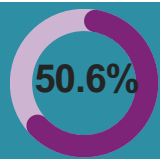
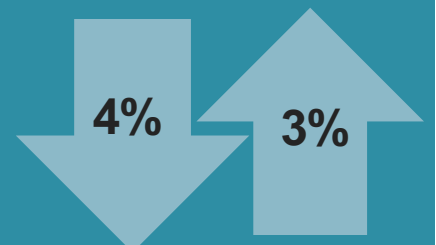
Engagement
Rate
78.4%



Female
Male



Female
Male



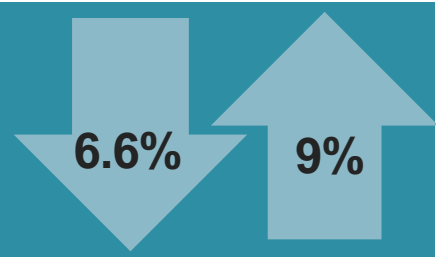
50.6% of referrals
from
CNS

25% Referrals from
Patient Navigators



44% of referrals from
CNS

34% Referrals from
Patient Navigators



Top 3 Age Range

65 +
55-64
45-54

Top 3 Age Range

65 +
55-64
45-54

Top 3 Concerns

- Moving around
- Money or Finance
- Tired or Exhausted

Top 3 Concerns

- Money or Finance
- Tired or Exhausted
- Moving around

Spotlight on Partnership working - Primary Care and Third Sector



Feedback from John Kennedy, Pitcairn Practice NEF- “A good and timely conversation with our easily accessible link worker service is a welcome and much appreciated resource, facilitating the emotional and mental wellbeing of our patient populations through a local and personal approach”

“Link Life Fife- Here to help with the heavy lifting of emotional distress and mental health”

LLF received 46 referrals from Pitcairn Practice 23/24 (this equates to 31% of the total NEF referrals into Link Life Life)

Partnerships are key to Community Led Support Service, enabling us to reach more people and provide an integrated holistic service.



A key partner for The Wells is ‘Fife Forum’, who have been supporting the community led service since its inception in 2018.

Wayne Mathieson, Chief Executive Officer for Fife Forum describes why he values the partnership with the Wells.

“I believe in the essence of the Well and what it aims to achieve, it is core to Fife Forums values and principles. Working with partners, together enabling people to take control, make decisions that are right for them and achieve the most effective personal outcomes, it makes complete sense for us to support”.

Fife Forum

Capturing our impact- CollaboRATE

Monitoring and evaluation of the CLSS is key to inform workforce and service development. Edinburgh Napier University presented the CollaboRATE tool (evidence based) at a Community of Practice meeting. This tool measures the level of shared decision making in the interaction from the person's perspective.

Over the trial period we have received 30 responses for ICJ and 54 for LLF. The data gathered from these responses indicates that the link workers across these two services have successfully ensured service users feel involved in the supporting process and their opinions and feelings are considered when making decisions.

As can be seen from the service user comments below, the overwhelming message was how grateful they were for the support of both ICJ and LLF.

Top marks for all! Grateful to have had someone to chat with and happy to have been helped to sort things out.

I can't thank you enough for all you have done. What a difference it has made to me.

Thank you for listening and taking your time when things got emotional. We know we can contact you at any time.

I've never met a person who is so patient and understanding...you are young but you are so friendly and patient.

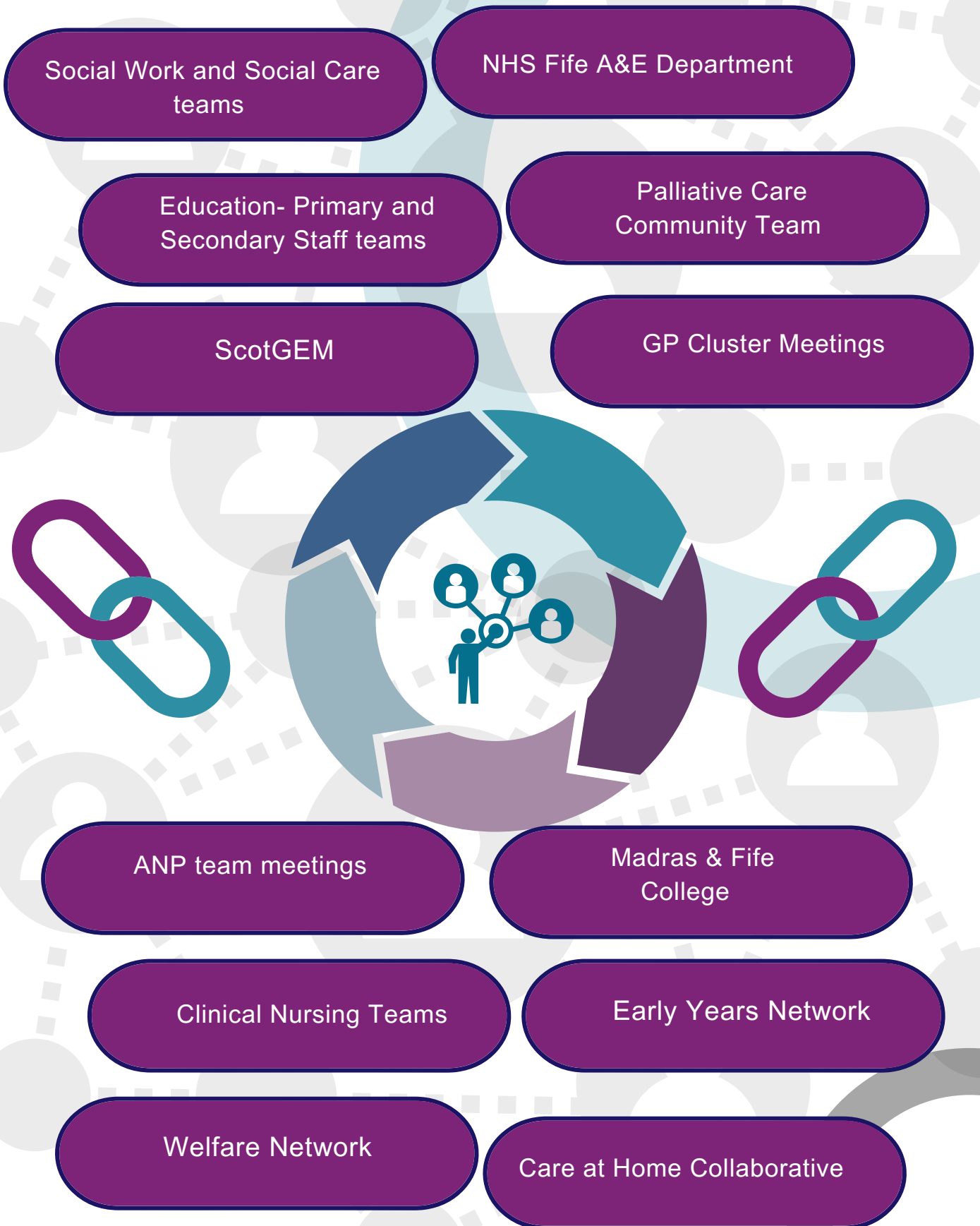
You have been brilliant. Without you I'd have been a mess. I don't know where I'd have been if we hadn't met.

The Well

People who are supported by The Well are given the opportunity to fill in a feedback survey and to rate the service they have received. In 2023-2024, the satisfaction rating given was 4.7 out of 5. The Well will commence testing the Collaborate survey tool in June 2024.

Creating Connections/Community Networking

To reach and support as many people as possible, Community Led Support Service have presented to a wide range of stakeholders.



Key Developments 2023/2024

Primary Care colleagues can refer to CLSS via SCI Gateway.



CLSS is a member of the Levenmouth "Home First" test of change weekly verification meetings.



The S&WF and Dunfermline Action Against Poverty Groups funded link worker posts for 12 months to work in partnership with community planning to increase the number of physical Wells.



The "Ending Homelessness Together" project board agreed to fund a link worker for 12 months. This post will support people at risk of becoming homeless or are registered as homeless.



CLSS are currently testing the CollaboRATE tool. This evaluation tool will allow the service to measure the level of shared decision making in the encounter from the person's perspective.

CollaboRATE

CLSS has transitioned to a case management system – FORT



CLSS has developed a quarterly SWAY which has received over 3000 hits.

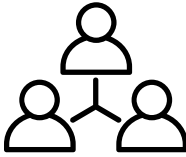


Sway

Challenges/Risks

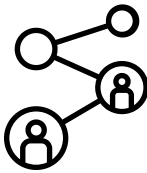


Staffing



There is a significant impact for The Well regarding workforce. The Well currently has 2 FTE and 2 temporary (Dec 24) FTE Link Workers. To enable The Well to operate in the 7 localities the model relies on staff from Social Work Services, Improving the Cancer Journey, Link Life Fife, and Fife Forum. Without the support of the additional services the Well would be restricted to the level of service it could provide with 2 FTE staff.

SCI Gateway



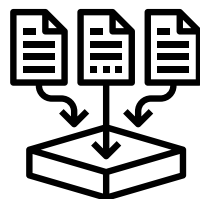
Primary Care colleagues have been able to refer via the SCI Gateway platform from 18th December 2023. The CLSS continue to promote the electronic referral pathway via the General Medical Services (GMS) Leads Group, Practice meetings, NHS intranet and Primary Care newsletter.

Communication



CLSS have produced a communications plan in partnership with the HSCP Communications Team.

Data collection

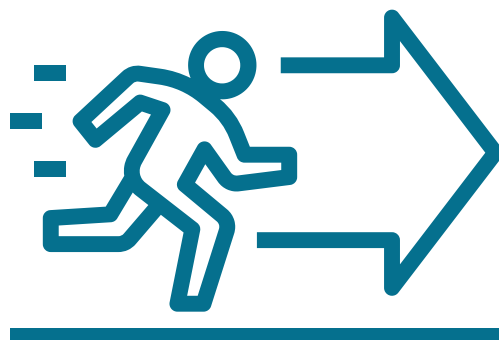


FORT, Power BI and the Macmillan Electronic Holistic Needs Assessment have provided valuable data which informs workforce and service development. Aspects of data recording for The Well have proven to be problematic due to the staffing structure.

Looking ahead 2024/2025

Community Led Support Service has played a key role in managing positive relationships between HSCP, Fife Council, NHS Fife and the third and independent sector. This impact report 23/24 provides evidence of the work being carried out by CLSS supporting the HSCP Vision to enable the people of Fife to live independent and healthier lives. Looking ahead to 24/25 the CLSS will:

- Increase referrals by 10%
- Identify opportunities to apply for funding to increase the workforce
- Test and evaluate the impact of the Homeless Link Worker
- Embed the CollaboRATE tool
- Work with Fife Council “No Wrong Door” project team (currently in the Discovery phase)
- Deliver and evaluate the test of change with Community Mental Health Team
- Continue to work with locality planning to identify gaps in community provision
- The Well will be supported by two CARF workers in 24/25
- Measure the impact of the link workers funded by the Dunfermline and South & West Fife Anti Poverty Fund



Glossary

Fife Health and Social Care Partnership	Fife Health and Social Care Partnership is an integrated care system. We work in partnership with NHS Fife, Fife Council, independent care organisations and voluntary organisations to improve the health and wellbeing of people living in Fife.
Link Life Fife	Link Life Fife is a Community Support Service for anyone in Fife who may benefit from additional support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being.
PCMHN	Primary Care Mental Health Nurse
Locality	A locality is described as a small area within the Integration Authority. Fife Localities align with Communities service in Fife Council.
Mental Wellbeing	Mental wellbeing is our internal positive view that we are coping well psychologically with the everyday stresses of life and can work productively and fruitfully.
NHS Fife Population Health and Wellbeing Strategy	NHS Fife has published its new Population Health and Wellbeing Strategy, which outlines the ways in which healthcare services in the Kingdom will evolve to meet the developing needs of the local population over the course of the next five years.
Transformational	A significant change or improvement.
Vision	The goal and future aspiration for Fife Health and Social Care Partnership.
Welfare Support Team	Providing information, advice and support to those accessing support services in the welfare support hubs, community job clubs and outreach delivery points
Wellbeing	The state of being comfortable, healthy or happy.
CollaboRATE	An evidence based tool to measure the level of shared decision making in the interaction from the person's perspective.

Objective	An objective is something you plan to do or achieve.
Outcomes	An outcome is something that follows as a result or consequence.
Pathway	A pathway is a particular course of action or a way of achieving something.
Plan 4 Fife	Fife communities strategy, bringing together Fife's communities and services in a way that means everyone can get involved in improving their neighbourhoods and creating a fairer Fife.
Priority	Something that you do or deal with first because it is more important or urgent than other things.
CARF	Citizens Advice and Rights Fife
Stakeholders	A stakeholder is a person, group or organisation with a vested interest, or stake, in the decision-making and activities of an organisation.
Strategic	Relating to the way in which Fife Health and Social Care Partnership decides what it wants to achieve and plans actions and use of resources over time to do this.
The Well	The Well is a place where you can drop in, both in your community and online, find out information, and receive general advice to help you stay independent within your local community.
Improving the cancer Journey	a service available to all people affected by cancer in Fife.
SCi Gateway	A national system that integrates primary and secondary care systems using familiar yet highly secure internet technologies.
FORT System	Fast online referral system allows agencies to refer clients to each other through a cloud based portal. The system offers a multi-partner CRM function for secure exchange of non referral information.

Contact Us



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[Rebecca Simpson-Rebecca.Simpson-sw@fife.gov.uk](mailto:Rebecca.Simpson-sw@fife.gov.uk)





Meeting Title:	Integration Joint Board Committee
Meeting Date:	26 July 2024
Agenda Item No:	8.1
Report Title:	Finance Update
Responsible Officer:	Fiona McKay, Interim Director of Health & Social Care/Chief Officer
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- 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 Governance Board
- Local Partnership Forum
- Finance, Performance and Scrutiny Committee

3 Report Summary

3.1 Situation

The attached report details the financial position (projected outturn) of the delegated and managed services. The forecast for Fife Health & Social Care Partnership at 31 May 2024 is currently a provisional overspend of £24.353m.

A recovery plan will require to be actioned.

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 May 2024 the combined Health & Social Care Partnership delegated and managed services are reporting a provisional outturn overspend of £24.353m

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- Family Health Services
- Childrens Services
- Older People Residential and Daycare
- Older People Nursing and Residential
- Homecare
- Adult Placements

These overspends are partially offset by underspends in:-

- Adults Supported Living
- Social care fieldwork teams

There is also an update in relation to savings which were approved by the IJB in March 2024 and use of Reserves brought forward from March 2024.

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 has been reviewed and updated for 2023-26.

3.3.4 Risk / Legal / Management

There is a risk that savings may not be achieved on a permanent basis and our focus must prioritise the delivery of these

3.3.5 Equality and Human Rights, including children's rights and health inequalities

An impact assessment has not been completed and is not necessary as there are no EqlA 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

- **Assurance** IJB are asked to be assured that there is robust financial monitoring in place.
- **Decision** Note and approve the projected outturn position as at May 2024.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at May 2024

Appendix 2 – Approved 2024-25 Savings Tracker

Appendix 3 – Fife H&SCP Reserves

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	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

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

Projected Outturn as at 31st May 2024

3 July 2024



Supporting the people of Fife together



FINANCIAL MONITORING

PROVISIONAL OUTTURN AS AT MAY 2024

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 three-year revenue budget for delegated and managed services was approved at the IJB meeting on the 31st March 2024. A budget of £671.633m was set for 2024-25. To balance the budget savings of £39m are required in Yr1.

The revenue budget of £48.482m for acute set aside was also set for 2024-25.

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 outturn, which is a projected overspend of £24.353m is provided at Table 2 and a variance analysis provided.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £28.295m since April as shown in table 1 below:

Budget Movement	£m
Opening Budget	671.633
SG Funding PMS	21.818
Income	5.368
Other	1.109
Budget at May	699.928

4. Directions

It is intended to provide directions in support of this Finance update. Although still under development these will be available for the next meeting.

When the budget was approved in March 2024 the direction to both partners included a transfer of funding from one organisation to the other to ensure financial balance was reflected across the IJB in totality. Although the actual transfer of funding has not yet happened the information within this paper has projected that it will. Discussions remain ongoing with partner Directors of Finance to ensure IJB directions are delivered. There is a risk that services to the people of Fife may require to be reduced if this direction is not delivered.

5. Financial Performance Analysis of Projected Outturn as at 31st May 2024

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £24.353m overspend. Shown in Table 2 below.

Fife Health & Social Care Partnership			
Projected Outturn as at May 2024			
Objective Summary	Budget May	Forecast Outturn May	Variance as at May
	£m	£m	£m
Community Services	138.239	136.234	(2.005)
Hospitals and Long-Term Care	58.074	69.128	11.054
GP Prescribing	81.166	81.166	0.000
Family Health Services	120.355	121.780	1.425
Children's Services	17.384	18.264	0.880
Homecare Services	56.597	59.261	2.665
Older People Nursing and Residential	56.189	61.183	4.995
Older People Residential and Day Care	16.115	18.005	1.890
Older People Fife Wide/ Hospital Discharge	1.499	1.499	0.000
Occupational Therapy & ICASS	5.344	5.344	0.000
Adults Fife Wide	8.926	9.276	0.350
Adult Supported Living	29.452	27.390	(2.062)
Social Care Fieldwork Teams	21.583	20.480	(1.103)
Adult Placements	81.511	87.144	5.633
Social Care Other	(0.952)	(0.952)	0.000
Business Enabling/Professional	6.813	7.445	0.633
Housing	1.633	1.633	0.000
Total Health & Social Care	699.928	724.281	24.353

	Budget May	Forecast Outturn May	Variance as at May
	£m	£m	£m
Primary Care & Preventative	274.115	275.940	1.825
Complex & Critical Care	205.152	213.770	8.617
Community Care	198.233	213.376	15.143
Professional & Business Enabling	9.999	10.866	0.868
Other	12.429	14.429	(2.100)
Total HSCP	699.928	728.381	24.353

5.1 Primary & Preventative Care

Variance

The budget as at May is £274.115m. The projected outturn is £275.940m, an adverse variance against budget of £1.825m. Within this portfolio there are savings of £6.690m and these savings are projected to be met in full. See Appendix 2 for detail.

GP Prescribing is currently projected to spend on budget however further work is ongoing to confirm the validity of the position being reported.

The main variance is due to the Primary Medical Services which has an overspend of £1.4m due to 2C Practice locum costs.

5.2 Integrated Complex & Critical

Variance

The budget as at May is £205.152m. The projected outturn is £213.770m, an adverse variance against budget of £8.617m. Savings of £15.000m have been allocated to Complex & Critical Care Services. The projected overspend includes non-achievement of savings of £9.150m. Detail can be found in Appendix 2.

The remaining variances excluding non-delivery of savings are attributable to the following:-

Mental Health Services has a projected overspend of £2.840m, which is as a result of the increasing use of locum staff and difficulties in recruitment. This is partially offset by underspends of £1.240m across Learning Disability and Psychology services due to vacant posts and difficulties in recruiting.

Supported Living is projecting an underspend of £2m due to underspends in Community Support and Group Homes. Social Care Fieldwork Teams are projecting a £1.1m underspend due to staffing vacancies.

Adult Placements has a projected overspend of £1.2m, this is mainly due to taxi costs of £0.800m and a reduction in Housing Benefit Income of £0.400m with the move to Universal Credit.

5.3 Integrated Community Care

Variance

The budget as at May is £198.233m. The projected outturn is £213.376m, an adverse variance against budget of £15.143m. Savings of £10.166m are included in Integrated and Community Care. The projected overspend includes non-achievement of savings of £5.356m. Detail can be found in Appendix 2.

The remaining variances excluding non-delivery of savings are attributable to the following:-

Care of the Elderly is projecting to overspend by £4.7m due to continued use of agency staffing and surge beds. Specialist Inpatients is projecting to overspend due to use of agency staffing of £0.365m. Underspends of £1.1m in ICASS, £0.455m in Community Nursing and £0.455m in Admin Staffing due to vacancies partly offset these overspends.

Residential and Daycare is projecting a £1m overspend. This is mainly due to the use of agency staff in care homes £2m offset by £1.5m of vacant posts. Catering and cleaning charges are £0.500m overspent against budget.

Older People Nursing & Residential provisional outturn is an overspend of £3.745m. This is due to a greater number of beds being utilised than budget. available

Homecare Services is projecting an overspend of £1.8m. This is due to overspends on Direct payments £1.2m, External Care at Home packages £2.5m overspend, Meals on Wheels and Travel cost overspends of £0.600m and is offset by vacancies in Internal Homecare and capacity in the community funding of £2.2m and a reduction in spend on payment cards of £0.300m. The capacity in the community was planned to be used for recruitment, however the increase in uptake of the Direct Payments has utilised this funding.

5.4 Professional & Business Enabling

Variance

The budget as at May is £9.999m. The projected outturn is £10.866m, giving an overspend position of £0.868m. Savings of £2.770m are included in Professional & Business Enabling. The projected overspend includes non-achievement of savings of £0.880m. Detail can be found in Appendix 2.

The main reason for the remaining overspend is temporary posts which no longer have funding available from reserves £0.260m.

6. Savings

The funding gap of £39.033m was identified as part of the budget setting process. As a result, savings proposals totalling £39m for 2024-25 were approved by the IJB on 31st March 2024.

The financial tracker included at Appendix 2, provides an update on all savings and includes a RAG status. The current reported position would suggest that there is likely to be £20.674m (53%) of savings delivered during 2024-25. Given that the element projected not to be delivered equates to 75% of the projected overspend it is essential that this becomes the focus of attention and that resources are prioritised to this area of work.

In addition, the movement at the end of 2023-24 has required that we come forward with further savings opportunities. We now require to identify a further £6m of savings and this will be presented in our recovery plan to be presented at the next committee.

7. Reserves

Reserves brought forward at April 2024 were £4.731m

Reserves Balances	Opening Balance @ April 2024
Earmarked Reserves	3.496
Reserves Available for use	1.235
Total Reserves	4.731

Further details are shown in Appendix 3

8. Risks and Mitigation

As mentioned in paragraph 6 above, the 2023-24-year end movement will have an impact on the savings that will be required to ensure financial balance from 2024-25 onwards. Work is already underway to assess this impact and a recovery plan will be presented at the September Committee.

Due to the position reported last financial year there remains a risk that Directions will not be delivered by partners. This will remain under review and the CFO will ensure open

dialogue continues with a view to all budget transfers approved by the IJB being reflected in both partner organisations financial ledger.

9. Key Actions / Next Steps

There will be continued close monitoring of the projected outturn position during 2024-25.

We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB.

As a result of the financial challenges faced by the IJB, we plan to increase the frequency of meetings with both partners and The Chair and Vice Chair of the IJB. Financial sustainability is a priority, and we recognise the valuable contribution that our key stakeholders can provide.

A lessons learned exercise has been completed and will be discussed at a future tripartite meeting. There are corrective actions identified, some of these have already been implemented and others will be implemented over the coming weeks. It recognises that there is already robust financial monitoring in place, but it is essential that we look to continually improve our processes.

Audrey Valente
Chief Finance Officer
3rd July 2024

Savings Tracker 2024-25

Appendix 2

Theme	Tracked Approved Savings HSCP - Approved 2024-25	Total Savings target £m	Forecast delivery £m	Not yet Achieved £m	Rag Status
Previously Agreed Savings	Nurse Supplementary Staffing	2.000	1.000	1.000	Amber
Previously Agreed Savings	Securing a sustainable Medical Workforce and reducing locum spend	1.500	-	1.500	Amber
Previously Agreed Savings	Community Rehabilitation & Care	1.000	-	1.000	Amber
Previously Agreed Savings	Modernising Administration Services	0.500	-	0.500	Amber
Previously Agreed Savings	Integrated Management Teams	1.000	1.000	0.000	Green
Previously Agreed Savings	Medicines Efficiencies programme 2023-25	1.000	1.000	0.000	Green
Previously Agreed Savings	Maximising Core Budget (Alcohol and Drugs)	0.200	0.200	0.000	Green
Previously Agreed Savings	Transforming Centralised Scheduling	0.413	0.207	0.206	Amber
Previously Agreed Savings	Digital Sensor Technology - transform overnight care	3.000	0.300	2.700	Amber
Previously Agreed Savings	Single Handed Care	1.500	0.750	0.750	Amber
Previously Agreed Savings	Re-imagining the Voluntary Sector	1.000	0.500	0.500	Amber
Previously Agreed Savings	Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.100	0.100	0.000	Green
Previously Agreed Savings	Use of Underspends - temp in 2023-24	2.000	-	2.000	Amber
Income Generation	Supported Living Rents	0.400	0.400	0.000	Green
Income Generation	Meals on Wheels	0.050	0.050	0.000	Green
Income Generation	Community alarms	0.050	0.050	0.000	Green
Efficiency	Miscellaneous portfolio budgets	0.900	0.900	0.000	Green
Efficiency	Improved commissioning of adults care packages	2.400	0.697	1.703	Amber
Efficiency	Maximising Core Budgets	1.000	0.700	0.300	Amber
Efficiency	Reduce agency spend across care homes	0.800	0.200	0.600	Amber
Efficiency	Cleaning operations in care homes	0.500	0.250	0.250	Amber
Efficiency	Reduce spend on Homecare Travel Costs	0.160	0.160	0.000	Green
Efficiency	Commissioning Centre of Excellence	0.150	0.050	0.100	Amber
Efficiency	Further expansion and ambition of medicines efficiencies programme	4.300	4.300	0.000	Green
Efficiency	Group Homes	0.100	0.050	0.050	Amber
Efficiency	Health Visiting Service Workforce planning	0.230	0.230	0.000	Green
Efficiency	Urgent Care Services Fife (UCSF) - Conveyance of Clinicians and Patients, and safe transport of medicines and equipment	0.180	0.180	0.000	Green
Efficiency	More efficient use of specialist beds	0.140	0.140	0.000	Green
Efficiency	Skill Mix and Digital Referral within the Discharge Hub	0.050	0.050	0.000	Green
Efficiency	Previously Approved Underspend Savings	1.110	1.110	0.000	Green
Service Redesign	Community Support Services	0.150	0.150	0.000	Green
Service Redesign	Remodelling of Mental Health Services	6.000	3.000	3.000	Amber

Service Redesign	Nutrition & Dietetics	0.250	0.250	0.000	Green
Commissioning	Packages of Care - Equity of Allocation	0.700	0.700	0.000	Green
Commissioning	Reprovision of Care Home Beds	2.500	1.250	1.250	Amber
Reserves	Use of Reserves	1.700	0.750	0.950	Amber
	TOTAL	39.033	20.674	18.359	52.97%

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

Appendix 3

Reserves Balances	Opening Balance @ April 2024	Allocated in year	Closing Balance at March 2025
Earmarked Reserves	3.496		3.496
Reserves Available for use	1.235		1.235
Total Reserves	4.731		4.731

Earmarked Reserves	Opening Balance April 2024	Additions/Allocated in Year	Closing Balance at March 2025
	£m	£m	£m
GP Premises	0.183		0.183
Mental Health R&R	1.222		1.222
Community Living Change Plan	1.144		1.144
Anti Poverty	0.047		0.047
FVCV	0.900		0.900
Total Earmarked	3.496	0.000	3.496

Reserves Committed	Opening Balance April 2024	Additions/Allocated in Year	Closing Balance at March 2025
	£m	£m	£m
Community Alarms - Analogue to Digital	1.235		1.235
Uncommitted Balance	1.235	0.000	1.235

All reserves are expected to be used in full within 2024-25



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 26th July 2024

Agenda Item No: 8.2

Report Title: Annual Performance Report 2023 to 2024

Responsible Officer: Fiona McKay
Interim Director of Health and Social Care

1 Purpose

This Report is presented to the Integration Joint Board:

- **Assurance** - The Annual Performance Report is provided to the Integration Joint Board to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.
- **Decision** – The IJB is asked to review the Annual Performance Report 2023–2024, identify any changes required, and provide final approval.

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:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.

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 – 29th April 2024.
- Strategic Planning Group – 2nd May 2024.

The Strategic Planning Group requested that the governance section was moved into an appendix.

- The Chair of Fife Integration Board has reviewed the first draft of the Annual Performance Report and requested some minor updates (6th June 2024). These have been added to the final draft of the report.

- Local Partnership Forum – 2nd July 2024.

The Local Partnership Forum welcomed the report, no changes were requested.

- Finance, Performance and Scrutiny Committee – 3rd July 2024.

The Finance, Performance and Scrutiny Committee noted the comprehensive report and agreed that the final draft should progress to the Integration Joint Board.

- Quality and Communities Committee – 5th July 2024.

The Quality and Communities Committee discussed the report, including specific questions on discharge diagnosis coding, carers, and the national performance indicators. The Committee noted this was a good report and agreed that the final draft should progress to the Integration Joint Board.

- Strategic Planning Group – 9th July 2024.

The Strategic Planning Group reviewed the report and suggested several improvements, these have all been included in the final draft.

- Include page numbers in the contents page to make it easier for readers to navigate to relevant sections.
- Remove the reference to examples in the Plan for Fife table and replace the current update numbers with relevant page numbers.
- Replace an embedded image with an accessible version.
- Provide clarification that all significant decisions have been made within the strategic planning process (please see table below).

The Group discussed the update for Post Diagnostic Support and asked if further information could be provided, this will be progressed out with the meeting. The potential audience for the report was also discussed, it was noted that a summary version (Sway) and an easy read version are also being developed.

The Strategic Planning Group commented that the report was readable, and the quality of the Annual Performance Report had improved when compared to previous years. It was agreed that the final draft should progress to the Integration Joint Board

3 Report Summary

3.1 Situation

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland. To ensure that performance is open and accountable, Section 42 of the Act obliges integration joint boards to prepare and publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

Fife Integration Joint Board/Fife Health and Social Care Partnership is required to publish a performance report covering performance over the reporting year no later than four months after the end of that reporting year. Reporting years begin on 1 April annually. For example, a performance report covering the period April 2023 to March 2024 is required to be published no later than the end of July 2024.

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 Annual Performance Report is structured using the Partnership's strategic priorities. This format has been welcomed in previous reports because it aligns with the structure of the current Strategic Plan and enables comparison of performance across multiple years.

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration.

The main body of the report focuses on performance during 2023 to 2024, and includes updates and examples of improvements and achievements completed during this timescale. Managers across the Partnership provided narrative, graphs and photographs for their Services and Teams; these have been combined into 50 separate performance updates.

3.3 Assessment

The purpose of the Annual Performance Report is to provide a balanced assessment of the Partnership's performance over the period 2023 to 2024 This includes areas of best practice, specific achievements, and performance appraisal in accordance with the national indicators.

The required content of annual performance reports is set out in the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 which is available here:

<https://www.legislation.gov.uk/ssi/2014/326/regulation/3/made>.

The Scottish Government have also produced statutory guidance which includes a useful high-level checklist that can be tailored to local requirements. A table is included below which highlights the relevant section and pages in this year's report.

Guidance	Relevant Page Numbers
Consider the support required from LIST analysts to produce the report	Appendix 3 Pages 94-101
Consider the application of the Framework for Community Health and Social Care Integrated Services	Applies to all sections
Ensure that the report provides an assessment of the strategic plan	Our Performance Pages 7-8, and 18-74.
Ensure that an assessment of performance in relation to the national health and wellbeing outcomes is included in the report	Our Performance Pages 18-74
Ensure that the report includes the integration authority's performance against the national indicators (including a comparison between the reporting year and the five preceding reporting years)	Appendix 3 Pages 94-101
Consider the use of wider data, supplementary to the integration indicators, to evaluate progress against the strategic plan	Plan for Fife Update Page 8
Ensure that the annual performance report contains information about the number of significant decisions that have been made outside of strategic planning and the reasons for such decisions	In Fife, all significant decisions are made within the strategic planning process (See Appendix 1 Governance, pages 85-91)
Ensure that detail is included on reasons for any review of the strategic plan conducted within the reporting period, whether this resulted in any changes and a description of changes	The Strategic Plan will be reviewed/refreshed in 2026.
Ensure the report includes the required information for each locality	Locality Planning Pages 13 and 26-28.

Ensure the report includes the required detail on any inspections carried out during the reporting year	Inspection of Services Pages 75-76
Reflect on the output from the performance report, evaluating steps to rectify where ambitions are not being met and/or consolidate areas of success	Conclusion Page 84
Consider the publication approach (range of publication formats, potential launch events or presentations, promotion strategy, etc.)	The final report will be circulated to key stakeholders (by email) and published on the Partnership's website. The summary version (Sway) and the easy read version (see Appendix 2) will be published on the website and highlighted in the Director's Weekly Briefing (Sway for all staff, and other stakeholders).

The IJB is asked to note the content of the Annual Performance Report and take assurance from this alignment with the statutory guidance.

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 is expected, should any issues arise; these will be managed in accordance with the Partnership's Workforce Strategy 2022-2025.

3.3.3 Financial

Since the Strategic Plan was approved in January 2023 the financial challenges facing the Partnership have increased. This includes reductions in the level of funding that the IJB receives from the Scottish Government, the impact of higher inflation, and reduced reserves. Combined with the increased demand for health and social care services, and the national challenge of workforce retention and recruitment, our supporting strategies and delivery plans will continue to evolve and ensure ongoing alignment with Partnership's Medium Term Financial Strategy 2023-2026.

The activities highlighted in the Annual Performance Report are retrospective and therefore no additional financial impact is expected in relation to this report.

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:

<https://www.legislation.gov.uk/ssi/2014/326/contents/made>

The identified risks for the Strategic Plan and the supporting strategies are managed through the IJB Strategic Risk Register.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

A full Equality Impact Assessment (EQIA) for the Strategic Plan 2023-2026 has been approved by the IJB, along with individual EQIA's for each of the supporting strategies.

An EQIA is not required for this report because the Annual Performance Report is retrospective, it does not include proposed changes to policies/services or require review of strategic decisions.

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.

4 Recommendation

- **Assurance** - The Annual Performance Report is provided to the Integration Joint Board to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.
- **Decision** – The IJB is asked to review the Annual Performance Report 2023 – 2024, identify any changes required, and provide final approval.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Annual Performance Report 2023 – 2024.

Appendix 2 – Annual Performance Report 2023 – 2024 (Easy Read Version).

6 **Implications for Fife Council** –No additional implications.

7 **Implications for NHS Fife** – No additional implications.

8 **Implications for Third Sector** – No additional implications.

9 **Implications for Independent Sector** – No additional implications.

10 **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

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Fife Health & Social Care Partnership



Annual Performance Report 2023-24

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A message from our Chair

As Chair of Fife Health and Social Care Partnership's Integration Joint Board (IJB), I would like to welcome you to our 2023-2024 Performance Report, our seventh since the inception of the Partnership. My role as Chair of the IJB is one that makes me proud and reminds me every day of the incredible services we deliver as the Health and Social Care Partnership for Fife. It is an honour to support such a talented workforce to develop and deliver the strategic plans and operational services that make us so vital to the health and wellbeing of all of our communities in Fife.

I am also privileged to witness the unwavering commitment of our Chief Officer and the Senior Leadership Team in ensuring we are responsible for the delivery of high-quality, person-centred care in all settings where it is delivered. The leadership that is demonstrated throughout our organisation, right down to where we connect with the people of Fife each day, is one that continues to inspire me. On behalf of the Board, we want to thank Nicky Connor, our outgoing Chief Officer for all that she has done for the Partnership over the past five years. Her leadership and commitment to integrated working has been inspirational and will be missed, we wish her all the best in her new role in Tayside.

This leadership and commitment of our whole workforce, across all sectors, is all the more remarkable given the incredibly challenging circumstances in which the Partnership continues to deliver services. From the coronavirus pandemic to the financial challenges in our public services, we demonstrate enormous resilience to meet people the needs of the people of Fife, even as these needs create increased demand through our changing health landscape, including the increasing complexity of need.

In Fife, we are dedicated to a whole system approach, which values all of the contributions from across the sectors. The belief in the value of collaboration is at the heart of our Mission 25 to become one of the best performing partnerships in Scotland, because we know and believe that everyone has a part to play in providing the health and care that will accomplish the outcomes the people of Fife want to achieve in their lives. So, I would like to take a moment to thank Fife Council, NHS Fife, the third and independent Sectors and our Trade Unions for creating our Team Fife approach, which underpins the Partnership.

I could not end my introduction to this Annual Performance Report without giving my profound thanks to our wonderful workforce. We would not be able to highlight all the fantastic work in this report without your dedication to Fife and your excellent hard work in designing and delivering the services our citizens need day in, day out. As Chair of the IJB I am continually inspired by your commitment to Fife.

We know that we will have another challenging year ahead as we continue towards our Mission 25 ambition, but I believe that we will continue to achieve our goals thanks to everyone across our Health and Social Care Partnership and the leadership you demonstrate every day.



Arlene Wood
Chair, Fife Integration Joint Board

Foreword

2023 to 2024 has been another challenging year for the health and social care sector throughout Scotland and we continue to be affected by the aftermath of the coronavirus pandemic, cost of living crisis, the demand for services across Fife, workforce pressures and the finite budget we have to ensure we continue to care and support those most in need in our communities.

Fife Health and Social Care Partnership has continued on an improvement journey supporting a range of priorities, quality improvement actions and outcomes and in this Annual Performance Report, we outline our challenges and achievements this year as well as our progress against the strategic priorities in our Strategic Plan 2023-2026, and against the Scottish Government’s National Health and Wellbeing Outcomes and associated indicators.

There is much to be proud of over the last year and it is down to the Team Fife approach to working across Fife. I want to thank our staff and colleagues working across the whole health and care system – that’s Partnership staff, partners, independent and third sector colleagues, volunteers, and unpaid carers –who all make a difference every day to care and support those most vulnerable in our communities. Despite improvements in service delivery, innovation, and integrated working there is still more work to do. In this report we highlight where we are getting it right and also the key areas for improvement that reflect the broader challenges to partnerships across Scotland.

In summary:

Leadership	Organisational Change	Staff Wellbeing
We continue with our leadership programmes including our first Integrated Leadership Programme with colleagues from across the whole sector to support working together with a shared common purpose and learning from each other to help drive improvements and sustainable change.	Our services are now embedded in the new organisational structure and continue with integrated working to support common goals and pathways.	Our workforce is a priority, and the backbone of health and social care, and we continue to develop ways to support staff collaborating closely with partners and local and national resources. A Wellbeing Strategic Group has been established to progress this work further
Performance Improvement	Whole System Working	Priorities 2023/2024
We continue to focus on progressing our strategies and action plans for prevention and early intervention, home first, mental health, addiction, learning disabilities and improving carer’s experiences.	Ensuring people return home or to a homely setting after a stay in hospital remains a priority and we are working across the whole health and social care system to embed the home first principles and we are making real inroads to reduce standard delays in Fife.	Over the next year we will progress with the nine key strategies underpinning our Strategic Plan 2023-2026 with a focus on prevention and early intervention, digital solutions, home first, mental health, addiction, learning disabilities and improving carer’s experiences.

Foreword

Integration Joint Board	Finance	Recovery and Renewal
<p>We continue to support our members in their role on the Board – continuing with bi-monthly development sessions to explore topics in more detail, and visits across our services and estates to see firsthand the great work going on and where improvements need to be made.</p>	<p>The Partnership continues to face significant financial pressures, with demand for services continuing, increase in expenditure and workforce challenges adding to the this. Through improved financial planning and looking at ways to be more efficient and reduce costs, including better coordination of services and alternative delivery models, we will endeavour to deliver services within a finite budget and be sustainable.</p>	<p>Through our medium-term financial strategy and our programme of transformation we are progressing with best value in all that we do, to ensure we are providing the best care and support we can to our communities while supporting the people of Fife throughout the cost-of-living crisis.</p>

Thank you again to all staff working across health and social care, who give their all every day for the people of Fife, your steadfast commitment to put the people at the heart of what you do, and look at new ways of working to improve outcomes and best value, is humbling and inspiring and we look forward to continuing to support you to provide vital care and support to our most vulnerable citizens.



Fiona McKay
 Interim Director of Health and Social Care
 Fife Health and Social Care Partnership
 Chief Officer, Fife Integration Joint Board

Introduction and Background

Welcome to the seventh Annual Performance Report from Fife Health and Social Care Partnership. Over the last year we have worked collaboratively with partners and individuals across Fife to progress the implementation of our Strategic Plan 2023 to 2026, and to deliver the essential, extensive, and transformational improvements set out in our Year One Delivery Plan.

We have improved the quality of care available for people by targeting investment at service improvements and ensuring our services are well-organised, effective, and efficient ('better care'). We have reduced health inequalities by promoting and supporting healthier lives from the earliest years, and encouraging approaches for everyone based on anticipation, prevention and self-management ('better health'). The demand for health and social care services is increasing, and our financial resources are reducing as the cost-of-living crisis continues to impact on national and local budgets. We have increased the value of the resources we do have by collaborating with our partners, including the third and independent sectors, and working efficiently to focus resources where they are most needed and where they will achieve positive outcomes in the longer-term, for example through prevention and early intervention ('better value').

This Annual Performance Report highlights some of the improvements and innovations that we have delivered. It acknowledges the exceptional effort, expertise, and commitment of our employees who strive every day to make a difference, and to positively support you, the people of Fife, to live independent and healthier lives.

Our current **Strategic Plan for Fife 2023 to 2026**, copies of the Partnership's previous Annual Performance Reports, and the Equality Impact Assessments that support these documents, are available on our website: www.fifehealthandsocialcare.org/publications.

Plan for Fife 2021 to 2024 Update

Following the challenges of the coronavirus pandemic, the **Plan for Fife 2017 to 2027** was reviewed and refreshed in 2021. Recovery and renewal priorities were identified in several areas which build on the achievements already delivered, support the collaborative approaches developed during the pandemic, and address the evolving needs of communities across Fife.

This table sets out the identified priorities and highlights the relevant updates included in this report.

Ambition	Desired Outcomes	Related page numbers
Fife has reduced levels of preventable ill health and premature mortality across all communities	More integrated and community-based programmes of interventions (particularly for obesity, substance use and smoking).	26-28, 33, 36, 41-42, 47, 50 and 73-74.
	More targeted support for carers.	21-28, 37, 45, 54, and 73-74.
	Reduced levels of preventable ill health.	21-29, 37, 43, 46-48, 55, 57-59, 63, 67-68 and 73-74.
	Reduced premature mortality.	21-28, 31, 40-41, 50, 59 and 72-73.
	Fewer alcohol related hospital admissions.	21-28 and 60-61.
	Reduced alcohol specific deaths.	21-28 and 60-61.
	Fewer drug related hospital admissions.	21-28, 52, 56 and 60-61
	Reduced drug related deaths.	21-28, 52, 56 and 60-61.
	Improved air quality to meet prescribed standards to reduce preventable ill-health.	N/A.
	Improved achievement of personal outcomes in health and social care services.	18-28, 32-33, 36, 45, 49, 57-58, 66-67 and 71-72.
	More people can look after themselves to live in good health longer. Increased number of people reporting positive experiences of using health and social care services.	21-31, 34-35, 42, 45, 48,54, 62-66 and 71-73.
	Improved mental health.	21-41, 44, 52, 53, 57-58 and 60-61.
	Improved trauma awareness across services	38-42.

Further information on the Plan for Fife Recovery and Renewal Update (including a review of progress) is available here: <https://our.fife.scot/plan4fife/plan-for-fife-2021-24>

Strategic Plan for Fife 2023 to 2026

Fife's Strategic Plan 2023 to 2026 sets out 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. More information on the national outcomes and priorities is included in Appendix 1 of this report.

Our Strategic Plan includes five key priorities:

- **Local**
- **Sustainable**
- **Wellbeing**
- **Outcomes**
- **Integration**

This **Annual Performance Report** is structured around these five strategic priorities, providing an assessment of our performance over the last year (1st April 2023 to 31st March 2024) in relation to these key areas.

These strategic priorities are supported by annual delivery plans which set out our programme of work for each year, and provide a governance framework for Fife Integration Joint Board to monitor and measure performance.

The **Year One Delivery Plan** identified the strategic actions we planned to take in 2023 and the **Year One Report 2023** (image below) provides an update on those actions. The **Year Two Delivery Plan 2024** (also shown below) builds on these achievements and sets out the actions we plan to take forward over the next year.

All of these publications are available on our website:
www.fifehealthandsocialcare.org/publications.

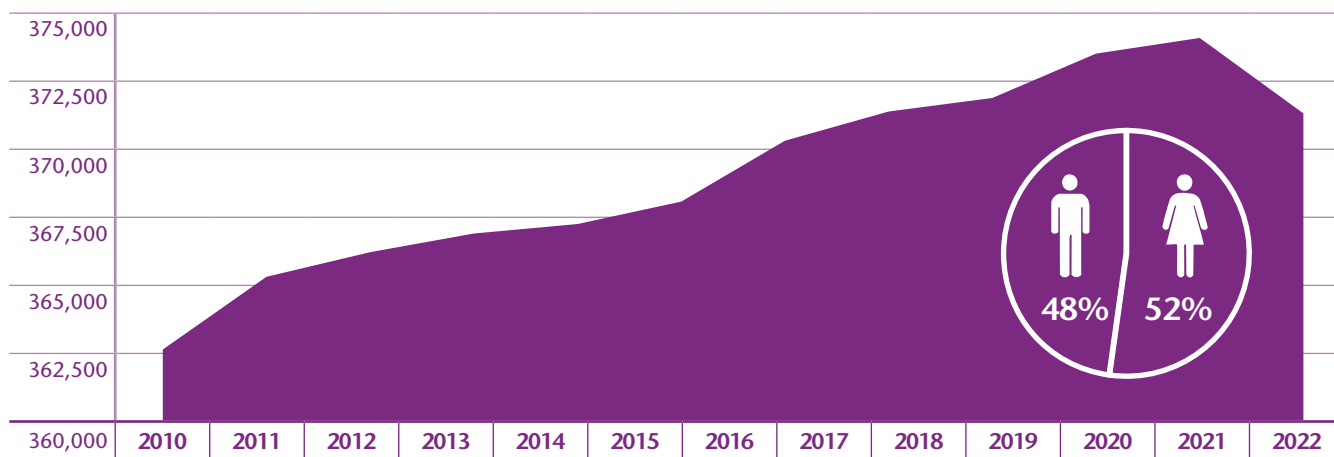
Demographics

Fife has a population of **374,340**

(National Records of Scotland, 2022),
This is a decrease of 2,790 people (0.7%) since 2020.



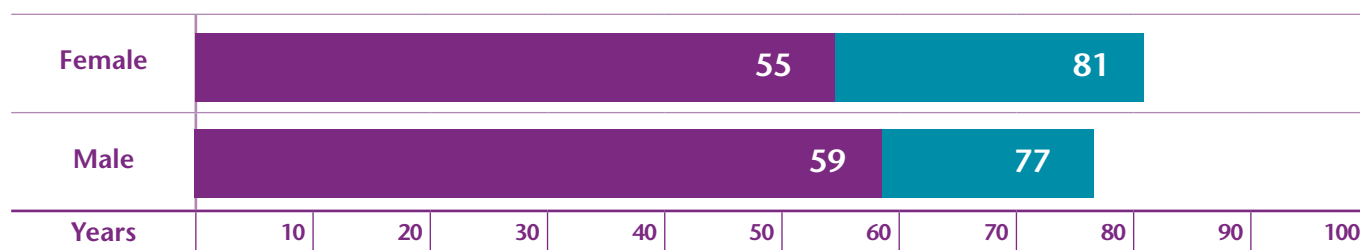
Fife Population - all ages



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.

Life expectancy

Healthy life expectancy Life expectancy



With a life expectancy of 77 years, men in Fife are estimated to live 59 years in relatively good health. Women are expected to have longer life expectancy (81 years) and slightly lower healthy life expectancy (55 years).

Awards

External Awards

Scottish Health Awards - Dr Jo Bowden was nominated for and won the Doctor Award at the 2023 Scottish Health Awards, and Pierette Melville, Specialist Paediatric Physiotherapist, was a finalist for the Allied Health Professional Award.

Care Opinion Star Responder Award – was awarded to Theresa Keicher, Team Leader, Fife Specialist Palliative Care Outreach Service.

Queen Margaret University Practice Educator Award – the Physiotherapy Team at Queen Margaret Hospital, Dunfermline received a second nomination for this award.

National Care at Home and Housing Support Awards – the Fife Care at Home Collaborative was a finalist for the Care Service Coordination/Administration Award.

Royal College of Nursing Awards – the Children and Young People’s Community Service won the Children’s Nursing and Midwifery Award.

Children’s Health Scotland Awards – the Pupil Support Nursing Team won the Health and Wellbeing Award.



Scottish Care Home Awards 2023 - Benore Care Home won the category of Meaningful Achievement Award and Sharon Findlay from Benore Care Home won the Outstanding Achievement Award.



Further information on the Scottish Care Awards 2023, and all of the finalists, is available here:

Care Home 2023 Programme
scottishcare.org/care-home-awards-2023

Care at Home 2023 Programme
scottishcare.org/care-at-home-and-housing-support-awards-2023

Scottish Care at Home Awards 2023 - Vany Thomas, Benore Care Home won the Nurse of the Year Award and Oran Home Care won National Provider of the Year (pictures below).



Internal Awards

NHS Fife 2023 Staff Awards

Ina Farr, ICASS Administrator, St Andrews Community Hospital. received a nomination for the Unsung Hero Award.

The Rising Star Award was won by Sian Connor, Trainee Assistant Practitioner, Community Nursing.

Peter Aitken won the Volunteer Award for his work with the Palliative Care Team.

The Health and Wellbeing Award was won by the Health Promotion Team.

Rachael Swan, Speech and Language Therapist, received the Service Improvement Award.

Fife Rheumatology Service won the Innovation Award for their redesign of the patient rheumatology pathway.

The Team of the Year Award was awarded to the Infection Prevention and Control Care Home Team.



Ina Farr, St Andrew Community Hospital



Health Promotion Team



Fife Rheumatology Service

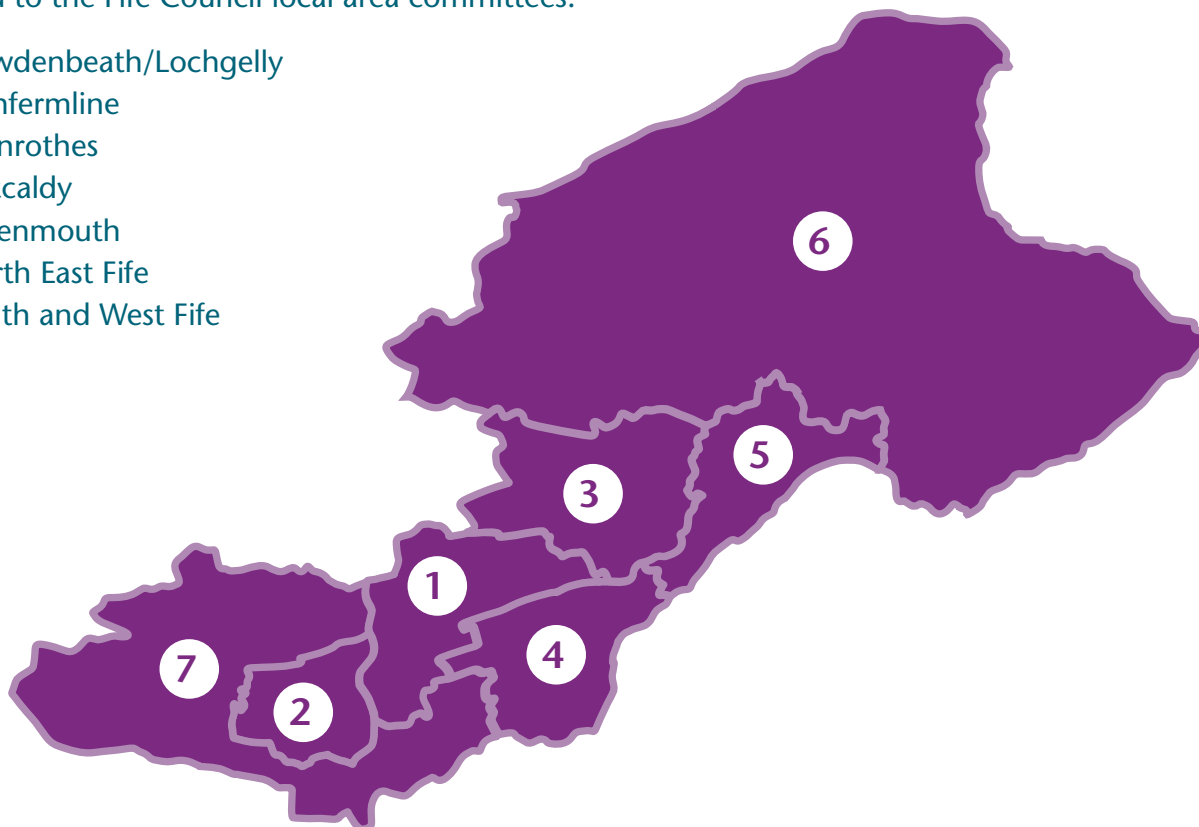


Infection Prevention and Control Care Home Team

Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees.

1. Cowdenbeath/Lochgelly
2. Dunfermline
3. Glenrothes
4. Kirkcaldy
5. Levenmouth
6. North East Fife
7. South and West Fife



Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities, and individuals to inform service redesign and improvement. This takes account of local needs, health data and engages with those living and using services within the community.

Participation is central to our engagement with the people of Fife. We are committed to listening to people and taking their views into account to achieve the best possible outcomes for everyone. The Partnership's Participation and Engagement Team work with Locality Planning Groups across Fife to identify what matters to local people, and how we can support people to live independent and healthier lives.

These are some of our activities with localities during 2023 to 2024.

What Matters to You

Locality Planning Groups, supported by the Participation and Engagement Team, undertook an engagement exercise to understand what matters to local people to help them live a healthier, active life, and what they might need locally to support them to stay healthy and live well. The findings from this activity will inform the Locality Action Plans for 2024.

Supporting Mental Health and Wellbeing

This co-production engagement project involved the Partnership engaging with the community on their vision for 'an integrated community-based system which supports mental health and wellbeing, ensures access to the right service in the right place at the right time, and enables people to live independent and healthier lives'.

In Phase 2 of the project, the Partnership aimed to gain insights from people with lived and living experience, identifying what is important to people in terms of accessing, receiving, and leaving mental health services and supports, living with mental health and wellbeing conditions, and gauging the extent to which services and supports match what is important.

Nine key themes were identified.



As we move into Phase 3, these will be developed into 'opportunity statements' which will help generate innovative short-term and longer-term actions based on the underpinning values-base identified from the feedback.

Community Support Services - Service Redesign

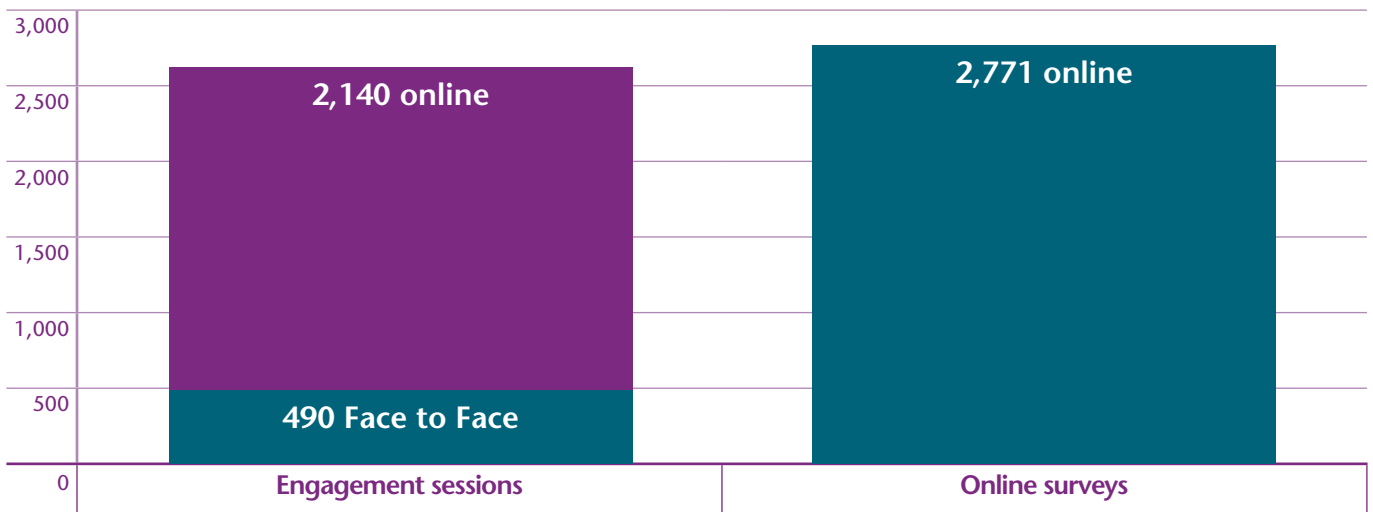
This redesign is aligned to the model emerging from the participation and engagement exercise, where service users and their families have told us what matters to them in relation to their model of care. This involves re-invigorating the use of building bases for part of the activities offered; taking a locality-based approach, promoting independence through the use of public transport where possible. Promoting socialisation and increased activity time through supporting service users to participate in group activities which delivers best value in relation to cost of travel and staffing ratios. Further integration across local authority, third and independent services to increase the range of specialist providers in Fife to reduce the need and demand for out-of-Fife day placements. This supports local access and reduced travel costs.

Participation and Engagement Team

In total, the Participation and Engagement Team completed 24 projects during 2023 to 2024. This included developing 404 separate engagement sessions:

- 62 (15%) online engagement sessions, and
- 342 (85%) face-to-face sessions.

Figure 1: Participation and Engagement



The Team also organised online engagement surveys; the number of people who responded to these surveys was 2,771. Overall, 5,401 people were involved in the engagement sessions and online surveys, and of these, 634 (12%) identified themselves as an unpaid carer.





Equality Outcomes

Fife Health and Social Care Partnership is committed to promoting dignity, equality and independence for the people of Fife. As part of the development work for our Strategic Plan we reviewed and updated our equality outcomes. These are our equality outcomes for 2023 to 2026.

1. Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
2. Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.
3. Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.
4. Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.
5. Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.

These are some of the equality activities we have completed over the last year.

- We have updated our Equality Monitoring Forms to include specific questions for unpaid carers and the armed forces community (including families and dependents, veterans and reservists).
- We have updated our website to include more information on equalities and we have published Equality Impact Assessments (EQIAs) for our key strategic documents.
- We are working with the Equality Teams in the Fife partner agencies, and the IJB Equality Peer Support Network to ensure that our equality processes and training materials align with best practice.
- We have set up an Equality, Diversity and Inclusion Steering Group to lead on inclusion, engagement and communication for employees across the Partnership.
- We have updated our EQIA process, guidance, and templates to align with current best practice and have included new sections for unpaid carers, children, and the armed forces community.
- We have developed new training materials and a Sway to support roll-out of the new process and guidance.

Our Performance

This section of the Annual Performance Report provides an assessment of our performance over the last year in relation to the themes and priorities set out in our Strategic Plan, and the national health and wellbeing outcomes listed below. There are 50 examples included in the report, they are grouped by strategic priority, and linked to the national outcomes and priorities with a numeric icon. These 50 examples highlight some of our key activities and achievements over the last year.

National Health and Wellbeing Outcomes for Health and Social Care

NW01

People are able to look after and improve their own health and well-being and live in good health for longer

NW02

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

NW03

People who use health and social care services have positive experiences of those services, and have their dignity respected

NW04

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

NW05

Health and social care services contribute to reducing health inequalities

NW06

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

NW07

People using health and social care services are safe from harm

NW08

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

NW09

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

Further information is available here:

www.gov.scot/publications/national-health-wellbeing-outcomes-framework

Public Health Priorities for Scotland

This is a list of the national health priorities and the relevant numeric icon.

PHP1

A Scotland where we live in vibrant, healthy and safe places and communities.

PHP2

A Scotland where we flourish in our early years.

PHP3

A Scotland where we have good mental wellbeing.

PHP4

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

PHP5

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

PHP6

A Scotland where we eat well, have a healthy weight and are physically active.

Further information is available here:

www.gov.scot/publications/scotlands-public-health-priorities



1. Adult Services Resources – Accommodation with Care and Support

Adult Services Resources – Accommodation with Care and Support provides a service to 188 adults with learning disability, physical disability, and mental health issues living across Fife. With a staff team of around 650, support is provided over 60 Core and Cluster, Housing Support, Group Homes, Single Tenancies and Respite Services. Support can range from a few hours a week to 24 hours a day.

Established in the early nineties, the service delivers a person-centred, outcomes focused provision of care and support. Centred on helping people to maintain or improve their independence and quality of life we:

- Support people to live independently and at home in their community.
- Maximise independence using an active support approach, to ensure that people are engaged in a life that is purposeful and meaningful to them.
- Work in partnership with health services to promote physical and mental wellbeing so that people are able to look after and improve their own health and well-being and live in good health for longer.
- Support people to access a wide, varied range of social, leisure, employment and education opportunities while having a valued role in their local community.
- Build a sense of safety, security and belonging, by supporting people to maintain and build local networks and family connections.
- Keep people safe from harm within legislative frameworks.

Eating and Drinking Care and Support

Fife Health and Social Care Partnership colleagues across Fife Council and NHS Fife have been working collaboratively to review and improve the knowledge and skills regarding eating and drinking, including dysphagia (swallowing problems). This has resulted in very positive partnership working.

For more information about the new framework please see this Sway:
<https://sway.cloud.microsoft/tldoLIRdkbrz7wQA>.

These are photographs from the first training session.



One of our Lead Officers supported an amazing group of individuals to come together to form an Activities Committee and hold meetings throughout the year to plan various events and celebrations.

Staff Group Homes and Single Tenancies - Service User Committee

The committee includes individuals from Allan Park, Union Street, Stenhouse Street, Jubilee Stationhead Road, Glebe Road and East Avenue. Meetings are held at Brunton House, Cowdenbeath, where the group meet together to enjoy light refreshments and take joint ownership and responsibility for the organisation of each event. Everyone takes turns to bring along teas, coffees and a cake to enjoy during the meetings.



The committee were fully involved in all aspects of planning events, from booking rooms, designing invitations, organising a buffet and planning their own costumes. Some external invites were extended for the Halloween Party with people from both East and West Fife joining in the fun.



Halloween Party 2023

The committee has re-convened this year to start the planning of Scottish Learning Disability (SCLD) Week 2024, as well as gathering ideas for the rest of the year. The theme for SCLD Week is 'Digital Inclusion' and plans are in progress for an exciting week between 6th May to 10th May.

The main events of 2023 included Scottish Learning Disability Week, the Halloween Party and a Joint Christmas Party. Competitions were also held for best cakes, costumes and pumpkins and for Christmas the best Christmas jumper, this year's winner going to Santa and sunglasses! Certificates and prizes were also won.

Please see this Sway for more details: <https://sway.cloud.microsoft/nLTzUwOH13zi0lJO?ref=Link>

Michael Woods Disability Fife Sports – Wendy’s Story

I am supported to attend The Michael Woods Centre in Glenrothes. This Centre is available for the public to use, and I enjoy taking part in the activities that they have on offer.

In the Summer of 2023, my local gym that I attended on a regular basis closed. I was upset about this as I really enjoyed this as it was a female only gym and I met a lot of ladies I could chat to and exercise with.

My key worker said she would try and find some alternatives. She contacted Disability Sport Fife at the Michael Woods in Glenrothes. She spoke to the Branch Coordinator who emailed her a list of activities that I might be interested in.

I discussed this at my key team meeting in July 2023. I said that I would be interested in the multi-sport and swimming. My key worker helped me to complete the application form for both activities.

In July I went along for my first multi-sport session. I started with the boccia. I also tried the basketball but the activity I really enjoyed is the table tennis. I really enjoy the activity as I really need to concentrate, and I enjoy the exercise. I also enjoy meeting up with my friends who attend.

In September of 2023 I also started swimming. I meet up with my friends that I used to go to the day centre with whom I really miss. I am hoping to attend the swimming gala in the summer of 2024.

Joining the Michael Woods Disability Fife Sport Sessions has helped me get some exercise and meet up with past and new friends. It has also given me more confidence and helped me to relax and have some fun!



2. Community Led Support

The Wells

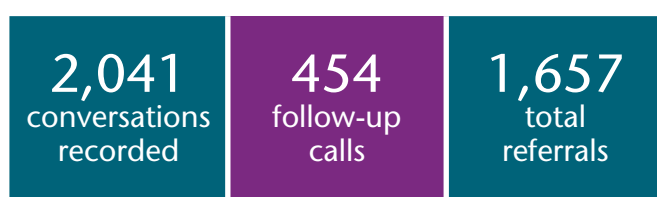
The Well is a place where you can drop-in, both in your community and online, and find out information and receive general advice to help you stay well and independent within your local community.

There are currently thirteen physical Wells with at least one in each locality, as well as the ones in Victoria Hospital, Kirkcaldy and Queen Margaret Hospital, Dunfermline, providing 26 hours of support provision per week. This is an increase from 2022 - 2023 of four Wells and an additional eight hours of support. Well support can also be accessed via the phone line and Near Me (online) 14 hours per week, as well as via email (9am-5pm).

Further information about the Wells is available on our website: www.fifehealthandsocialcare.org

Key developments in 2023 – 2024

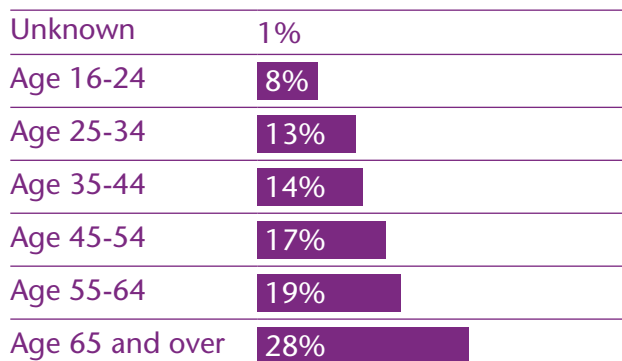
- A twice weekly Well was opened in Victoria Hospital, Kirkcaldy in March 2023, bringing the Well to into a clinical setting to support people to access community led support.
- In January 2024, the Well hospital provision was extended to Queen Margaret Hospital, Dunfermline with a Well in the main reception area once a week.
- From May to October 2023, a six-month Test of Change was conducted in North East Fife to improve access to informal services and supports for people (aged 16 and over) who are experiencing long-term physical and mental health conditions, and those important to them, by simplifying the referral and access process for people and practitioners. This was through a single point of access (SPOA) which was provided by the two Wells in NEF (St Andrews and Cupar).
- A collaboration with community partners, Clued Up, Barnados, Frontline Fife, Welfare Support, provided a holistic community-based provision for young people aged 16-26 in the Levenmouth area (Young People One Stop Shop).
- The Well welcomed a new cohort of Social Work Assistants for Carers in March 2024, who will join the core Well team at Wells throughout Fife.



Gender of individuals



Age band of individuals



Top 3 concerns

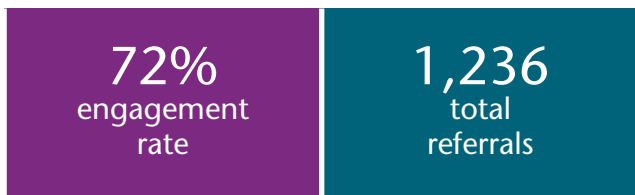


Link Life Fife

Link Life Fife (LLF) is a non-clinical community led support service provided by the Partnership for anyone aged 18 and over in Fife who is reaching out to their GP (General Practitioner) or other health professional within primary care for support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being.

Key developments in 2023 – 2024

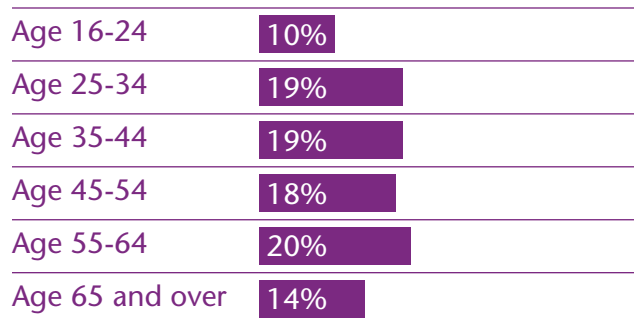
- Link Workers have supported the physical Wells for 571 hours and provided support with 240 calls.
- Partnership working with ScotGem on facilitating a session along with tutors on the benefits of Community Led Support and Social Prescribing to students at St Andrews University.
- Secured one year funding from Fife Council 'Ending Homelessness Together' Programme Board, for a Link Worker to support people at risk of becoming homeless and people who are homeless.
- Link Worker attended Burntisland GP Practice every Friday for three months to increase referrals and improve partnership working with practice staff.
- The number of referrals to Link Life Fife this year was 1236, this is an 18% increase in the number of referrals compared to last year (1048).



Gender of individuals



Age band of individuals



Top 3 concerns



Some examples of feedback received by Link Workers:

'I have found it helpful. I've gone from feeling like I don't know where to go to feeling understood and that my issues have been addressed'. Male, 42 years, Dunfermline Locality.

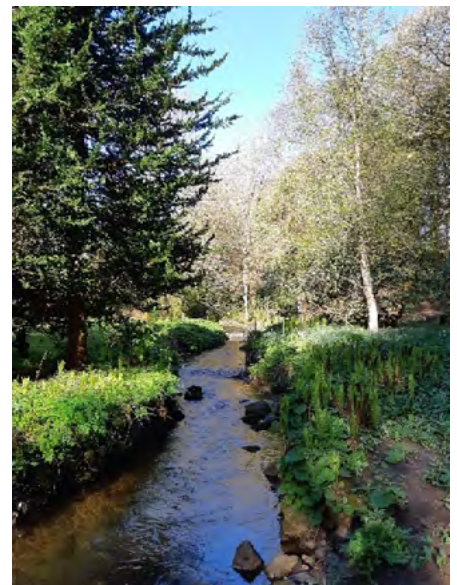
'Thanks, you've been really great, really important, I wouldn't have done it without you, I needed you". "I don't know where I'd have been without you, you've been a lifeline'. Female, 42 years, Cowdenbeath Locality.

'I wish I met you 6 months ago; I would not have been through what I have been through, you have helped me more than you know!!' Female, 57 years, Northeast Fife Locality.

'I would never have known about your service if it wasn't for the GP that said. I hope you don't mind; I have been telling everyone about what you did for me! I really appreciated what you did, a weight has been lifted from my shoulder'. Female, 66 years, Kirkcaldy Locality.

'Very useful, you listened and gave advice where required. Advice you gave was specific to what I needed'. Male, 31 years, Dunfermline Locality.

'When I first met you and we went to Sam's Cafe, I couldn't see a way forward, all I could see where clouds, now I feel the clouds are clearing and I can see blue skies again'. Female, 50 years, Kirkcaldy Locality.



Fife Macmillan Improving the Cancer Journey (ICJ)

ICJ provides a one stop shop for all people affected by cancer support needs. Cancer doesn't just affect your physical wellbeing; it can impact on every aspect of your life and the lives of those around you. Knowing where to turn for support isn't always easy. Fife Health and Social Care Partnership and Macmillan Cancer Support work in partnership to provide this service to people affected by cancer throughout Fife.

Key developments in 2023 – 2024

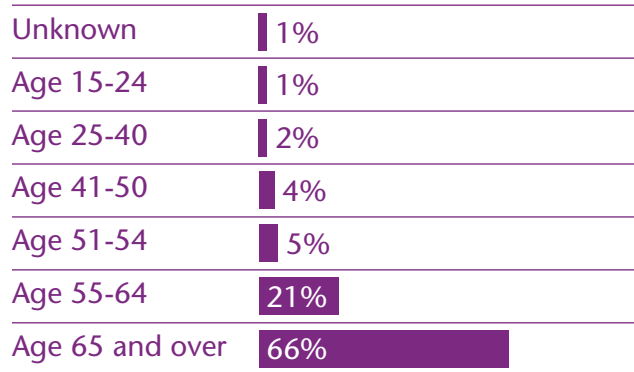
- ICJ Link Workers are currently supporting the Wells (two hours per week).
- During the coronavirus pandemic only telephone and Near Me appointments were offered to individuals. However, ICJ have now returned to offering face-to-face visits in the people's homes and this has been very well received. For example, in the period 01/10/2023 to 15/12/2023 there were 8% of home visits carried out, compared to the period 01/01/2024 to 31/3/24, which has seen home visits increase to 42%.
- ICJ are now carrying out an EQ5D questionnaire with clients – this tool is extremely useful as it opens up a conversation about what the person is 'able to do'.



Gender of individuals



Age band of individuals



Top 3 concerns



Community Chest Fund

Fife Carers Community Chest aims to fund local projects, that are for the benefit of unpaid carers. In Fife there are over 47,000 unpaid carers and through the fund we aim to support community projects which will allow unpaid carers to create supportive places, develop their sense of belonging and improve their wellbeing.

The funding is open to community groups, charities, and groups of unpaid carers. Groups can apply for up to £10,000 each. During 2023 – 2024 the Partnership had a budget of £350,000 which was fully allocated over two rounds of funding.

The Community Chest fund launched for the first time in June 2023, during Carers Week. We received 35 applications, and 25 applications were approved for funding. The second round of applications began in October 2023, 34 applications were received, and 29 applications were approved.

Applications were received from all localities; this is a summary of the approved applications.

Community Chest Fund – approved applications

Locality	Round 1	Round 2
Fife Wide	5	6
North East Fife	6	4
South and West Fife	1	3
Levenmouth	4	5
Kirkcaldy	3	5
Glenrothes	5	3
Dunfermline	1	2
Cowdenbeath		1

These are some examples of the approved funding applications.



The Locality Planning Team have established working groups to support with promotion of the funding and to reach groups of unpaid carers which might be hidden in our communities. This has been effective and is shown by the range and variety of projects funded.

3. Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees. The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes.

Key developments in 2023 – 2024

- Locality Planning Groups (multi agency) met every quarter to take forward the Locality Delivery Plans for 2023 - 2024.
- The Community Chest Fund (supporting unpaid carers) was launched in June 2023 and supported over 50 applications, allocating over £350k.
- Levenmouth Locality Planning Group secured £91k funding from Levenmouth Area Committee to test a mental health triage car.
- Cowdenbeath and Kirkcaldy Locality Planning Groups identified that supporting people affected by drug/alcohol harm and death would be a priority. Subsequently the multi-agency working groups collaborated with lived experience group to establish KY2 and KY5 one stop shops.
- A test of change is underway in the Levenmouth locality which aims to reduce the number of preventable hospital admissions and identify themes of frequent attenders at the emergency department.
- The Locality Annual Report was presented to Fife Integration Joint Board in February 2024. The recommendation to move to a two-year planning cycle was approved.

Delivery Plan completed in 2023-2024



Locality Planning Delivery Plan

During the 2023 the Locality Wider Stakeholder Events took a different approach to the previous year. Lightning talks were presented to provide an overview of locality work achieved in the area and to showcase work underway in other localities. A short life working group was established to create case studies and data statements to encourage discussions between stakeholders. Core group members were asked to invite operational members from their team to attend to ensure we had the “local knowledge” in the room. At each event, attendees were asked to discuss and analyse case studies to identify potential themes for 2024.

Positive feedback was received from our Wider Stakeholder events in 2023, people said:

‘The events were engaging’ ‘We were able to contribute on the day’

Levenmouth Locality – Home First Test of Change (TOC)

Locality Planning exists to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities, and individuals to inform service redesign and improvement.

Levenmouth locality has created a collective aim:

‘to achieve the aspirations, we share for health and social care integration, focussing together on our joint responsibility to play an active role in service planning for the Levenmouth Locality to improve outcomes’.

Levenmouth Locality Core Group identified gaps and opportunities for services to work better together. The Home First Strategy is providing Levenmouth locality with a chance to create a different way of working between health, social care, council services and third sector organisations, based on the evidence we see in relation to emergency hospital admissions and Accident and Emergency (A&E) visits.

The aims of the test of change in the Levenmouth locality are to:

- Identify people at high risk of hospital admission.
- Identify the reasons why people frequently attend A&E.
- Reduce the number of preventable emergency hospital admissions and frequent A&E visits in the Levenmouth locality.

The TOC and the wider group have weekly verification meetings. Since the project began in November 2023, the group has discussed 249 individuals (some more than once due to multiple admissions and/or A&E attendances).

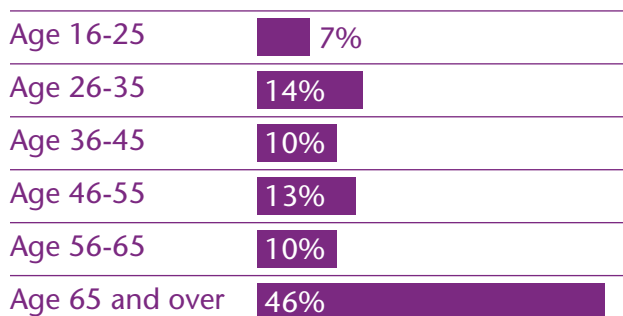
The group has identified actions for 142 individuals during this time. Actions include offering additional support such as Community Led Support, reviewing packages of care, offering information and guidance and where to access appropriate support.



Gender of individuals



Age band of individuals



Key learning from the Test of Change includes:

- A high percentage of the A&E visits appear to be out of hours, however there are also visits during working hours 9-5pm.
- There have been several frequent attenders at A&E who are known to Mental Health and/or Addictions Services but they are not engaging with these services (i.e. Did Not Attend).
- Initial feedback from the group has been very positive, particularly relating to shared learning regarding how services can work together to offer a holistic approach.
- A targeted Levenmouth communications approach is required to inform people of the “Right Care – Right Time”.
- GP (General Practitioner) involvement is crucial to reach those people who regularly attend A&E and are not known to the group members.
- Urgent Care representative at the meetings has proven beneficial and informative, as we can map the patient journey before they attend A&E.

At a locality level it is not possible to identify whether the Test of Change has directly reduced emergency hospital admissions and A&E attendances because a number of different factors are involved. There are also some hospital admissions which are not preventable. However, for individual cases there is evidence that the TOC has helped people by offering additional support, and this has led to a reduction in the number of admissions/A&E attendances that they experience.

The TOC has also produced additional, unintended benefits, for example improved communication between teams because colleagues are more aware of each other’s remit and roles. The screening process has also allowed teams such as Care at Home to intervene and place “hold” on packages of care, this has reduced delays when patients are discharged.

The TOC will continue till September 2024 and an evaluation and recommendation report will be presented to Locality Planning and the Partnership’s Senior Leadership Team. While the TOC is operational, we will continue to make changes as required in order to combat challenges, improve the outcomes, and achieve the aims.

4. Playlist for Life

Playlist for Life is a national music and dementia charity which promotes the use of personalised playlists. These are tunes that are meaningful to an individual, and gathered together, help to create ‘the soundtrack to their life’.

The Older Adult Community Mental Health Team (OACMHT) in West Fife utilised this approach to set up a project aimed at reducing pharmacological intervention and promoting the use of non-pharmacological approaches as a first line response to treatment of symptoms of stress and distress. It involved stimulating positive memories and increased communication between patients and their relatives/carers and the staff looking after them.

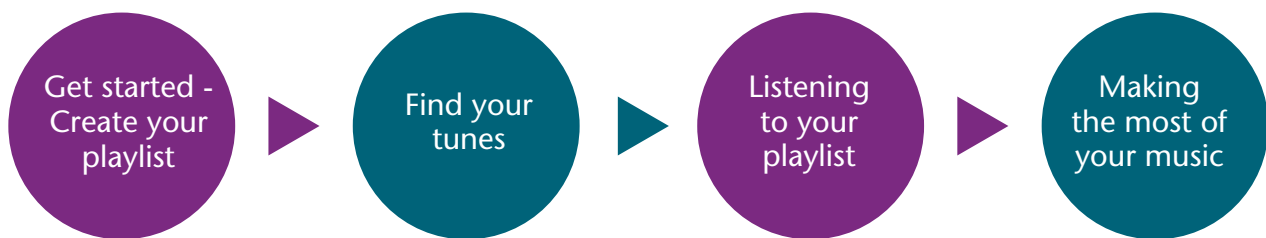
As part of the project ten staff were trained in the implementation of Playlist for Life and ten patients now have a live personalised playlist up and running.

Feedback from the individuals and carers involved has been very positive, and these are some of the project successes:

- There has been a reduction in use of anti-psychotic medication for stress and distress for the individuals involved.
- One person has moved from a community setting to a ward, and eventually into long-term care with their own personal playlist.
- Through this work we have been awarded a plaque as a certified establishment, and the first in a community setting to implement Playlist for Life in West Fife.
- The Older Adult Community Mental Health Team in Central Fife are working with us to set up training in this area.
- The charity, Playlist for Life, have encouraged our project and donated equipment to us.

In the long term it is hoped that this project will have a direct impact on reducing the number of individuals moving from community to inpatient or care home settings.

Creating a Playlist for Life



Find out more here: www.playlistforlife.org.uk

5. New Attention Deficit Hyperactivity Disorder (ADHD) Group

NHS Fife is one of four pilot sites, funded by the NAIT (National Autism Implementation Team), to develop an Adult Neurodevelopmental (ND) Pathway. Over the last year, our Specialist Occupational Therapist has led the development, and delivery, of a pilot Occupational Therapy (OT) attention deficit hyperactivity disorder (ADHD) Group. This was the first ever psycho-social group offered specifically to adults with ADHD within Fife.

The pilot included six face-to-face sessions, and one additional follow-up session held four weeks later. Twelve individuals were invited to join the Group, ten individuals attended session one and eight people completed the pilot.

The topics covered within the group sessions included:

- What is ADHD? Symptoms and Positive Aspects
- Managing Your Mental Health and Wellbeing
- Sensory - Processing and Environment
- Roles, Identity and Occupational Balance
- Environmental Modifications
- Routine, Structure and Sleep
- Creativity and other 'gifts' of ADHD

Feedback from the Group sessions:

'The group has went extremely well for me'.

'For this being the first group in Fife it has been amazing. Thank you, well done'.

'I found the group to be very informative'.

'I like my ADHD – it makes me who I am'.

'I am pleased I have come along and met others. It has been good to see how others manage their routines'.

'Knowing the stuff that I do now, I see I am not abnormal it is just my ADHD brain'.

'It was good looking at the positive of ADHD and sharing strategies to help us cope'.

'It was good to meet others with ADHD, it makes me feel less guilty about not being able to deal with certain things'.

'I feel motivated, I want to be involved in future projects/groups as a peer support worker'.

Case Study: 'The group sparked something off in me'

Mr A is a 30-year-old man with a longstanding diagnosis of ADHD since childhood.

He was referred to Adult Psychiatry Services in 2017 with a request to re-commence medication used in treatment of ADHD due to poor concentration, distractibility and changeable mood which was subsequently impacting on his work and relationships.

Medication commenced and an ongoing review was held within the Psychiatry Outpatient Clinic. However, some of his difficulties persisted, particularly in relation to employment, relationships, social isolation and low mood. He was diagnosed with a moderate to severe depressive episode in 2019 and seen routinely within the outpatient clinic. Several anti-depressant medications were used with limited improvement to his symptoms.

Mr A attended all six sessions of the OT ADHD Group and the follow up session four weeks later – there was a noted change to his presentation through progression of group, including his confidence, peer support to others, and his leadership skills.

Within the final group sessions, Mr A started a WhatsApp group with other attendees. This was followed by a new support group (now registered as a charity) and a new website 'ADHD Fife'. Within the first eight weeks of setting up the new support group, more than 500 people registered interest to attend and/or volunteer to help with new events and support groups.

These are some of the key words used to describe the content of the group sessions and how people felt.



6. District Nursing – Implementing Advanced Nurse Practitioners (ANP)

The District Nursing Service have extended the previous service with the inclusion of two Advanced Nurse Practitioners (ANP). The primary role of the ANP is to identify and support patients that have had a number of hospital admissions recently. The ANPs then take a preventative proactive approach by visiting these individuals in their homes to holistically assess them and apply preventive measures to improve the persons health and to reduce and prevent further hospital admissions. The introduction of the ANP role has delivered a 72% success rate in preventing any further admissions to hospital. Moving forward the target is a 20% reduction in preventing a further admission to hospital.

7. Pharmacy First Plus

Throughout 2023 - 2024 we have continued to support the network of community pharmacies providing a Pharmacy First Plus Service. This service is available in community pharmacies where there is an Independent Prescriber who will offer advice and when appropriate, treatment for common clinical conditions. The aim of the service is for common clinical conditions to be treated in the community supporting Right Care, Right Place. Over the last year the number of community pharmacies offering the service across Fife has increased from 23 to 28. These pharmacies are spread geographically across the localities. The Pharmacy Services Team have established, and offer ongoing support to, a Peer Review Network for the pharmacists who take part in the service. We have also supported two education events in 2023 - 2024.

Over the next year the Pharmacy Services Team will continue to support the Peer Review Network and facilitate further education events. We will also work with community pharmacies and GP's (General Practitioners) to establish referral pathways for the service taking examples of good practice from across Fife and other Scottish Health Board areas.



Cadham Pharmacy, Glenrothes, Fife

8. Adult Services Resources – Fife Community Support Service

New developments and activities have been introduced throughout 2023 - 2024 which demonstrate the person-centred approach, focus on service user wellbeing and commitment to meeting service user outcomes of Fife Community Support Service (FCSS).

The Service works to identify art and leisure opportunities which service users can participate in within their local communities and wider afield throughout Fife. This can include supporting people to take part in external activities (such as Fused Glass at 4Arts Studio in Dunfermline) and there are also dedicated art sessions which take place twice weekly within the St. Clair hub. These encourage service users to socialise and create their own works of art, which can be seen displayed within the main areas of the centre.



A Sing and Sign Group was established in October 2023, with a two-hour session twice weekly where staff and service users dance and sing along to a playlist of songs. This helps to improve fitness and motivation as well as developing new skills when learning to sing. The class has proved very popular with approximately 25 service users currently attending and interest from others looking to participate in the future.

FCSS very recently started up a Drummercise session in March 2024 within Kelty Community Centre, where service users engage in physical activity whilst playing a variety of professional grade drums, bongos, shakers and tambourines. This provides individuals with a creative outlet, improves fitness and wellbeing, develops coordination and physical dexterity and encourages group work and social interaction.



The Accessible Information Team (AIT) was established in 2022 to create a range of accessible information, such as easy-read versions of important documents. Current work by the AIT includes updating the Communication Area within the St. Clair hub to ensure an up-to-date inventory of symbols, picture and signs are available and accessible to all staff and service users.

During 2023 to 2024, FCSS have also been participating in the Foundation Apprenticeship (FA) in Social Services and Healthcare Programme which allows school students the opportunity to experience what working in the care sector is like, by shadowing experienced staff in a social care setting. Two FA students have been visiting the FCSS on a Monday afternoon to accompany service users with playing games and socialising. These interactions have proved popular, with service users looking out for the students joining in with their activities. This has also provided the students with practical experience in the various aspects of communication (such as making visual communication strips or learning some sign) and has hopefully demonstrated how rewarding a career within the service can be.

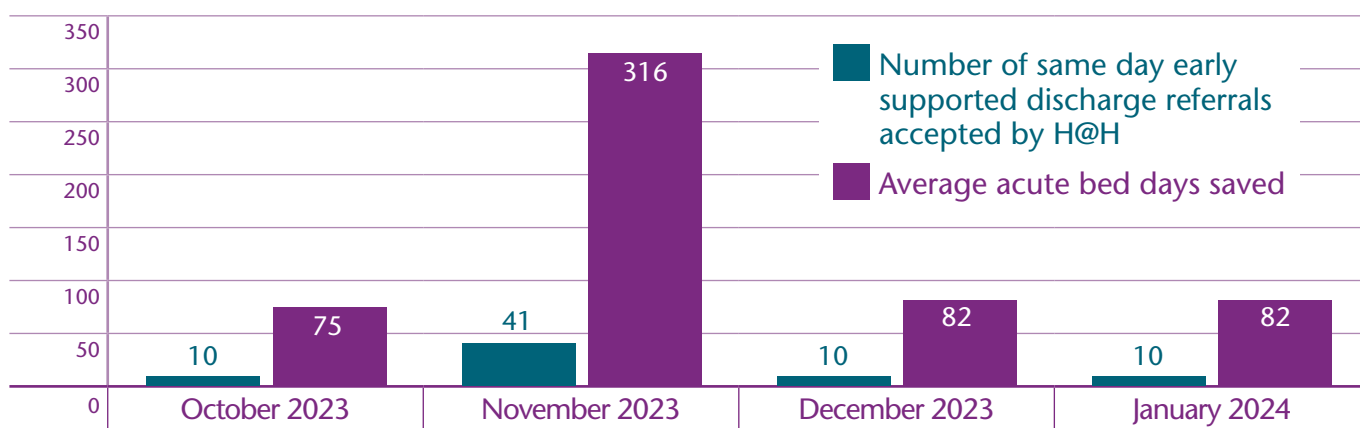
9. In-Reach Test of Change

Fife Hospital at Home (H@H) Teams regularly reported that virtual bed capacity was being impacted when planned step-down patients from acute services were not taking place. Planning for those step-down referrals also impacted on the ability to accept GP (General Practitioner) referrals.

An audit was carried out from November 2022 to March 2023. Of the 60 patients referred only 15 patients were discharged the same day they were referred. Funding was sourced from Healthcare Improvement Scotland to support an In-Reach Test of Change. The aim was to increase H@H capacity by working collaboratively with acute services to ensure appropriate referrals are received, facilitate timely and safe transfers of care, provide a smoother transition of care for the patient, and increase H@H service capacity.

Initial data shows that from 2nd October 2023 to 17th November 2023 out of 66 patients identified as suitable for H@H by acute staff/H@H Advanced Nurse Practitioner (ANP), 64 were appropriate and processed by the H@H ANP on site in acute services, and 41 of those were discharged home the same day. Multiple reasons were identified for those not discharged on the same day including transport and medication issues, clinical deterioration, family delaying discharge or care homes concerned about discharge.

Figure 2: Number of same Day ESD Referrals by H@H and Average Acute Bed Days Saved



The Test of Change (TOC) change commenced at the Front Door of Victoria Hospital, Kirkcaldy in October 2023 and it took one or two weeks for the pathway to become embedded in practice. Following positive evaluation, both quantitative and qualitative, the service is in the process of recruiting two H@H In-Reach Nurse Practitioners who will cover seven days a week in Victoria Hospital, Kirkcaldy.

10. Home First Programme – Discharge Hub

In April 2023 a multi professional workforce was implemented within all discharge hubs that would ensure timely assessments would be carried out. Representation from Care at Home and Social Work colleagues are now placed within acute and community hospitals to progress timely assessments for individuals requiring support. This initiative has supported the Home First Programme’s desired outcome where the discharge is planned with the patient at the centre of the conversations, resulting in a person-centred approach to discharge planning.

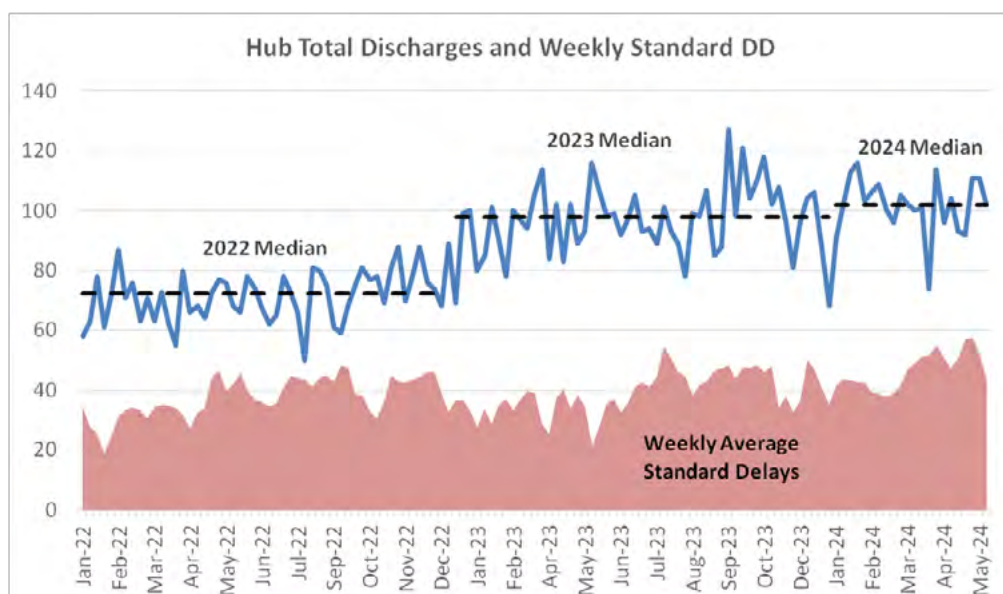
This is based on an improved system of working, with smoother, more seamless integration between NHS and health and social care teams that aims to prevent delay where at all possible resulting in reduction in length of hospital stay.



Discharge Hub

We have achieved a sustained reduction in delayed discharges in the acute setting. Comparing performance data from 2022 the Discharge Hub performance has seen on average of 30 more patients returning home or to a homely setting.

Figure 3: Discharge Hub – number of discharges



We have achieved a sustained reduction in delayed discharges in the acute setting. Comparing performance data from 2022, the Discharge Hub performance has seen on average of 30 more patients returning home or to a homely setting.

Quality Improvement Initiative

Improving service efficiency is a key priority of Fife’s Health and Social Care Partnership. Previously the process for referral into the service was manually produced unstructured data that relied on input from staff. There were multiple referral routes which were reliant on manual data capture on paper with a lack of visibility within the electronic patient record for colleagues to communicate or review progress within the process.

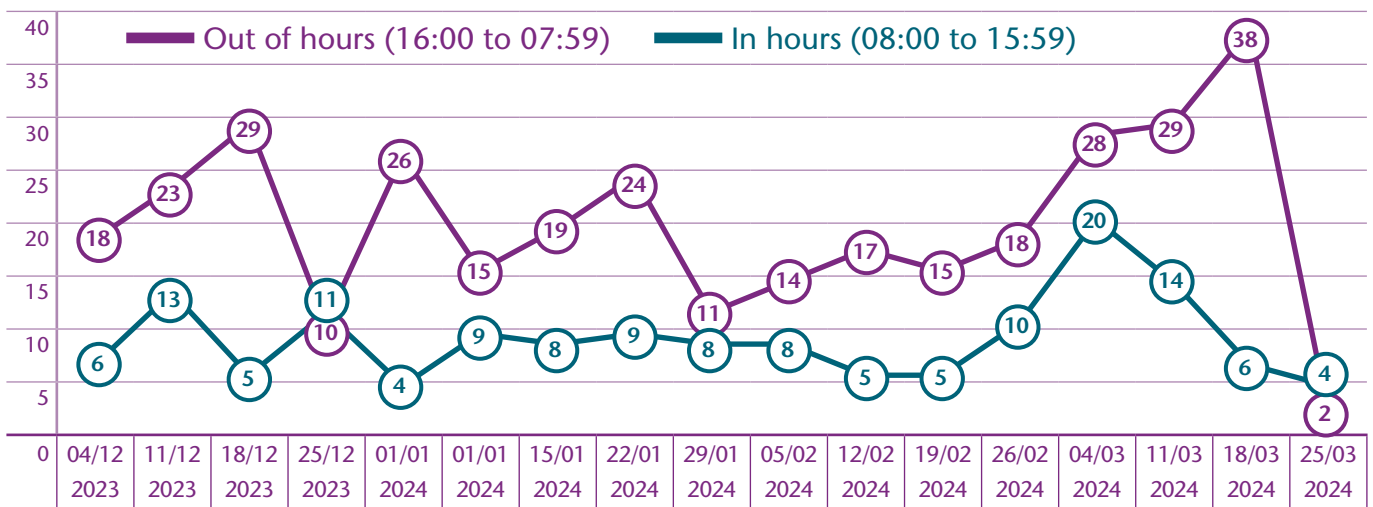
This initiative created a digital referral process that aims to support:

- 24hr timely referrals that allows an out of hour pathway for all the acute hospital wards.
- Standardise the referral process to capture and record data for service improvement.
- Increase efficiency and effectiveness of the process by removing manual data/ phone calls/paper use.
- Reduce referral errors.
- Increase the security and quality of the data.
- To allow referrals to happen out of hours.
- To provide robust and informative reporting.
- To provide a more effective means of working together towards an agreed planned date of discharge (PDD).

In collaboration with our colleagues from digital solutions and acute hospitals we implemented the roll out for the new process in December 2023. Education sessions were provided to all staff, and communication through Blink and social media platforms ensured that the information was circulated to as many colleagues as possible.

In the 15 weeks since implementation we have shown that providing an out of hours platform is supporting the wards to complete a referral into the service. The graph below highlights that the majority of referrals are not within service working hours and are generated after 5pm.

Figure 4: Discharge Hub – number of referrals



Qualitative feedback has been very positive with acute wards stating that the referral system is supporting the wider teams work pattern especially as ward activity can impact on timely referrals being achieved. It’s also time efficient and very user friendly.



11. Creating a communication friendly environment for Inclusive Sports

Speech and language therapists working with the Children and Young People Learning Disability Team and the Children and Adolescent Mental Health Service (CAMHS) worked collaboratively with occupational therapy and clinical psychology colleagues to enhance the quality of the Inclusive Sports Sessions offered to children and young people with additional support needs across Fife. They provided training sessions for Sports Instructors who run these sessions to enable them to create communication friendly environments by learning how to simplify the language used, acquiring a basic and relevant Signalong vocabulary and understanding how to use visual supports such as pictorial timetables.



Example of a pictorial timetable

The staff who engaged in the training sessions gave positive feedback and, with the additional support provided, were easily able to embed this training into their role and delivery of the inclusive sports sessions ensuring the communication support needs of children and young people were met by enhancing their understanding, participation and independence.

‘The session made me feel a lot more confident and motivated.’

‘I learned the need to make it more simple than I already am.’

‘I learned that there are many ways to communicate that is not all verbal.’

Due to the success and positive impact of the project, the Speech and Language Therapy Service will offer further support for new staff who will be involved in the Inclusive Sports Sessions organised in the forthcoming year. These are also due to be rolled out to additional venues allowing more families to access this opportunity in their local area.

12. Refreshing the Carers Strategy - additional support for unpaid carers

In 2023 we prepared and published an updated Carers Strategy for Fife. This built on the firm foundations we have established over the past five years, and sought to create even greater opportunities to support unpaid carers when and where they need it. The refreshed strategy includes five interrelated outcomes which together enhance to support available on a universal, free to access basis, and for those carers in greatest need who meet our local eligibility criteria.

These are some examples of what we have achieved in the last year.

Carers Strategy 2023 - 2026

Created a team of ten specialists within the Partnership who will work together to identify and support carers in their own localities.

Invested £100,000 to support unpaid carers who have an Adult Carer Support Plan to access breaks from their caring role.

Established a Carers Community Fund to support locally based initiatives right across Fife. This innovative fund supported 56 projects with £400,930 funding and include the broadest set of initiatives based on carers own preferences. Examples including walking, reading and arts groups for carers, local carers cafes and open events, garden projects in schools and charities, cooking skills clubs, LGBT+ support groups, men's carers support groups, kindred carers Christmas parties and short breaks opportunities through new Hutting projects.

Created a specific unpaid carers Self-Directed Support Service with £500,000 of dedicated funding administered and supported by two dedicated specialist staff with the ambition to provide carers in the greatest need, who meet the eligibility criteria, with options on how best to meet their individual needs for support.

Invested to create additional opportunities for unpaid carers to access income maximisation support, advice and advocacy in the Wells, through a partnership with our third sector specialist.

Created a new support opportunity for carers of people at risk of losing capacity by helping them to secure a Power of Attorney, including funding their legal and administration fees.

Through a range of partners in the voluntary and third sector, we have supported carers who are in financial crisis with modest grants to help them recover from the significant challenges they face at this time of increased cost of living. This includes support carers (and the persons they care for) to ensure they have a warm home by paying for utility debts, helping carers with emergency grants to replace broken white goods, and supporting carers to travel to see the person they care for in hospital when travel options and time are limited.

13. Re-establishing the Music Therapy Service

Since starting in June 2023, music therapy has been offered on adult and older adult inpatient wards in Fife on a rotational basis. Between August 2023 and December 2023 there was a weekly service offered to Ward 1, Ward 2 and Ward 4 at Queen Margaret Hospital, and a fortnightly service offered to Dunino, Radernie, Elmview and Muirview in Stratheden. Since January 2024, music therapy now offers a weekly service to Ward 1 and Ward 2 at Queen Margaret Hospital, and Radernie and Elmview at Stratheden.

Music therapy supports the hospital-based care section of the Joint Health and Social Care Strategy for Older People in Fife 2011 – 2026 by offering a specialist service that, currently, cannot be accessed in the community. By offering open groups and involving carers in individual sessions for people living with dementia, music therapy is also aligned with the strategic intent to keep carers at the centre of care provision. Music therapy also supports the Fife Population Health and Wellbeing Strategy 2023 – 2028 by improving mental wellbeing, providing high quality person-centred care.

Across the course of the year, the Music Therapy Service has run open groups on a number of wards to ensure maximum accessibility for the patient population. These groups take place in communal areas and are tailored to the needs of the ward, and have comprised singing, instrumental improvisation, music listening, verbal reflection, reminiscence and a therapeutic choir. The graphs included below show the total number of patients engaged through open groups, and highlights that when people engage once, they are highly likely to re-engage, and that when they do engage, they do so for a considerable period of time. The service on Dunino Ward is an outlier in this respect.

Figure 5: Music Therapy Service – Patient Engagement

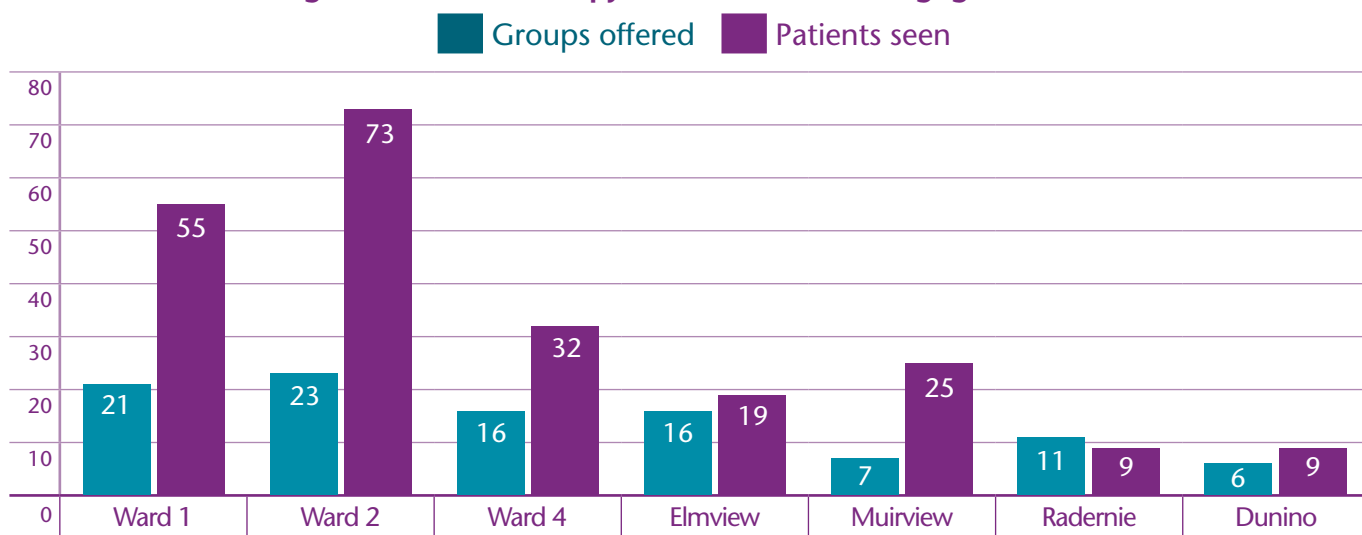
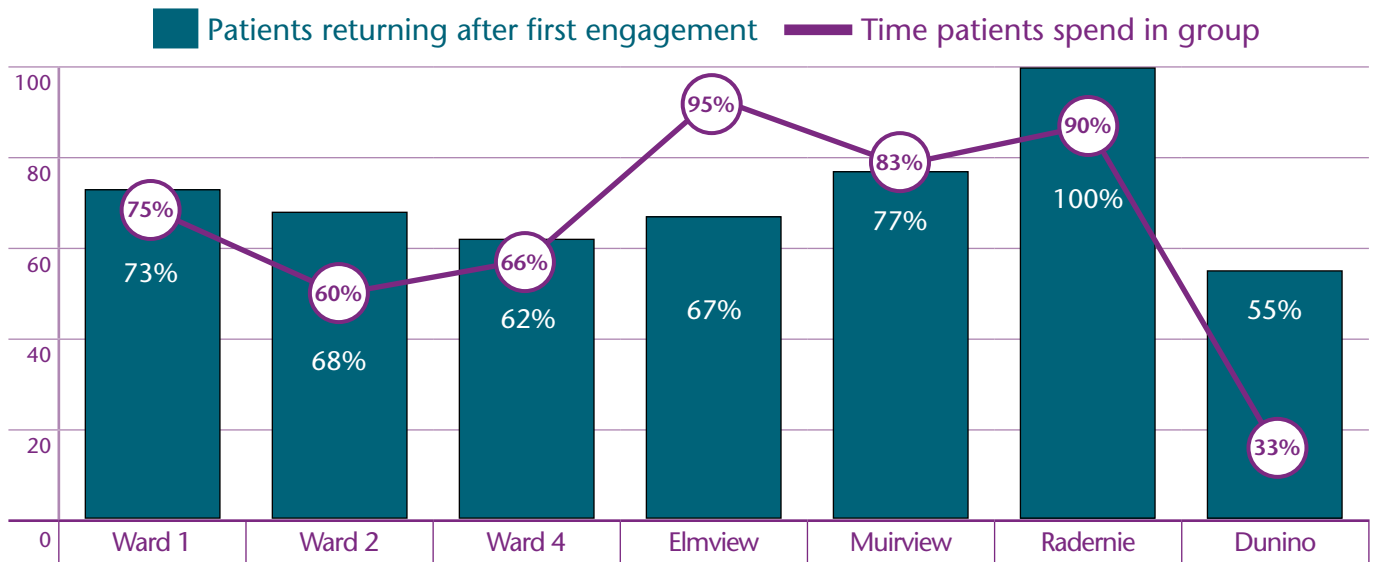


Figure 6: Music Therapy Service – Patients Returning



Music Therapy Groups were advertised on the ward through posters, and patients were also encouraged to attend by consultants, occupational therapists, and other ward staff. On older adult wards, groups are very song based, and use music to encourage communication, movement, and memory, as well as providing an important social and creative experience for the patient population. The open nature of the groups also allows for staff and visitors to attend, and so they are also there to help provide meaningful relational moments between patients and family / carers. On adult wards, groups are more improvisational in their musical offer, and are practiced with a mentalisation based therapeutic stance. Patients are encouraged to use the music to make sense of their emotions and the emotions of others, to explore difficult emotions in a safe environment, to connect with their sense of self, and boost self-esteem.

Patients do not need to be formally referred to attend the open groups, and are able to come and go as they please. The groups have a dual function as an assessment tool for further, individualised work. Of those individuals engaged in the group sessions, 16 have been added to the music therapy caseload for a more focused episode. Patient feedback for the Music Therapy Service has been very positive:

‘Thank you for all your help and support, it’s really appreciated. I will take what I learnt from music therapy with me in life, as well as my increased confidence’.

‘Using music with my therapist has helped me to understand my emotional self, be ‘free’ from perfection and self-imposed dogma’.

‘Using music with my therapist has helped me to understand grief and how to deal’.

14. Investment in Social Work

Prior to April 2023, social work role profiles were updated, and posts established. This involved Social Work Team Managers and frontline staff contributing to the decision to have two Senior Practitioners as subject experts in:

- Dementia and Technology Enabled Care
- Transitions
- Neurodiversity
- Forensics
- Mental Wellbeing and Hoarding, and
- Domestic Abuse.

Additionally, Team Managers contributed to adjustments to the existing Senior Practitioner role profile, which is now a Supervising Senior Practitioner role with greater clarity on the supervisory and manager deputising elements.

In April 2023, several Team Managers were identified to lead on recruitment, including writing the advert to attract the calibre of candidate we want, shortlisting applicants, interviewing, and appointing the best candidate. By October all but one of the twelve subject expert posts was filled, and practitioners had taken up position. The Subject Expert role is new, and it is recognised there will be a lead in time for practitioners to develop their area of expertise. Additionally, the Supervising Senior Practitioner role was amended, which means this group of practitioners also need time to develop their knowledge and skills. Service Managers in Adults and Older People Social Work Services have taken a lead for two Subject Expert areas each and have met with the relevant Team Managers and Subject Experts to develop action plans to support the development of the post.

Quarterly review meetings have been established, chaired by a Service Manager and involving all Team Managers and all Senior Practitioners. There have been two review meetings already, one in November 2023 and one in January 2024. Some Subject Expert roles are associated with practice where there are established local and national forums and local and national training opportunities, and some do not. The quarterly review meetings enable managers and Senior Practitioners to update the group on progress in relation to their action plans and share their experience and any transferable learning. To-date Subject Experts are undertaking agreed roles in relation to:

- MAPPA (Multi-Agency Public Protection Arrangements)
- MARAC (Multi-Agency Risk Assessment Conference)
- Post 16 Transitions.

The Partnership Fife has invested in two dedicated Mental Health Officers (MHO) to support the discharge of patients deemed to lack capacity. The MHOs attend the weekly 51x meetings and provide updates on all cases. They are therefore aware of all cases being placed on the list and liaise with the relevant social worker as soon as this happens. In addition, because of this close work social workers are aware that they can use the dedicated MHOs throughout the process for advice or support. The teams are increasingly identifying potential 51x cases to the MHOs as soon as they are admitted to hospital so that the MHOs are aware from the start and can intervene in the process to mitigate against delays right away.

Case Study

Mrs B was admitted to hospital in February 2024. A Social Worker from an area team had been involved since January 2024 and remained case responsible. The Social Worker had just arranged an increased package of care when Mrs B was admitted, and therefore this had not yet been implemented. The Social Worker began an updated assessment right away, which concluded that Mrs B would now require waking night care. A case conference was undertaken in February 2024.

Often the dedicated MHOs attend case conferences or give advice beforehand however, it was not necessary in this case. After the case conference the Social Worker highlighted to the MHO Team Manager that a welfare guardianship application was required. Due to Mrs B's potential 51x status she was allocated to the dedicated MHO for that area straight away. The medical reports were undertaken within the week and sent to the MHO. In cases other than potential 51x cases, doctors are legally allowed 28 days to complete their report.

The report was completed and submitted to legal services in March 2024 and then lodged in court with a request for interim residence and care powers.

From Mrs B's admission to hospital, the process of assessment, case conference and legal pathway being identified, and completion of the guardianship process was completed within six weeks and before Mrs B even became a 51x patient. Had this been a standard case, the process could have taken a minimum of two months for a local authority case, and four months for a private case, before it was ready for lodging in court.

If interim powers are sought, these can be granted approximately one week after lodging the application at the earliest. If interim powers are not appropriate the granting of the order can take between four to twelve weeks from the date of lodging depending on the court's business.

Through working together closely, social workers, legal representatives, MHOs and doctors are achieving appropriate outcomes for adults much quicker than before, which is reducing long delays in hospital, which are not in the best interests of the patients whose mental and physical wellbeing can be significantly negatively impacted by lengthy stays in hospital when they are medically fit for discharge. Fife Health and Social Care Partnership are committed to continuing to improve this as evidenced by the weekly 51x meetings which include senior management oversight to address any issues that arise, which may cause unnecessary delays.

15. Health Promotion Training Programme 2023 – 2024

The Health Promotion Service is part of Fife's Health and Social Care Partnership. We lead on approaches and services which maintain and improve health and wellbeing and reduce health inequalities. This covers the life course, including early years and children, adults and older adults. Within the service, the Health Promotion Training Team provides and co-ordinates training to enable people working in Fife to contribute towards reducing health inequalities and improving the wellbeing of individuals, families and communities.

The Health Promotion Training Team produce an annual programme which features a wide range of free training and is an opportunity to invest in our workforce through up-skilling and providing a space to share, reflect on and develop best practice. The aim of the programme is to provide accessible, relevant and high-quality learning and development initiatives that build competence and confidence across Fife's workforce to improve health and wellbeing outcomes and reduce health inequalities.

2023 – 2024 was our largest programme to date with a variety of training opportunities to suit everyone’s learning needs. There were over 100 courses available across a variety of health and wellbeing topic areas, including Mental Health Improvement, Poverty Awareness and Transforming Psychological Trauma to name but a few. This is also the first year we have included a Train the Trainers section to ensure the Fife workforce has increased capacity to deliver learning and development opportunities in order to share experience and expertise.

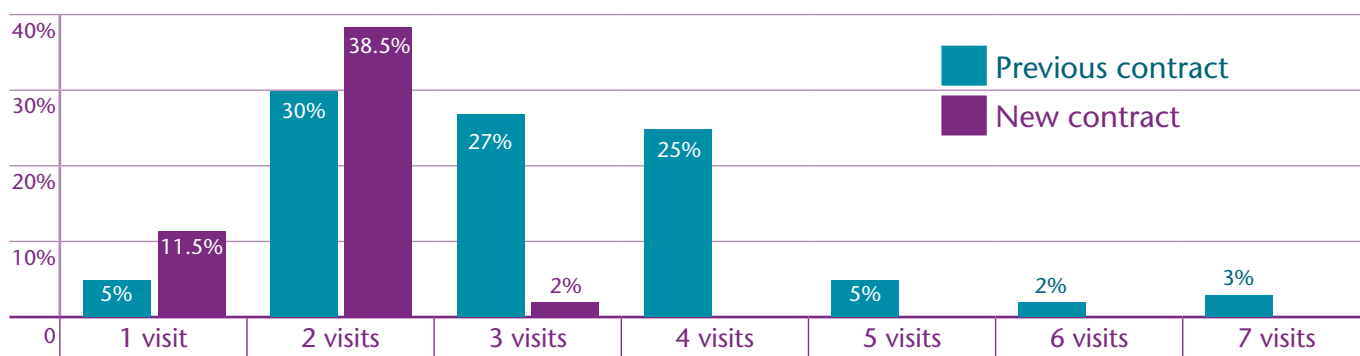
The Training Programme closed at the end of March 2024. This was followed by analysis of the training provision to identify which courses were informative, interesting and popular, and the qualitative input from delegates, including any areas for improvement. The evaluation report recommendations will inform the development of our training programme for 2024 – 2025.

16. Introduction of consignment stock in Podiatry

For over 25 years, NHS Fife Podiatry have ordered bespoke insoles and orthoses from the Tayside Orthopaedic and Rehabilitation Centre (TORT) to support patient care for those with musculoskeletal related injuries and offloading of high-pressure sites at risk of ulceration. The contract in place for the three-year period 2021 - 2024 was agreed at an annual cost of around £55,000. In addition to this contract, the Podiatry Service also purchased off-the-shelf insoles and orthotic devices, at a cost of nearly £25,000 for the preceding year. Following negotiations with TORT it was mutually agreed that the contract would come to an end in October 2023. This was replaced by a consignment arrangement with a new supplier for high-quality off-the-shelf products, and the purchase of some additional devices from other companies. During the initial three months since exiting the TORT contract, the Podiatry Service have achieved an initial saving of over £3,800. Moving forward it has hoped that the new contract will provide savings of around £15,000 per year, with the potential for additional savings based on current ordering trends.

In addition to the financial savings, the move to consignment stock enables patients to be supplied insoles or orthoses on the day of their appointment, rather than an order being sent to Tayside and the patient re-booked for a supply appointment once manufactured. Initial data shows that most patients only require one or two visits to the Podiatry Service using this new method then the previous system. This reduces the number of patient appointments required, which is beneficial for existing patients and helps to build further capacity within the service for future patients.

Figure 7: Comparison of the number of visits required



Following the introduction of the consignment stock we have identified that many patients do not require devices, but benefit more from stretching and strengthening exercises. We are therefore exploring a joint initiative with physiotherapy to support self-management of musculoskeletal conditions within a supportive community environment. This will aim support patients be seen quicker, and implementing measures to promote wellbeing will be earlier.

17. Risk Management Strategy

Fife Integration Joint Board's Risk Management Policy and Strategy was agreed in March 2023, and a delivery plan was put in place at that time. A Risk Working Group has met to progress work on the actions required to deliver the strategy. There are a total of ten actions on the delivery plan. Four have been completed, although further improvement work on two of these is continuing and work is progressing on the other actions.

Risk Management Strategy 2023 - 2026

The IJB Strategic Risk Register was reviewed in line with the new Strategic Plan 2023 – 2026 at a development session for IJB members. The risk register remains current. Work will always be ongoing to ensure the risk register remains as up to date as possible, taking into account external factors and progress on the delivery of the Strategic Plan.

Relevant key performance indicators are aligned to SMART control actions on all strategic risks to provide assurance that these are effective and improving the management of risks. A deep dive risk review process was developed and agreed by all the governance committees. This aims to provide members with assurance that risks are being effectively managed within the risk appetite and agreed tolerance levels. The new deep dive risk review process has also highlighted relevant performance indicators for individual risks.

A formal risk appetite statement was approved by the IJB in July 2023. This supports the management of the strategic risks and is set out within the deep dive risk review process for each individual risk. A presentation on key questions to ask in relation to risk appetite in decision making was delivered to the Quality and Communities Development session on 6 Feb 24 and a paper is being submitted to Audit and Assurance Committee in March 24 which proposes a methodology for considering and evidencing risk appetite discussions to support decision making.

Performance measures have been developed to provide assurance that risk management processes are operating effectively. These include: Movement of the IJB Strategic Risk Profile, Risk Scoring Trajectory and a Deep Dive risk Review Process.

The first two measures are included in risk reporting to Audit and Assurance on a quarterly basis. The deep dive risk reviews are now being progressed through Committees. Updates are provided to the Audit and Assurance Committee.

Further work on the development of performance measures will be considered following the approval of the Risk Reporting Framework and also as part of the development of a risk maturity model for the IJB.

For the outstanding actions, we are aiming to complete three by the end of September 2024, one by December 2024 and the other two by March 2025. The Risk Working Group is also taking forward a review of current training, and availability of training via the partners bodies and externally, in order to support the development and roll out of a risk management training programme.

18. Fife Specialist Palliative Care Service

In December 2015, the Scottish Government published the Strategic Framework for Action on Palliative and End of Life Care which set out the aim that “by 2021, everyone in Scotland who needs palliative care will have access to it”.

Building on this, the Fife Clinical Strategy 2016-2019 called for the provision of ‘robust 7-day specialist palliative care that is able to meet the needs of the most complex patients and their carers in all care settings (including hospice, community and hospital) as well as to support and lead the development, education and support of generalist palliative care across Fife’.

At the end of May 2023, Fife Integration Joint Board approved the proposal from Fife Specialist Palliative Care Service for the introduction of an enhanced seven-day community model.

Victoria Hospice

Refurbishment to the Victoria Hospice completed early in 2023 allowing the Fife Specialist Palliative Care Team to come together in one building. Satellite offices are still available at Queen Margaret Hospital, Dunfermline. The Hospice is set within its own grounds and has a fantastic sensory garden with many out-door seating areas.



Quality Improvements across Fife Specialist Palliative Care Service

- Introduction of Palliative Care Bundle to patients receiving end of life care in the community in collaboration with district nursing colleagues.
- Share information on the bundle with Care Home Managers/Care Home Liaison Team.
- In collaboration with the Scottish Ambulance Service supporting education to care home staff to enhance end of life care
- Support education to primary care colleagues, now extended to care home staff to support shared learning.
- Developing a poster to share information of Specialist Palliative Care Service to acute and Partnership colleagues.
- Working in collaboration with acute and community hospital colleagues to re-introduce rapid discharge checklist to support seamless discharge of palliative patients.
- Re-introduction of palliative champions.

19. Collaborative working for Intravenous Antibiotic Therapy

Key staff within the South West Villages Locality have been trained to administer Intravenous Antibiotic Therapy and, through working in collaboration with Hospital at Home District Nurses, they now have the right skills and knowledge to provide this service in people's homes. This ensures that the right person with the right skill can treat the individual quickly and effectively in their own homes. Additionally, all of the other District Nursing Localities in Fife have staff who are undertaking this comprehensive training so this service can be rolled out Fife Wide. This has led to discussions of what other roles District Nurses can support with intravenous therapies, and collaborative work with the Heart Failure Service is being discussed with a view to District Nurses supporting patients with heart failure.



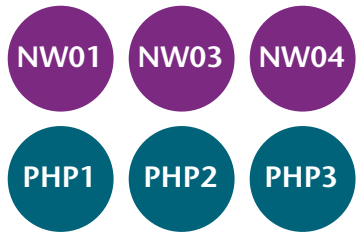
Increased support at home

20. Community Respiratory Service and Hospital at Home Service

The Community Respiratory Team have recently completed the NHS Fife intravenous cannulation and 'safe medicate' training to allow them to administer Intravenous Antibiotic Therapy for patients on their caseload that may require this treatment.

Currently the Outpatient Parenteral Antimicrobial Therapy Service (OPAT) within Fife's Victoria Hospital provides Intravenous Antibiotic Therapy for patients on an outpatient basis, however Fife has a growing elderly population and many of our respiratory patients are too frail to travel or are housebound.

Intravenous Antibiotic Therapy within the patient's home prevents unnecessary hospital admission and reduces the burden on Fife's Hospital at Home Service. The Community Respiratory Team operate a Monday to Friday service mirroring GP (General Practitioner) hours. To ensure people can receive intravenous antibiotics over a seven-day service they are working in collaboration with the Hospital at Home Service to deliver this enhanced care. The training has been undertaken by the entire team, this ensures that staff are appropriately trained and skilled to provide this treatment, enhances continuity of patient care and prevents duplication or unnecessary footfall in patients' homes from multiple services.



21. Podiatry Helpline

The Podiatry Advice Line was launched in October 2023 to support the people of Fife to access foot health advice without the need to refer into the Podiatry Service. The initiative supports people to self-manage their own lower limb health through access to best practice advice, including written and verbal advice and supported online video resources (NHS Inform).

Since introduction, the Helpline has taken over 200 calls, on various topics including general foot pain, fungal infections, diabetic foot screening and nail surgery. The helpline runs two sessions a week to offer supported advice, including signposting to other services and wellbeing initiatives. Caller feedback has been very positive, and results in few callers being recommended to refer into the Podiatry Service.

These graphs show details of the calls received by the Podiatry Advice Line.

Figure 8: Number of calls received

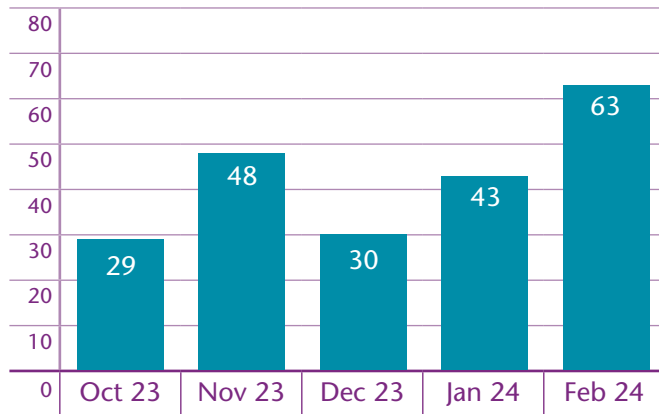


Figure 9: Call outcomes in February 2024

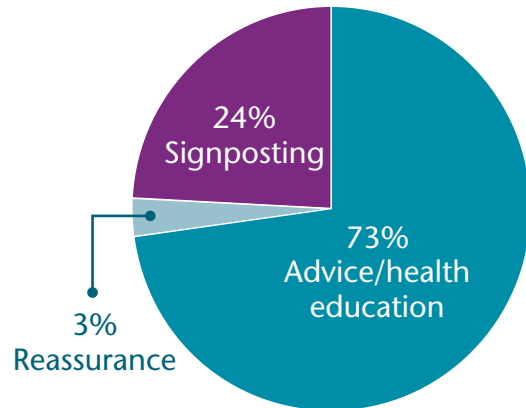


Figure 10: Subject of calls in February 2024

Foot pain	20
Nail cutting	10
Ingrown toe nail	8
Fungal nails	6
Verrucae	6
Basic footcare	5
Referral administration	5
Corn	1
Foot screening	1
Insoles	1

Next steps include further promotion of the Helpline in community areas and various professions to support early intervention. The current campaign has involved a social media campaign and posters within GP (General Practitioner) surgeries and at the Wells. We also plan to update the current podiatry self-help resources and website to support the advice given and provide signposting of relevant information.

22. Improved advice process for orthopaedic and musculoskeletal issues

Advice and information from the Children and Young People’s Physiotherapy Team (CYP) and the Paediatric Orthopaedic Service (POS) has been updated and added to the NHS Fife website. Information was created in different formats for different groups.

- QR codes for the information were generated to promote ease of access for health care professionals referring to either service, providing parents and carers with advice and guidance, and for families to directly access health promotion and self-management advice. (QR is short for Quick Response code, a black and white square which can be used to store digital data).
- New guidance documents were created for GP’s (General Practitioners), Emergency Departments and for use in CYP and POS clinics.
- Posters were also created to display in public waiting areas.

Informal feedback on the new advice and guidance has been good. A survey for patients, families and carers is being developed, and we will collate and review any formal feedback later this year.

Information for patients and relatives
Advice for orthopaedic and musculoskeletal issues in babies, children and young people

1 Discover QR code
2 Scan QR code
3 Access information

Early years, children and young people

- Sleep on Back, Play on Front
- Protecting Your Baby's Head Shape
- Helping Your Baby Ieave
- Advice on Bottom Shuffling
- Rigid Toes
- Toe Problems
- Trigger Thumb
- Flat Feet
- Helping Your Child Move
- Activity Guidelines for Under 5s Not yet walking
- Activity Guidelines for Under 5s Capable of walking
- Hypermobility (Under 5s)
- In-Toeing
- Bilateral Toe Walking
- Popliteal Cysts
- Growth Cysts
- Children and Young People's Early Years web page
- Request for assistance (Self-referral form)
- Please complete the referral form if you are seeking assistance for your child or young person.
- Children and Young People's Professionals Enquiry Line
- Do you have questions about a child's development? If you're a professional based in Fife, call the Children and Young People's Professionals Enquiry Line at 01323 674055 for advice.
- Parent Advice Line
- Parents in Fife with questions about their child's movement, mobility, development, injuries, or pain can call 01323 236399 on Thursdays between 10am and 11am.

Musculoskeletal

- Sever's Disease
- Ankle Soft Tissue Injury
- Patellar Dislocation
- Knee Injuries
- Osgood Schlatters Disease
- Patellar Fasciitis
- SCP Fasciitis
- Posture Advice
- My Pain Tracker
- Physical Activity Guidelines for Children and Young People
- Early Specialisation in Sports Position Statement
- BMJ Parents Scoop
- Children and young People's MSK web page

Neurodisability

- Putting on an AFO (Splint)
- Spinal (AFO) Care
- Footwear for babies (AFOs) Advice
- Rule of 10
- Why Stair?
- A Rough Guide to Lying Straight
- Postural Care Advice Turin
- 24 Hour Activity Advice
- Benefits in Childhood Disability
- Disability Sport Info
- APCP Basic Health
- Children and Young People's Neurodisability web page

Orthopaedic Signpost Poster

Further information is available here: www.nhsfife.org/services/all-services/physiotherapy/children-and-young-peoples-physiotherapy

23. Speech and Language Therapy - Adult and ALD Teams

Fife Health and Social Care Partnership's Adult Acquired and Adults with a Learning Disability (ALD) Speech and Language Therapy Teams launched on Instagram and Facebook in October 2023. We have created posts and stories with targeted information about all things relating to speech and language therapy, including dysphagia (swallowing difficulty), voice, speech and communication, signposting to useful information, feedback about the service, and more. Using these platforms has been a great way to:

- highlight how we can support people with communication and/or eating, drinking and swallowing difficulties,
- provide information to support people with effective self-management,
- improve awareness of speech and language therapy as a profession and Fife as a great place to work.

We have posted 36 times and currently have 210 followers on Facebook and 202 followers on Instagram. Our number of followers increases each time we post!

Our followers include RCSLT (Royal College of Speech and Language Therapists), RCSLT Voicebox, and RCSLT Scotland Office who help us to share our messages more widely.

Our most popular post so far has been about how we swallow. This was released during Swallowing Awareness Week and received 51 likes. These are some other examples our Facebook posts.



Facebook posts for Fife SLT Adults

Our Valentine's Day reel about communication reached 1,264 accounts and was played 1,610 times!

We are hoping to reach more and more people via Instagram and Facebook over the coming months in order to further improve awareness about what we do and how we can help.

24. Shared Lives Fife

Over the past year, our Shared Lives Fife Team has grown to become the largest Shared Lives Carers Group in Scotland. At each quarterly Panel meeting our numbers are growing steadily. At a recent meeting, four new carers were passed for starting to support referred people from all over Fife. It is expected that this will continue into the coming year. Each of our carers support people with a wide range of abilities in their own communities, providing day support, short breaks and long-term support. This success has meant that word of our service is growing in these communities, and we are receiving inquiries from prospective carers at steady rate.

Compared to other services that are available throughout Fife, ours has shown itself to be not only cost-effective, but also sustainable. Our unique matching process means that each prospective carer and supported person knows exactly what each will expect from the relationship they will be entering into. This process takes as long as it needs to; only once both are happy to continue, will it begin. Apart from being a positive and collaborative process, it engenders a friendly and long-lasting relationship between the carer and supported person, as well as their families.

The carers and supported people have gone on to create their own communities – they communicate through social media and emails, and they meet socially for ten-pin bowling nights, coffee afternoons in their homes and recently, a visit to a local pantomime.



Beauty and the Beast – Christmas Panto 2023

In the last six months, Shared Lives Fife have produced a regular online newsletter to highlight what these communities are doing as well as promoting future activities with the Shared Lives Fife Team, such as the forthcoming Shared Lives Week. The newsletter also promotes health and wellbeing, training courses and articles that may be of interest to our carers. It is hoped that this will become more frequent than the present quarterly issues and will have greater input from the carers and supported people. The next issue will have a piece about a new cookery group that was developed by the Shared Lives Fife Team and a Community Education Worker (based at The Centre, in Leven) and carers throughout Fife, and will include recipes from the course. Another article will be about another collaboration between Shared Lives Fife and a Community Support Co-ordinator and his Team who are working to create an accessible format for displaying the results of our annual survey.

Further information is available in our newsletter:

<https://sway.cloud.microsoft/Zrz2ova9LbiyNRVF?ref=Link>

25. Creating Hope for Fife: Fife Suicide Prevention Action Plan 2022 - 2025

Scotland's Suicide Prevention Strategy 'Creating Hope Together' was published in September 2022. Fife's Suicide Prevention workstream remains a priority within Fife's Mental Health Strategy and is represented in the Plan for Fife – Recovery and Renewal 2021 to 2024. The Health Promotion Service, based in Primary and Preventative Care Services, led on this multiagency piece of work on behalf of Fife Health and Social Care Partnership as lead governance, to develop a new three-year Suicide Prevention Action Plan for Fife.

Working with the Partnership's Participation and Engagement Team, the draft Fife Suicide Prevention Action Plan underwent a public consultation process which received 240 responses from across all seven Fife localities. The consultation was designed around the four priorities and outcomes from the Draft Fife Suicide Prevention Action Plan and received significant interest and a substantial response from members of the public and staff who work within services, highlighting the willingness of Fife's population to get involved in the shaping of Fife Health and Social Care Services.

On the whole, the Draft Fife Suicide Prevention Action Plan was positively received, however, the consultation did highlight some gaps within the Action Plan. The Consultation Feedback Report recommended these areas were reflected within the Fife Suicide Prevention Action Plan. This was taken on board and 'Creating Hope for Fife, Fife's Suicide Prevention Action Plan' was updated to include these specific areas of work. The final version will be published on the Partnership's website.

Work to deliver activity against the Fife Suicide Prevention Action Plan is already underway by the Fife Suicide Prevention Multiagency Core Group and associated Delivery Groups and will continue over the next three years. The outcome framework to measure progress for the Fife Suicide Prevention Action Plan will be finalised during 2024 ensuring impact and outcomes reporting are in place.

It is nationally recognised that due to the extremely complex nature of suicide prevention work, and the number of different factors involved, it is not possible to attribute a reduction or increase in suicides to specific action plans or activities. Rather than using percentage targets and numbers as performance indicators, we are working with national colleagues to consider how actions taken are contributing to outcomes for individuals and communities.

26. Parent/Carer Speech and Language Therapy Advice Line

During the coronavirus pandemic, the Speech and Language Therapy Service set up a Parent Advice Line. Two experienced Speech and Language Therapists answer calls twice a week for two hours on a Tuesday afternoon and Thursday morning.

The Parent Advice Line supports the prevention and early intervention of speech, language and communication difficulties that can have such an impact on children and families' health and wellbeing. Importantly, parents and carer are able to speak to a therapist about their child's communication at the time of concern. This allows us to offer access to right person, at the right time, giving the right support to families of children and young people in Fife.

In addition, whilst being realistic about the significant waiting times for families who have submitted formal Requests for Assistance, the Parent Advice Line offers a valuable opportunity for us to support families to self-manage while they are waiting.

All calls are answered, although on busy sessions, we have to offer a call back at a suitable time. The majority of calls are around early interaction, developing vocabulary and speech sounds. Parents are concerned about school readiness, accessing literacy and ability to make and sustain strong peer relationships. The experienced Speech and Language Therapists on the call are able to offer immediate reassurance and advice. Where appropriate, we have recently added the option of a follow up call with a support practitioner to support parents in how to use recommended resources.

During 2023, colleagues from Occupational Therapy and Physiotherapy joined the team and other Allied Health Professionals have plans to do this over the next year.



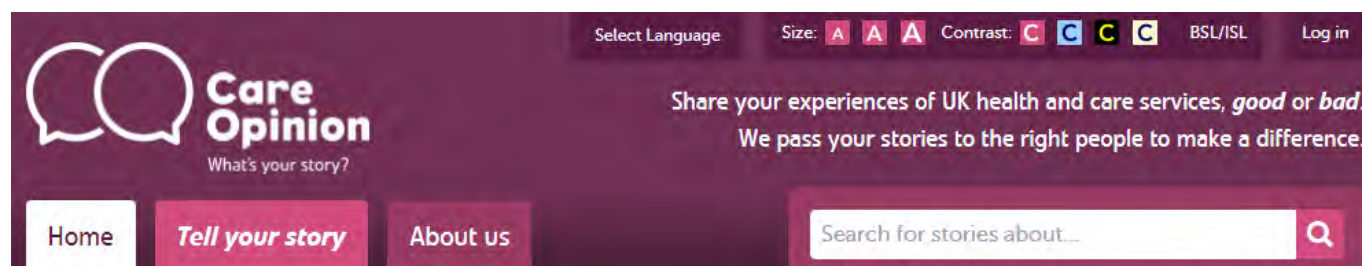
Early intervention of speech, language and communication

Since the service was introduced, we have answered 1764 calls to the Parent Advice Line. In 2023 we received 476 calls.

- 84% of these were about children aged 3+ years.
- 81% were unknown to our service prior to the phone call.
- 25% of the callers were signposted to education support staff.

In some cases, callers are recommended to submit a formal request for assistance; in 2023, this accounted for only 8% of calls.

Moving forward we are currently testing whether a follow up video call with a support practitioner will help families to implement the advice given, and we have plans to test a face-to-face drop in model in local communities. We are also promoting the use of Care Opinion to gain participation and engagement from service users.



Further information on Care Opinion is available here: www.careopinion.org.uk.

27. Adult Neurodevelopmental Pilot Project

Neurodivergent adults are known to experience physical and mental health inequalities, and recent surges in referrals have indicated significant need for service development. During 2023 Fife Health and Social Care Partnership was selected as an adult neurodevelopmental pathways 'test site' by the National Autism Implementation Team (NAIT), and awarded fixed term funding to:

- scope unmet need,
- understand local and national challenges, and,
- propose approaches to improve services and more importantly outcomes for neurodivergent adults.

A small pilot team of multidisciplinary staff was established including clinicians from nursing, occupational therapy, psychology and psychiatry. The Team were able to look closely at local demand and unmet needs, as well as testing out clinical approaches and group work, and establishing links with local third sector services. The Team have drawn together this information to understand how local needs for neurodivergent adults could best be delivered in the future now that this fixed term project has come to an end.

There has been a surge in referrals for neurodivergent adults to the Partnership over recent years, in common with all areas in Scotland, the UK and internationally. This has created challenges for existing mental health services, where most of the clinicians with the skills are located. The pilot project has enabled us to better understand these challenges, and look at how these might be better met in the future.

28. As Required Medication - Person Centred Reporting

The Older Adult Mental Health Inpatient Service aimed to improve pro re nata (PRN) or "As required" psychotropic medication recording and review processes to support focus on non-pharmacological activity as a first line response to the treatment of stress and distress behaviours.

The Service also aimed to provide accurate, timely and patient specific data relating to each administration; contributing to a reduction in PRN usage, improved patient centred care planning and increased non pharmacological treatments.

We implemented a Red, Amber, Green sticker process for PRN administration.

Red indicated Intramuscular (IM) medication	Amber was used for oral medication	Green was applied to non-pharmacological interventions
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This approach has recently been supported by automated data reports which track patient specific trends. Reports were adapted through small scale testing and ward level PRN usage was tracked over time and issued weekly via ward level reporting. All aspects of "As Required" medication use are now tracked and reported at a ward level.

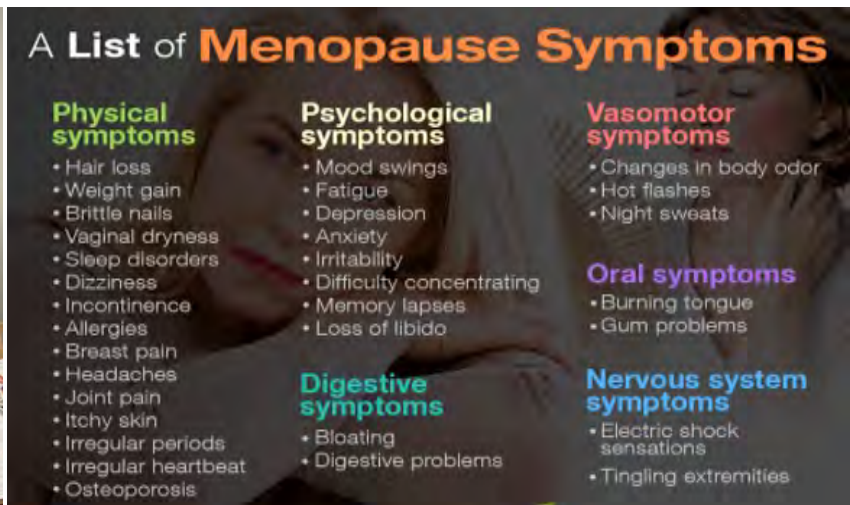
Due to this improvement, the Older Adult Service has experienced a 35% reduction in Oral/IM PRN administration since embarking on this process. Access to patient specific data reports has also led to improved person-centred care planning as well as an improvement in timely patient specific medication reviews. Multi-disciplinary communication has also improved, with data reports providing the necessary information to inform improved patient prescribing. Senior nurses have highlighted that the data reports have been beneficial as they reinforced often instinctive feelings about patient's behaviour patterns.

Whilst the Older Adult Service are familiar with the process and have this firmly embedded into practice, there is ongoing work to further develop the non-pharmacological recording processes into the wider Mental Health Service.

29. Menopause Support to Staff

We host Menopause Cafés every four weeks, these have started in Anstruther (Town Hall), Dunfermline (Oakley Community Centre), Glenrothes (Bankhead), and Leven (Carberry House the wedding room) with more venues to be added soon.

The impact of sharing in a safe space is incredibly powerful, many menopause symptoms are psychological, and it can be difficult to talk about negative emotions like rage, mood swings or self-loathing.



Menopause Café

The Cafés provide a safe space for colleagues to share experiences, grab a snack, and get some support and information. This can be for themselves, their partners, or their work colleagues' menopause symptoms.

30. Deaf Communication Service

The Deaf Communication Service (DCS) are a small team with many years of experience supporting members of the community who are D/deaf, Deaf Sign Language users, hard of hearing, deafened, deafblind and those newly diagnosed with hearing loss. They work to remove barriers to communication by providing information, advice and support to families, carers, friends, the public, employers, employees, service providers and other organisations about hearing loss.

The DCS work closely with other departments within Fife Council and Fife Health and Social Care Partnership colleagues, as well as a range of local partnership organisations and voluntary groups (including Police Scotland, Scottish Fire and Rescue Service, NHS Fife, Job Centre Plus and Citizens Advice Scotland) to provide support to and empower members of the deaf community who access these services.

The DCS utilise digital and social media platforms (including a DCS section on the Fife Council website, the FifeDCS Facebook page and a dedicated Fife Deaf Communication Service BSL YouTube channel) as well as contact options by email, phone, ContactScotlandBSL, SMS or in person at Town House to maximise the reach of the service.

These are some examples of ongoing work and support provision from the DCS during 2023 – 2024.

- Specialist Social Work Support
- Workplace assessments for employees with hearing loss
- One-to-one specialised support for Deafness
- Loan of equipment and hire of loop systems
- Production of written materials in BSL format
- Development and delivery of Deaf Awareness Training and BSL Taster sessions.

We have also:

- Provided bespoke one-to-one British Sign Language (BSL) classes for Deaf refugees from Syria and Ukraine, providing support and communication via Arabic and Ukrainian Sign Language.
- Run a joint DCS/Specialist Clinic based within the Audiology Department at Victoria Hospital, Kirkcaldy.
- Provided advice on communication support (such as qualified BSL Interpreters, Electronic Note Takers, Hands-On (Tactile) Interpreters, Deafblind Guide Communicators and Lip-Speakers).
- Developed and delivered Deaf Awareness Training and BSL Taster sessions.
- Provided information/advice on specialist equipment (for example, Bluetooth technology such as Phonak communication and listening apparatus).
- Produced BSL translated documents from English to BSL as required by the BSL Act 2015.

Given advice and information to other services on making materials/websites accessible to BSL users, and provided other bespoke training as required.

DCS have recently developed a number of Deaf Awareness sessions (including BSL Culture Awareness, BSL Taster Sessions and Deaf Awareness Training) to promote knowledge, understanding and inclusive communication through BSL and deaf culture. DCS continue to produce a BSL translation of the Fife Council news summary every week, accessible for staff via the intranet.



Outcomes

A Fife where we will promote dignity, equality and independence.



NW02

NW05

NW07

PHP3

PHP4

PHP5

PHP6

31. Social Work Service - Adult Support and Protection Activity

Fife Health and Social Care Partnership Adult Support and Protection Team have continued to provide strategic support and direction to our Social Work Services, allowing continual improvement in the area of Adult Support and Protection Practice and engaging a mutual commitment to achieving excellence in this area of our social work duties.

Following the Joint Inspection of Adult Support and Protection by the Care Inspectorate, Health Care Improvement Scotland and Her Majesty Inspectorate of Constabulary in Scotland in 2021, Fife Social Work Services have committed to progressing the areas of improvement identified following the inspection and have continued to seek to identify improvement activity across our Adult Support and Protection practices to ensure our people experience the best possible outcomes.

Our Inter-Agency Annual Audit, completed in October 2023 indicates significant improvements across many areas of our practice including:

- the number and quality of chronologies,
- the number and quality of risk and protection plans,
- the quality and effectiveness of our information sharing with partners,
- the quality of our inquiries and investigations.

We aim to take further learning from this feedback and enhance our auditing tools to enable us to continue to identify areas of practice where we can enhance and improve the quality of the experience for the people we work with. A full-time table of audit activity has been created for the next year 2024 - 2025.

In addition to this, our Adult Support and Protection Team have been working closely with the Scottish Government preparing for the progression of the National Minimum Data Set. Phase 1 of the National Minimum Data set has rolled out and has been implemented across our Social Work Services and Phase 2 is due to progress during 2024.



32. Community Pharmacy - Emergency Naloxone

Naloxone is an emergency medication used to counter the effects of opioid overdose. It can be injected or sprayed into the nose; Naloxone only works if a person has opioids in their system.

The Scottish Drug Taskforce published their Changing Lives report in 2022 which included an action that all community pharmacies in Scotland should hold naloxone for administration in an emergency. This action was realised through the inclusion of emergency naloxone holding as part of the public health element of the Community Pharmacy Contract in October 2023. In NHS Fife, the Pharmacy Services Team have engaged with community pharmacies to ensure that each of the 86 pharmacies across Fife are holding two naloxone kits which can be administered in an emergency and have also offered additional training to pharmacy teams where required. The engagement provided around this service has led to positive conversations with community pharmacy teams about offering a Take Home Naloxone (THN) service which would make naloxone available to those at risk of overdose as well as their friends and family members.



Take Home Naloxone Kits

All 86 community pharmacies in Fife are now in a position to provide naloxone for use in an emergency. Since the engagement around the emergency service began, a further three pharmacies have begun offering a Take Home Naloxone service with another 10 expressing interest. It is our intention to continue to support both the emergency naloxone and THN services moving forward with a particular focus on increasing the number of pharmacies offering THN.

33. Referral to Treatment Target - CAMHS

The Scottish Government referral to treatment target states that 90% of children and young people referred to Children and Adolescent Mental Health Services (CAMHS) are to start treatment within 18 weeks. Fife CAMHS are working towards this target, and aim to offer the right treatment, at the right time and by the right person to enable children and young people in Fife to achieve their goals and be the best they can be. It is hoped that children and young people learn to manage their own mental wellbeing through engagement with CAMHS that will be evident throughout the whole of their lives.

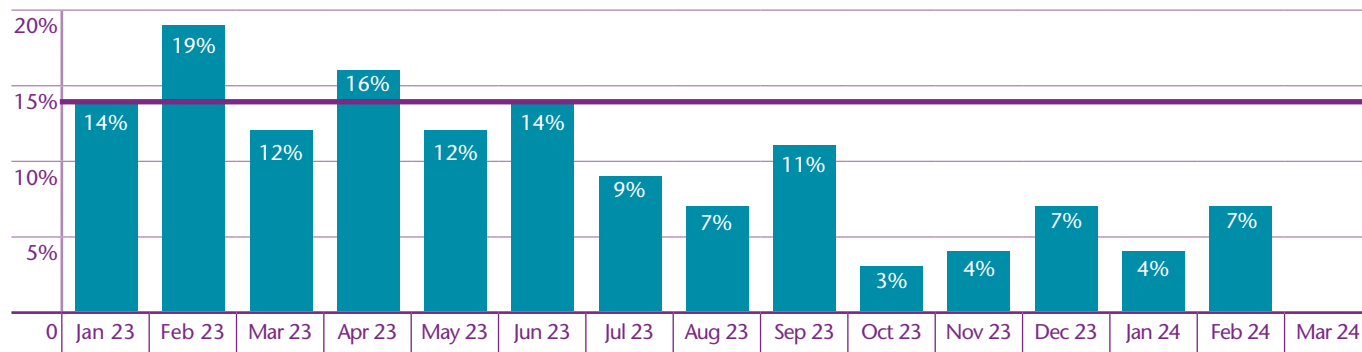
Throughout 2023, the CAMHS web pages were updated to help support children and young people while they are waiting for their CAMHS appointment. Things to Try has an A-Z of topic pages, websites and apps aimed at supporting children and young people’s mental health and wellbeing: www.nhsfife.org/camhs-thingstotry



CAMHS has introduced several improvements over the last year including:

- A new two-tailed approach to appointment booking which considers both the start (priorities) and end of the waiting list (longest waits) and will ensure that the Referral to Treatment Target is met and maintained going forward.
- Additional caseload management support for clinicians which helps ensure manageable and sustainable caseloads, whilst supporting the reduction of the waiting list, and ensuring staff wellbeing.
- Evening clinics which increase CAMHS capacity to offer appointments to the longest waits, and new early intervention groups which support the referral to treatment trajectory.
- The introduction (since February 2023) of written therapeutic letters in response to referrals that do not meet CAMHS criteria. This initiative highlights the early intervention principles of getting the right support at the right time. Therapeutic letters have been an excellent addition to our service and are positively commented on by recipients.
- Introducing telephone appointment reminders which enable families to change their appointment if required, is helpful for families and has reduced the number of 'missed appointments' significantly. For example, in February 2023 the 'Did Not Attend' (DNA) rate for Core CAMHS was 19% in February 2024 this had dropped to 7% as shown below.

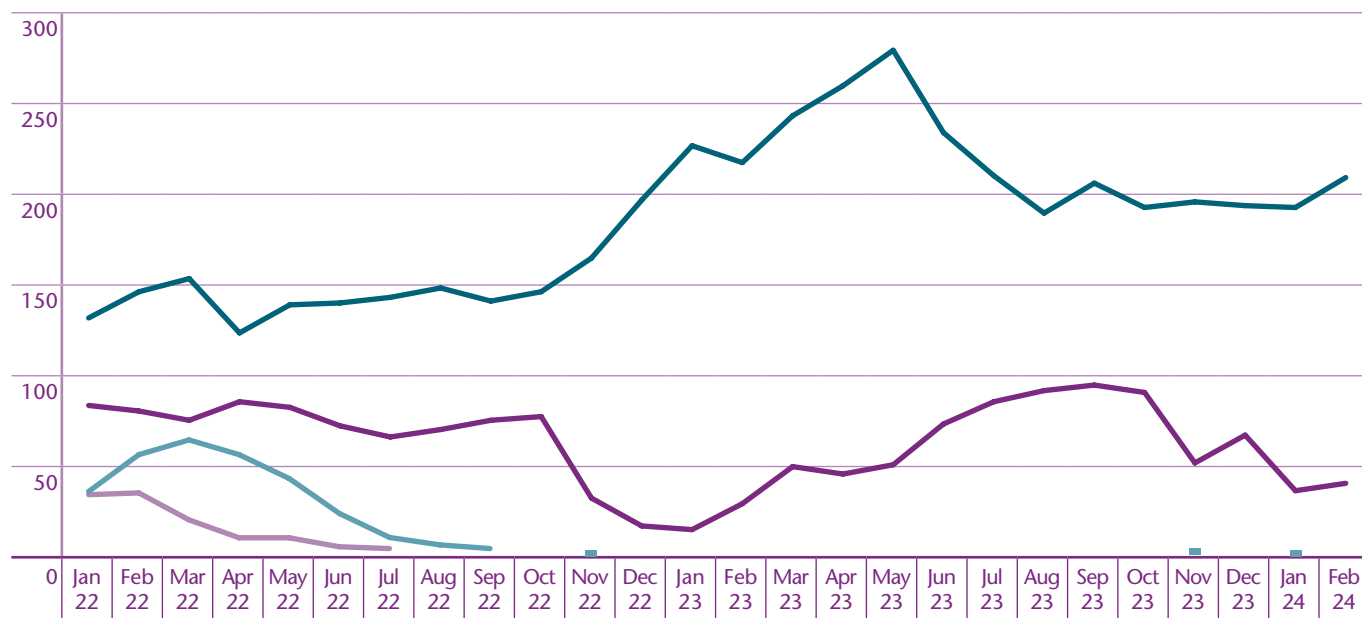
Figure 11: Percentage of 'Did Not Attend' for core CAMHS appointments



The core CAMHS Group Programme supports children and young people alongside receiving individual therapeutic intervention. The groups currently offered range from anxiety support to managing emotions, behavioural intervention and art therapy for autism spectrum disorders (ASD). The number of children and young people waiting over 18 weeks for Fife CAMHS has reduced significantly, with appointments booked as soon as possible to ensure that children and young people are seen earlier.

Figure 12: Number of children and young people waiting for CAMHS

0-17 weeks 18-35 weeks 36-51 weeks 52+ weeks



The line graph shows that in the past two years, the numbers waiting for CAMHS has dropped from 304 (Feb 2022) to 238 (Feb 2024). Currently, no one is waiting over 36 weeks, with the numbers waiting over 18 weeks also significantly reduced from 77 (Feb 2022) to 38 (Feb 2024). CAMHS will continue to put improvements in place to ensure the target is met and children and young people are seen as soon as possible.

34. Postural Management Stroke Pathway

Historically, patients requiring prolonged periods of stroke rehabilitation in a hospital setting did not receive any formal input in regard to their postural care. Patients that were unable to support their own posture, were either cared for in bed or seated in chairs that did not address their postural management needs. On discharge from hospital back into the community, many of these patients continued to be cared for in bed, whilst they waited for many months to have a postural management assessment. The aim of this Project was to ensure that the postural care needs of people within this patient group could be assessed at an early juncture and that their needs could be met both in hospital and that the required appropriate seating and lying equipment would be supplied immediately on discharge.

This new pathway was for Hospital based NHS Occupational Therapy (OT) and NHS Physiotherapy staff to attend a two-day Postural Management Training Course, which was jointly developed and delivered by Specialist Fife Council Occupational Therapy and NHS Fife Physiotherapy staff. The training provided the hospital-based staff with the skills, knowledge and competence to be able to identify and assess the needs of patients with postural care needs. With input from the Specialist Fife Council Community OT service, a range of modular seating systems were identified and purchased by NHS Fife, which enabled staff to be able to trial seating solutions with patients whilst on the hospital wards. With ongoing support from the Specialist Community OT service on an in-reach basis.

This change in pathway and process was achieved without any extra staffing resource being required, by utilising the existing skills, knowledge and expertise of our Occupational Therapy and Physiotherapy staff from across both sides of the Health and Social Care Partnership. Front and centre of this change in practice was the recognition that this would better meet patient needs and produce better patient outcomes. Patients no longer have to endure prolonged periods of care in bed, which can lead to complications with pressure care and skin integrity and can prevent them from being able to participate in social and self-care activities. With postural care needs identified at an early-stage patients can be appropriately seated, able to participate in more activities such as eating and self-care.



Victoria Hospital, Kirkcaldy, and Queen Margaret Hospital, Dunfermline, Fife



Glenrothes Hospital, Fife and St Andrews Community Hospital, Fife

35. Fife Alcohol and Drug Partnership - reduce harm and improve lives

The National Mission Priorities 2022 - 2026 has six outcomes focused on evidenced based themes to reduce harm, reduce substance related death and improve the lives of all people affected by alcohol and drug use. Fife Alcohol and Drug Partnership (ADP) during its current strategic and commissioning cycle 2020 – 2023 has absorbed these outcomes and has used them as strategic themes in the development of the new ADP Strategy 2024 – 2027.

These are the current initiatives employed to address the priorities and achieve the outcomes.

Outcome 1 – Fewer people develop problem drug use

- Commissioned and worked with partners in schools to review the substance use education provided to children and young people.
- Commissioned youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family.
- Provided support for all members of the family where there are young children to help them first prevent crisis and manage it if, and when, it does.
- Provided additional support to children and their families affected by substance use as they transition from primary to secondary school.

Outcome 2 - Risk is reduced for people who take harmful drugs

- Extended our overdose awareness and Take-Home Naloxone training programme to communities, via pharmacies, services, families and businesses in contact with people at risk.
- Created one stop shops in some localities (Kirkcaldy, Levenmouth and Cowdenbeath) for drop in, same day prescribing and on the day support.

Outcomes 3 and 4 – People at most risk have access to treatment and recovery and people receive high quality treatment and recovery services

- The ADP has been focused on embedding and evidencing Medication Assisted Treatment (MAT) Standards into the system of care, creating pathways to treatment and support and improving access to residential rehabilitation.
- Improved our services to facilitate same day prescribing for opiate replacement therapy and ensuring people continue to have choice about treatment and support.
- Improved and extended pathways to residential rehabilitation for people affected by alcohol and drug use.
- Extended our services to engage with people where they are particularly in Accident and Emergency Departments (A&E), hospital wards, custody suites and prisons.
- Built a MAT Standards performance framework that measures real impact and improvements in the lives of people in Fife.

Outcome 5 - Quality of life is improved to address multiple disadvantages

- Invested more in our recovery community service ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing.
- Begun working on integrating care and support with mental health services, primary care and housing to ensure people's care is coordinated and serves all of their needs (MAT 6, 7, 8, 9 and 10).
- Created a dedicated independent advocacy service which supports people's rights and helps their voices to be heard.

Outcome 6 - Children, families and communities affected by substance use are supported

- Commissioned whole family support for families with young children in partnership with our treatment services
- Invested in the development of family inclusive practise training and implementation of this will commence with our operational teams.
- Invested in a family support and carers' service specifically for adult family members or those viewed as family

Alcohol Brief Interventions can be delivered locally by any professional trained to any member of the population where reduction of alcohol consumption can prevent current and future harm. Fife has a local delivery target of 3141 per annum, with expectations that delivery occurs across primary care, ante natal and A&E. Fife performance in 2022/23 was 2751, however this year Fife has greatly improved and is above target in the first three quarters of the year (4984).

Take Home Naloxone is a medication administered to reverse the effects of an opiate overdose. It can be used by any member of the public or anyone professional trained, and it can also be distributed by professionals who have completed trainer training.



Photograph provided by Scottish Drugs Forum: Take Home Naloxone Kit

Take Home Naloxone is part of the (MAT) Standards and Fife ADP set their own annual target of 1400 kits distributed per annum. Performance within the first three quarters of this year has already exceeded this target at 1426. This is a significant improvement from the previous year (1098). Part of this success is training people with lived and living experience, and commissioning a trainer to extend access to groups and communities at risk.

36. Delayed discharge due to incapacity

Through the provision of two dedicated Mental Health Officers to complete suitability reports for Guardianship applications under the Adults with Incapacity (Scotland) Act 2000, there has been a reduction in the number of patients delayed in hospital due to issues relating to capacity.

This has been achieved through early identification of individuals who may find themselves delayed because of incapacity, and been proactive in reducing the risk of delayed discharge by identifying and securing the correct legal decision-making framework. The dedicated Mental Health Officers have supported the local Social Work Teams to appropriately implement section 13za of the Social Work (Scotland) Act 1968 to facilitate discharge from hospital.

The dedicated Mental Health Officers have developed close relationships with Hospital Discharge Team's which has facilitated collaborative working and early identification of individuals who may become delayed due to incapacity. Consequently, strategies to prevent delayed discharge have been developed such as encouraging Social Workers to raise the issue early with families and the convening of prompt case conferences where required. Social Workers are now aware that they can contact the dedicated Mental Health Officer's for advice and support.

The dedicated Mental Health Officers have fostered and strengthened relationships with private solicitors to encourage ongoing liaison about the application of legislation, and to expedite the completion of reports. The Mental Health Officers have prompted private solicitors where necessary throughout the process to avoid delays and encouraged the application for interim powers to further avoid unnecessary delay in hospital.

We have also assisted in identifying suitably trained medics to completing incapacity medicals thus speeding up the process further. As a consequence, suitability reports are completed and Guardianship Orders granted prior to the adult becoming medically fit for discharge, enabling a timeous move and avoiding extended and unnecessary inpatient admissions.

Moving forward, we will develop a commissioning framework in partnership with medical colleagues in the Health and Social Care Partnership to further expedite the Guardianship Process. Working groups have been established to look at how we can develop our ways of working in the future to improve the service even more. "From the front door to discharge".

We are also considering how early advice on Power of Attorney may prevent delays in future discharges. With any Social Work contact we provide the leaflet "What is a Power of Attorney" and explain the benefit and necessity of considering viable options.

37. District Nursing - reduction in pressure ulcers

A Test of Change was implemented in the Cowdenbeath District Nursing Locality. A new document was produced to ensure that all care was being actioned in preventing pressure ulcers in community locations. Pressure ulcers (pressure sores or bed sores) are areas of damage to a person's skin and the tissue underneath. Some people have a higher chance of getting pressure ulcers if they have difficulty moving.

Treatments for pressure ulcers include:

- changing position and moving regularly to help relieve pressure on the ulcers and help stop new ones forming,
- specially designed mattresses and cushions,
- dressings to protect the ulcer and help it heal,
- creams and ointments,
- antibiotics if the ulcer is infected,
- cleaning the ulcer,

The new approach produced a reduction in pressure ulcers for the people involved in the Test of Change, and the improved service will now be rolled out to all Fife localities.

38. Hospital Discharges

The Hospital Discharge Team have encountered many changes this year benefitting the wider Health and Social Care Partnership and our acute colleagues in NHS Fife. The Team receives upwards of 50 referrals per week from within the hospital sites across Fife. In 2022, the time between 'point of referral' to 'point of discharge' was averaging four days; this year has seen this halved to an average of two days with many individuals being discharged on the same day.

This improvement has been aided by several things:

- the introduction of Predicted Date of Discharge (PDD's) across all sites,
- the Assessment Practitioners are now based within the hospital sites.

PDD's are set as close to the person's hospital admission as possible. This ensures that all health and social care teams are working towards a predicted date when the person will be fit for discharge home. This enables better planning and allocation of resources, and is also useful for family members and carers. The Assessment Practitioners located within the hospital sites across Fife has meant closer working relationships, being able to support assessments at an earlier stage, along with ensuring the right care and support is in place to meet the PDD. All have this has ensured there has not been one official delay in the last eight months for anyone awaiting a package of care to support them to go home.

Figure 13: Number of Referrals by Month (April 2023 – March 2024)

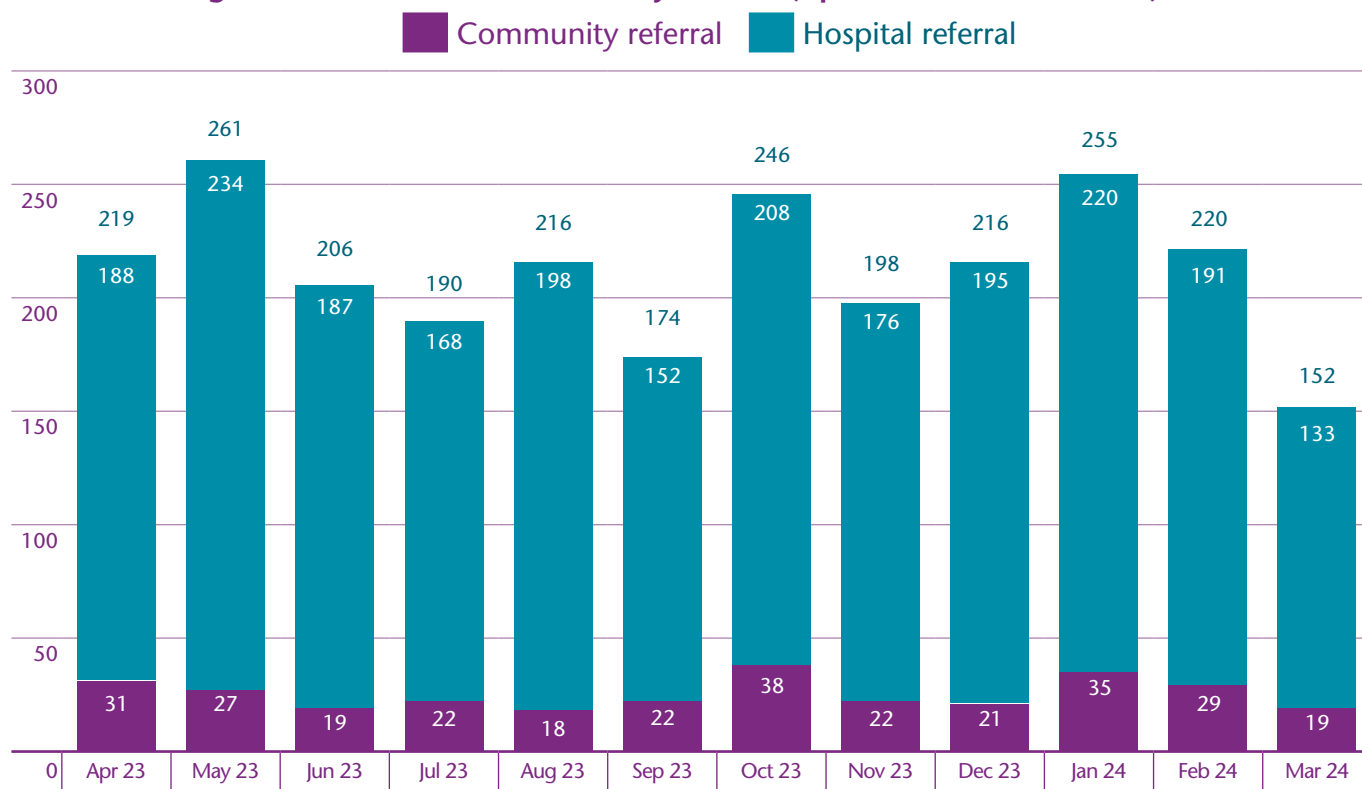
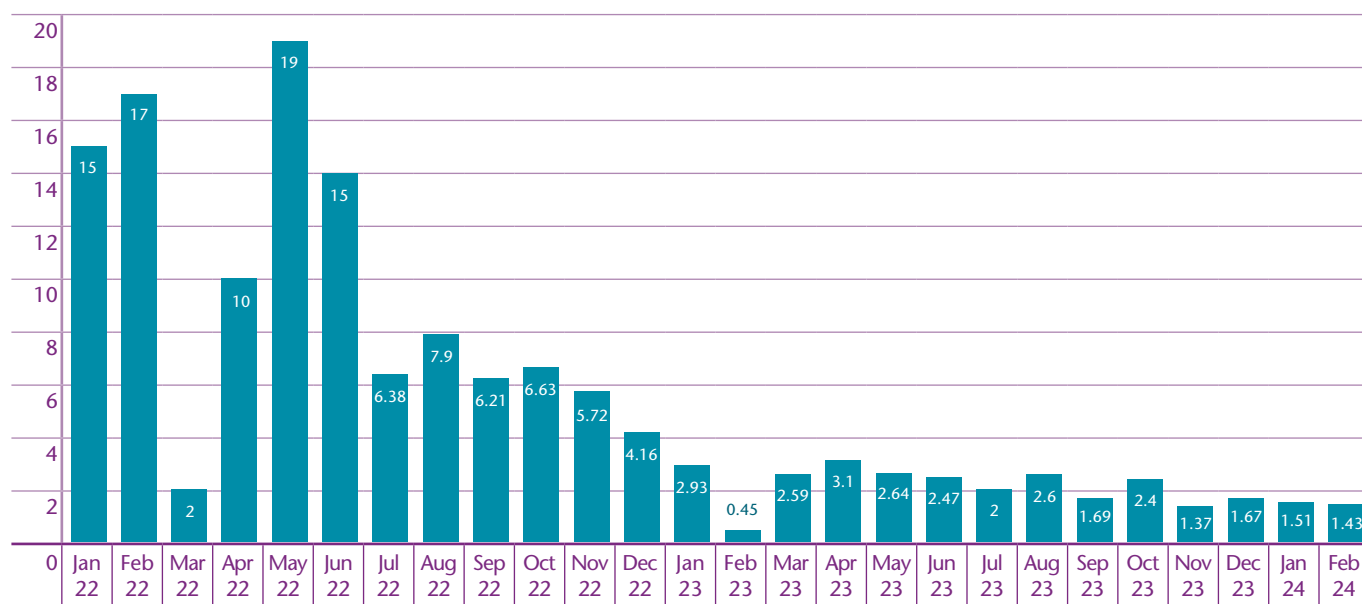


Figure 14: Referral/Planned Discharge Date to Discharge Date (Average Days) (2021 – 2024)



39. Speech and Language Therapy contribution to Frailty Study Day

Speech and Language Therapy contributed to this study day for staff working in care settings and newly qualified nurses by delivering a workshop to:

- Provide information about dysphagia (swallowing difficulty) that can develop in relation to progressive conditions, as well as aging.
- Deliver support and advice to carers on how best to support residents to live well with swallowing difficulty.
- Remind about IDDSI descriptors and encourage the use of this shared language to avoid risk to individuals on hospital admission, discharge and transfer.
- Signpost staff managing with difficulties out with speech and language therapy scope of practice- e.g. medication management.

Outcomes for staff included better understanding of the swallowing process and how this can become impaired; referral criteria; ways to assist mealtimes; moving away from over reliance on thickener; quality information to include in referrals to the Speech and Language Therapy Service.

Feedback from the event organiser has been positive and there was a 100% uptake from the audiences of all the offered resources from Speech and Language Therapy to support proximal care for individuals with eating, drinking and swallowing difficulties. Further study days are planned for other locality areas across Fife.

40. District Nursing - collaboration with Specialist Nursing Teams

District Nursing and Specialist Nursing Teams attend a twice weekly huddle to improve patients journeys and outcomes by identifying the right person, with the right skills and knowledge to deliver the right care in the patients' home. To date patients have been directed to the right person with the knowledge and skills in their condition.

Integration

A Fife where we will strengthen collaboration and encourage continuous improvement.



NW08

NW09

PHP5

41. Supporting safer eating and drinking for adults with learning disabilities

Speech and Language Therapy have been working collaboratively with Partnership colleagues from Dietetics and Social Care Services to create a robust training package for staff providing direct care in services for adults with a learning disability to promote safe eating and drinking. As part of a tiered model of training, we have started to roll out face to face training sessions across Fife supporting staff to understand where risks to safety can exist and how to manage these. In addition to promoting good practice around mealtime support which is important for the safety, dignity and independence of adults with learning disabilities, this project has allowed relationships between health and social care services, which had been negatively impacted by the coronavirus pandemic, to be strengthened.

The planned training programme will continue into 2024 and we are now looking at ways to further support services where staff have completed the training to ensure that appropriate support is available both within services through supervision and from NHS colleagues when appropriate.

‘Learning how all professionals work as a team and about their different roles’.

‘The practical activities – understanding how it feels for the service user’.

‘Information about swallowing, how the muscles work and how it can go wrong’.

42. Establishment of a Health and Social Care Complex Cases Panel

The Complex Case Panel was established in February 2022, to provide a forum for practitioners to table complex case and have access to representatives from all the Complex and Critical Care Services to support decision making in relation to management of risk. The aspiration was to broaden the scope of the discussion, encourage innovative thinking, invite challenge, and increase knowledge of each other’s services. The meeting evolved to also include discussion of cases where there was a request for significant resource.

The Terms of Reference for the Panel were reviewed in August 2023, and this provided an opportunity to consider learning from a number of sources, including from a Joint Learning Review commissioned by Fife Adult Support and Protection Committee.

A revised Terms of Reference has now been agreed. The main changes are that the Complex Cases Panel will no longer just be open to referrals from services within Complex and Critical Care Services but will be a Fife Health and Social Care Partnership Complex Case Panel to consider referrals and support multi-disciplinary consideration and agreement of the Partnership’s contribution to mitigating risk, and to streamline and continuously improve joint working and decision making for complex cases across Fife.

Referrals can be submitted by Team Managers for any service within Complex and Critical Care, Primary and Preventative Care and Community Care Services. It is recognised that there are existing protocols to enable practitioners and managers to escalate risk and the Partnership’s Complex Case Panel does not replace those. Referrals can be made to the new Complex Case Panel where the existing escalation process has not resolved concern about risk.

The revised composition of the Panel is designed to provide appropriate senior management oversight and the ability to agree on deployment of resources if consensus is that this is the least restrictive action to mitigate the identified risk. The Panel will be chaired on a six-month rota basis by Service Managers across the three portfolios of Fife Health and Social Care Partnership. Annual updates will be provided to the Partnership's Social Work Quality Management and Assurance Group.

43. Podiatry campaign to minimise the risk of foot pressure damage

Preventable pressure damage has a significant impact on a person's health and wellbeing. To support services within NHS Fife, the Podiatry Service introduced several campaigns, support documents and education packages to help identify people at risk of pressure damage and recommend strategies to put in place to minimise the risk. These have included the roll out of CPR (Check, Protect, Refer) for feet within care homes, community hospital, acute hospitals and community outpatients. Regular education sessions are offered within all these settings to support upskilling and enhancing learning of staff from all disciplines involved in patient care. On the 16th of November 2023, National Stop Pressure Ulcer Day, a large campaign was launched by the service throughout Fife to highlight the importance of CPR for feet. Advice and guidance materials have been developed for all sectors of patient care; some examples are included below.

CPR FOR FEET

CPR for Feet

C		<p>Check both feet:</p> <ul style="list-style-type: none"> • Are there any breaks in the skin/areas of discoloration? • Are there any ulcers present? • Is neuropathy present? • Is action required?
P		<p>Protect feet if:</p> <ul style="list-style-type: none"> • Pressure damage/ulcer present • at risk due to: <ul style="list-style-type: none"> • Neuropathy • Previous ulcers/pressure damage/amputation • Dry/hoard or fragile skin
R		<p>Refer all patients with a foot ulcer/pressure damage or other major concern to the podiatry department or Tissue Viability Link Nurse for treatment and reassessment of pressure relief requirements.</p> <p>Tel: _____</p>

4 - CPR for Feet - Training Manual

DO NOT DISPOSE

UNLESS DAMAGED OR UNUSEABLE
AND REMEMBER TO ORDER A REPLACEMENT

NOT SINGLE PATIENT USE

FootSafe/HeelSafe/SoleSafe





PRODUCTS ARE WIPEABLE
RETURN TO WARD STOCK WHEN NO
LONGER REQUIRED

An audit is underway to measure the impact of the campaign, this will help identify any further areas of support required. Work is also underway with Scottish Social Services Council to develop a CPR for feet open badge which will provide another method of learning for carers. Further alternative learning initiatives are being explored - in particular to support weekend and evening staff who may not be able to attend day shift training.

44. Post Diagnostic Support - Quality Improvement

The Older Adult Community Mental Health Team in Central Fife have implemented a Quality Improvement Project within Post Diagnostic Support which aims to embed processes to facilitate opportunities for continuous quality improvement.

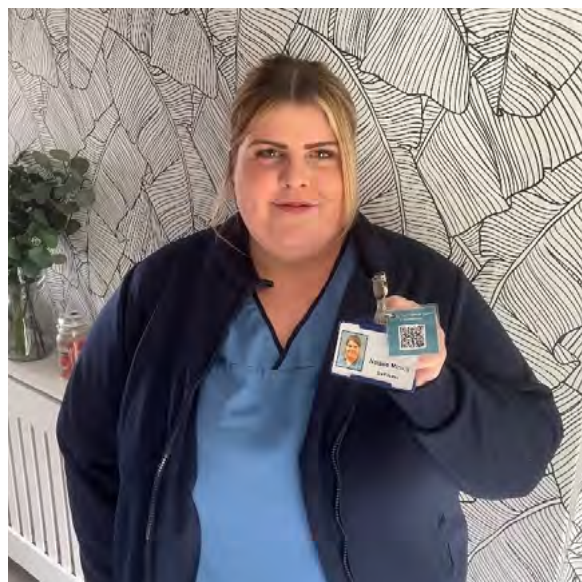
Initially the Team tested the use of paper feedback questionnaires which were distributed to patients at the point of discharge. As part of the Test of Change, using Quality Improvement Methodology, the Team planned to increase the volume of feedback received by introducing the option for individuals to provide feedback using a digital QR code. (QR is short for Quick Response code, a black and white square which can be used to store digital data). The paper-based version was also available for individuals who preferred this approach.

The Post Diagnostic Support Team attached the QR Code to their identification badges so that individuals, and where relevant their family/carers, could access the code easily using their smartphone or another similar device. This remained an anonymous process as staff were unable to see responses which were collated centrally by the Older Adult Management Team. The use of the QR code alongside paper versions has increased response rates and generated a means of gathering important qualitative feedback. The Service can monitor the feedback and use key trends to inform future improvement work, thus embedding a proactive approach to quality.

Since implementing the feedback survey in September 2023, we have received 74 responses using the new QR code option. Moving forward the Service will extend the new QR code option to all Older Adult Community Mental Health Teams across Fife. This will ensure a standardised approach to the collection of feedback and support future developments and improvements across the Service.



The QR Code used by Post Diagnostic Support



45. Occupational Therapy collaboration with Scottish Autism

This project involved locating a Specialist Occupational Therapist (OT) within a third sector organisation providing services to neurodivergent adults in Fife. Scottish Autism's One Stop Shop (OSS) previously received funding from Fife Health and Social Care Partnership to pilot a 'Wellbeing Service', which included OT time seconded by NHS Fife.

A tiered approach to delivery was adopted, following the Universal, Targeted and Specialist model.

There is evidence that OTs can significantly improve outcomes for individuals when they can provide early intervention. Locating this service within accessible community settings is an invaluable way of ensuring easy access for neurodivergent adults.

Two reports were published in 2023; an external evaluation of the project conducted by AT-Autism (commissioned by Scottish Autism) and an OT Report that evaluates the project from an NHS Fife perspective.

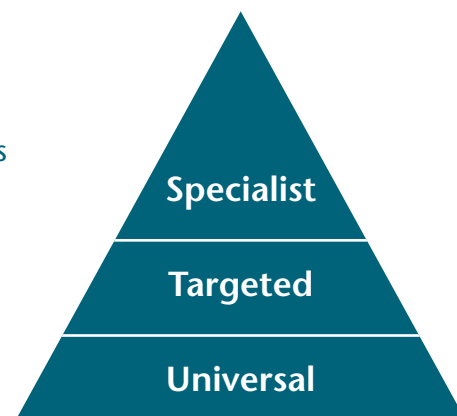
The main findings from AT-Autism were that the project has shown significant impact and showed strong evidence of effectiveness in meeting its stated aims to:

- reduce stress for individuals,
- improve their wellbeing and quality of life, and to
- reduce demand on NHS Fife.

The expectations of participants were mostly met or exceeded, and it was felt that the project had significant policy implications and a strong case for replication.

Some examples of the work completed within the project include:

- Launching new groups for autistic adults within community spaces (e.g. YMCA Cupar and the Lochgelly Centre). These groups were different from other supports offered by healthcare staff in NHS Fife as the pilot was to coproduce sessions with the autistic individuals themselves.
- Supporting individuals to apply for benefits (Adult Disability Payment) and concession bus passes by providing a letter of recommendation, following the OT assessment.
- Referring individuals for specialist support by other third sector and/or NHS services.
- Liaising with key people and services who were most proximal to the individual, and aiming to achieve the best outcomes for each person receiving support (e.g. management within workplaces, care agencies and support staff, parents/carers, other family)



Group Structure In Person

1. 10 MIN UNSTRUCTURED TRANSITION

To allow everyone time to settle into the space, have an informal chat with peers, grab a drink or go to the toilet...(assuming people may be on higher alert from travelling to the venue, with little regulation time to de-stress before arriving to the group environment).

2. WELLBEING CHECK IN

To feedback what the highlight of each individuals week has been. The OT can use this time to assess what everyone's mood is like, then alter the plan for the session that day if required.

3. 15 MIN MOVEMENT BREAK

Set for half way through the session where everyone can 'do their own thing' – e.g. walk to the shop next door, get outside to the car park and outdoor seating area.

4. RELAXED, OPEN ENVIRONMENT

Allow the main door to be open so people feel they can leave for a break or the toilet anytime they like. Also, have sticky labels available so people can write their name and/or how they are feeling with that session.

5. KNOCK ON THE TABLE

The group agreed they would like to 'knock' on the table/wall/chair as an alternative form of communication when they do not feel comfortable with others...for example feeling left out of a conversation that is going on in the room, but have ideas or comments to contribute.

The Wellbeing Service was accessed by 44 autistic adults, these are some of their comments:

'It really helped that you [Specialist Occupational Therapist] were neuro-affirming from day one, you never suggested I should conform to neuronormative goals or outcomes'.

'The OT support was very helpful, it helped me to improve in my day-to-day life. I now have the tools that is needed to solve challenges that I may face daily. I don't need to be anxious or worried about things anymore and I can face the future with confidence. I really appreciate this service. Thank you'.

'I was UNSURE about coming to the group but I am HAPPY that I came. I was ANNOYED there were so few people but PLEASED to have met people who I will continue to keep in touch with. I felt my opinions were VALUED and RESPECTED so when there are more groups in the future they will suit me and my needs better'.

'We have found your [Specialist Occupational Therapist] depth of knowledge and understanding of autism highly impressive, especially as it relates to people who are often rebuffed with 'you do not look autistic' and whose needs have traditionally been underserved. We have valued having access to someone who is specialist - in an area that is so difficult to get support for, let alone specialist support. Thank you for accommodating my needs, generally making yourself open and approachable, and friendly in what are difficult circumstances'.

'The group made me feel very welcome and the other people have been really supportive - especially learning that I am not alone in some things that I struggle with'.

46. District Nursing - Acuity and Dependency Tool

All seven District Nursing Teams in Fife attend a daily safety locality. This safety huddle ensures that workloads are fair and equitable. The safety huddle also highlights key information pertaining to a team and the locality such as level of dependencies on caseloads and what care is required to be delivered. This has been very successful and aligns with the Safer Staffing Act 2019.

The Service have worked together to design and set up the Acuity and Dependency Tool, and ensure that it complies with the requirements of the Safer Staffing Act 2019. The Tool is now used daily in District Nursing.

47. iMatter

Our iMatter responses in 2023 were a record high for us in the Health and Social Care Partnership!

- Our Employee Response Rate increased from 63% in 2022 to 73% this year.
- Our Action Plan completion increased from 53% in 2022 to 87% this year.
- Our overall Employee Experience score rose from 6.9 to 7.1.

This is a result of working collaboratively with our colleagues in NHS to develop new resources, including a manager pack to support good iMatter practice and promote a proactive approach to iMatter across services. We were also out and about, connecting with our workforce in a range of different to hear their voices.

- Online support drop-in sessions for managers ahead of iMatter going live
- Ensuring team information was correct and updated
- Regular email reminders to managers
- iMatter roadshows and presentations at team meetings to reach staff and support managers
- Information leaflets for staff who aren't regularly online, explaining iMatter and why it counts
- Action planning online sessions for managers after surveys were completed
- Communication from our HSCP director in briefings, by email and using video messages
- We updated the eLearning for HSCP managers and for the first time had this added to the Fife Council system, Oracle, to make this more accessible to all managers

We are building on the learning from 2023 to maintain our success in 2024 so that our staff across the Partnership continue to feel heard and valued for the amazing work they do every day.

48. Coach Approach

We continue to promote the 'Coach Approach' as an excellent method for our managers to support their staff, by encouraging active listening and an open, enabling style of communication to empower our workforce in their practice. Our Coach Approach training has been running successfully for two years now and is open to all managers across the whole Partnership.

In 2023 - 2024 we ran five two-day courses, bringing the total number of health and social care staff to have attended the training to 152. In a recent evaluation, 98% of those who have been on the course have said they are using their learning in practice and 96% either have, or plan to, recommend this course to colleagues. The feedback after has highlighted one of the key aims of the course: that managers do not have to have all the answers, but need to be ready to help people find their own solutions to work challenges:

'It is a refreshing method to use, to finally realise that as a manager/team leader, the onus does not always have to be on me, it is about letting people think for themselves and come up with ideas and solution'.

Courses for 2024-2025 have already been advertised and are well on the way to being booked out!

49. Review of Community Nursing Insulin Caseload

Fife Community Diabetes Specialist Nurse Service supports the Home First Strategy 2023 to 2026 through integration and collaboration with other services, reduction in hospital admissions and supporting self-management of diabetes.

The concept for this project was developed after the Glenrothes and Kirkcaldy District Nursing (DN) Teams approached the Community Diabetes Specialist Nurse Team to review their entire diabetes caseload. There was a high number of patients requiring daily visits, often multiple visits per day for insulin administration. The DN's were struggling to meet this increased patient need. The normal procedure would have been for the DN Team to send individual patient referrals to the Community Diabetes Specialist Nurse (CDSN) Team to review their glycaemia and current treatment. This was challenging as Fife CDSN Team are a very small team.

These challenges led to an idea for new ways of working with the District Nurse's Teams to support them to manage their patients on insulin and provide regular professional diabetes education to them at the same time. A Test of Change (TOC) where the CDSN Team, regularly review the entire DN insulin caseload. Initially the TOC started with the Glenrothes and Kirkcaldy DN Teams for a one-hour Microsoft Teams meeting on alternate weeks.



A screenshot from an online meeting using Microsoft Teams.

Patient cases are brought to the meeting by the District Nurse Team Leader and District Charge Nurse for discussion. At the meeting the patient's blood glucose results and treatment are reviewed. Actions are captured during the meeting and emailed to the meeting attendees.

The project aims are:

1. Improve the health outcomes/quality of life of frail elderly patients living with diabetes that require district nursing support to manage their insulin and blood glucose testing.
2. Patients will have appropriate glycaemia targets set that take into consideration frailty.
3. Patient's Treatment Plans will be based on the principles of frailty and realistic prescribing, through holistic assessment that puts patients and their support network at the centre of decision making.
4. Provide regular diabetes support and education to district nursing colleagues to increase their diabetes and insulin knowledge and thus enhance patient care.
5. Provide equitable diabetes care to people with diabetes who are housebound.

Early feedback has shown significant improvement in patient outcomes such as glycaemia control, patient and staff satisfaction. Moving forward we plan to measure patients achieved individualised glycaemia targets, patient and staff satisfaction, staff knowledge increased, numbers of patients reviewed in comparison to previous referrals system. We will measure patient admissions six months prior to the Team's involvement and again six months post involvement.

50. New website for Fife Health and Social Care Partnership

One of the routes in which communities engage with the Fife Health and Social Care Partnership is via our website. The previous health and social care website was developed in 2016 and has had minimal development since this time. As a result, the previous website fell below the standard we would like to present to individuals, communities, and service providers across Fife with out-of-date information, difficult to use navigation, and some accessibility issues.

During 2023 to 2024 we set out to design and build a new Fife Health and Social Care Partnership website, and the new website was completed on 27th March 2024.

These are our objectives for the new website:

1. Deliver a new website that can be used to access relevant information about the Partnership and the services delivered on behalf of its partners.
2. Deliver a new user-friendly website that's easy to navigate with content that's easy to read and understand and adopts best practice for accessibility.
3. Deliver a new website that can be accessed from any device, from anywhere adopting a mobile first approach.
4. Deliver a new website with useful links to the partners, charitable organisations and external resources as well as up to date contact information.
5. Deliver a new website that has engaging content including photos, graphics, and video.
6. Deliver a new website that is accessible, with features such as adjustable contrast, adjustable text size and spacing as well compatible with accessibility software.
7. Provide seamless navigation and reciprocal linking to relevant content on Fife Council and NHS Fife websites.

You can see the new website here: www.fifehealthandsocialcare.org.

Worried About Someone?

Click here to find helpful information and resources



There are sections about the Partnership, and how you can get involved.

About Us

Learn more about us, ways you can get involved and see our latest publications

Senior Leadership Team



Get Involved



Publications



The Integration Joint Board (IJB)



Locality Planning



Feedback and complaints



Privacy Notice



And there is lots of information about the services we provide.

Services

All Services



Information for carers



Find Your Nearest



Addiction Services

Children's services

Community Hospitals

Health Services

Learning Disabilities

Mental Health

Help For Adults

Primary Care

You can find reports and other publications here:
www.fifehealthandsocialcare.org/about-us/publications

Inspection of Services

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

Prior to the coronavirus pandemic, the Care Inspectorate inspected against a mixture of quality frameworks and quality themes depending on the service type. All service types now have a new Quality Framework in place and from December 2022 the Care Inspectorate will report only under the relevant key questions of each Quality Framework. Where a service has not yet been inspected under a new Quality Framework the corresponding grade from the previous quality theme methodology will be used instead. A service's entire grading history, including grades under the previous quality theme methodology, can be viewed on the Care Inspectorate website. Different service types are assessed under different key questions as set out in their Quality Frameworks.

During the period 1st April 2023 to 31st March 2024, the Care Inspectorate inspected:

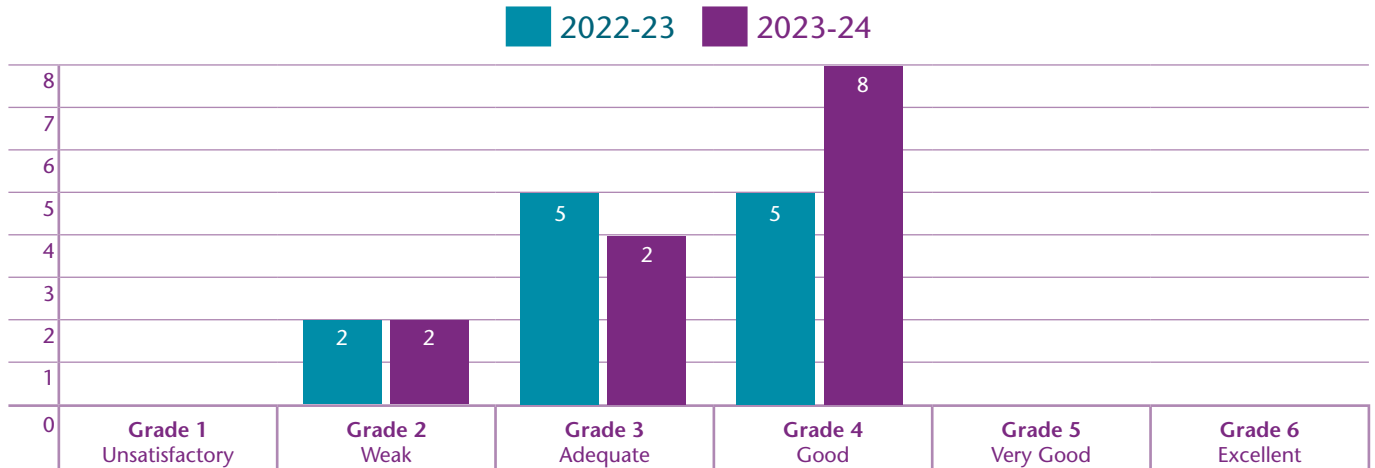
61 Care Home services:

- 9 Local Authority;
- 50 Private; and
- 2 Voluntary or Not for Profit.

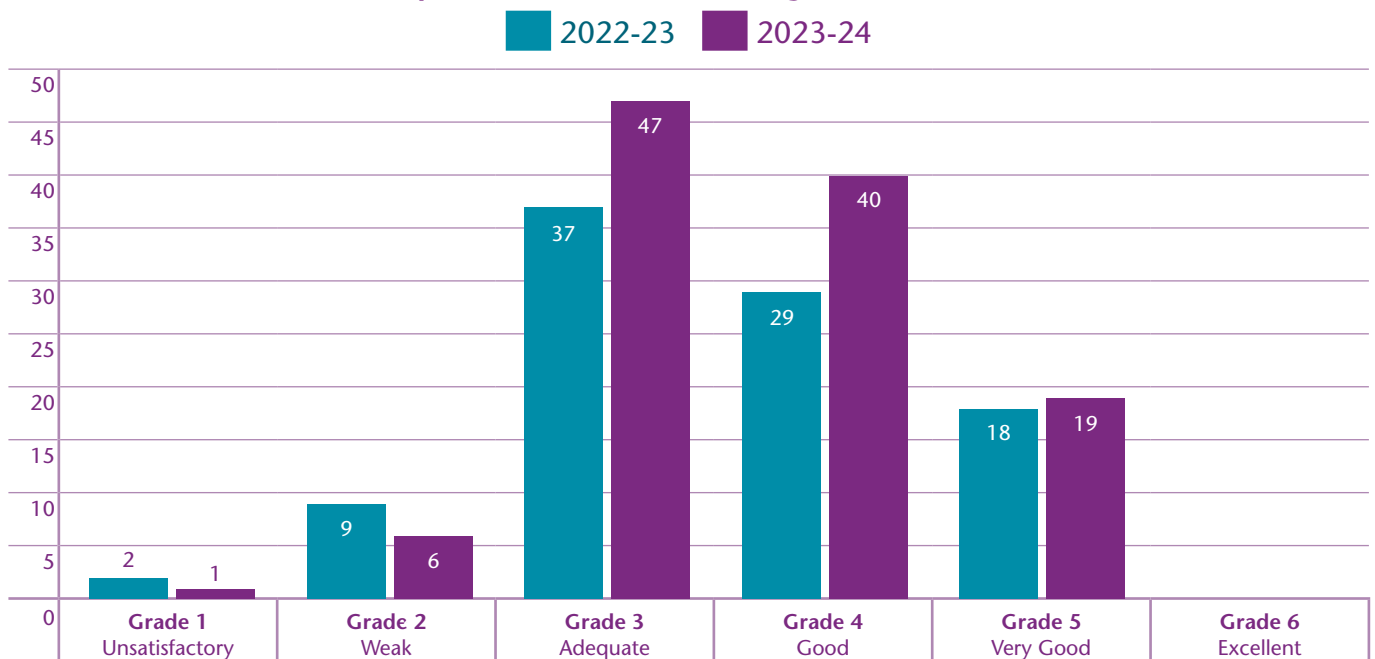
67 Housing Support/Care at Home Services:

- 5 Local Authority (2 are combined services where registered separately for both Housing Support and Care at Home);
- 26 Private; (6 are combined services where registered separately for both Housing Support and Care at Home)
- 36 Voluntary or Not for Profit (13 combined services where registered separately for both Housing Support and Care at Home).

**Figure 15: Fife Registered Services (Local Authority)
Inspections conducted during 2022-2024**



**Figure 16: Fife Registered Services (Private/Voluntary)
Inspections conducted during 2022-2024**



*Please note one of the providers has been inspected but no grades published.

Adult Support and Protection Inter-Agency Audit

An Adult Support and Protection Inter-agency Audit took place in October 2023. The Audit Team included colleagues from NHS Fife, Police Scotland, Fife Council Housing Services, Scottish Fire and Rescue Service, Fife Social Work Services and the Adult Support and Protection Team.

The Audit Team reviewed 46 cases, including a combination of 134 partnership papers. These are some of the key findings from the review.

- Auditors reported correct application of the three-point criteria in 87% of case records (40 out of 46 cases).
- 35 chronologies recorded, 86% of the 35 are of an acceptable standard. An increase of 16% from 2022.
- Key strengths recorded for 26 chronologies ranging from 'accurate facts, well documented, good quality, informative and detailed'.
- 81% of the 30 risk assessments included evidence that multi-agency partners' views have informed the assessment.
- It was evident from 91% of the 34 files that the sharing of information was effective and 94% shared appropriately.
- 44 of the 46 cases (96%) recorded a duty to inquire should have been carried out.
- 36 of the 44 (82%) involved all relevant partners in the duty to inquire. This is an increase of 9% from 2022.
- There was evidence of independent advocacy being offered to 27 of the 46 cases (59%). This is an increase of 4% when compared to 2022.
- 26 of the 46 records (57%) evidenced an improvement in the individual's circumstances because of their journey.

Key strengths were recorded for 34 cases including:

- multi-agency working
- advocacy offered
- fully supported
- focused on service users needs
- process fully applied

Overall, individuals primarily stated that they feel safe and protected.



Getting it Right For Everyone – Fife Pathfinder

From February 2023, Fife has worked with Scottish Government on the development of a new practice model for adults known as GIRFE (Getting it Right for Everyone).

During December 2023 to March 2024, Fife's GIRFE Team were involved in the third phase of GIRFE development work. In this phase we participated in various Scottish Government workshops, along with other pathfinder areas, to support the development of prototypes to support testing of a new practice model (GIRFE). During this time, Fife held a workshop with various stakeholders, including service users and carers, focusing on the experience of transitions from GIRFEC to GIRFE and how this journey can be improved for our local young people and young people across Scotland. Our findings have been fed back directly to the Scottish Government's wider project team and are informing the developing model of practice.

Fife GIRFE Team will step back from active involvement in GIRFE at the end of March 2024. From April 2024, Fife will take on a role as partner consultants and support critical practice input into the testing of the new model going forward. The learning we have gained through this work will be taken into existing developments around our local transition practices.



Getting It Right for Everyone

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.

The level of funding that the IJB will receive from the Scottish Government for its core activities is likely to reduce given the commitments that are in place and the financial challenge that exists nationally. The legacy of higher inflation continues to exacerbate the challenge as any increase in costs will need to be managed internally within the IJB. The IJB approved the Medium-Term Financial strategy in March to address the financial challenge. The medium-term financial strategy and the budget assumptions used in March 2024 will be updated based on all known intelligence and an updated budget gap will be reported to the Board towards the end of 2024. This will no doubt influence the level of future change being planned.

There is still a level of uncertainty as a consequence of the economic circumstances over the last few years. Inflationary pressures, increasing demand for services and the constraint of funding from the Scottish Government could increase the scale of the financial challenge the IJB has to deal with. Whilst the IJB has strong financial management with a Medium-Term Financial Strategy and a financial Risk Register in place to support future budget decisions, the largest financial risk is likely to be the funding envelope received from Partners given the financial pressures that they also face.

Consideration is also being given to other pressures the IJB is facing, for example, achieving savings, strategic growth, and the fact that there remains little to no reserves. As we move forward the IJB will need to consider all options to reconfigure services and potentially use alternative operating models to provide services in a different, more cost-effective way to ensure best value.

'Mission 25' describes the Partnership's ambition to be one of the best performing Health & Social Care Partnerships in Scotland by 2025. This ambition is underpinned by a belief that every staff member has a part to play in us achieving our mission, because when we work collectively with the people of Fife at the centre of our service delivery we will achieve the best outcomes for our people, the most efficient use of our resources, and build the capacity and capability to transform our services for the future.

Systems leadership continues to be a priority for us, and we want to create the conditions where all of our leaders work together towards a common vision by focussing on relationships; building trust and putting people at the centre of everything we do. Going forward it is extremely clear that we must respond to changing needs and wants and services must be modernised. This includes greater use of technology, and we must continue to provide new and innovative methods of service delivery as we have proven through the pandemic years that we can 'get things done'.

Financial Performance

During 2023-24 our services continued to deal with high demand which puts significant pressure on our systems and finances. We need to make the best use of our restricted budgets and resources by redesigning services and doing things differently to ensure the health and social care needs of the most vulnerable people in our communities are met. Robust financial management is a key priority, we are exploring options to achieve efficiencies by improving our systems and processes, for example through better coordination of services or providing alternative delivery models.

Statistics show that the population of Fife has decreased, however older age groups will increase by 2043 and therefore demand for our services is likely to increase further in the coming years. We aim to deliver integrated care through increased coproduction and multi-agency collaboration, and transform the way that people think about their own health and wellbeing. There will be a greater focus on prevention, early intervention and supported self-management will enable individuals to avoid, or reduce, the impact of some health conditions, and to achieve better health and wellbeing for longer.

The IJB approved budget was set predicated on implementing an approved saving plan to deliver £21.437m of savings. A report to IJB in March 2023, sought and gained approval to hold £10m of reserves for use to fund delays in Transformational savings commencing as Business cases were developed. At March 2024, the full £10m had been utilised. £11.437m of savings were delivered by services

Savings of £2.513m were met in 2022/23 by services, however £1.281m was not met on a recurring basis and will require to be met on a recurring basis or using substitutes to ensure a balanced budget position.

Key pressures within the 2023-24 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, Homecare, Nursing and Residential Placements and Residential Care for Older People increased in year.
- The inability to recruit staff to the Partnership which in some cases required higher cost recruitment for locum and agency staff to cover services, particularly in Mental Health Services.
- Volume and Cost increases in Prescribing have been significant. The Optimisation Oversight Group provides governance to ensure the budget is managed as effectively as possible.
- The cost-of-living increase for pay, energy, fuel costs, food costs have an impact on services, with external providers requiring support to deliver services.

The outturn position as at 31 March 2024 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	699,692	705,270	5,578	0.8
Set Aside Acute Services	50,920	50,920	0	0.0
Set Aside Acute Services	46,168	46,168	0	0.0

The IJB reported total budgeted income of £750.612m for the financial year 2023-24, which was made up of £699.692m integrated budget and £50.920m relating to set aside.

The IJB reported total expenditure for the financial year 2023-24 of £756.190m, which comprised of £705.270m spend on integrated services and £50.920m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £12.296m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £50.920m and there is a break-even position.

Our reserves balance at the start of 2023-24 was £37.719m. This was split £16.225m earmarked, £14.065m committed and £7.429 available. In year permission was sought from Scottish Government to re-purpose a number of earmarked reserves for use in other areas.

The core position for the HSCP was an overspend of £17.751m, which was mainly due to Prescribing, Mental Health, Social Care costs for Adults and Older People. At year end reserves of £16.004m were held. £12.173m of reserves balances have been utilised to reduce the overspend to £5.578m.

The £5.578m is reported as a deficit in the Comprehensive Income and Expenditure Statement as at 31 March 2024, and therefore requires to be funded by risk share, per the Integration Scheme.

Within the core overspend position of £17.751m the main areas of overspend within the Delegated and Managed Services are Prescribing £6.441m, Hospital and Long-Term care £10.603m, Homecare £3.253m, Nursing & Residential £2.636m, Older People Residential Care £2.527m and Adult Placements £4.218m. These are partially negated by underspends on Community Services £4.439m, Adults Fife wide £2.840m and Adults Supported Living £4.682m.

The inability to recruit means a greater reliance on locums and agency staff. Increased volume and cost per item within prescribing and increased social care placements are the main reasons for the overspend. This is partly offset by underspends on staffing vacancies and services which are currently being re-designed to better suits users' needs. 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.

The IJB commenced 2023-24 with an uncertain and challenging financial position, demand for our services is rising and services must be transformed to ensure we utilise our resources as effectively as possible.

The IJB approved budget was set predicated on implementing an approved saving plan to deliver £21.437m of savings. A report to IJB in March 2023, sought and gained approval to hold £10m of reserves for use to fund delays in Transformational savings commencing as Business cases were developed. At March 2024, the full £10m had been utilised. £11.437m of savings were delivered by services.

Financial Outlook

2023-24 has been another difficult year with high demands on services and the cost-of-living crisis. Moving forward there is likely to be significant financial reduction in 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. We are facing significant challenge and a savings package of £39m has been agreed as part of the budget setting process for 2024-25.

An increased overspend over the last months of the financial year will require further savings to be presented in year as part of a recovery plan to the IJB.

Strong financial management will be key and close monitoring will be a priority. The HSCP will continue to contain or reduce costs wherever possible and to use all funding streams available to them in order to mitigate the new financial pressures that they face. The HSCP are committed to reviewing all areas of expenditure and identify all possible corrective action that can be taken as an immediate measure to reduce costs wherever possible in order to deal with the new pressures and the challenges arising. It is imperative that every effort is made to control costs within the overall budget.

The medium-term financial strategy will be refreshed for 2024-25 and address the various new and additional pressures which 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.
- 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.
- Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
- Variability - Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.
- Partners Non-compliance with IJB Directions.



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.

Conclusion

This Annual Performance Report provides an overview of some of the key activities progressed by Fife Health and Social Care Partnership over the last year (April 2023 to March 2024).

We have continued to work with individuals, carers, local communities and service providers to deliver the best out-comes that we can for the people of Fife. By listening to local views, engaging with employees and other experts, and by working together as Team Fife, we have continued to ensure that people can access the services that they need - the right care, at the right time, provided in a place that is right for them

The Partnership is currently facing significant budget challenges and pressures. Our Medium-Term Financial Strategy (MTFS) sets out the resources that are available and ensures they are directed effectively to help deliver the outcomes of our Strategic Plan. This informs our decision making and identifies the actions required to support financial sustainability in the medium term. The MTFS estimates any financial gap between the resources available and those required to meet our strategic ambitions for the people of Fife. The MTFS also includes plans to bridge the budget gap, for example proposals for achieving efficiency and redesign savings, and it sets out the medium-term transformational change required to allow us to work closely with partners to deliver our services in the most effective way whilst still balancing the budget.

The demand for health and social care services continues to increase, Fife has an ageing population with increasingly complex and/or multiple health conditions. The longer-term impact of the coronavirus pandemic and the cost-of-living crisis, also places additional pressures on our services. One approach we are taking to address these challenges is to redesign our systems and processes and do things differently. For example, increased use of digital solutions such as technology enabled care, and implementing new delivery models which enable individuals to stay healthy and well at home for longer.

Moving forward, we will continue to improve the quality of care that is available, encourage prevention and self-management, and by working together, we will enable the people of Fife to live independent and healthier lives.



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

www.fifehealthandsocialcare.org

Appendix 1 Governance

Fife Integration Joint Board

Fife is one of the largest Health and Social Care Partnerships in Scotland, next to Edinburgh and Glasgow, with over 6,000 staff, who are employed by NHS Fife or Fife Council, and an annual budget of around £600 million.

The Integration Joint Board (IJB) is the decision-making body for the Partnership. The Board includes representatives from NHS Fife, Fife Council, partners agencies, including the third and independent sectors, and members of the public.

The Chair of the IJB is Arlene Wood, and the Vice-Chair is Graeme Downie.

Voting Members

- The Chair of the IJB is Arlene Wood
- Alastair Grant
- Dr Chris McKenna
- Colin Grieve
- David Alexander
- Dave Dempsey
- Janette Keenan
- John Kemp
- Lynn Mowatt
- Lynne Parsons
- Margaret Kennedy
- Mary Lockhart
- Rosemary Liewald
- Sam Steele
- Sinead Braiden

Professional Advisors (Non-Voting)

- Fiona McKay (Chief Officer of IJB, Interim Director of Fife Health and Social Care Partnership)
- Audrey Valente (Chief Finance Officer)
- Dr Helen Hellewell (Deputy Medical Director/GP Rep)
- James Ross (Chief Social Work Officer)
- Lynn Barker (Associate Nurse Director/Nurse Rep)
- Jackie Drummond (Medical Representative)

Other Stakeholders (Non-Voting)

- Amanda Wong (Associate Director, Allied Health Professionals)
- Debbie Fyfe (Joint TU Secretary)
- Eleanor Hagggett (Staff, Fife Council Representative)
- Ian Dall (Public Rep) Kenny Murphy (Third Sector Rep)
- Morna Fleming (Carers Rep)
- Paul Dundas (Independent Sector Rep)
- Wilma Brown (Staff, NHS Representative)

In responding to the Public Bodies (Joint Working) (Scotland) Act 2014, Fife Council and NHS Fife agreed to integrate services and functions as required within the Act, delegating these to Fife Integration Joint Board. 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 the Integration Scheme.

The IJB is commonly referred to as Fife Health and Social Care Partnership. This is the public facing aspect of Fife Integration Joint Board and is essentially the employees from both organisations working in partnership to deliver health and social care services.

More information on the health and social care services and functions delegated to the IJB are set out within Fife's Integration Scheme which is available on our website:

www.fifehealthandsocialcare.org.

Senior Leadership Team

The Senior Leadership Team provides operational management for Fife Health and Social Care Partnership under the leadership of Nicky Connor, the Director of Health and Social Care.



Fiona Mckay

Chief Officer and Interim 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



Lisa Cooper
Head of Integrated Primary & Preventive Care Services



Lynne Garvey
Head of Integrated Community Care Services



Jillian Torrens
Head of Integrated Complex & Critical Care Services



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



Fiona Mckay
Head of Strategic Planning, Performance & Commissioning



Roy Lawrence
Principal Lead Organisational Development & Culture



Lynn Barker
Associate Director for Nursing



Helen Hellewell
Associate Medical Director



Jennifer Rezendes
Principal Social Work Officer

Strategic Planning Group

Fife Health and Social Care Partnership delivers a wide range of health and social care services to individuals and communities across Fife. Working with partner agencies, organisations in the independent and third sectors, local groups and national bodies, the Partnership supports and cares for people of all ages, and with very different circumstances, needs, and aspirations.

The Strategic Planning Group is responsible for the development and oversight of the Strategic Plan for the Partnership. This includes:

- supporting Fife Integration Joint Board to review the Strategic Plan at least every three years,
- contributing to the development of supporting strategies, delivery plans and annual reports,
- monitoring progress and assessing performance in relation to the implementation of the Strategic Plan, and,
- ensuring compliance with relevant legislative and statutory requirements.

During 2023 – 2024 the Strategic Planning Group (SPG) met five times; these are some of the activities completed.

The SPG contributed to the development of these strategies

- Advocacy Strategy
- Alcohol and Drug Partnership Strategy
- Carers Strategy
- Commissioning Strategy
- Home First Strategy
- Prevention and Early Intervention Strategy
- Primary Care Strategy

And reviewed reports/updates for these strategies and plans

- Armed Forces Covenant Duty
- Children's Services Plan
- Digital Strategy
- Local Housing Strategy
- Mental Health Strategy
- Participation and Engagement Strategy
- Workforce Strategy

The Strategic Planning Group also supported the development of the Partnership's Annual Performance Report 2022 – 2023. Our Annual Performance Reports, along with easy read translations, are published on our website: www.fifehealthandsocialcare.org.

Leadership Teams

Extended Leadership Team

We continued to run our face-to-face Extended Leadership Team sessions (ELT) through the year, running seven sessions, attended by a total of 285 senior leaders across the Partnership, including our Trade Unions and Human Resources (HR) Business Partners to work together on a range of crucial work areas for the Partnership. This is a summary of key activities over the last year.

April 2023

Group work on our Innovation Hubs, which included the development of our new Health and Social Care Partnership website. Our Director of Psychology also ran a workshop on Trauma-Informed Practice.

June

Input from our Independent Sector Lead on the role of the independent sector. Launch of the Alcohol and Drugs Partnership strategy work. Learning and thinking together about the design of services for the future utilising a range of organisational models.

August

Input from the Chief Executive, Fife Voluntary Action on the role of the voluntary sector within the Partnership. The Strategic Planning and Performance Team delivered a workshop on the design of our new Performance Framework. Children's Services also ran a workshop on their role, and how we as a Partnership can continue to promote children's rights in all we do.

October

We ran a workshop that connected Children's Rights, Disabilities and Transitions to the work the Partnership has been doing related to 'Getting It Right For Everyone' (GIRFE) followed by an update on the results of the Local Partnership Forum (LPF) Annual Report. We also ran a short input to establish our Partnership Anchor Working Group.

November

This session was run by our Systems Leadership Group who gave an overview and ran workshops around their learning from the programme.

January 2024

Following an excellent presentation on postural, we focused on our transformation and budget challenges by working together to look at future changes.

March

The whole session focused on our savings programme for 2024 to 2025 and how we will work together to achieve these.

Our first Partnership Systems Leadership Programme



In 2023 the Partnership designed and delivered our first leadership programme, with participants drawn from across the whole partnership including operational, professional and business enabling portfolios, and the independent and third sector alongside partners in Acute Services, Public Health and Pharmacy.

The group had access to individual behavioural coaching, mentoring with the Senior Leadership Team, facilitated group learning, inputs on models and theories of leadership and individual and group exercises to support them in working together on what they thought are the 'wicked problems' we face as a Partnership. The group also spent a day with the Edinburgh Futures Institute learning about the Scottish Prevention Hub they've established and working with the Director and her Team on their real work issues.

We worked alongside Brigid Russell as our External Learning Partner on the programme. Brigid is writing a full evaluation which will be published soon. Feedback from participants included:

'Really informative, it's helped me re-visit my behaviours and areas of my leadership style I need to work on'.

'Taking back what I've learned to my teams – a culture change to having more open and honest conversations and being understanding and thoughtful to get the best out of people'.

'I've learned it's not just about what is in my gift, as one person can't fix everything, it has been about integration and that you need a wider network and systems leadership to drive improvements and sustainable change'.

'This has been a different learning experience – I've learned a lot although it doesn't feel like learning in the traditional sense. It's also been about building relationships, how you see yourself and how others see you'.

'Opportunity for time and space to reflect on your own leadership style – to challenge yourself and how you work with your own teams'.

Further information, and more photographs, are available in this Sway:
<https://sway.cloud.microsoft/2Mh6hC9rF4vVnA5n?ref=email>

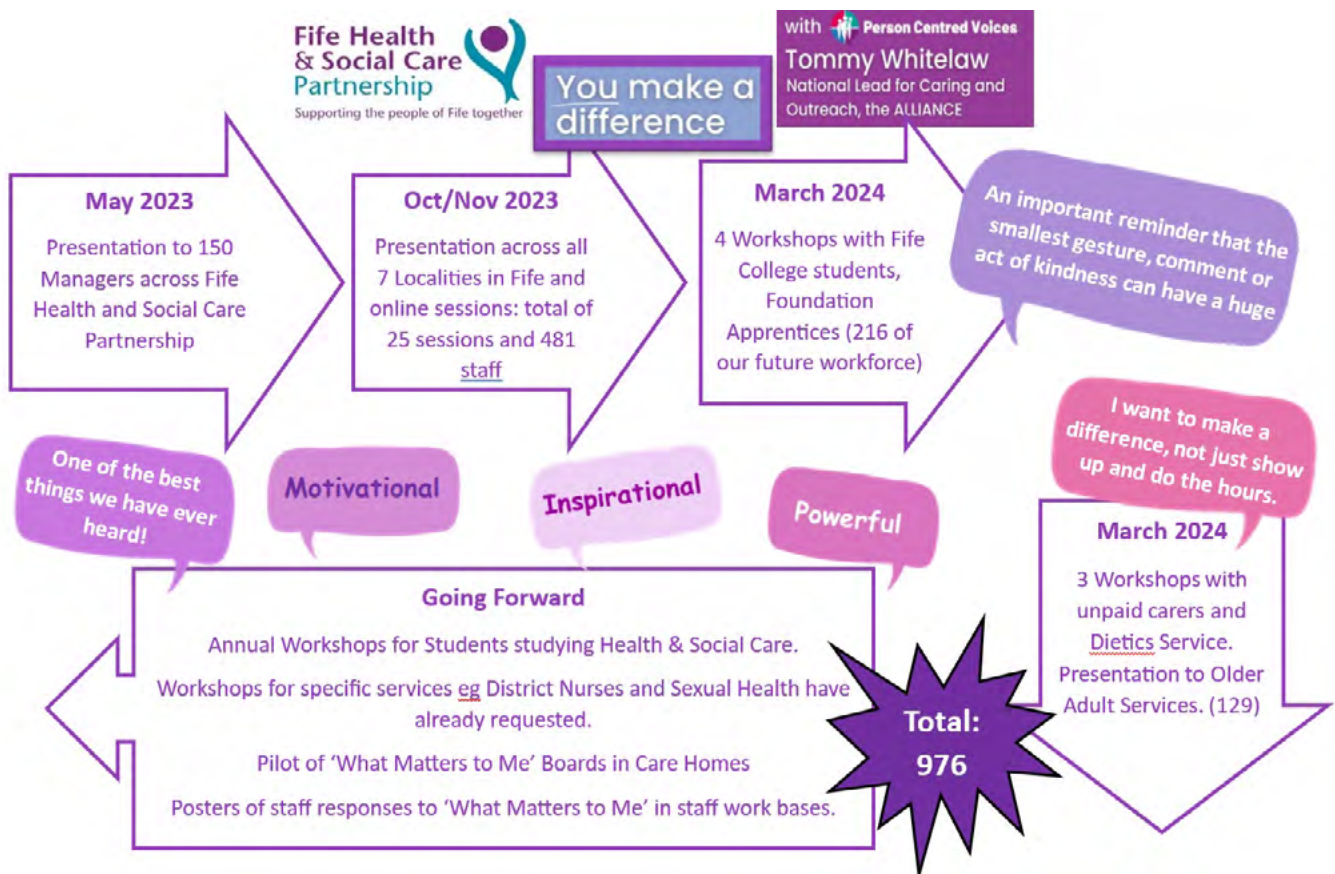
Integrated Leadership Team

In 2023 we built on the success of our ELT by introducing our Integration Leadership Team (ILT) through two half-day development sessions and beginning our 'Keeping Connected' working group, led by our Organisational Development and Culture Service. This team includes the managers who are direct reports to the Partnership's ELT members and our partners across our independent and voluntary Sectors.

Our initial sessions have focused on bringing this group of leaders together, with an opportunity to learn more about each other. This included having information stalls hosted by organisations, services or teams and sharing successes through posters.

In May 2023 we held a half-day gathering in the Rothies Halls. With the Partnership's Director of Health and Social Care and Tommy Whitelaw from Alliance Scotland as key speakers, and tabletop workshops, we had 200 people attend. Tommy spoke passionately about how 'You Make a Difference' – Intelligent Kindness. In November 2023 we met again, this time at the Vine Church in Dunfermline, where 147 people attended. Our key speaker was Dr David Hamilton who continued the theme of 'Kindness' and the impact and links to improve people's mental health.

Those attending our May session were so inspired by Tommy's presentation that we invited Tommy to come back to Fife later in the year. We supported Tommy to deliver 21 sessions across the seven Fife localities and two online sessions, with staff and volunteers across the Partnership invited to attend. We then followed this up in March 2024 with a further nine sessions, this time including specific sessions for Foundation Apprentices, students from Fife College on relevant courses and unpaid carers.



Our first Integrated Leadership Team (ILT) Leadership Programme

To further develop the leadership capabilities of our ILT, a new Leadership Programme aimed at this group was developed and launched in October 2023. The programme was well received with 16 leaders from across the whole Partnership and NHS participating. The programme itself was underpinned by Insights Discovery, a model built to help people understand themselves, understand others, and make the most of the relationships in the workplace. We had five group sessions:

1. **Leading self** – an introduction to Insights Discovery and how to use this to better understand your leadership and strengths that you bring.
2. **Leading others** – a focus on systems leadership and compassionate leadership.
3. **Leading change** – learning how to be ‘agile’ to cope with change and support others.
4. **Communication** – an introduction to coaching conversations and the importance of feedback – giving and receiving.
5. **Culture** – assessing your team culture and starting to think about how you can create a positive team culture.

At the end of the programme each participant received 1:1 coaching sessions and were mentored by participants in the Systems Leadership Programme aimed at our ELT group.

To gain more in-depth feedback, we ran a review session with the cohort; 100% of participants said it was ‘Vital, brought leadership to life’.

When asked what the main change participants were going to make as a result of attending the course, the key theme was around greater personal awareness and the impact of their leadership on others:

‘Self-awareness and awareness of personality types within my team - this has changed how I communicate with them and my expectations. It drew my attention to the culture within my service and what I can do to improve it’.

When asked for any other comments or views, there was a great appreciation of being with people across the whole partnership and the learning from each other:

‘I’ve learnt so much from the course and the other people on it – thank you!’.

‘Feeling invested in as a manager! Really enjoyed the course and learned so much’.

‘Loved the course, leadership courses can be very dry and all theory based. This was very person centred and allowed me to understand myself more and how others see me. Facilitators are great, inspiring’.

Two team members became accredited Insights Discovery Psychometric Tool Client Practitioners undertaking extensive training. As mentioned above Insights Discovery underpinned our Integrated Leadership Team Leadership Programme. The response to the tool has been phenomenal and we have had many requests for delivery to teams throughout the partnership. We aim to ensure the tool will create a common language and is only a springboard to work with teams, and leaders to tackle the challenges that are standing between them and peak performance and finding an environment that inspires them to do their best work.

Further information on the progress of the Workforce Strategy 2022 - 2025 is available in this Sway: <https://sway.cloud.microsoft/yXgYRiqlhuqT4wtYI?ref=Link>

Appendix 2

National Outcomes and Priorities

National Health and Wellbeing Outcomes for Health and Social Care	Fife Strategic Themes	Fife Strategies and Plans
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	Local, Sustainable, Wellbeing, Outcomes	<ul style="list-style-type: none"> • Advocacy Strategy • Alcohol and Drug Strategy
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.	Local	<ul style="list-style-type: none"> • Carers Strategy • Commissioning Strategy • Dementia Strategy • Digital Strategy • Home First Strategy • Learning Disability Strategy • Locality Action Plans • Local Housing Strategy • Medium Term Financial Strategy • Mental Health Strategy • Participation and Engagement Strategy • Prevention and Early Intervention Strategy • Primary Care Strategy • Risk Management Strategy • Workforce Strategy
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	Wellbeing	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Local, Wellbeing	
5. Health and social care services contribute to reducing health inequalities.	Outcomes	
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.	Sustainable	
7. People using health and social care services are safe from harm.	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.	Integration	
9. Resources are used effectively and efficiently in the provision of health and social care services.	Sustainable, Integration	

Further information is available here:

www.gov.scot/publications/national-health-wellbeing-outcomes-framework

Health and Social Care Standards	Fife Strategic Themes
1. I experience high quality care and support that is right for me	Local, Wellbeing, Outcomes
2. I am fully involved in all decisions about my care and support	Local, Wellbeing, Outcomes
3. I have confidence in the people who support and care for me	Local, Wellbeing, Outcomes
4. I have confidence in the organisation providing my care and support	Sustainable, Integration
5. I experience a high-quality environment if the organisation provides the premises	Outcomes, Sustainable, Integration

Further information is available here:

www.gov.scot/publications/health-social-care-standards-support-life

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

Further information is available here:

www.gov.scot/publications/scotlands-public-health-priorities

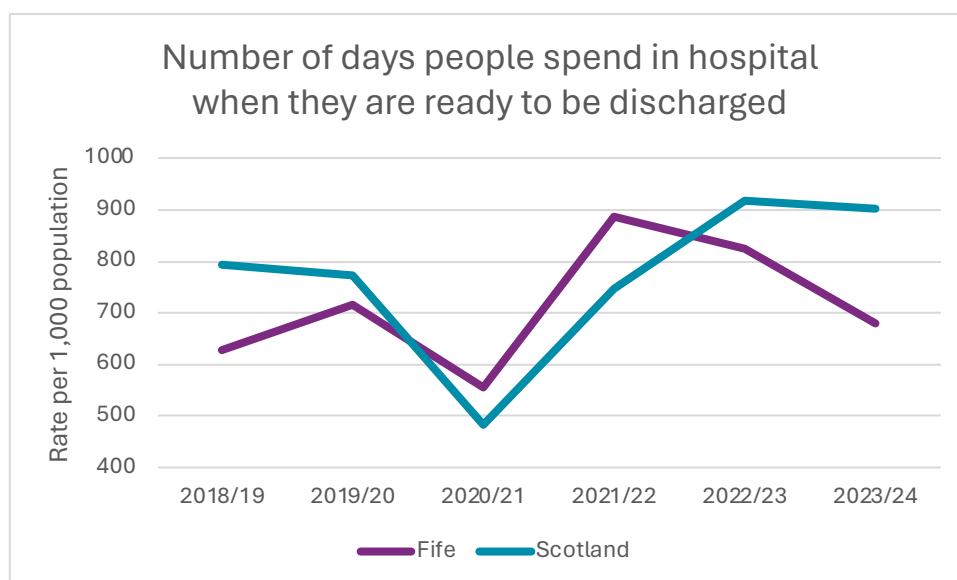
Appendix 3

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.

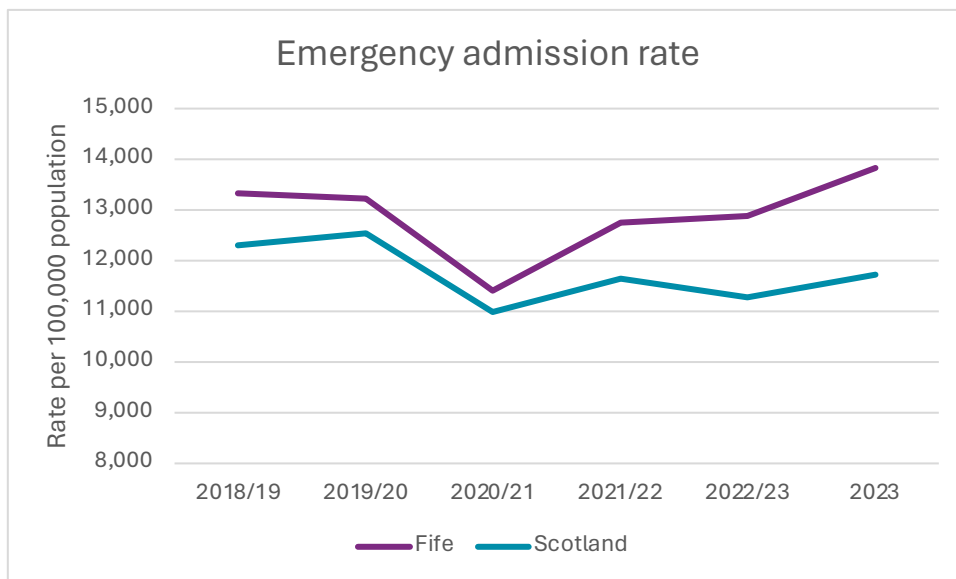
During the period 2020 to 2022 many of the services that we provide in Fife were impacted negatively by the coronavirus pandemic, for example by national lockdown restrictions (such as limiting face-to-face contact) or by staff redeployment to support critical services. These necessary changes have impacted on the services that we can provide and may have had a direct impact on people's experience. Some areas have improved over the last two years, these are highlighted in green, and further information is provided in the main section of the Report. For example, the 'percentage of carers who feel supported to continue in their caring role' (Indicator 8) has increased from 27.6% in 2012-2022, to 30.3% in 2023-2024. This is linked to the update for Community Led Support (page 21) and the section on 'Refreshing the Carers Strategy' (page 37). These improvements have been delivered through our Carers Strategy 2023-2026. We have also significantly reduced the number of days that older adults spend in hospital after they are ready to be discharged home (Indicator 19). This is specifically linked to update 9 'In-Reach Test of Change' on page 33 of the report, update 10, the 'Home First Programme Discharge Hub' (page 34) and update 36 'Delayed discharge due to incapacity' on page 62.

We have also significantly reduced the number of days that older adults spend in hospital after they are ready to be discharged home (Indicator 19). This is specifically linked to update 9 'In-Reach Test of Change' on page 32 of the report, update 10, the 'Home First Programme Discharge Hub' (page 33) and update 36 'Delayed discharge due to incapacity' on page 61.



This graph shows Fife's performance compared to the Scotland rate since 2018-2019. The improvements for this indicator are linked to our Home First Strategy 2023-2026.

Our performance for some indicators has dropped, for example the 'rate of emergency admissions per 100,000 population for adults (Indicator 12) has increased over the last year. In Fife and across Scotland as a whole, the rate of emergency hospital admissions has been consistently increasing over time from 2002 to 2019. As shown in the graph below, there was a drop in the number of emergency admissions during the years 2019-2020 to 2021-2022; this is linked to changes to services arising from the coronavirus pandemic.



Over the last year we have implemented several changes which aim to reduce the number of preventable emergency hospital admissions, for example the 'Levenmouth Test of Change' highlighted on page 27, and the introduction of 'District Nursing Advanced Nurse Practitioners' highlighted in update 6 on page 31. These changes, along with other service innovations, will support improvements in this area over the next year.

The Partnership will continue to focus on remobilisation and recovery, being mindful of the learning gained during the coronavirus pandemic as well as the impact of other external factors including the cost-of-living crisis, higher inflation rates, climate change, and national issues with workforce retention and recruitment.

The financial challenges currently faced by Health and Social Care Partnerships across Scotland are significant. The level of funding that Fife will receive from the Scottish Government for its core activities is likely to reduce given the national financial position. Moving forward we will continue to work with partner agencies, including the third and independent sectors, to address identified issues and ensure that we continue to positively support you, the people of Fife, to live independent and healthier lives.

Fife's performance for 2023 – 2024 compared to Scotland rate

Key

Green	Performance is as expected. Fife's performance is not statistically significant to previous performance, and is similar or better than national performance (Scotland rate).
Amber	Risk is evident that Fife's performance is starting to decline compared to previous performance, and/or a decline compared to national performance (Scotland rate).
Red	Fife's performance is below expected levels and there is a statistically significant decline compared to previous performance and/or a decline compared to national performance (Scotland rate).

Please note results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording. Also results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology. Where available (NI1-9) results were checked for statistical significance.

Use of 2023 calendar year data instead of 2023/24 financial year data for indicators 12, 13, 14, 15 and 16.

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with the recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available with complete and robust data is calendar year 2023. Reporting on 2023 calendar year rather than 2023/24 financial year may not fully reflect local activity, however, this is still recommended due to data completeness levels at the time of reporting.

** Data is not currently available.

Further details for all indicators, including long term trends from 2013/2014, are available on the Public Health Scotland website:

<https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-2-july-2024/>

Outcome Indicators		Fife Partnership Rate	Scotland Rate
NI - 1	Percentage of adults able to look after their health very well or quite well	91.4%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	70.0%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	51.0%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	53.0%	61.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	63.0%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	65.1%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	67.0%	69.8%
NI - 8	Percentage of carers who feel supported to continue in their caring role	30.3%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	69.1%	72.7%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work.	NA**	NA**
NI - 11	Premature Mortality Rate per 100,000 persons	431	442
NI - 12	Emergency admission rate (per 100,000 population)	13,809	11,707
NI - 13	Emergency bed day rate (per 100,000 population)	103,586	112,883
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	118	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.7%	89.1%
NI - 16	Falls rate per 1,000 population (65+)	28.1	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	68.7%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	59.2%	64.8%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	681	902

Outcome Indicators		Fife Partnership Rate	Scotland Rate
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	NA**	NA**
NI - 21	Percentage of people admitted to hospital from home during the year who are discharged to a care home	NA**	NA**
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA**	NA**
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA**	NA**

National MSG Indicators

(Ministerial Strategic Group for Health and Community Care)

** Figures are for all ages except MSG4 Delayed Discharge bed days which is individuals aged 18 and over.

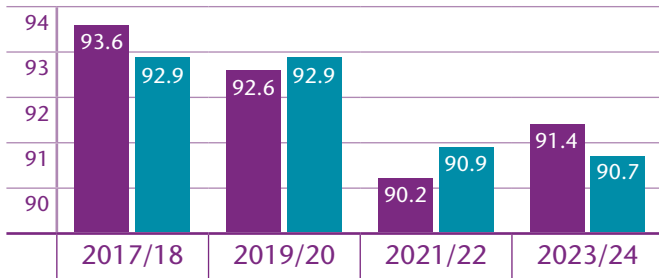
ID	Indicator	Previous period	Latest period	Previous period figure - Fife	Latest period figure – Fife	Comparison to previous period - Fife
MSG 1a	Emergency Admissions*	2022/2023	2023	44,212	47,150	↑ 2,938
MSG 2a	Number of unscheduled hospital bed days*	2022/2023	2023	275,529	250,403	↓ 25,126
MSG 3a	A&E Attendances	2022/2023	2023/2024	90,750	94,191	↑ 3,441
MSG 4	Delayed Discharge bed days	2022/2023	2023/2024	43,363	37,839	↓ 5,524
MSG 5a	Proportion of last 6 months of life spent at home or in a community setting*	2022	2023	89.7%	90.7%	↑ 1.0%

* Data completeness for emergency admissions and bed days for Fife is 92% as at December 2023.

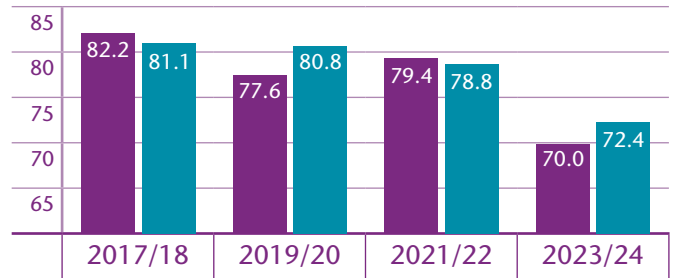
** Figures are for all ages except MSG4 Delayed Discharge bed days which is individuals aged 18 and over.

When reading the graph please note that the arrows relate to performance and the direction indicates whether our performance is increasing or decreasing (improved performance can sometimes mean that a figure will increase or decrease). For example, Indicator 4 (Delayed Discharge bed days) shows that Fife’s performance has improved by 5,524. The arrow points downwards because a drop in the number of bed days (when compared to the previous reporting period) is an improvement.

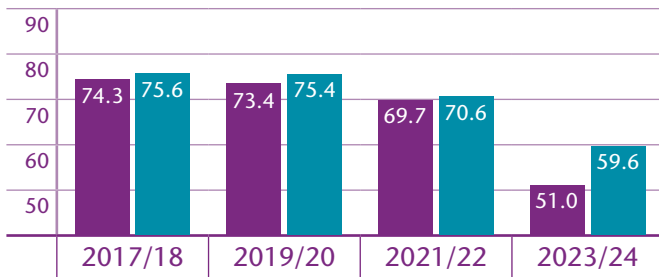
NI-1 Percentage of adults able to look after their health very well or quite well



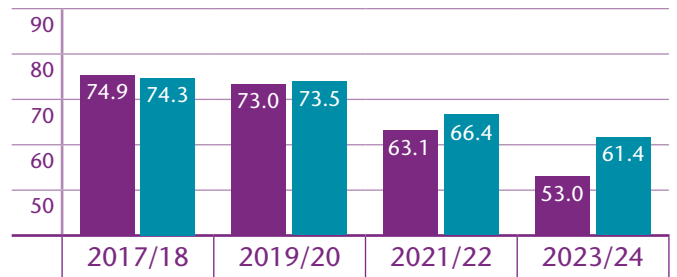
NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possible



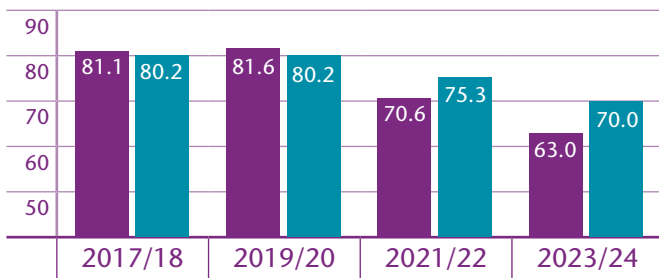
NI-3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



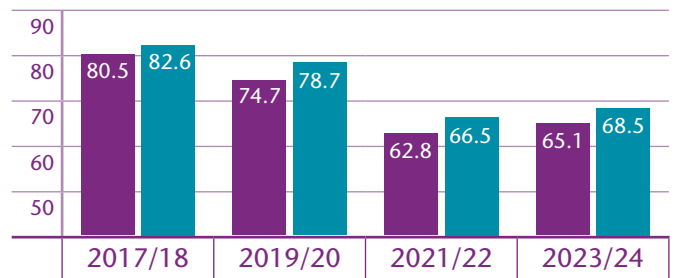
NI-4 Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated



NI-5 Percentage of adults receiving any care or support who rate it as excellent or good

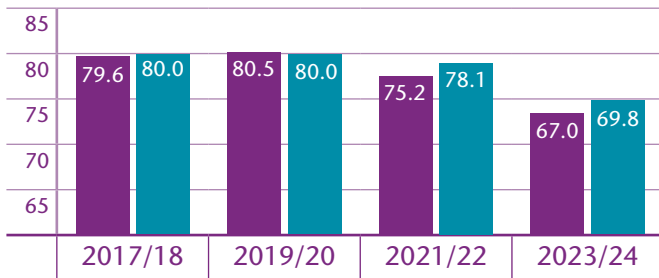


NI-6 Percentage of people with positive experience of care at their GP practice

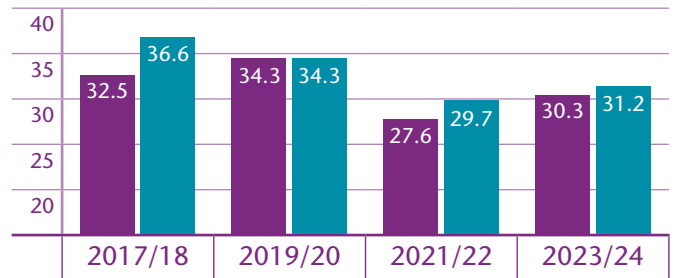


Fife **Scotland**

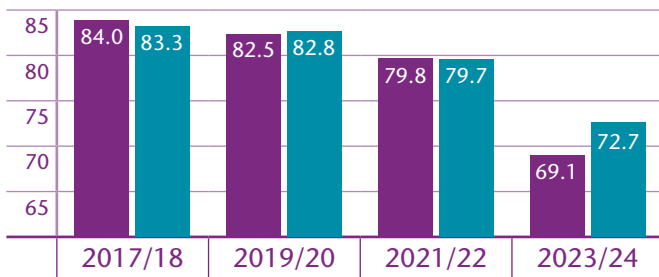
NI-7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life



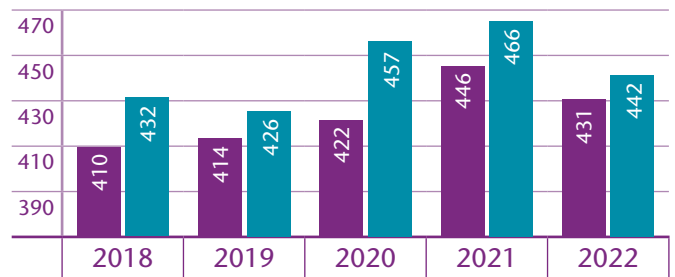
NI-8 Percentage of carers who feel supported to continue in their caring role



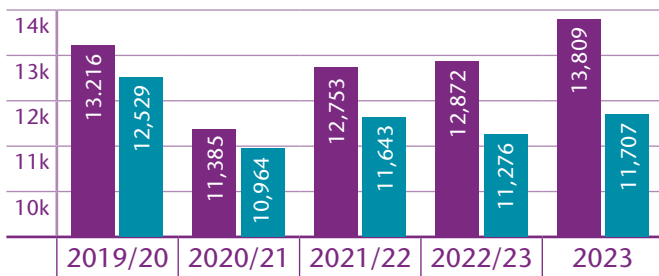
NI-9 Percentage of adults supported at home who agree they felt safe



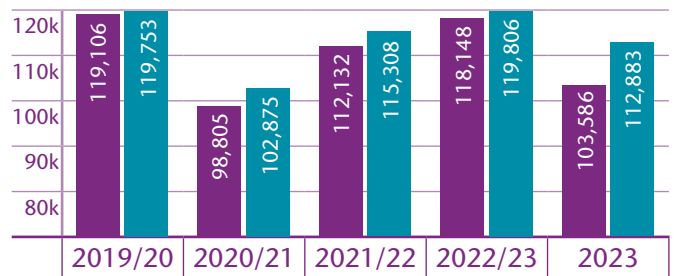
NI-11 Premature mortality rate (per 100,000 persons)



NI-12 Emergency admission rate (per 100,000 population)

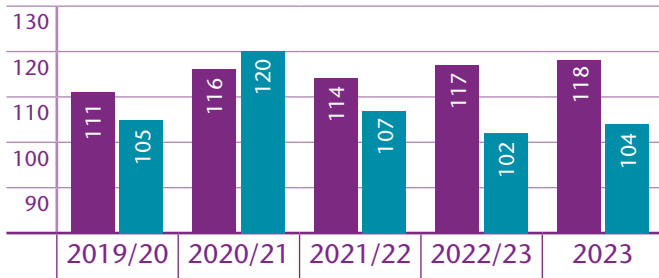


NI-13 Emergency bed day rate (per 100,000 population)

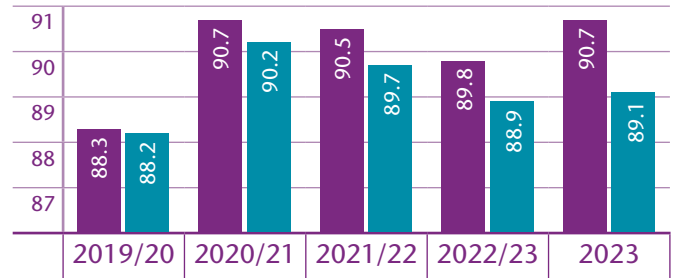


Fife **Scotland**

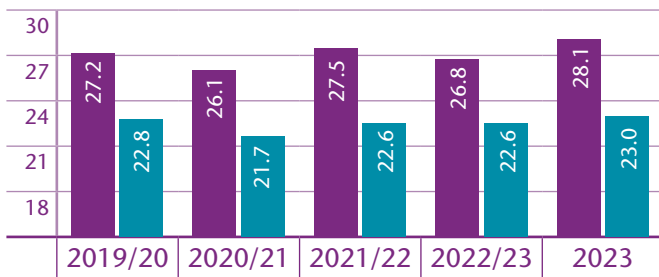
NI-14 Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)



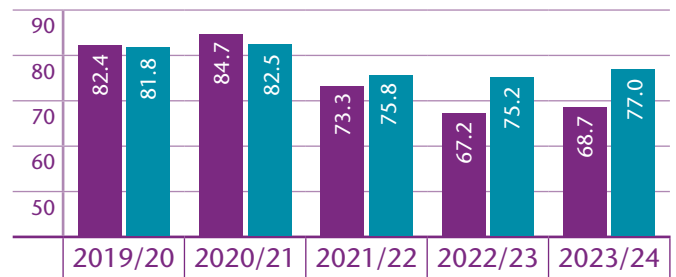
NI-15 Proportion of last 6 months of life spent at home or in a community setting (%)



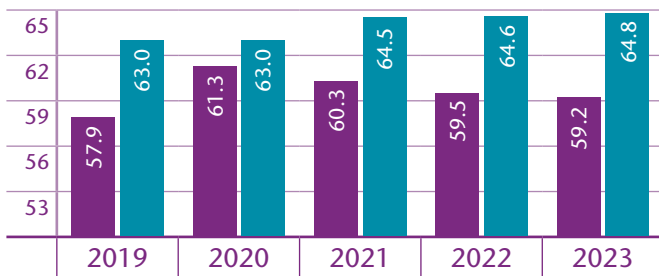
NI-16 Falls rate per 1,000 population aged 65+ (%)



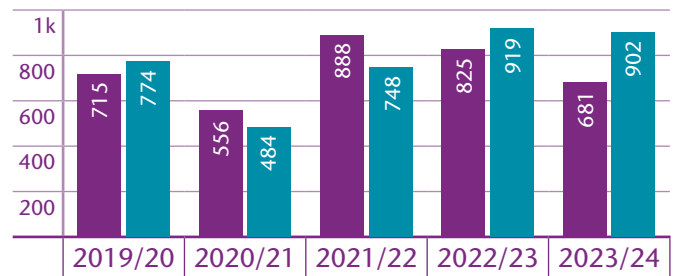
NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (%)



NI-18 Percentage of adults with intensive care needs receiving care at home (%)



NI-19 Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)



Fife **Scotland**

Appendix 4 Financial Information 2019 to 2023

Delegated Services (as at 31 March)	2019			2020			2021			2022			2023		
	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Objective summary															
Community Services	97.812	93.586	-4.226	107.695	102.295	-5.4	123.319	120.719	-2.600	117.475	109.699	-7.776	131.850	116.531	-15.319
Hospitals and Long-Term Care	52.867	55.259	2.392	54.839	57.197	2.358	56.000	56.666	0.666	59.103	64.717	5.614	66.468	77.071	10.603
GP Prescribing	72.293	74.448	2.155	73.807	73.799	-0.008	70.979	70.955	-0.024	75.581	76.337	0.756	79.202	85.643	6.441
Family Health Services	93.005	92.911	-0.094	99.765	99.749	-0.016	103.878	104.367	0.489	115.186	115.554	0.368	122.801	124.329	1.528
Children's Services	15.37	14.897	-0.473	17.544	17.077	-0.467	18.202	16.913	-1.289	16.198	15.789	-0.409	17.893	17.737	-0.156
Social Care	196.627	206.252	9.625	204.635	214.814	10.179	243.682	239.459	-4.223	262.759	256.113	-6.646	279.741	282.222	2.481
Housing	1.574	1.432	-0.142	1.665	1.656	-0.009	1.324	1.324	0.000	1.699	1.329	-0.37	1.737	1.737	0.000
Total Health & Social Care	529.548	538.785	9.236	559.95	566.589	6.639	617.384	610.403	-6.981	648.001	639.538	-8.463	699.692	705.27	5.578

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/>
- Health and Social Care Standards
www.gov.scot/publications/health-social-care-standards-support-life
- 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
- Care Inspectorate
www.careinspectorate.com

Alternative Formats

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

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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

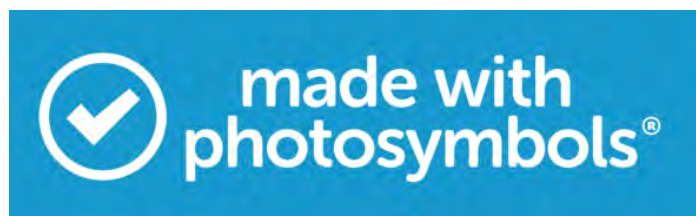
**Fife Health
& Social Care
Partnership** 



Annual Performance Report

2023 – 2024

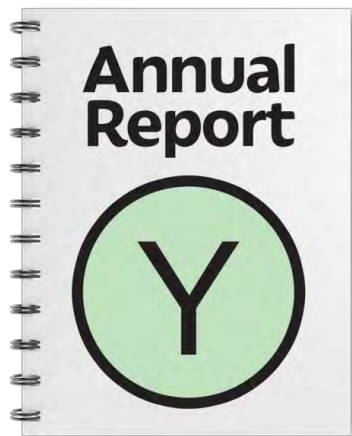
Easy Read Version





There may be some words you don't know in the document. When you see them for the first time they will be in bold.

There is a word list with the meanings of these new words at the end of the document.



This Easy Read document is about Fife Health and Social Care **Partnership's** Annual Performance Report.



An annual performance report tells us about the good things that an organisation has done over the last year.



This annual report is for 2023 to 2024.



This annual performance report is linked to our strategic plan.



A **strategic plan** is a document which sets out what the Partnership wants to do over a few years.



The purpose of our strategic plan is to help the people of Fife to be able to live independent and healthier lives.

Usually our plans go well and we do improve our health and social care services.



Sometimes changes might take longer because our staff are working on other things.

For example the coronavirus pandemic and the cost-of-living crisis have both changed the way that we do things.



More than 374,000 people live in Fife.

Over time the number of older people living in Fife will increase.



Fife is divided into 7 areas. These are called localities.

The 7 localities are:

1. Cowdenbeath/Lochgelly
2. Dunfermline
3. Glenrothes
4. Kirkcaldy
5. Levenmouth
6. North East Fife
7. South West Fife



Each locality decides which services are most important to them. Everyone has a chance to get involved.

Locality teams work hard to support the people who live there.



The Integration Joint Board makes decisions for the Health and Social Care Partnership.

The person who leads Fife Integration Joint Board is Arlene Wood.



Fife Integration Joint Board also includes people from:

- Fife Council
- NHS Fife
- other local care providers
- members of the public



Fiona McKay is the Chief Officer of Fife Integration Joint Board. Fiona is also the Director of Health and Social Care.

Fiona leads the Senior Leadership Team to deliver services across Fife.



The Senior Leadership Team oversee the daily working of the Partnership.

They are all experts in different areas and lead teams with specialist skills.



We want to improve health and social care services for the people of Fife.

Over the last year we have worked with lots of different people to do this.



Fife Health and Social Care Partnership includes employees from:

- Fife Council
- NHS Fife
- voluntary sector
- other local care providers



They work together to deliver services.

This is known as health and social care **integration**.



The next pages include some of the good things that we have done in the last year.



Local

We want Fife to be a place where people and communities thrive.

These are some of the Local things we have done over the last year.



The Well provides help and support for people. We have 13 places in Fife where you can visit the Well.

You can also phone or email the Well if you want to talk to someone.



We have set up a Community Chest Fund for unpaid carers. This provides money for community projects that can help carers feel better.



Playlist for Life helps people with dementia. People collect a list of tunes that are important to them. Listening to these tunes helps them feel calmer and happier.



Sustainable

We want our services to work well and be inclusive.

These are some of the Sustainable things we have done over the last year.



Our Hospital at Home Service has visited more people at home to give them medicines. This means that **people don't need to travel to hospital** for their treatments.



We have changed how we buy podiatry products.

Podiatry means foot care. Products means special shoes and foot supports.

People with the new shoes and foot supports need less appointments.



Using pictures in coaching sessions has helped more young people get involved in sports. The pictures make it easier for people to understand the instructions.



Wellbeing

We want services in Fife to act quickly to support people.

These are some of the things we have done to improve Wellbeing in the last year.



We have set up new online services to help people with speech and language. This includes difficulties with swallowing or eating and drinking.

This has helped people find good advice when they need it.



Our Shared Lives Carers Group provides support and short breaks for carers. This includes coffee afternoons and a trip to a local pantomime.



We have set up a Parent Advice Line. This means parents can phone someone for advice when they need help.

Parents liked the new service.



Outcomes

We want Fife to be somewhere that promotes dignity, equality and independence.

These are some of the Outcomes from this year.



The guidance we share online for child and young people has been updated. This has helped their mental health and wellbeing.

We have also reduced the time people need to wait for appointments.



New seats have helped some people when they go home from hospital. People can use the seats at home instead of having to stay in bed.

This helps them to get better quicker.



Hospital discharge is when someone leaves hospital and can go home.

We have improved our hospital discharge process. This means that people can go home from the hospital sooner.

Integration

We want Fife to be somewhere people and services work together.

We want people to have access to quality services.

These are some of the examples of Integration from over the last year.



We set up a new Wellbeing Service. This service is for adults who think differently. Some people call this neurodivergence.

The Wellbeing Service helps people feel less stressed. It helps them feel better.



Every year our staff complete a survey about their jobs and working together. This year more staff filled in the survey.

More staff also said they liked working for Fife Health and Social Care Partnership.



We have created a new website for Fife Health and Social Care Partnership.

The new website is easier to use and has more photos and videos. People can change the text so that it is easier for them to read.





An inspection is when people come to look at what is good and what is not good about a service.

Last year there were 128 inspections of services for adults in Fife.



The inspectors said that 67 of these services were graded as good or very good.

The inspectors said 8 of the care services could be improved.

We will work to improve these services over the next year.



In 2023 there was an audit in Fife. An audit checks if something is working properly. This audit was about adult support and protection.

Adult support helps adults who need extra care and assistance.

Adult protection keeps vulnerable adults safe from harm.



The results of this audit were good. Most of the things that were checked were working properly.



Health and social care services are responsible for making the best use of the money they have. These are called budgets.



Our budget shows the amount of money we have and the things that we need to buy.

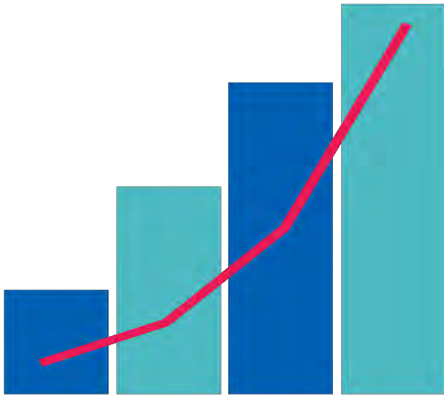
It also shows where we need to make savings on spending.



Over the last year we have watched our budget very closely. This has helped us to keep delivering good health and social care services.



We will keep measuring our budgets closely over the next few years. This will help us to manage our services well in the future.



The Scottish Government has a set of national performance indicators.

These can be used to measure Fife's performance.

Areas where Fife is performing well include:

- the number of adults who can look after their own health
- the number of adults who can live at home independently
- the number of carers who feel supported in their caring role
- the number of days people stay in hospital when they are ready to go home.



Areas where we still have work to do include:

- giving people choices about how their care is provided
- the number of older people who have a fall
- going to hospital in an emergency



**Fife Health
& Social Care
Partnership**



Supporting the people of Fife together

You can find out more on our website:
www.fifehealthandsocialcare.org

What the words mean.

Adult support and protection	<p>Adult support helps adults who need extra care and assistance.</p> <p>Adult protection keeps vulnerable adults safe from harm.</p>
Annual Performance Report	An update on the things that an organisation has done over the last year.
Budget	The money you have to spend on the things you need.
Community Chest Fund	This is a large pot of money which is used to support community projects for unpaid carers.
Cost-of-living crisis	When the amount you have to pay for the things you need keeps going up.
Dementia	<p>Dementia is a condition that affects the brain.</p> <p>Dementia makes it hard for people to remember, think, or make decisions</p>
Health and Social Care Partnership	When the local council and local NHS work together to deliver services.
Hospital at Home	<p>Hospital at Home provides medical care at a person's home. It gives care that people usually get in a hospital.</p> <p>The care is for a short time. It focuses on a specific health problem.</p>
Hospital discharge	When someone leaves hospital and can go home.
Inspection	An inspection is when people come to look at what is good and what is not good about a service.

What the words mean.

Integration	Working together to deliver health and social care services.
Integration Joint Board	The Integration Joint Board makes decisions for the Health and Social Care Partnership.
National performance indicators	How we measure the things that are important for people's care.
Podiatry products	Podiatry means foot care. Products means special shoes and foot supports.
Process	A list of steps that you take to provide good services.
Senior Leadership Team	The people who make sure that the Partnership does a good job.
Strategic Plan	The things that an organisation wants to do over a few years.
Outcomes	Something that you want to happen at the end of an activity.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	26 July 2024
Agenda Item No:	9.1
Report Title:	Creating Hope for Fife: Fife's Suicide Prevention Action Plan
Responsible Officer:	Ruth Bennett, Health Promotion Service Manager
Report Author:	Mary-Grace Burinski, Senior Health Promotion Officer, Health Promotion Service

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance

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

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

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

- Wellbeing: A Fife where we will support early intervention and prevention.
- Local: A Fife where we will enable people and communities to thrive.
- Outcomes: A Fife where we will promote dignity, equality, and independence.

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. As the report has progressed through this process, additional information was provided in relation to the outcome framework (Appendix 1).

- Fife Suicide Prevention Multiagency Core Group, 7 November 2003.
- Primary & Preventative Care Services Quality Matters Assurance Group, 24 January 2024
- Health & Social Care Partnership Quality Matters Assurance Group Date 22 March 2022
- MH Strategy Implementation Group
- SLT Strategic 25 March 2024
- Executive Directors Group 20 June 2024
- NHS Fife Public Health & Wellbeing Committee 1 July 2024
- Health & Social Care Partnership Quality & Communities Committee, 5 July 2024

3 Report Summary

3.1 Situation

Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy 2020-2024 and is represented in the Plan for Fife - Recovery and Renewal 2021-2024. Current reporting and governance are through the Fife Mental Health Strategy Implementation Group and governance within Fife Health & Social Care Partnership.

The purpose of this paper is to assure members of the Integration Joint Board that work is now complete to develop and implement the new Fife Suicide Prevention Action Plan.

3.2 Background

Creating Hope Together (2022)

The national programme "Every Life Matters" expired in September 2021 and was extended until August 2022 to allow time for the development of the new Scottish Suicide Prevention Strategy, "[Creating Hope Together](#)", which was published in September 2022. "Every Life Matters" was a national action plan, "Creating Hope Together" is a new national 10-year strategy with a separate "[Creating Hope Together Action Plan](#)" to support implementation and delivery of the strategy. The action plan document will be updated every three years.

"Creating Hope Together" recognises the multitude of factors that determine suicide risk. This is reflected in the vision for the strategy: "to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide." The strategy identifies four priority areas which underpin the strategy, these four priority areas are then reflected in four outcomes for the strategy. The "Creating Hope Together Action Plan" has over 30 specific actions for consideration at

national and/or local level.

Subsequent to the publication of “Creating Hope Together”, a series of further guidance documents to inform action at local level on specific areas of suicide prevention activity were published in November 2022:

- [National guidance on action to address suicides at locations of concern - National guidance on action to address suicides at locations of concern - Publications - Public Health Scotland](#) this document is refreshed and updated guidance.
- [National guidance for identifying and responding to a suicide cluster - National guidance for identifying and responding to a suicide cluster - Publications - Public Health Scotland](#) this is a new guidance document.
- [National guidance on managing the risks of public memorials after a probable suicide - National guidance on managing the risks of public memorials after a probable suicide - Publications - Public Health Scotland](#) this is a new guidance document.

Two further documents also require consideration in relation to local implementation of “Creating Hope Together”:

- [Time Space Compassion - supporting people experiencing suicidal crisis: introductory guide](#) framework, recommendations for improvements in suicidal crisis support.
- [Local Area Suicide Prevention Action Plan Guidance](#) this document aims to support local areas in the development of their suicide prevention action plans.

The governance and reporting structure was reviewed as part of the process of developing the new Fife Suicide Prevention Action Plan to deliver against “Creating Hope Together” (Appendix 2).

Probable Suicide Data

Most recent data from National Records Scotland published in September 2023 for probable suicides registered in 2022, shows Fife continues to sit below the national average for total suicide rates (Scotland EASR 14.4 per 100,000 population and Fife EASR 13.5 per 100,000 population). The numbers of probable suicides in Fife has fluctuated over recent years which highlights the importance of looking at the five year trend as opposed to year on year numbers (2018: 44 probable suicides, 2019: 45 probable suicides, 2020: 66 probable suicides, 2021: 40 probable suicides, 2022: 48 probable suicides).

Fife Mental Health Strategy

Fife’s Mental Health Strategy is currently under development and it is proposed that the suicide prevention workstream will continue to be strategically located within the strategy as part of Prevention and Early Intervention and our requirement to deliver a local Action Plan to meet the national suicide prevention strategic requirements.

[Scottish Mental Health and Wellbeing Strategy \(2023\)](#)

The new strategy sets out a long-term vision for Scotland, which is free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. Nine summary outcomes describe the differences or changes that we want to see as a result of this Strategy.

Similar to Creating Hope Together, the Scottish Mental Health and Wellbeing Strategy takes a whole system approach to improving mental health and wellbeing.

[Scottish Self-Harm Strategy & Action Plan \(2023-2027\)](#)

Published in November 2023, this is the first self-harm strategy and action plan for Scotland. The strategy outlines a vision for people who have self-harmed or are thinking of self-harm, will receive compassionate, recovery-focused support, without fear of stigma or discrimination. To achieve this vision, the strategy has identified three priority areas to work towards through the delivery of an associated action plan.

The Self-Harm Strategy acknowledges that self-harm can be a risk factor for suicide and has therefore aligned the work within the strategy with Creating Hope Together. However, the strategy also recognises that self-harm is also a way to manage difficult emotions and circumstances and they do not have suicidal intent. This self-harm strategy will maintain strong links with suicide prevention policy and practice to ensure a joined up approach where someone's self-harm indicates they may be at elevated risk of suicide.

[Creating Hope for Fife: Fife's Suicide Prevention Action Plan \(2023-2025\)](#)

The new Fife Suicide Prevention Action Plan 'Creating Hope for Fife' (Appendix 3) reflects the Fife Health & Social Care Partnership Strategic Objectives and the approach outlined within Creating Hope Together, which is a whole society and whole government approach to suicide prevention. This required us to consider suicide prevention across a number of Fife's Health & Social Care strategies, for example, Fife Prevention & Early Intervention Strategy Fife, Mental Health Strategy.

Within Creating Hope Together: Suicide Prevention Strategy 2022-2032, the requirement is for local board areas to develop and deliver a local version of the national 30 point action plan.



3.3 Assessment

Work to develop a new Fife Suicide Prevention Action Plan began in February 2023 with a Fife-wide event which was attended by over 100 participants representing over 50 organisations, projects and services from across Fife.

Roundtable discussions on the day provided the opportunity to contribute to the development of the new Fife Suicide Prevention Action Plan with the breath of conversations reflecting the variety of roles, experience and priorities of the delegates attending the event. A conference report was produced outlining the outcomes from the day.

A draft Action Plan was produced based on the themes which emerged from the February event. ‘Creating Hope for Fife: Fife’s Suicide Prevention Action Plan’ takes the form of two documents:

- Three-page overview document which sets out the ambition, current position, priorities and outcomes for the Fife Suicide Prevention Action Plan (Appendix 3).
- Detailed action plan which is a live document outlining the actions which were prioritised from the 30 actions from the National Action Plan and details the work underway in relation to each prioritised action.

3.3.1 Quality / Customer Care

A key difference between “Every Life Matters” and “Creating Hope Together” is there is an outcomes framework (Appendix 3) which sets out short and medium-term outcomes to measure progress towards the four outcomes within the national strategy.

The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others. We will know we are making a difference by measuring the delivery of the Fife Suicide Prevention Action Plan against the short-term outcomes within the Creating Hope Together outcomes framework.

3.3.2 Workforce

We will continue to build on the strong Fife multiagency approach and arrangements already established to deliver the Fife Suicide

Prevention Action Plan (Fife Suicide Prevention Multiagency Core Group, the Multiagency Delivery Groups and Fife Suicide Prevention Network).

Work will continue to build learning resources on suicide prevention that responds to the different levels of the [Knowledge and Skills Framework on mental health improvement and suicide prevention](#).

“Creating Hope Together: Action Plan” outlines specific actions under “Action Area 4: Learning and Building Capacity” which have been incorporated in ‘Creating Hope for Fife: Fife’s Suicide Prevention Action Plan’.

This partnership working and workforce development opportunities are promoted and open to public, private and third sector organisations in Fife.

3.3.3 Financial

Funding (direct and indirect): in the 2021-22 Programme for Government the Scottish Government committed to double the specific funding available for suicide prevention over the course of the current Parliamentary term from £1.4 million to £2.8 million. This funding will support developments at national level, which will indirectly support local developments.

There was no new money allocated to local boards to directly support development and delivery of local suicide prevention action plans.

The national strategy specifies Suicide Prevention should be considered across all mental health policy and programmes, for example, the two Mental Health & Wellbeing Communities funds (Adults and Children & Young People).

3.3.4 Risk / Legal / Management

There is significant commitment across all partners to deliver the Fife Suicide Prevention Action Plan. However, despite the measures put in place, there are associated risks which have been identified which may impact on Fife’s suicide rate:

- Impact of the current economic and cost-of-living crisis on the existing inequalities gap.
- Ability to identify and put measures in place to support Fife’s “at risk” groups.
- Ability to identify and respond to emerging suicide clusters.
- Ability to identify and respond to known and emerging location of concern.

3.3.5 Equality and Human Rights, including children’s rights and health inequalities

No EQIA was required for the Fife Suicide Prevention Action Plan because an EQIA was carried out as part of the development of Creating Hope Together and published when the delivery plan was launched. The Fife local Action Plan closely reflects the National

Action Plan which has an EQIA in place.

[Creating Hope Together - suicide prevention strategy and action plan: equalities impact assessment - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/06/Creating_Hope_Together_-_suicide_prevention_strategy_and_action_plan_equalities_impact_assessment.pdf)

3.3.6 Environmental / Climate Change

None noted.

3.3.7 Other Impact

None noted.

3.3.8 Communication, Involvement, Engagement and Consultation

Working with the FHSCP Participation and Engagement Team, the draft Fife Suicide Prevention Action Plan went through a consultation process conducted via MS Forms which was open for seven weeks and received 240 responses from across all seven Fife localities. Two engagement events and a further one-to-one discussion were carried out via MS Teams. The largest number of responses was received from members of the public, with second highest response is from those working in the NHS Fife.

On the whole, the Draft Fife Suicide Prevention Action Plan was positively received. It was evident throughout this consultation that Fife communities feel very passionate about the ongoing suicide prevention work and are keen to support this plan wherever they can. However, the consultation did highlight some gaps within the Action Plan:

- More work required with at risk communities, such as LGBTQ+, care experienced and prison leavers, veterans.
- More work required to support bereaved families and friends.
- More work required to clearly communicate the support which is available in Fife and how to access this.

In line with the Consultation Feedback Report recommendations, the Fife Suicide Prevention Action Plan was updated to reflect these areas for action. Consultation feedback report is available on request.

Once approved by the Integration Joint Board, the Fife Suicide Prevention Action Plan will be uploaded to Fife Health and Social Care Partnership and NHS Fife websites.

4.4 Recommendation

The Integration Joint Board is asked to:

- Be **assured** of the process to develop the Fife Suicide Prevention Action Plan 2023-2025 in accordance with national strategic requirements.
- Be **assured** a robust Fife Suicide Prevention Action Plan has been designed as a result of the process and will be implemented with oversight by the Mental Health Strategy governance structures.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – “Fife Suicide Prevention Action Plan: how will we know we are making a difference”.

Appendix 2 – “Fife Suicide Prevention Governance and Reporting Structure”

Appendix 3 – “Creating Hope for Fife: Fife’s Suicide Prevention Action Plan”:

6 Implications for Fife Council

The whole Government and society approach which underpins Creating Hope Together will have implications for all public, statutory, voluntary and private sectors.

7 Implications for NHS Fife

The whole Government and society approach which underpins Creating Hope Together will have implications for all public, statutory, voluntary and private sectors.

8 Implications for Third Sector

The whole Government and society approach which underpins Creating Hope Together will have implications for all public, statutory, voluntary and private sectors.

9 Implications for Independent Sector

The whole Government and society approach which underpins Creating Hope Together will have implications for all public, statutory, voluntary and private sectors.

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	

Report Contact **Ruth Bennett, Health Promotion Service Manager**

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Fife Suicide Prevention Action Plan: how will we know we are making a difference?

Working with the Suicide Prevention National Delivery Team and [Matter of Focus](#), commissioned by the Scottish Government and COSLA to support evaluation and impact of Creating Hope Together, we have been guided on Performance Indicators which demonstrate outcomes and impact for the Fife Suicide Prevention Action Plan.

The complexity of the Suicide Prevention workstream provides a challenge in **attributing** outcome/impact to specific action/s as multiple factors will be in play. For this reason, a percentage reduction in suicides is not an option and we are being advised **not to reduce impact of the work to numbers or attribute outcome to activity**. Instead, we are being advised to consider how the actions undertaken are **contributing** to outcome/impact, which is crucial where the relationship between the work undertaken and the impact can't be directly attributed due to working in a complex system and workstream.

Creating Hope Together and the Fife Suicide Prevention Action Plan is underpinned by a whole government and society approach with a comprehensive list of [policy areas](#) outlined within the strategy where suicide prevention activity should be visible:

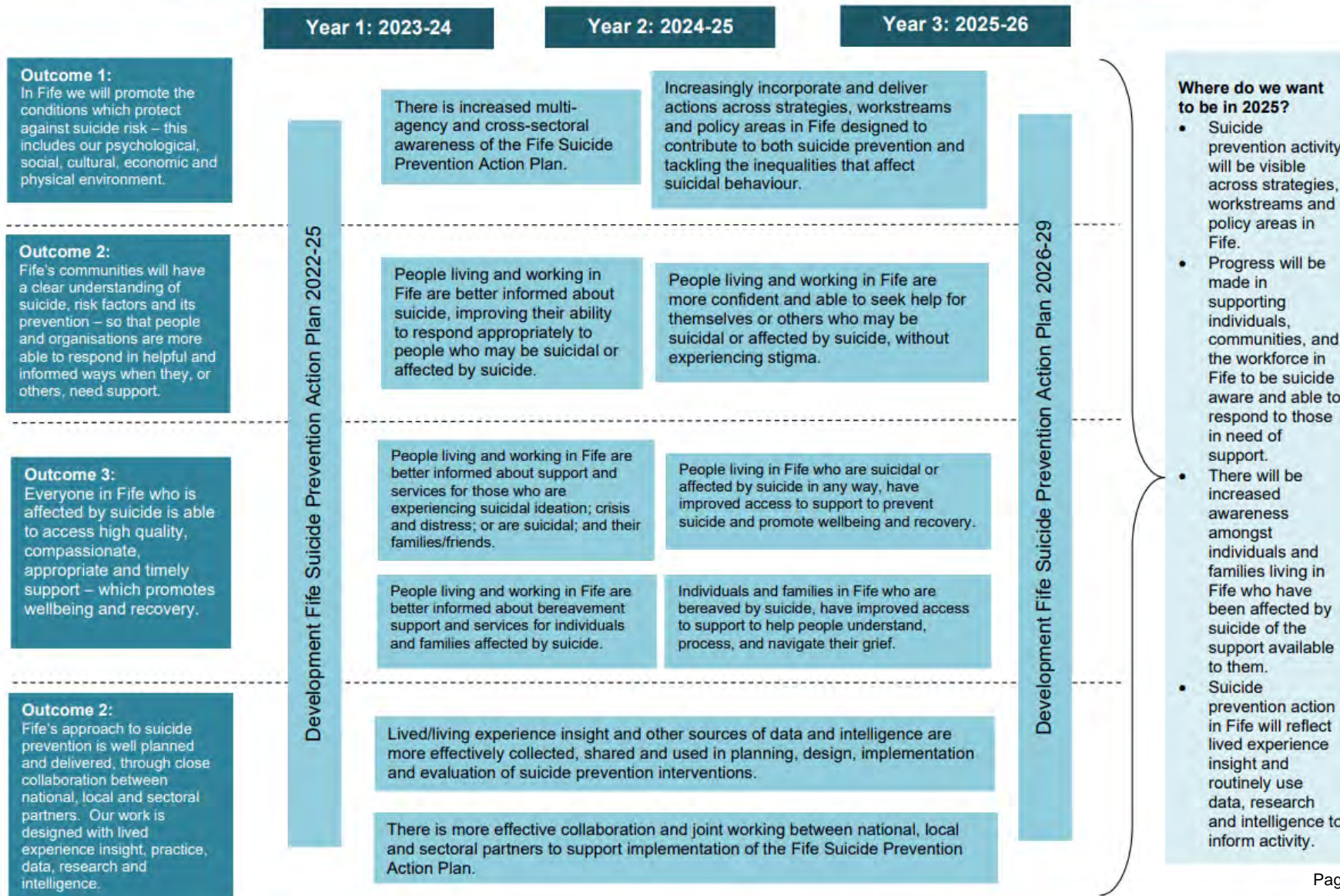
- Self-harm
- Trauma & ACE's
- Dementia
- MH Law
- Care quality standards
- Workforce, digital & primary care
- Wellbeing and prevention
- Workforce mental health
- Student mental health
- Autism and LD
- Children and Young People
- Homelessness
- Drugs mission
- Alcohol
- Child poverty
- Money and debt advice
- Social security
- Social care/NCS
- Whole family wellbeing
- Social isolation and loneliness
- The Promise
- Bereavement support for CYP
- Family law
- Criminal justice and prisons
- Victims and witnesses
- Violence against women and girls
- Hate crime
- Asylum and migration
- Veterans
- Physical health and activity
- Planning and building standards
- Road safety
- Menopause
- Gambling
- Redundance
- Carers
- Volunteering

We therefore propose the following indicator:

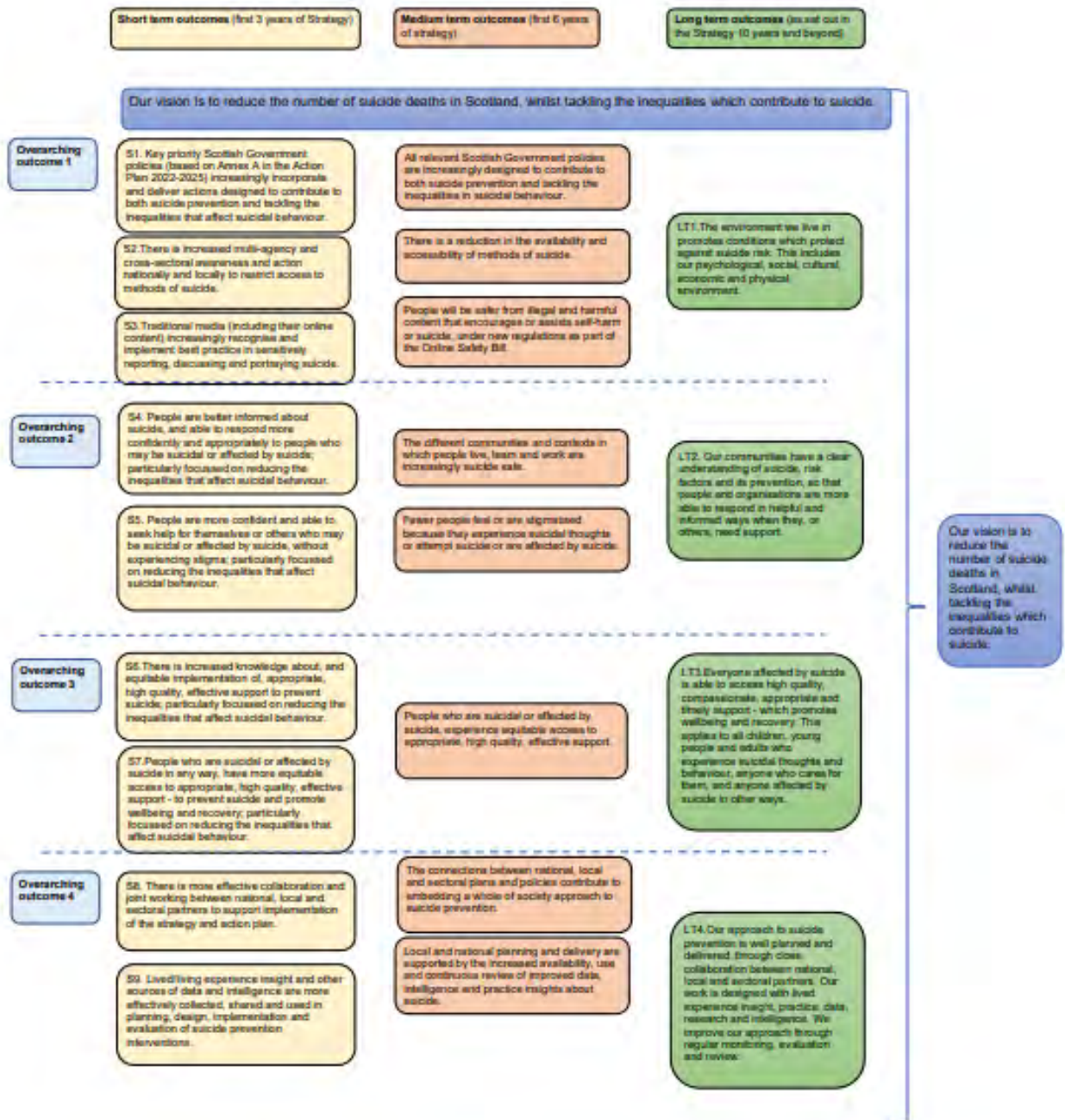
In year 1 of Fife Suicide Prevention Action Plan 2024/25 we will prioritise the following 3 key policy areas/workstreams: children & young people; criminal justice and homelessness/housing to deliver tangible suicide prevention activity measured by the OutNav model (3 further policy areas/workstreams in year 2, 3 further policy areas/workstreams in year 3).

This indicator will be measured by the Outcome Framework (see diagram) and utilise the Matter of Focus [OutNav model](#) to reflect the Health Promotion Service and wider FHSCPs contribution to outcomes.

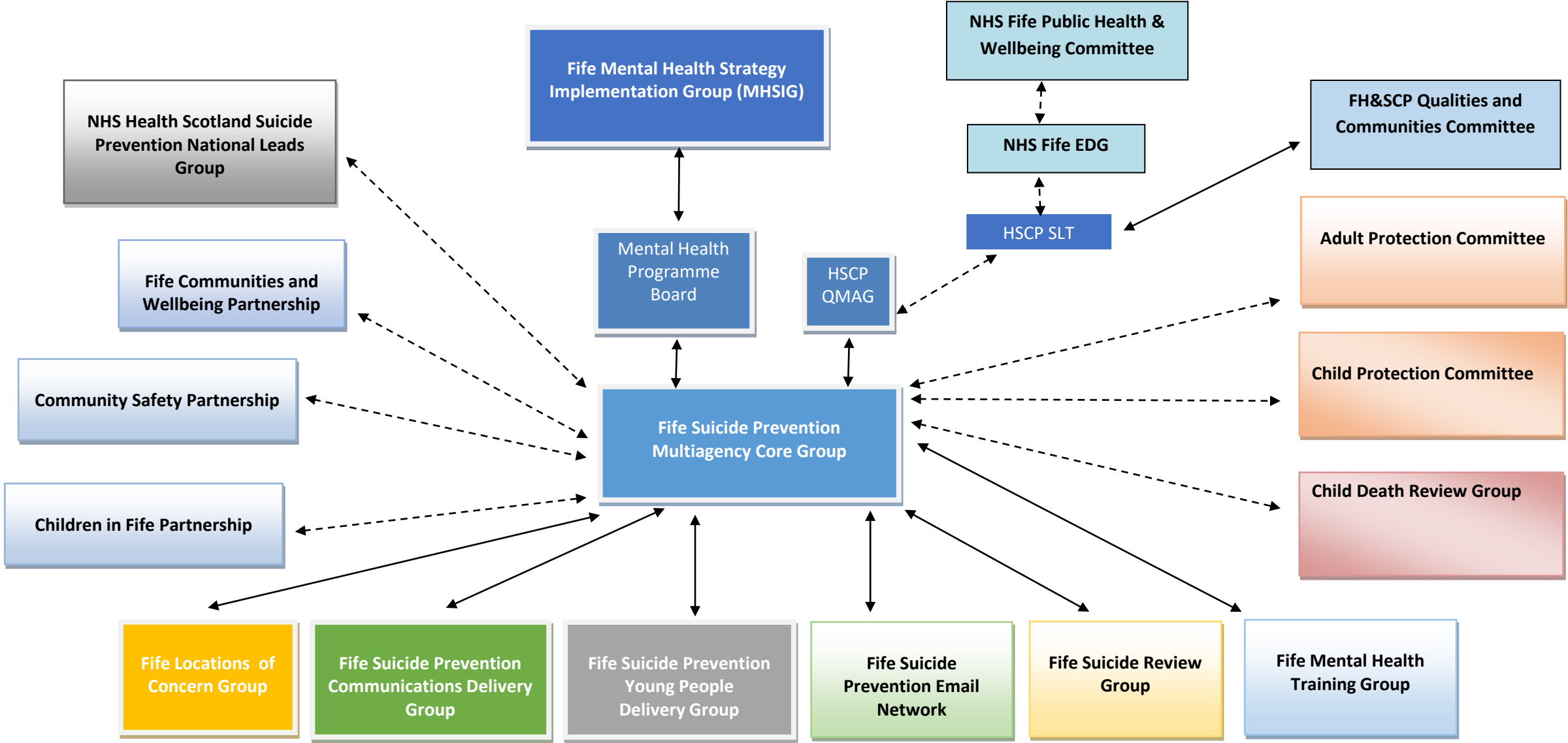
Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025 Outcome Framework



Creating Hope Together: National Outcome Framework



Fife Suicide Prevention Governance and Reporting Structure



Creating Hope for Fife: Fife's Suicide Prevention Action Plan (2022-25)



Ambition

We support the Scottish Governments vision to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

In Fife, we will come together collaboratively and in partnership to support our communities, so they become safe, compassionate, inclusive, and free of stigma. Our ambition is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

Current position

Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy (2020-2024) and is represented in the Plan for Fife - Recovery and Renewal (2021-2024).

'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' (2022-2025) will reflect the Fife Health & Social Care Partnership Strategic Objectives and the approach outlined within 'Creating Hope Together', Scotland's Suicide Prevention Strategy (2022-2032) which is a whole society and whole government approach to suicide prevention. This will require us to consider suicide prevention across a number of Fife's Health & Social Care strategies, workstreams and policy areas, for example, Fife Prevention & Early Intervention Strategy which is currently under development and Fife's Mental Health Strategy which will be refreshed following the publication of the Scottish Mental Health Strategy (due summer 2023).

'Creating Hope Together', Scotland's Suicide Prevention Strategy is a 10-year strategy which is supported by 'Creating Hope Together: Scotland's Suicide Prevention Action Plan' (2022-2025). 'Creating Hope for Fife: Fife's Suicide Prevention Action Plan' (2022-2025) details the actions we will deliver locally in Fife over the next three years as we work towards implementing 'Creating Hope Together'. The actions outlined within 'Creating Hope for Fife' will build on and

continue to deliver work which began under 'Every Life Matters: Scotland's Suicide Prevention Action Plan' (2018-2022) and identify new areas of work to meet the actions outlined within 'Creating Hope Together: Scotland's Suicide Prevention Action Plan' (2022-2025).

Priorities and outcomes

Priority 1:	In Fife we will build a whole society approach to address the social determinants which have the greatest link to suicide risk
Outcome 1:	In Fife we will promote the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment
Priority 2:	In Fife we will strengthen awareness and responsiveness to suicide and people who are suicidal
Outcome 2:	Fife's communities will have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support
Priority 3:	Provide effective, timely, compassionate support in Fife that promotes wellbeing and recovery.
Outcome 3:	Everyone in Fife who is affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.
Priority 4:	In Fife we will embed a coordinated, collaborative and integrated approach
Outcome 4:	Fife's approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence.

Where do we want to be in 2025?

By the end of this three-year action plan:

- Suicide prevention activity will be visible across strategies, workstreams and policy areas in Fife
- Progress will be made in supporting individuals, communities and the workforce in Fife to be suicide aware and able to respond to those in need of support
- There will be increased awareness amongst individuals and families living in Fife who have been affected by suicide of the support available to them
- Suicide prevention action in Fife will reflect lived experience insight and routinely use data, research and intelligence to inform activity

The Fife Suicide Prevention Multagency Core Group is a partnership between public, private, third sector and charity organisations in Fife. All partners involved are committed to reducing suicides by working collaboratively to deliver the Fife Suicide Prevention Action Plan.





Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	26 July 2024
Agenda Item No:	10.1
Report Title:	Fife Alcohol and Drug Partnership Annual Report and Survey 2023/24
Responsible Officer:	Fiona McKay, Interim Director of Health and Social Care & Chief Officer
Report Author:	Elizabeth Butters, ADP Service Manager

1 Purpose

This Report is presented to the Board for:

- Discussion - The Integration Joint Board is asked to discuss the Alcohol and Drug Partnership (ADP) Annual Report and Survey and highlight amendments required.
- Decision - The Integration Joint Board is asked to approve the Alcohol and Drug Partnership (ADP) Annual Report and support the Survey for submission to the Scottish Government.

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.
- 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:

- Local - A Fife where we will enable people and communities to thrive.
- Sustainable - A Fife where we will ensure services are inclusive and viable.
- Wellbeing - A Fife where we will support early intervention and prevention.
- Outcomes - A Fife where we will promote dignity, equality and independence.
- Integration – A Fife where we will strengthen collaboration and encourage continuous improvement

2 Route to the Meeting

- Fife ADP Annual Report and Survey was considered by the Alcohol and Drug Partnership Committee on 10th June 2024 and both were supported in their entirety. The Fife ADP Committee agreed to submit the survey in draft form to comply with the Scottish Government deadline on 28th June 2024. A final version will be submitted after the Integration Joint Board meeting in July.

The report was considered by the Qualities and Communities Committee on 5th July and amendments were not required. The Committee supported the report's submission to the Integration Joint Board on 26th July.

Following approval by the Integration Joint Board, the completed survey will be submitted to the Scottish Government.

3 Report Summary

3.1 Situation

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP) with a responsibility to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. Fife ADP is chaired by the Integration Joint Board (IJB) Chief Officer and both the IJB Financial Officer and Head of Planning, Performance and Commissioning are also members. There is representation from NHS both operational services and Public Health, Fife Council including Criminal Justice and Children and Families Social Work, Police Scotland, HMP Perth, ADP third sector commissioned services and the ADP lived experience panel.

ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual allocated government alcohol and drugs income and Health and Social Care Partnership contribution. This funding is routed through NHS Boards to Integration Authorities for onward allocation.

The Fife ADP annual reporting is in two sections. The first is the ADP local annual report (Appendix 1) reflecting on progress against the ADP Strategy 2020 - 2023

and the second is a template required by the Scottish Government to assess ADP compliance with recommendations attached to the funding. The latter (Appendix 2) should be approved by the ADP Committee, its Chair and the IJB governance structure before onward submission to the Scottish Government for analysis and feedback.

3.2 Background

In November 2020, Fife ADP Committee completed its local strategy for 2020 to 2023 in line with the Scottish Government National Strategy “Rights, Respect and Recovery 2018”. This was based on a local Needs Assessment 2018 and a Fife Public Health report: A synthesis of Policy Recommendations 2019 and lived experience qualitative research conducted independently in September 2020, analysing and understanding the ADP and its response to the pandemic and lockdown. The key priorities from the ADP strategy 2020-23 are outlined below:

- Prevention of problematic substance use involving work with young people
- Early Intervention to prevent worsening or development of harms which will make recovery less challenging.
- Recovery and treatment for those who have developed a physical and psychological dependence on substances.
- Protection of children and young people affected by another’s use of substances.
- Whole Population Approach with an aim of achieving and maintaining health supporting levels of alcohol consumption.

At the mid-term point of the previous strategy, the Scottish Government allocated funding the Drug Mission Priorities (2022-2026) and for the delivery of the delivery of Medication Assisted Treatment Standards (2021). The new priorities are indicated below:

- Whole Family Support and Development of Family Inclusive Practice
- Increase the capacity and access to Residential Rehabilitation for women, veterans, those with dual diagnosis and young people.
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment Standards
- Assertive Outreach
- Non-Fatal Overdose Pathways
- Lived Experience Panel

The ADP delivery plan and subsequent last annual report pertaining to this strategy contains projects adhering to elements of Rights, Respect and Recovery National Strategy but has adapted to reflect refreshed priorities contained within the new national strategy. This is also inclusive of recommendations made by the final report of the Drug Death Taskforce (2023) and Whole Family Support and Family Inclusive Practice Guidance (2022).

3.3 Assessment

Over the last year of 2020 - 2023 strategy, the ADP has maintained improvements towards **Whole Family Support** with new services continuing to embed into current provision and achieving good outcomes for

children, young people and families affected by a loved one's use. A current project supporting transition for children affected by substance use from P7 to S1 in the Levenmouth area has commenced with outcomes and engagement levels meeting targets.

Residential Rehabilitation has new improved pathways, and more people accessed this type of treatment though there are challenges nationally with availability of treatment centres.

The ADP's **assertive outreach initiatives** developed strong pathways from custody, hospital and prison reaching people not yet engaged with services both for alcohol and drug use.

Harm reduction has developed further with a project involving people with lived and living experience contributing to an increase in Take Home Naloxone. The ADP has invested in a dedicated trainer to support distribution within the ADP system of care including the Community Pharmacy network and a programme to support wider distribution increasing awareness of overdose. Over 1,900 people have been trained and the ADP target for Take Home Naloxone distribution has been exceeded by 17%.

ABI delivery has exceeded the Scottish Government annual target for Fife by 58% with increases in delivery in primary care and A&E.

Medication Assisted Treatment (MAT) Standards have progressed in year and most actions indicated in the implementation plan have been completed. Fife was able to fully comply with evidence required for the Public Health Scotland annual assessment. For Fife ADP, the final PHS assessment indicates a status of green fully implemented for MAT 1 to 5 and partial green, a strong progress towards full implementation. Partial green on MAT 6 to 10 is the highest score available to ADPs, due to limitations on the numerical measures set by Public Health Scotland, thus Fife has achieved the best possible position for the MAT Standard implementation progress for the last year.

The table below provide an overview of Public Health Scotland's external validation over the three years of the MAT programme and demonstrates Fife ADP's progress.

MAT Standard	RAGB Status 2021/22	RAGB Status 2022/23	RAGB Status 2023/24
1) Same Day Access and Prescribing	Amber	Provisional Green	Green
2) Medication Choice throughout	Amber	Provisional Green	Green
3) Anticipatory Care & Assertive Outreach	Amber	Amber	Green
4) Harm Reduction in Services	Amber	Amber	Green
5) Retention in Services	Amber	Amber	Green
6) Psychological Interventions	Not scored this year	Amber	Provisional Green

7) Primary Care	Not scored this year	Amber	Provisional Green
8) Advocacy, Housing, Welfare	Not scored this year	Amber	Provisional Green
9) Mental Health	Not scored this year	Red	Provisional Green
10) Trauma Informed System of Care	Not scored this year	Provisional Amber	Provisional Green

Fife ADP has continued to commission Scottish Recovery Consortium to enhance and sustain the already established autonomous **Lived Experience Panel**. An independent living experience group in Dunfermline - with a management group implementing feedback and improvements – has progressed to a second year with several regular attenders.

Locality planning has continued with additional “one stop shops” developed in year, one in the Cowdenbeath locality and in Kirkcaldy and the Methill club maintained. Involvement from worked with Community Managers, ADP services, GP cluster leads, welfare support, housing services, advocacy and family support services have made the new KY clubs successful. The one stop shops provide a warm, welcoming and safe space for people affected by alcohol and drugs to attend to meet with service in an informal setting and to enjoy a bite to eat, a warm drink and engage with support at their own time and choosing. Available at the one stop shops are information, advice and harm reduction support and for those ready to access treatment, triages can be conducted in a private room and same day access to treatment for either alcohol or drug dependency is available. NHS Addictions, NHS BBV&SH team, tissue viability team and ADP Social Work Compass team also attend regularly to offer their service to people who need to be seen in their communities.

In the Scottish Government Survey (Appendix 2), the ADP has provided a checklist of work undertaken in the year to improve function and governance, availability of services/interventions and detail on broader themes such as lived/living experience and stigma.

3.3.1 Quality / Customer Care

The quality of care has improved for the people in the current system with implementation of the MAT Standards. Assertive outreach approaches employed by the third sector will increase access to support whilst also preventing unplanned early discharge including the hospital liaison service, and Specialist Social Work Team. Support offered to families both as part of a whole family support in partnership with Children’s Services, and delivery of adult carer’s support has improved outcomes for people affected by a loved one’s use and provide some targeted work for prevention on substance use problems within families and communities. Availability of harm reduction support across the community pharmacy network and within outreach teams will improve protection

and act as access points for those not yet in the treatment and support system.

Delivery of support in the centre of communities with the Localities Boards has developed in partnership with people with lived and living experience has also improved quality of care and moves the ADP closer to its national target for increasing numbers in treatment.

3.3.2 Workforce

An increase in budget for the ADP amounting to over £2 million and the programme for government funding continuation has significantly increased the ADP workforce including the Support Team. The MAT Standards plan for NHS Addiction Services has caused significant increases in workforce to manage implementation and additional patients. Psychologist input has also been required for both MAT Standards and for the new Specialist Social Work Team. This is part of a planned increase in demand for services and to also provide a more intensive and frequent level of support to those with comorbidity, complex and multiple needs.

Increases have also occurred in the third sector to manage capacity demands and respond to local needs associated with Drug Mission Priorities funding.

3.3.3 Financial

The ADP provides quarterly financial information on the income and expenditure matched against key themes outlined within the Scottish Government reporting template. The ADP has an efficiency applied last year which was met within existing allocation.

3.3.4 Risk / Legal / Management

The production of the Annual Report does not require a risk assessment or analysis of legal implications. The ADP has a current Risk Register which is targeted and reflective of projects outlined within the ADP Strategy with risks outlined clearly and mitigating and contingency actions identified and recorded.

3.3.5 Equality and Human Rights, including children's rights and health inequalities

For the annual report, an EqIA has not been completed and is not necessary as the report is retrospective and reflects the work undertaken over the year. An Equality Impact Assessment is not required to record previous activity and outcomes. However, an EqIA was completed in full during the development of the new ADP strategy 2024 - 2027.

3.3.6 Environmental / Climate Change

The ADP Annual Report does not have a direct impact on environmental and climate change position in Fife. Recovery based projects within the report do encourage and support people in recovery to be part of environmental based work.

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

The Lived Experience Panel Chair is a member of the ADP and has attended all meetings and consulted with the Panel on ADP strategy, policy and service reviews. Over the year the Lived Experience Panel has contributed to the review of their own Panel and the commissioning of an independent service to support their individual and collective development. People with lived and living experience have been involved with the co-production and planning of the locality-based approach in Levenmouth and continued to be regularly consulted on their needs as the project evolves. The ADP works closely with Scottish Drugs Forum's living experience group based in Dunfermline and a management group meets quarterly to consider feedback and improvement recommendations from this group. The development of the peer led Take Home Naloxone was also co-produced and developed with people with lived and living experience.

The ADP has employed people with lived experience to qualitatively survey people using services and their family members in Fife to assess the impact of the MAT Standards implementation MAT Standards during the last year.

The development of the strategy in year involved further consultation and engagement with stakeholders, services, wider partners and those affected by substance use in the community with the Health and Social Care Extended Leadership Team and a Wider Stakeholder Consultation Event. Over 90 attendees including services, service users and family members attended the event. The Public Health Needs Synthesis 2023 analysed national and local data based on use of opioids and benzodiazepines, alcohol, depressants, stimulants and cannabinoids and took a focus on groups experiencing additional needs or vulnerabilities with a focus on development of the six strategic themes. In partnership with HSCP Participation and Engagement Team a consultation plan was developed and executed bringing the views of communities, the general public and people with lived experience of substance use or working in services. This focused co-production work enabled the ADP to develop the vision, mission themes, six strategic themes and the principles and values underpinning how the strategy implemented and its services delivered.

4 Recommendation

- **Discussion** – The Integration Joint Board is asked to discuss the Alcohol and Drug Partnership (ADP) Annual Report and Survey and highlight amendments required.
- **Decision** – The Integration Joint Board is asked to approve the Alcohol and Drug Partnership (ADP) Annual Report and Survey and approve the latter's submission to the Scottish Government

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife ADP Annual Report 2023–24

Appendix 2 – Fife ADP Scottish Government Annual Survey 2023–24

6 Implications for Fife Council

Recruitment based to support some of the new services outlined in the ADP and progress of the MAT Standards on the Implementation Plan 2022-23

7 Implications for NHS Fife

Recruitment based to support some of the new services outlined in the ADP and progress of the MAT Standards on the Implementation Plan 2022-23

8 Implications for Third Sector

Recruitment based to support some of the new services outlined in the ADP

9 Implications for Independent Sector

Recruitment based to support some of the new services outlined in the ADP

10 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	

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Fife Alcohol and Drug Partnership

Prevention, Protection, Early Intervention, Treatment & Recovery

FIFE ALCOHOL & DRUG
PARTNERSHIP

Annual Report

2023 – 2024

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Back Cover

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. This report pertains to the final year of the previous ADP Strategy 2020 – 2023, and development of the new strategy features as a main part of last year's work. The previous strategy had five main themes;

Executive Summary

- **Prevention** of problematic substance use involving work with young people.
- **Early Intervention** to prevent worsening or development of harms which will make recovery less challenging.
- **Recovery and treatment** for those who have developed a physical and psychological dependence on substances.
- **Protection** of children and young people affected by another's use of substances.
- **Whole Population Approach** with an aim of achieving and maintaining health supporting levels of alcohol consumption.

All ADPs are required to report annually to their Integrated Joint Board and nationally to the Scottish Government on progress on embedding the strategy and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions.

Commissioning and Quality Improvement

Family Support: Continued whole family support improvements to the joint commissioning with Education and Children's services for whole family and young people. Continuing to embed adult family support and carer's service and development of a new project supporting primary school to secondary school transitions for children affected by substance use.

Residential Rehabilitation: Currently working with the Lived Experience panel to implement the recommendations set out within the Health Improvement Scotland report.

Medication Treatment Standards Improvement Programme 2023/24: Fife is in the third year of implementing a rights based, safe and effective levels of care for people who can benefit from opiate replacement therapy. Fife ADP and its services are externally validated by Public Health Scotland. MAT 1 to 5, same day prescribing, and choice of medication, response to high-risk situations, harm reduction provision and retention in service have all progressed to green. MAT 6 to 10 in particular psychological interventions, primary care and mental health shared care models and independent advocacy have all been assessed as provisional green, This demonstrates significant progress in the implementation of all of the standards.

Assertive Outreach and Harm Reduction: We have continued to embed and support quality improvement for ADP services working in police custody suites, prison, hospital and in communities. The new ADP social work service Compass and the expansion of the one stop shop models into community areas where harm and risk of substance related death are high, has been very beneficial. These provisions protect people and support them to access help from a broad range of services including BBVSH, the Well and treatment for wider health care and social needs.

Lived/Living Experience Panels: Fife ADP has continued to commission Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. An independent living experience group in Dunfermline – with a management group implementing feedback and improvements – has progressed to a second year with several regular attenders.



Fife ADP Strategic Performance and Service Delivery

Fife ADP and its services are required to record and achieve national targets for Alcohol Brief Interventions (ABI), local delivery for numbers in treatment target and 90% of people seen within three weeks and Take-Home Naloxone distribution. The ADP also tracks national datasets on substance related deaths to assess impact of the strategy. Furthermore, each project and operational service is monitored on a six month and annual basis against evidence-based activity, outputs and outcomes as contained within the strategy.

National Targets: Some targets have been sustained and some show improvement. ABI delivery has fully recovered and Fife is significantly over target due to the focused work conducted the previous year.

National Datasets: National Records Scotland report for 2023 for drug related deaths will be available in August 2024 but data from Police Scotland on suspected drug related deaths does not indicate a reduction for Fife in suspected drug related deaths from the previous year. Alcohol specific deaths are lower in Fife than the Scottish average but more is needed and the current approach is outlined.

Service Delivery: Most services (Tier 3 and Tier 2) including newly commissioned and those reviewed as part of the strategy have met or exceeded targets and continue to meet demand and manage capacity.



Next Steps for 2024 - 2025

Fife ADP priorities over the final year of this strategy are further embedding the MAT Standards using its community based one stop shop approach in Cowdenbeath and Kirkcaldy, enhancing the voice of lived and living experience, an improvement approach for early engagement and treatment of those affected by alcohol use and further targeted prevention work with people and communities at risk of harm. Development of a new strategy will be a main focus for the partnership aligned with the health and social care partnership strategy.

ADP Introduction & Reporting

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. Membership is drawn from senior officers of Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, HMP Perth Prison, Voluntary Sector alcohol and drug services and people with lived and living experience.

The ADP forms strategic alliances with many other partnerships and directorates where there is a shared responsibility for outcomes and service delivery planning for people throughout Fife affected by substance use. Some of these include the Plan for Fife, Safer Communities Partnership, Fife Violence Against Women Partnership and Children's Services Strategic Plan and also include national groups. In its role of supporting the ADP Committee and its services, the ADP support team provides this function to ensure that people affected by alcohol and drugs are considered in wider strategic planning where collaborative approaches are essential for prevention, early intervention and whole population approaches.

All ADPs are required to report annually

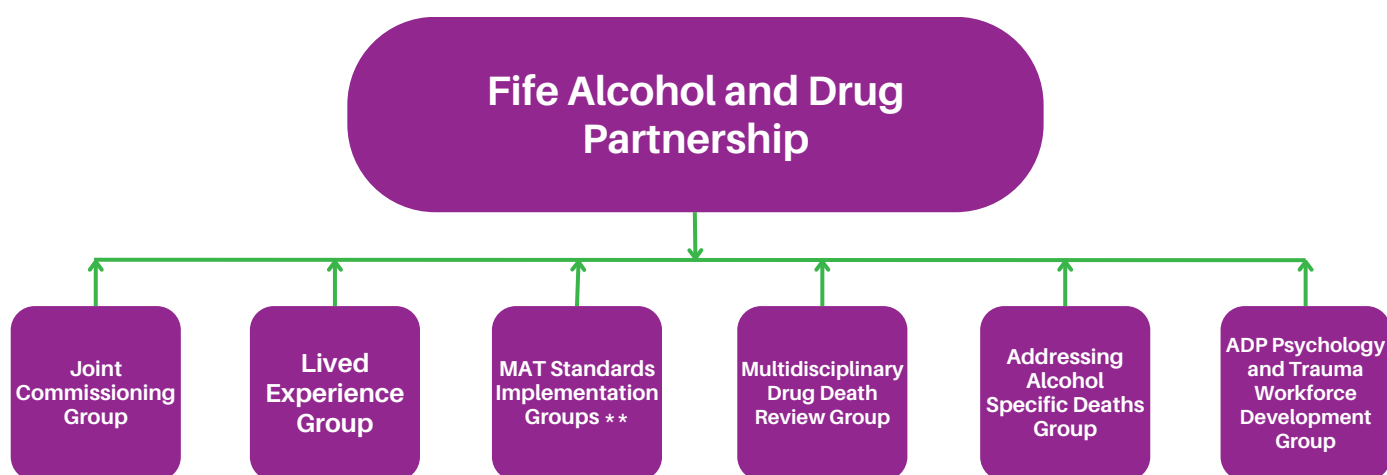
to their Integrated Joint Board and nationally to the Scottish Government on progress and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions. This funding is routed through NHS Boards to Integrated Authorities for onward allocation.

The Fife ADP Annual Report 2023/24 is in two parts:

- A local annual report for the Health and Social Care Partnership, detail on structure, governance, commissioning and improvement work and performance of commissioned and statutory services undertaken in the year to progress towards outcomes within the ADP Strategy 2020 to 2023.
- The second part is a mandatory template provided by the Scottish Government and reflects activity against the five themes indicated in the national strategies latterly Drug Mission Priorities 2022 – 26. These are prevention, improvement of the support and treatment system, protecting and supporting families, parity in delivery for those within the criminal justice system and whole population approaches for alcohol.

ADP Structure & Governance

The ADP continually reviews its membership, subgroup membership, purpose and terms of reference to ensure increased governance and performance towards the targets and improvement work set out in the local strategy and guided by national strategy and expectations for the MAT Standards 2021 and Drug Mission Priorities 2022–26



** MAT Standards Implementation Groups now include:

- MAT 7 - Primary Care Shared Model of Care
- MAT 9 - Mental Health and Substance Use Implementation Group

During the year the ADP subgroups expanded to incorporate an increased focus on the MAT Standards. This included three new groups;

- One group to progress work on shared care models for primary care (MAT 7)
- One to integrate care between substance use services and mental health (MAT 9)
- The third group focuses on improving service delivery and service places to be more trauma informed and responsive

The Addressing Alcohol Specific Death group concluded its quantitative and qualitative research, making several recommendations for improvement to the ADP Committee. This has since been replaced by an implementation group with a new chair to progress the recommendations Fife Reducing Alcohol-Related Harm Group (FRARHG). The main objective is to improve whole system services and reduce alcohol-related harm including alcohol specific deaths in Fife

The Joint Commissioning Group continues in its role of strategic commissioning, managing performance and overseeing the financial position and reporting of the ADP, including the new commissioning for the Drug Mission Priorities and MAT Standards. The Lived Experience Panel (established December 2020) continued in its role of amplifying the voices of people with lived and living experience within the ADP Committee and its structure ensuring the work places the needs of the care group at the heart of strategic planning and service improvement. Scottish Recovery Consortium continues in its support and facilitation role, sustaining the Panel, providing training and support and contributing to increase the coverage of lived experience across other directorates and partnerships.

ADP National Strategy

Rights, Respect and Recovery (2018)



The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” was published in November 2018. The strategy reaffirms that individuals’ families and communities have the right to:

- **health and life free from the harms of alcohol and drugs**
- **be treated with dignity and respect**
- **be fully supported within communities to find their own type of recovery**

It is mapped against five key themes followed by the ADP Committee in the development of the Fife ADP Strategy for 2020 to 2023.

These themes are:

- **Prevention** of problematic substance use involving work with young people.
- **Early Intervention** to prevent worsening or development of harms which will make recovery less challenging.
- **Recovery and treatment** for those who have developed a physical and psychological dependence on substances.
- **Protection** of children and young people affected by another’s use of substances.
- **Whole Population Approach** with an aim of achieving and maintaining health supporting levels of alcohol consumption.

Progress against these themes is provided in the commissioning and improvement work section of this report.



The Alcohol Framework for Preventing Harm (2018)

The National Strategy for prevention of harm associated with alcohol use focuses on four main impacts:

- Protecting Young People
- Tackling Health Inequality
- Improving National Systems
- Whole Population Approaches

Aspects of this strategy were again mapped against the themes in the ADP Strategy 2020 – 23.

The Drug Mission Priorities (2022 – 26)

The drug mission priorities were announced in January 2021 focused entirely on preventing the drug related deaths in Scotland, these are focused on:

- Whole family support and development of family inclusive practice
- Increase the capacity and access to Residential Rehabilitation for women, veterans, those with dual diagnosis and young people.
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment:
 1. People at high risk are proactively identified and offered support.
 2. Effective pathways between justice and community services are established.
 3. Effective near-fatal overdose pathways are established across Scotland.
 4. People are supported to make informed decisions about treatment options.
 5. People are supported to remain in treatment for as long as requested.
 6. People have the option to start MAT from the same day of presentation.
 7. People have access to high standard, evidence based, compassionate and quality assured treatment options.
- Assertive outreach and Non-fatal overdose pathways
- Lived Experience Panel

Progress against these priorities is provided in the commissioning and improvement work section of this report.

Medication Assisted Treatment Standards (2021)

The Medication Assisted Treatment Standards were published in June 2021 by the Scottish Government with an expectation of full implementation in all ADP areas by the end of that financial year. The standards are part of the National Drug Mission Policy response to address the prominent levels of drug related deaths in Scotland, declared a national public health crisis by the First Minister.

Commitment to the implementation of the standards was adopted very early by the ADP and as such the standards aligned with work already underway to improve assertive outreach, harm reduction, advocacy and increasing participation and engagement with people with lived and living experience. They are also strategically aligned with early intervention and whole family support service redevelopment.

The ten standards are simple statements intended to be understood by those who use the system of care and drug and alcohol services and presented with evidence and rationale for their inclusion in the framework. NHS Board, ADP and HSCP responsibilities for each standard are detailed with process, numerical and experiential measures required to be submitted to Public Health Scotland and Scottish Government on an annual basis. The MAT Standards are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. **All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.**
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. **All people can access evidence-based harm reduction at the point of MAT delivery.**
5. All people receive support to remain in treatment for as long as requested.
6. **The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections.**
7. All people have the option of MAT shared with Primary Care.
8. **All people have access to independent advocacy as well as support for housing, welfare, and income needs.**
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. **All people receive trauma informed care.**

National Collaborative Draft Charter of Rights for People Affected by substance use (2023)

The roll out and implementation of this Charter when finalised and published in 2024, will enshrine an approach which protects and ensures people's human rights across multiple public service delivery and locally the ADP will be required to lead on this work. Both the EQIA completed as part of the development of the strategy has highlighted the consideration of this and the Public Health Needs Assessment Synthesis has developed a deeper recognition of the differing needs of people within the care group.

This applies to understanding the increased risk of prevalence of problematic substance use for some groups and increased difficulties for access and retention in services. The Charter will require a deeper focus on the role of duty bearer when providing any service to people affected by alcohol and drug use.

Commissioning and Improvement Work – Fife ADP Strategy 2020 – 2023

In 2021/22, Fife ADP was awarded a £1.3 million per annum across six new priorities for a five year period to implement the Drug Mission Priorities 2022 – 2026. Given the high number of alcohol specific deaths in Fife, the ADP decided any additional investment would be cognisant of this priority too and would work on across both alcohol and drugs, reflective of the poly nature of use.

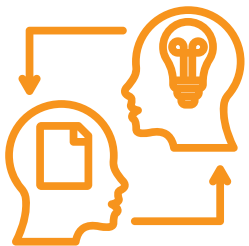
Additional funding for MAT Standards implementation has also been awarded following the development of a project specification plan. Below is a summary of improvement work funded from these additional investments and their progression over the last year.



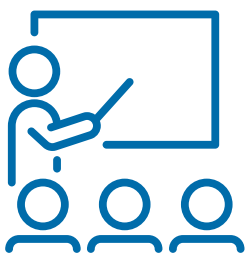
Priority 1: Children, Young People, Whole Family and Adult Family Carers Support



- 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 provide whole family support at additional level for all referrers 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 is 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.



- Fife ADP had invested in training sessions for Family Inclusive Practice with the aim to improve service delivery recognising the value added and the rights of family members to be involved in care if their loved one wishes it. NHS Addictions has taken a lead role in completing this training.



- 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.

Priority 2: Increase Access and Improve Residential Rehabilitation



- Fife ADP are now working on the Health Improvement Scotland self-assessment report, to drive forward the recommendations included within the report. The Lived Experience panel will identify 3–4 recommendations from the 12 within the report, to be taken forward by a Short Life Working Group. The Short Life Working Group will include representation from Fife ADP support team, FIRST, Addiction Services, Lived Experience and any other relevant services that are identified in the process of looking at the recommendations.



- Fife ADP are currently reviewing the National Flexible Framework for Residential Rehabilitation developed by Scotland Excel. The benefits of the flexible framework include a top price limit for residential rehabilitation places, and all providers are registered with the appropriate bodies. The disadvantages include being limited to only the providers who are signed up to the framework.



Priority 3 & 4: Increase of Assertive Outreach, Non-Fatal Overdose Response and Harm Reduction

- **SACRO:** This project continues to provide increased assertive outreach for those in custody suites within Fife. The service works by actively linking people into a wide range of groups and support after having been in police custody. The service received 229 referrals for people who have entered custody suites in Fife. Of that, 76% of those who were involved with the service self-reported an improvement in their mental health and wellbeing. SACRO have been increasing their assertive outreach response across Fife and they actively support and signpost people to 104 different services. These include housing support, family support, employability, mental health, sports and wellbeing and alcohol and drug support. During this time, 42 naloxone kits were also distributed to service users.
- **Retention Service:** The retention service received 216 referrals which was an increase of 12% from the previous year. On average clients remain with the service for 3 months from the beginning of their journey to stabilising in the appropriate service. 67% of service users had a planned discharge within 3 months. The remaining service users have either had an internal transfer or the support was no longer required. Drugs continue to be the largest substance use problem reported by service users with 84%. However, alcohol use remains lower than previous years with 9% of the overall referrals.

- **Phoenix Futures:** Phoenix Futures have been continuing their work through the peer and prison mentoring service. In one year, the service received 39 referrals with an 80% engagement rate. More females have engaged in the service this year with a 20% increase to the previous year. This is due to the service now working at the new women's custody unit. The workers continue to support people returning to Fife with conducting a individualised recovery plan prior to release. Of the service users that have engaged with the project, 77% have made progress towards reducing alcohol use and 60% of people have made progress towards abstinence. 33 naloxone kits were distributed during this time. The Recovery Through Nature project has had 27 people engage with the project in the last year. All 27 individuals have reported and improvement in their physical, emotional, and mental health. 17 of those are currently working towards achieving abstinence. All service users have received further support such as employability and attending SMART recovery meetings.
- **WAWY Harm Reduction Trainer:** A full time harm reduction worker based within WAWY was employed to increase the distribution of naloxone across Fife in 2023. The ADP, based on evidence from the needs assessment, estimated the total target for naloxone distribution in 2023 should be 1,400 kits. The final target at the end of Q4 23 was 1,674. The project has worked with supporting the commissioned ADP services to highlight the importance of naloxone being available to those at need as well as their families and as a result, services have increased their distribution. A short life working group was established with the support of Fife Council locality development officer. This further enabled the harm reduction worked to provide community training over multiple sessions where over 50 people attended in total. Finally, the worker has also been supporting naloxone distribution within community pharmacy, high street shops, foodbanks and bus stations to reduce the stigma of substance use across Fife.
- **Liberation Panel:** The ADP support team are currently in the final stages of developing a liberation meeting. The purpose of the meeting is to discuss those returning to Fife on a short-term or remand sentence. The weekly meeting is person centred and will involve key partners including social work, substance use services, addiction services, housing and other third sector services. The project will run for an initial 3 months before evaluating its progress.

- **Harm Reduction (injecting equipment provision, take home naloxone, wound care, testing for BBV):** Provided by services at point of need. The ADP has conducted an audit of Take-Home Naloxone distribution both within its services and its wider partners and concluded that there are further training needs for overdose awareness, take home naloxone training at an individual and training level and support to access the equipment including support to report. From this the ADP has funded a specialist trainer to develop a Fife wide plan to improve distribution and to reduce stigma by promoting take home naloxone as part of a first aid approach given the prevalence of drug related deaths across Scotland. Furthermore, the ADP has supported the development of peer led distribution of Take-Home Naloxone in partnership with We are With You and Scottish Drugs Forum. This involves people with lived and living experienced trained to raise overdose awareness and distribute equipment with people at risk.
- **Hospital Liaison Service:** The ADP will continue to redevelop this in reach 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 for their recovery. Improvements have included support and attendance at Levenmouth’s Home First project responding to individuals at risk of needing to attend ED or be admitted to hospital due to substance use. Another development in year is to increase third sector response to those attending hospital due to alcohol problems. The service has also improved referral pathways from ED to the service directly.
- **Compass Social Work Service:** This project commenced in 2023/24. This is a partnership between Fife Social Work Adults and Fife NHS Addictions Psychology and Therapy Service has provided 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 also provide additionality to people supported through the Hospital Liaison Service whose needs include social care and support and treatment for complex childhood and adult trauma. The service has embedded very quickly into the existing treatment system.
- **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 support and treatment in the community. These services are provided by both SACRO and Phoenix Futures.

Priority 5: Fife MAT Standards Progress 2023– 2024

- Fife Alcohol and Drug Partnership (FADP) and its services have completed the third year of a five-year funded programme to implement the Medication Assisted Treatment (MAT) Standards for the improvement of care and support to people receiving opiate replacement therapy.
- The MAT standards are a national human rights-based framework for the safe, effective and accessible delivery of medication, – opiate replacement therapy (ORT) – psychosocial support and psychological interventions and are designed to create a whole system approach to support recovery from drug use inclusive of primary care, mental health, housing, welfare and advocacy services. Across Scotland each Health and Social Care Partnership is externally validated by Public Health Scotland on its progress towards implementation of the 10 standards based on numerical, process and experiential data provided by its ADP on an annual basis. Each ADP is then awarded a RAGB (red, amber, green or blue) status for each of the standards.
- At end of year, Fife ADP submitted its experiential, numerical and process information to evidence progress during 2023/24 to Public Health Scotland for all 10 standards. Process information includes pathways, protocols and guidance produced locally to standardise and align service and systems delivery with the standards. Numerical is the performance against pre-determined target-based measures usually applied to staff training or to patients being offered components of service delivery. Experiential is the ADP plan to gather the views of patients, family members and staff using semi structured qualitative interviews and the extent to which this feedback is used to improve MAT Standards delivery during the year.

- In addition to this assessment process, the Scottish Government require the ADP to submit updates quarterly on their implementation plan to support oversight and governance on the central funding awarded to ADPs to deliver the MAT Standards programme.
- Public Health Scotland has provided feedback on Fife's submission. For Fife ADP, the final assessment indicates a status of green fully implemented for MAT 1 to 5 and partial green (strong progress towards full implementation) for MAT 6 to 10. Partial green on MAT 6 to 10 is the highest score available to ADPs, due to limitations on the numerical measures set by Public Health Scotland, thus Fife has achieved the best possible position for its MAT Standard implementation progress for the last year.



The table below provide an overview of Public Health Scotland’s external validation over the three years of the MAT programme and demonstrates Fife ADP’s progress:

MAT Standard	RAGB Status 2021/22	RAGB Status 2022/23	RAGB Status 2023/24
1 Same Day Access and Prescribing	Amber	Provisional Green	Green
2 Medication Choice throughout	Amber	Provisional Green	Green
3 Anticipatory Care & Assertive Outreach	Amber	Amber	Green
4 Harm Reduction in Services	Amber	Amber	Green
5 Retention	Amber	Amber	Green
6 Psychological Interventions	Not scored this year	Amber	Provisional Green
7 Primary Care	Not scored this year	Amber	Provisional Green
8 Advocacy, Housing, Welfare	Not scored this year	Amber	Provisional Green
9 Mental Health	Not scored this year	Red	Provisional Green
10 Trauma Informed System of Care	Not scored this year	Provisional Amber	Provisional Green

Locality Planning: One Stop Shop KY2 and KY5 Development

In April 2023, Fife ADP Joint Commissioning Group approved the development of additional one stop shops to build on the success of the KY8 Club in Methil. Fife ADP support team gathered and analysed all available data indicating harm, substance related death and prevalence based on local service data and established with the support of the HSCP short life working groups.

These groups worked with Community Managers, ADP services, GP cluster leads, welfare support, housing services, advocacy and family support services, people with lived experience and other community and locality-based staff to rapidly develop one stop shops in Kirkcaldy and Cowdenbeath areas. These one stop shops provide a warm, welcoming and safe space for people affected by alcohol and drugs to attend to meet with service in an informal setting and to enjoy a bite to eat, a warm drink and engage with support at their own time and choosing.

Available at the one stop shops are information, advice and harm reduction support and for those ready to access treatment, triages can be conducted in a private room and same day access to treatment for either alcohol or drug dependency is available. NHS Addictions, NHS BBV&SH team, tissue viability team and ADP Social Work team also attend regularly to offer their service to people who need to be seen in their communities. A summary of what is available is below but all three one stop shops are different responding separately to the needs and requests of those that attend:



- Hot food on the day, supplies of food and other items to relieve the cost of living crisis.



- Social activities and contact, reducing isolation and promoting connectivity based on a holistic approach.



- Naloxone training and supply of kits and other harm reduction advice and support.



- Access to NHS Addiction Services on site and Fife based Recovery Services with same day prescribing (MAT 1, MAT 2, and MAT 3) also available.



- Blood Borne Virus (BBV) testing.



- Onsite mental health support provided by NHS Addictions and third sector



- Individual and family support provided by a commissioned third sector service.



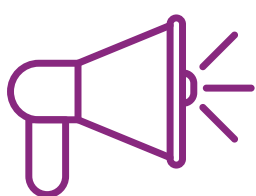
- Housing support, welfare checks and active linkage to attend other services.

Numbers in Treatment Target

Baseline	Target at the end of financial year 2023-2024	Numbers in receipt of ORT – Q1 2023/24	Numbers in receipt of ORT – Q2 2023/24	Fife % increase from Q1 to Q2	Overall Increase from Baseline
1,711	1,865	1,881	1,899	↑ 1%	↑ 11%

Fife, over a two-year period, is expected to increase and maintain its numbers in treatment target from baseline by 9% or n=154 patients. After year one, the target increased by 8.29% to 142 patients receiving opiate replacement therapy in Fife. This demonstrated a success in increasing access and retention within the service.

Priority 6: Lived/Living Experience Panels & Advocacy



- Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. This is a recognised 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. Scottish Recovery Consortium will support the LEP in its next steps of improving the reach of the voice of lived and living experience across all subgroups of the ADP and in other relevant partnerships of the Health and Social Care Partnership. There will be training, support, and development available for the members of the LEP and a plan to embed their experience across the ADP including its subgroups and within relevant settings of the HSCP. Since the group commenced, the panel have successfully contributed to the ADP Strategy, supported the implementation of MAT Standards, input into the ADP Alcohol Specific Death Group, residential rehabilitation and are currently working on a recovery communities mapping exercise across Fife.
- Fife ADP have a commissioned advocacy service (Circles). The two workers within this service have lived experience and work with individuals to increase confidence and individuals' ability to advocate for themselves. They help with a number of issues including access to treatment services within Fife ADP, housing issues and money advice.
- An independent living experience group in Dunfermline with a management group implementing feedback and improvements.

New Strategy 2024 – 2027: Development 2023

The ADP Support Team developed a project plan, working group and installed a project board to produce the new strategy. The 2020 – 2023 ADP Strategy was reviewed during six focus sessions with the working group, two sessions with the lived experience panel and the living experience group and four sessions with family members attending Scottish Families Affected by Alcohol and Drugs support groups in Fife. This review provided a reflection of the work achieved throughout the previous strategy.

Wider consultation occurred during two events, one with the Health and Social Care Extended Leadership Team and a Wider Stakeholder Consultation Event in August 2023.

In addition, NHS Fife Public Health developed a Needs Synthesis 2023 and analysed national and local data on use of substances and a focus on groups experiencing additional needs or vulnerabilities. Its research consisted of a synthesis of five service user and people with lived and living experiences evaluations commissioned by the ADP. During October to December 2023, in partnership with HSCP Participation and Engagement Team a consultation plan was developed, bringing together the views of communities, the general public and people with lived experience of substance use or working in services.

The above approach enabled the ADP to develop the vision, mission statements, six strategic themes and the principles and values underpinning how the strategy is delivered and implemented.

The new ADP vision for 2024 – 2027 is:

“To enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma”.

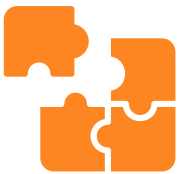
The strategic themes have been matched against the Health and Social Care Partnership themes and are detailed below:



- **WELLBEING:** Prevention and early intervention



- **LOCAL:** Risk is reduced for people who take harmful substances.



- **INTEGRATION:** Treatment and recovery services are easily accessible and high quality.



- **OUTCOME:** Quality of life is improved to address multiple disadvantages.



- **SUSTAINABLE:** Children, Families and Communities affected by substance use are supported.

Mission Statements and values underpinning delivery are detailed more fully in the [strategy](#).



New Drug Alert Process and Protocol & Communication Strategy: Development 2024

A new Emerging Drug Harms SOP has been written up to standardise the response to substances that appear to be causing significant harm, clusters of worrying trends or intelligence from partner agencies. The aim is to take the learnings from recent incidents and create a pathway and process to ensure that the response is immediate, proportionate and targeted. Having conducted a live test of the process, further refinements have been made and the final draft submitted for approval.

It was also identified that there was a need to create, support and facilitate a weekly task group meeting to review and assess the near fatal overdose reports coming through from the Scottish Ambulance Service (SAS). Utilising the commissioned service provided by ADAPT, input and intelligence from the SAS along with the data and knowledge held Fife ADAP, the aim is to identify trends, hot spots, commonalities in substances/symptoms and those appearing on the list multiple times to put in place any reasonable measures that could prevent or minimise harm wherever possible.

Fife ADP have also created a new Communication Strategy, acknowledging feedback from services both commissioned and non-commissioned as well as service users' needs and preferences to create a strategy tailored to those needs. Five key areas have been explored and relevant actions agreed in order to improve upon these areas which are:

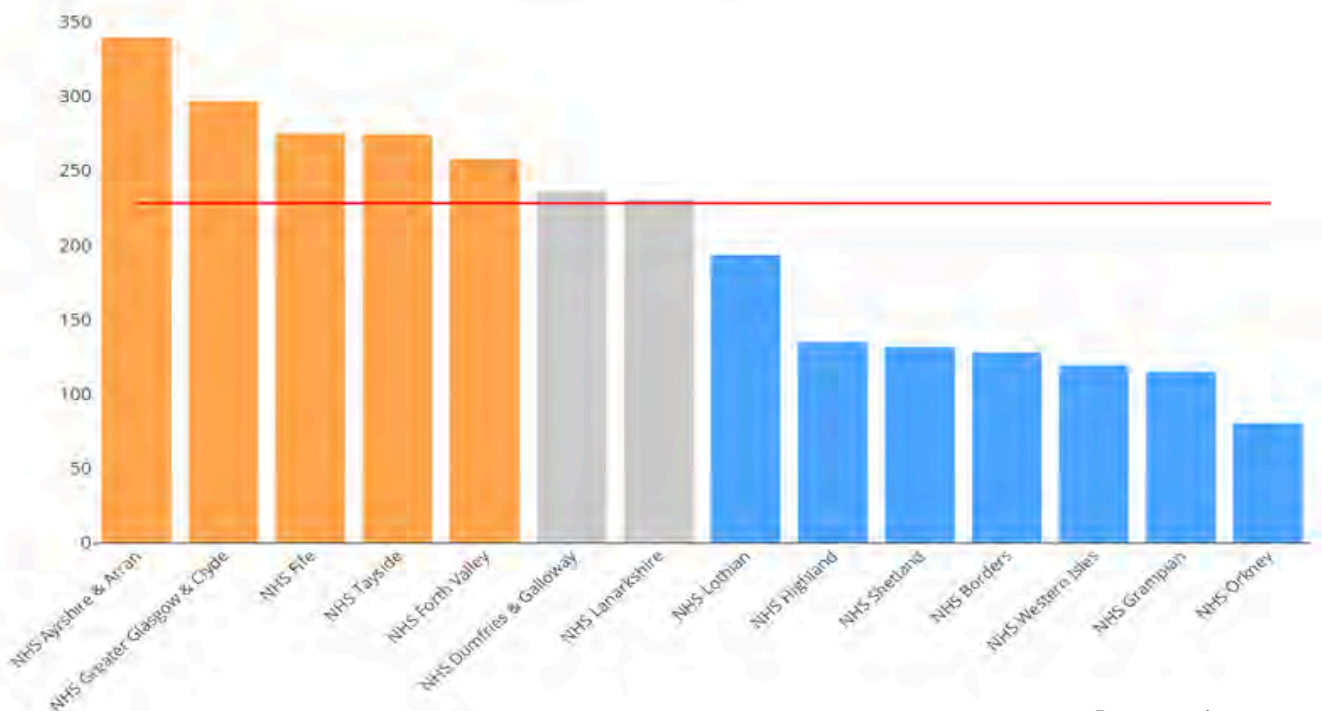
- **Fife ADP rebrand**
- **New Fife ADP website**
- **Fife ADP social media refresh**
- **Design alignment with HSCP**
- **Universal standards for comms**



National and Local Response: Context and Performance

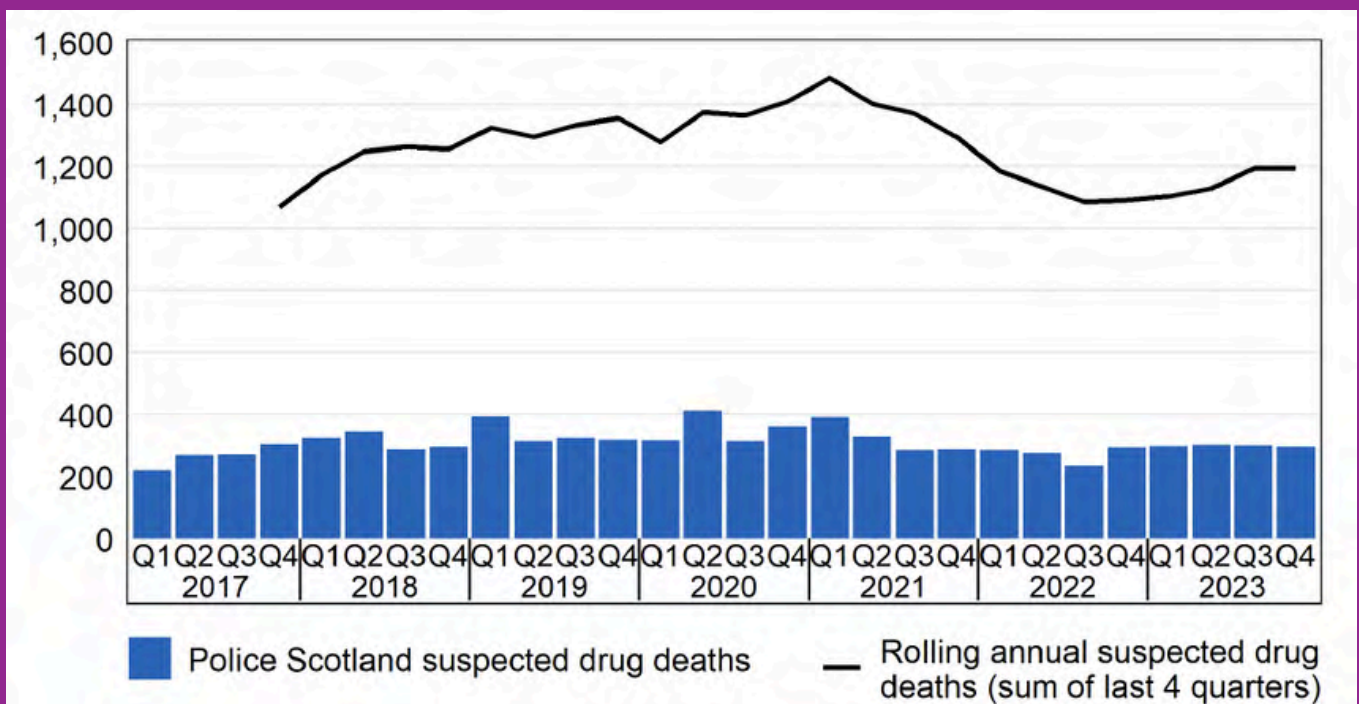
Drug related hospital admissions in Fife: Drug related hospital admissions are defined as general acute inpatient and day case stays with diagnosis of drug misuse in any position. They are measured by a 3-year rolling average number and then age-sex standardised per 100,000 population. The official 2022/2023 figures have yet to be published, however Fife rates over the 2018/2019–2020/2021 period was 288. However, Drug related hospital stays have increased significantly and have been consistently higher than the Scottish average with increasing harms related to benzodiazepine hospital admissions. As well as this, overdose related stays are higher in Fife than in Scotland in the last 5 years. The Levenmouth locality has the highest rate of drug related stays than any other locality.

Drug-related hospital admissions
Health boards compared against Scotland - 2019/20-2021/22

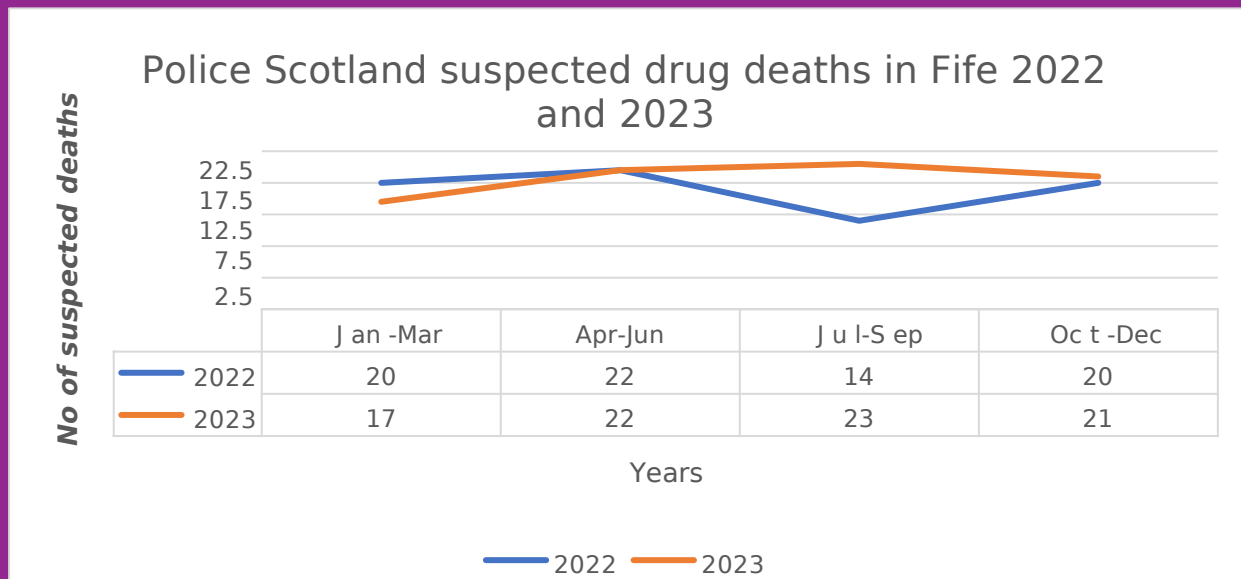


Drug related deaths in Fife: The official 2023 drug related death figures for Scotland have yet to be published by the National Records of Scotland (NRS) however the following is being reported on the suspected drug related deaths data gathered by Police Scotland. It provides an indication of current trends in suspected drug deaths in Scotland. This data is sourced from management information from Police Scotland who compile figures on the basis of reports from police officers attending scenes of death. Classification as a suspected drug death is based on an officer's observations and initial enquiries at the scene of death. Police Scotland suspected drug deaths correlate very closely with the official NRS drug death statistics:

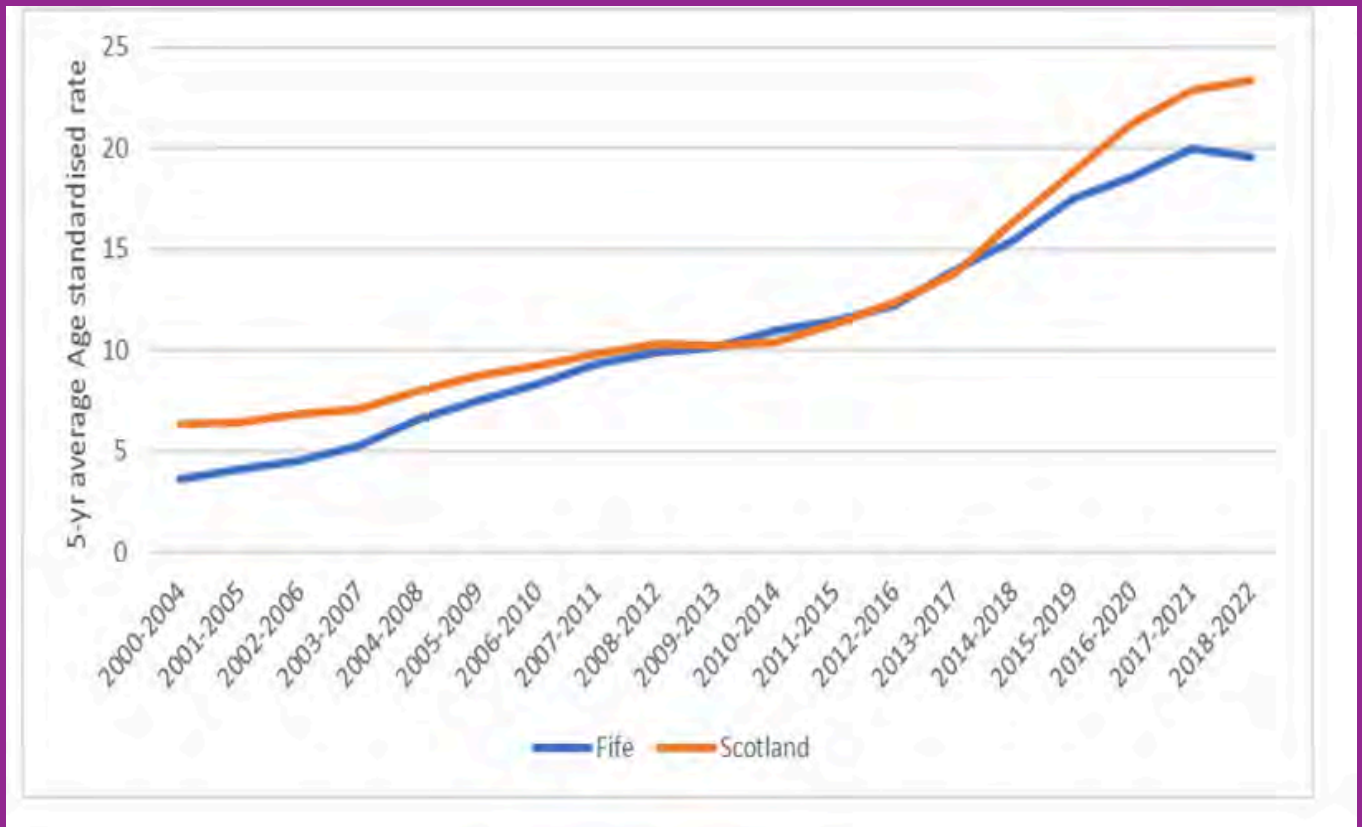
- Drug death rates in Scotland overall have reduced from 1,330 in 2021 to 1,051 in 2022.
- The Police Scotland suspected drug deaths report showed 1092 deaths in 2022 and 1,197 suspected deaths in 2023 in Scotland overall, a 10% increase.
- Fife figures from the Police report showed 76 suspected drug related deaths in 2022 and 83 deaths in 2023.



Number of Police Scotland suspected drug deaths by quarter and year Scotland, January 2017 to December 2023




The above graph shows the suspected drug-related deaths in Fife for 2022 and 2023 based on each reporting period. The Police total in Fife for 2022 was 76 and in 2023 it was 83 a 9% increase. Although it should be noted that this is an estimation and not the official figures reported by National Record Scotland.



Five-year average age-standardised rates per 100,000 population of drug-related deaths in Fife and Scotland

The above graph indicates the standardised rates per 100,000 population on a 5-year rolling average of official Drug Related Deaths and presents the challenges still faced in Fife and across Scotland. Fife has had a lower rate than Scotland since 2015–2019 and the gap between them has widened in more recent years.

Take Home Naloxone Performance

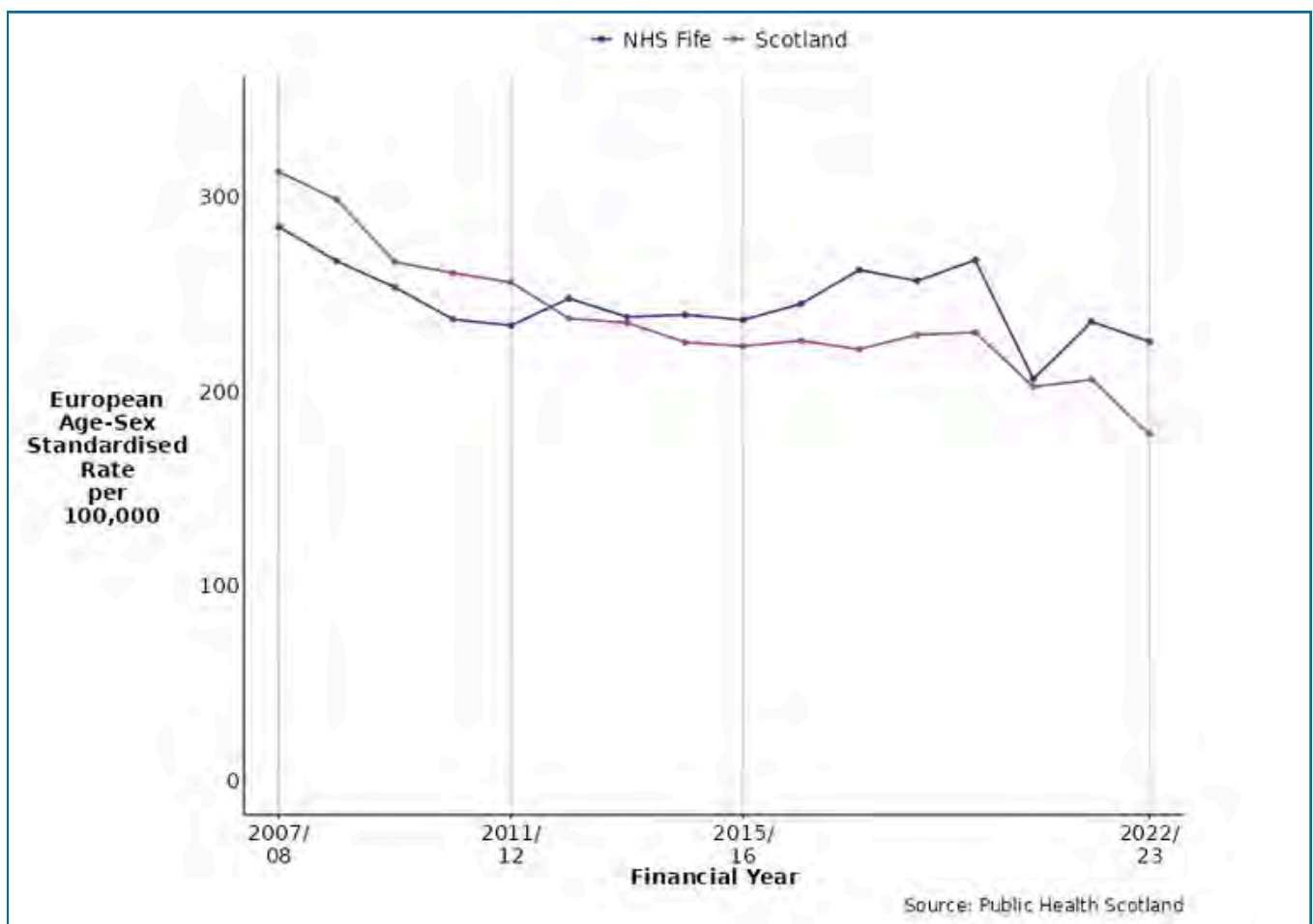
Indicator	Target	2022-2023	2023-2024	Performance Indicator
Take Home Naloxone (THN)	1,400	1,098	1,674	

Increasing coverage of Take Home Naloxone (overdose reversal medication) is one of the essential interventions required to prevent drug related deaths. During the year, Fife ADP conducted an audit of its Take Home Naloxone performance amongst its statutory and commissioned services, identifying barriers to distribution and working collegiately on a recovery plan to restore the target of 1,400 needed across Fife.

In addition, Fife ADP has commissioned a harm reduction trainer within We Are With You, a third sector harm reduction specialist service. This role will ensure that initial and refresher training, including overdose awareness, are rolled out amongst our services and a plan has been developed to mainstream this training with partners working with people at risk and their families. An extremely positive outcome for the ADP over the year is an increase in distribution of 52% from last year's performance.

Alcohol Related Hospital Admissions

Fife has had a decrease in **wholly attributable**** alcohol hospital stays from 667.7 per 100,000 population in 21/22 to 626.4 per 100,000 population in 22/23.




Fife wholly attributable alcohol hospital stays, compared to Scotland by European Age-Sex Standardised Rate per 100,000.






For mental and behavioural disorders caused by alcohol Fife had a decrease from 181.1 per 100,000 population in 21/22 to 162.7 per 100,000 population in 22/23. For acute intoxication, Fife was above the Scottish average. However, there was a decrease from 21/22 in Fife and Scotland.

ABI Performance

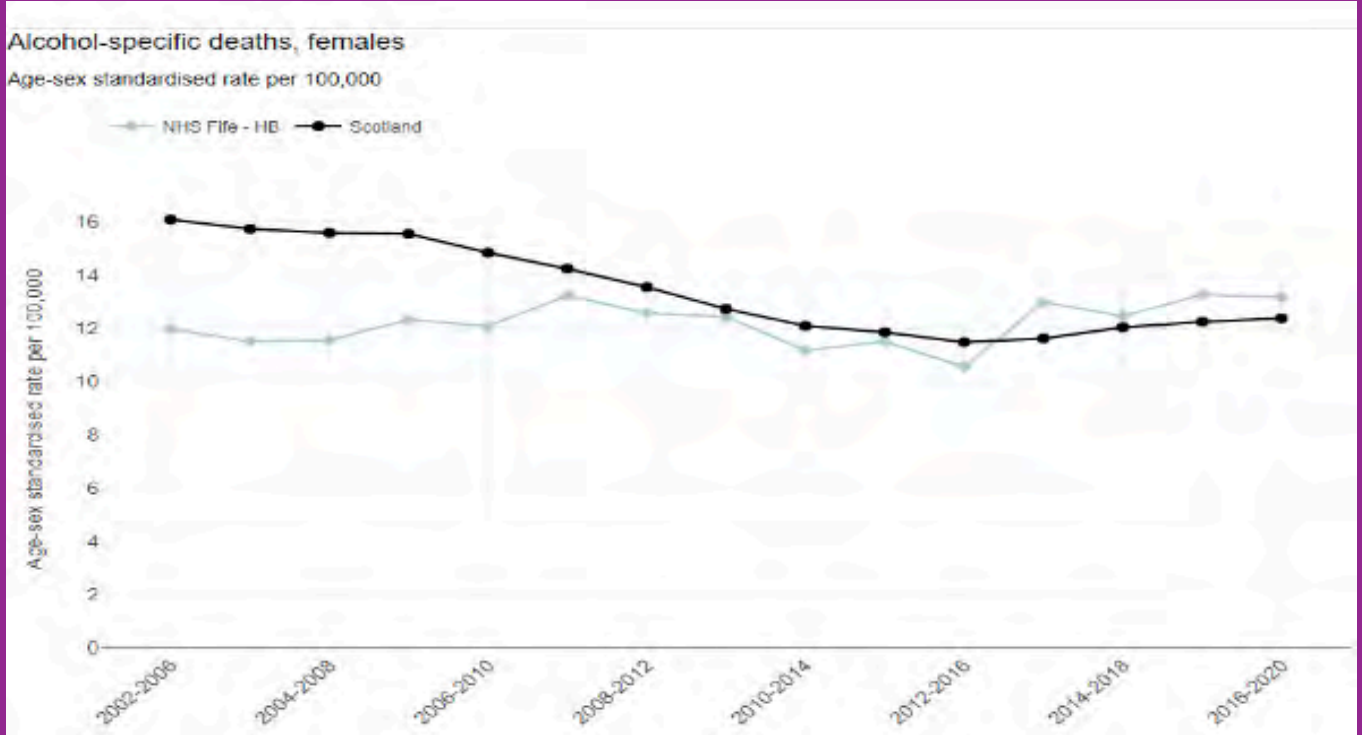
The Scottish Government are currently reviewing the local target for Alcohol Brief Interventions. Given that this is the second year this information has been collated since the pandemic, Fife's performance is higher than the pre-pandemic target.

Indicator	Target	2022-2023	2023-2024	Performance Indicator
Alcohol Brief Interventions (ABIs)	4,187	4,184	6,600	

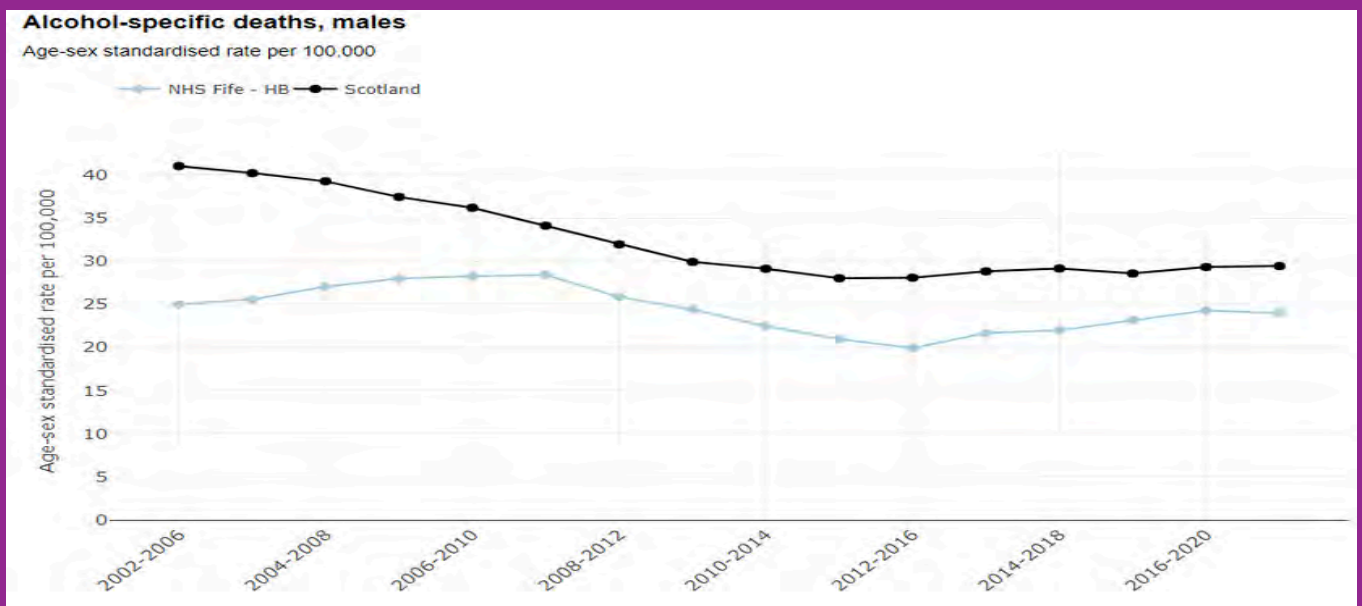
Number of ABIs delivered in Fife:

Service	2022-2023	2023-2024	Performance Indicator
Primary Care	2314	3422	 48%
A&E	245	581	 137%
Antenatal	10	7	 30%
Others	1615	2590	 60%
TOTAL	4184	6600	 58%

Alcohol specific deaths in Fife on a whole have been lower than the Scottish average. The number of women dying from alcohol specific deaths is marginally higher however than the Scottish average.



The number of men dying from alcohol specific deaths is marginally lower than the Scottish average:



Addressing Alcohol Harm and Death Group

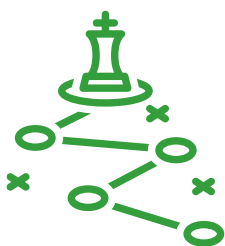
The Addressing Alcohol Harm and Death Group (AAHDG) is a subgroup of the JCG that focuses on the prevention of harm and premature mortality with the ADP strategic aim to develop a recovery orientated alcohol and treatment support system of care. The group oversees six recommendations from the previous Alcohol Specific Death Group which are:



1. As part of the evaluation of the hospital liaison service, it is essential to assess current connections between A&E, outpatient services and inpatient services across various specialities including gastroenterology, general surgery, orthopaedics and third sector services. Furthermore, the assessment should encompass the pathways and support mechanisms available for individuals post alcohol detox including prescription practises, ensuring their comprehensiveness and effectiveness by integrating third sector services alongside primary and secondary care.



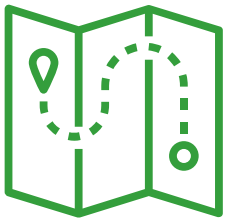
2. **Create specialised pathways for priority and marginalised groups incorporating multi-agency risk assessment protocols. Including, identifying individuals at high risk of an alcohol specific death through Gastroenterology and actively engaging them in appropriate services.**



3. Develop a comprehensive strategy to enhance engagement and retention in alcohol services by linking to the MAT Standard 5 work and using this as a benchmark of good practise. This work should include a review of service users within ADP funded services who use alcohol compared to the number of individuals who use drugs. Subsequently work should be carried out to address the barriers faced by referrers and service users to increase access to alcohol services whilst considering and preparing capacity impact estimates on services and the system of care.



4. Examine shared care protocols between specialist services, GPs and community pharmacies for people who drink alcohol at harmful levels. Share care may include prescribing where competent practitioners are in place. Additionally review guidance, practice and capacity for thiamine and folic acid prescribing for patients with and prior to the development of alcoholic liver disease.



5. Undertake a thorough alcohol service mapping and gap analysis exercise, of the services already available to us within the ADP. This will include bringing third sector alcohol services in particular FASS under the remit of the strategic function of the ADP. This should include considering capacity and supply in the treatment system and how resources can be aligned on a locality basis to better to respond to targeted increases in access and uptake of services for alcohol use by those at risk of alcohol specific death and harm.



6. Examine the current pathway for alcohol treatment and support from primary care and other main referral destinations, against UK clinical guidelines for alcohol treatment. Considering the use of rapid access clinic and establish wrap around support for those at high risk of alcohol harm and alcohol specific death.



Local Delivery Plan Drug & Alcohol Waiting Times

The local delivery plan requires that 90% of people accessing Tier 3 support for alcohol and drug issues are seen and assessed within a three-week period. Having consistently achieved target in the previous reporting year, it was disappointing to miss target in every quarter for this reporting year.

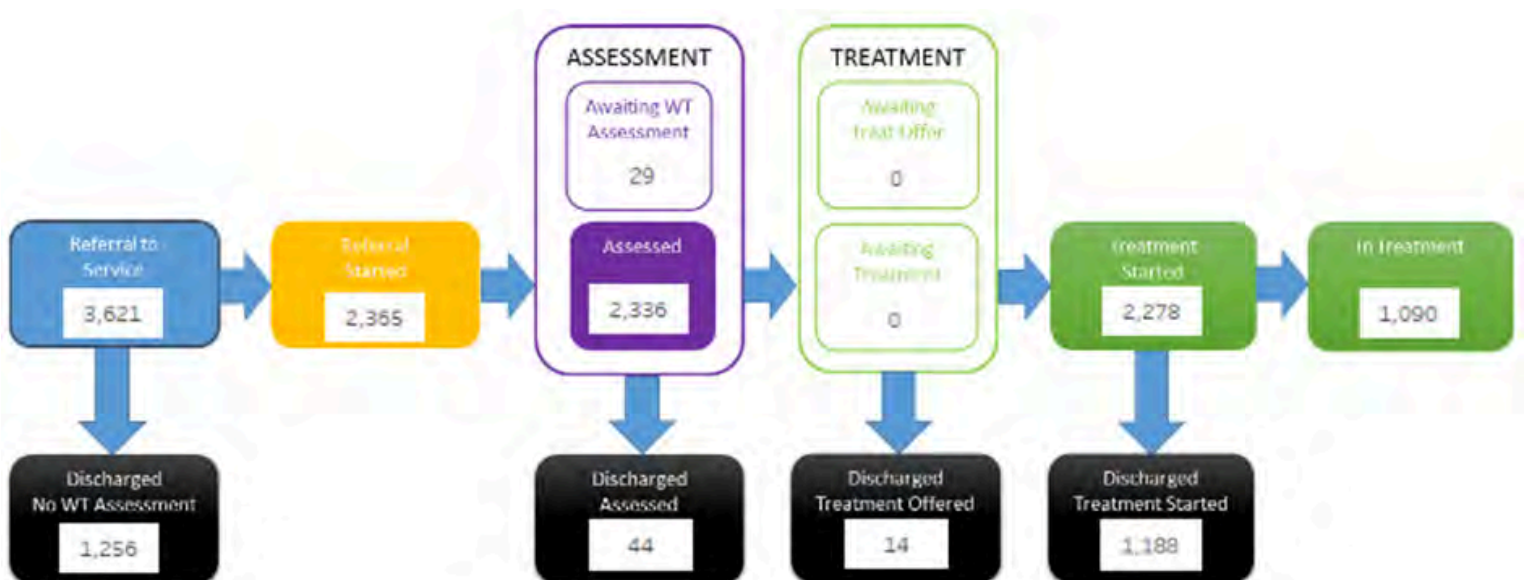
A task group was formed to identify the root causes for the issue, and it was found to be recording errors and in particular, around recording those that were given an appointment within the time frame but failed to attend. These were not being recorded on DAISy correctly and as such generated long waits for these when they were not genuine long waits. This work has generated a vast improvement in the last quarter of the year with Fife ADP exceeding the 90% target again.

Indicator	Target	2022-2023	2023-2024	Performance Indicator
Drug and Alcohol Treatment Waiting Times – Q1	90%	94.1%	86%	↓
Drug and Alcohol Treatment Waiting Times – Q2	90%	95%	82.9%	↓
Drug and Alcohol Treatment Waiting Times – Q3	90%	97%	83.4%	↓
Drug and Alcohol Treatment Waiting Times – Q4	90%	96%	92%	↔

*Q4 figure has not yet been published and has been taken from local information.

Service & System Performance

Nationally Reported Fife Tier 3 Performance



From April 2023 – March 2024, Fife Tier 3 adult services received 3,621 referrals. 2,278 of the referrals started treatment and 1,090 remained in treatment after March 2024.

ADP Contract Reporting – Tier 3 Services

Tier 3 services are defined as services delivering a specialist intervention as part of a recovery/care or treatment plan. They are linked to the improving our recovery system of care theme but do undertake harm reduction and other early intervention and prevention support in the community.

Below is a summary of our tier 3 services and their performance based on reports submitted to the ADP support team:

NHS Addiction Services:



Over 2023/24, the service responded to 767 referrals 64% of which were for problems with alcohol. A total of 207 individuals referred to access rapid access clinics.. This represents an increase of the people referred to rapid access clinics by 290% compared to the same period the previous year. The service uses treatment outcome profile to measure outcomes overtime with patients, tracking days used of substances and improvements to psychological and physical health. Over the year 682 patients sampled had a 15% reduction in days when alcohol was used and 27% reduction in days when opiates were used. There also improvement in physical health and quality of life.

In terms of workforce development, the service has made a substantial commitment to training in psychological intervention with 46 staff trained in formulation (Tier 1), 43 in endings and boundaries (Tier 1) and 19 in MI (Tier 2).

APTS:

Addictions Psychological Therapies Service (APTS) have submitted a report on targets, which indicates all targets are being met and data was provided for outcomes. 119 individuals received psychological assessment and evidence based psychological therapy and 282 supervision sessions were offered. All outcomes showed an increased score on the wellbeing scores. 38 coaching and training sessions have been completed under the MAT 6&10 funding (April 23- March 24). Training is due to commence for Tier 2.

DAPL:

This service provided a comprehensive ADP report return, which showed targets were met for counselling, ABI's, DBI's and provision of out of hours service. This service continues to deliver SMART meetings. There was a slight increase in engagement rate from referral from 44% to 47%. 410 naloxone kits were offered and 18 distributed.

FIRST:

The Community Rehabilitation team has exceeded its ADP targets and demonstrated good outcomes for those engaged with the service. The highest referral rate has come from Kirkcaldy area, and 25–40-year age group. The engagement rate from referral is 57% which is quite standard across services. Three naloxone kits were distributed.

FIRST:

The Residential Rehabilitation Service received 111 referrals across the year and 57 individuals engaged with the service. Within the year period 27 individuals entered residential rehabilitation. Positive outcomes were demonstrated for those who accessed residential rehabilitation. Ongoing work continues with Healthcare Improvement Scotland on pathways and access for minority groups.

ADP Contract Reporting – Tier 2 Services

ADAPT:



All targets for this service were met and the report was fully completed. The service had 1117 attend the drop-in clinics and provided counselling to 109 individuals however 203 were referred. ABI (Alcohol Brief Interventions) targets were also met with 227 being delivered, and 293 naloxone kits were distributed. 35% of those working towards abstinence achieved this, whilst 70% made progress towards improvement in physical and psychological health.

ADAPT NFO:



This service was compliant with MAT 3 during responding to 75% of referrals within a 3 day time period and saw 352 individuals throughout the reporting period. 80% of referrals exited after support 19% still active in service. 50 naloxone kits were also distributed. The main substance which resulted in the referral was alcohol. The NFO team have also engaged with an NFO review group alongside colleagues from Fife ADP and Scottish Ambulance Service to highlight trends relating to substances, symptoms, environments and repeat presentations and work to tackle these issues.

Barnardo's Education Service:



A full report was provided from Barnardo's for Education with most pupils/staff fully achieving or making progress of increased knowledge at exit in P7 and S3. An additional 33 priority groups were seen within the year. Barnardo's have commenced a test of change in three high schools to deliver bespoke training to school based staff and develop an substance education service based on the needs of each school and its students.

Barnardo's and Clued-Up Whole Family Support Service:



A full report was provided for this service. Referrals were on target for young people provision. Outcomes for young people show positive changes in key areas including reduction in substance use, improved family relationships and improved mental health with very few leaving support having not benefitted in some capacity. For intensive whole family provision, in the reporting year 8 families were supported and some outcomes were recorded for improvement in safety for the families and relationships, parental engagement and improvements in connections to local groups.

Clued-Up Employability Service:



102 young people were supported by this service within the year. 58 young people achieved positive outcomes including but not limited to developing positive routines, making positive choices and increased knowledge in substances. Additionally, 35 ABI's were delivered, and 1 naloxone kit was distributed.

Circles Network:



257 individuals engaged with this service within the year. The main issues addressed continue to be housing and finance but there was an increase in referrals for access to treatment. Circles complied fully with the MAT standard 8 and were able to demonstrate a good level of independent advocacy offered to people affected by alcohol and drug use.

Frontline Fife:



One to one support was offered to 49 individuals with an engagement rate of 61% from referral. The highest area for engagement was Kirkcaldy which mirrors last year's reporting. All outcomes were clearly demonstrated 46 DBI's were carried out. The team also distributed 23 naloxone kits throughout the year.

Hospital Liaison Service:



ADAPT received 300 referrals most of which came from the Glenrothes and Kirkcaldy area. 84% of ADAPT referrals had an alcohol related problem. WAWY received 145 referrals of which 38 naloxone kits were distributed. They have reported the partnership is working well and has vastly improved since last reporting period. NHS Addictions received 904 referrals within the year and referring locations have increased from 10 to 52 demonstrating a good level of coverage and reach across the hospital. 20% have been generated from A&E and admissions units. Tracking across months there has been significant reductions in admissions post 3 months contact with the service and this is seen in average length of stay. For ED attendances almost every month there are significant reductions at the 3 month post contact point.

Phoenix Peer Mentoring:



This service has provided Fife ADP annual report showing targets and engagement. All outputs were met for volunteer opportunities, mentee engagement and engagement in wider community. There were 39 referrals to this service, and an 80% engagement rate. 60% of service users achieved progress towards abstinence when exiting the service. 77% made progress to reducing alcohol when exiting the service. 33 naloxone kits have been distributed by the service.

Phoenix Futures Return to Nature



A full report was provided from the service. 27 people completed the RTN programme, with a target of 30 to complete. 17 individuals are currently working towards achieving abstinence and are still open to the service. All engaged individuals saw an improvement in physical, emotional and mental health. The last reporting period saw no referrals from Dunfermline. This has now improved with 5 referrals in the last 6 months. 27 naloxone kits were distributed which is a 35% increase from the last reporting period.

Restoration



This service has reported on targets with 325 active members attending at least one activity per week. The highest area of engagement is the Levenmouth area with 77 people attending in total each week. A client survey highlighted self-improvements in isolation, mental and physical health and feeling safe. Outgoing referrals continued to be high with people supported into services that help with ongoing community support and foodbanks.

SACRO:



This service completed a full report detailing ADP targets. All targets were met with the service receiving 229 referrals to the service within the year. 179 people engaged with the service (annual target 90). There was a reduction of 84% in reported criminal activity which exceeded the target of 60%. 55% of service users reported an increase in wishing to live a crime free life. 42 naloxone kits were distributed this reporting period, an increase of 11 from previous year (annual target 20)

SFAD



118 individuals engaged with this service through a variety of one to one's and group work. 54 of the 118 left feeling better educated about substance use. Family members had positive outcomes from their engagement with SFAD including better physical, emotional, and mental health.

WAWY:



A full report was returned, and all annual outputs have been exceeded. 667 naloxone kits were distributed which is above target and a 29% increase compared to the previous year. A total of 1,135 transactions were completed (annual target 750). As well as this, drop-in 4,697 drop in interventions were completed with an annual target of 1,200.

Fife Council:



Compass: Since it commenced in August 2023, the team have received 66 referrals since going live, all of which have been allocated and are active cases. Of the 66 , 15 clients solely use alcohol. The majority of referrals are for people for whom poly-pharmacy is a risk factor. Domestic abuse, Mental Health and Homelessness/ housing issues have been the main secondary concerns.

Next Steps for 2024/2025

A strategy delivery plan has been set out to support all the new work that the ADP want to implement over the next year and beyond. With an ambitious 3-year Strategy for 2024 -27and reprioritising themes, significant changes are already in development as detailed in the strategy delivery plan. Three key areas already in the early stages of development are:

- **Service mapping to review in line with strategic priorities**
- **Rapid Group for Young People at risk of harm from substance use**
- **With the new ADP Strategy 24 – 27 completed,**

The residential rehabilitation service will continue on its continuous improvement approach in partnership with the ADP support team to continue providing positive outcomes but to also reach priority groups and identify pathways and partnerships to increase the reach of this type of support.

There will also be two test of Change Housing Projects launched that have been funded through the 'Ending Homelessness Together Fund'. These will have individual focuses which are:

Hospital Navigator Service:

- Provide opportunities to engage vulnerable/at risk patients with dedicated services
- Exploration of root causes for repeat presentations and ensure that the individuals finally access internal/external services that meet their individual needs.
- Positive signposting routes with dedicated follow up interactions to facilitate engagement with those services.
- Ensure vulnerable adults receive the support that they require.
- Support in emergency departments where it has been proven that individuals present due to loneliness, poverty and poor mental health for example.
- Providing specialised knowledge and information to staff in roles that are not related to housing and thus supporting existing workforces better.

Dedicated Addictions Worker:

- Provide additional specialist support, engaging those at risk of/presenting as homeless.
- Preventative approach for those that are struggling and who may previously have, or still are facing multiple barriers which are preventing access to housing.
- Assertive pre-emptive support provision aimed at preventing homelessness and reducing repeat homeless presentations.
- The longevity of the provision would be secured by the bespoke addictions support worker upskilling the staff team that they have been integrated into as well as providing external training to Fife Council, Housing Officers and non-housing roles.
- Increases capacity in the existing service with the specialist worker engaging people with substance use issues.
- Replicates a one stop shop type model providing trauma informed care around addictions within a housing support team.

A focus will also be maintained on alcohol related harm and deaths and the complexities of reporting around those as well as the contributing factors involved. Fife ADP will use the information gained from the Addressing Alcohol Specific Death work and the voice of people and their families with lived and living experience to drive improvements in the system of care and other partnerships where prevention and early intervention can improve outcomes. As proposed in the delivery plan, the Addressing Alcohol Specific Death Group will form an implementation group to support wider organisations in utilising the data collated and the overarching themes from their findings.

Much has already been done to engage and ensure that there is participation from individuals with lived or living experience within the strategic planning and policy work of the ADP. A dedicated worker has been commissioned through Scottish Recovery Consortium to ensure that people and their families are fully supported to co-produce and collaborate and offered development opportunities on a volunteer basis. The aim is to ensure all ADP subgroups are collaborating directly with people with lived and living experience and the voice of lived and living experience is present across the HSCP and other universal service provision where their voice can benefit service improvements, strategic planning and policy development. The ADP continues to value the work of those with lived and living experience as part of the harm reduction approach including the provision of overdose reversal medication and raising awareness.

Moving forward it is essential that the ADP continue to implement its strategy and focus on the key areas in order to prevent, intervene early and provide quality in treatment and support to all the people of Fife. The continued implementation of the MAT Standards will be a critical focus for Fife ADP and nationally as we continue to embed the standards within ADP services but also mainstream the approach in universal provision where people with alcohol and drug problems struggle to engage. A complete system approach to the MAT standards is required in primary care, mental health, housing and welfare and advocacy services.

Further Information

- 01 Fife ADP Strategy 2024 – 2027: [ADP-Strategy-24-27-07.05.24.pdf](#)
- 02 Rights Respect and Recovery 2018 – Rights, respect and recovery: [alcohol and drug treatment strategy – gov.scot](#) (www.gov.scot)
- 03 Alcohol Framework Preventing Harm 2018: [Alcohol Framework 2018](#) (www.gov.scot)
- 04 National Drug Mission Priorities Plan 2022 – 2026: [National Drugs Mission Plan: 2022-2026](#) (www.gov.scot)
- 05 Medication Assisted Treatment Standards 2021: [Medication Assisted Treatment \(MAT\) standards: access, choice, support](#) (www.gov.scot)
- 06 Fife ADP Drug Related Death Report 2022: [Drug Related Deaths Report 2022](#)
- 07 Fife ADP Getting Help: [Getting Help](#) | Fife ADP

Glossary of Terms

- AASDG** – Addressing Alcohol Specific Death Group, a subgroup of the ADP
- ABI** – Alcohol Brief Intervention, a short, structured screening and intervention delivered to people at risk of alcohol related harm
- ADP** – Alcohol and Drug Partnership
- APTS** – Addiction Psychology Therapy Service, an NHS Fife Psychology Service
- ARBD** – Alcohol Related Brain Damage
- Compass** – ADP funded Social Work Team
- DAISY** – Drug and Alcohol Information System, a national database for recording waiting times for treatment for Tier 3 services.
- DAPL** – Drug and Alcohol Psychotherapies Limited
- DBI** – Drug Brief Intervention, a short, structured intervention delivered to people at risk of drug related harm
- FIRST** – Fife Intensive Rehabilitation Substance use Team.
- JCG** – Joint Commissioning Group, a subgroup of the ADP
- LEP** – Lived Experience Panel, a subgroup of the ADP.
- MAT** – Medication Assisted Treatment, a framework for the safe, consistent and effective delivery of care for people who can benefit from opiate replacement therapy.
- MDDRG** – Multi-agency Drug Death Review Group, a subgroup of the ADP
- OST/ORT** – Opiate Substitute Therapy or Opiate Replacement Therapy
- RADAR** – Rapid Action Drug Alerts and Response, Public Health Scotland Team
- SACRO** – Scottish Association for the Care and Resettlement of Offenders
- SFAD** – Scottish Families Affected by Alcohol and Drugs
- SLA** – Service Level Agreement
- THN** – Take-Home Naloxone, a medication that can reverse the effects of an opioid overdose.
- UNCRC** – United Nations Convention on the Rights of the Child
- WAWY** – We Are With You, an ADP harm reduction service

Prevention, Protection, Early Intervention, Treatment & Recovery for all.

**Fife Alcohol & Drug
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Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses [here](#). All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

East Renfrewshire ADP

Falkirk ADP

X Fife ADP

Glasgow City ADP

Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

Alcohol harms group

X Drug death review group

Drug trend monitoring group/Early Warning System

None

Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

Chief Officers Public Protection have received information on drug related deaths where there was a cluster of deaths within the year. A regular reporting mechanism and schedule is in development currently.

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

The Multidisciplinary Drug Death Review Group (MDDRG) is a Public Health surveillance meeting which reviews all suspected deaths in Fife and identifies learning through the development of a detailed case chronology for each suspected drug related death in Fife. In October 2022 a summary of learning was taken to the ADP committee from 60 deaths which had been reviewed between February 2021 and March 2022. Following this the MDDRG Expert Development sub-group was established to take forward the learning and develop an action plan. An action plan is currently being finalised, led by the ADP support team an .

A formal SoP has been written to support the Emerging drug alert protocol implementation and use. A real life run through was undertaken for the next drug alert that required action and further refinements were agreed based on feedback from the action group. The group have also convened DHAGs to assess the growing situation around synthetic substances, notably nitazenes and 'Spice', issuing alerts and harm reduction advice.

Following a cluster of drug related deaths of young people, Fife ADP supported by Public Health held immediate drug harm assessment groups.

Fife Addressing Alcohol Specific Death Group was established due to rising alcohol specific deaths in Fife and to commission and oversee research needed to analyse the cause and possible solutions to address this situation. The first piece of research analysed the alcohol specific deaths within a one year period, to give us an understanding of who is at risk of an alcohol specific death. The second piece of research involved speaking to those with lived and living experience to identify barriers to services. The two pieces of research specifically looked at the following themes;

- Screening and harm reduction
- Prevention and early intervention
- Initial referral pathways and access to treatment
- Integrated working and communications
- Support, treatment and alcohol detox
- Support in high-risk times

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.

[single option]

Yes

No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

Yes

Alerts: Ensuring that all trends are assessed, specific links between areas within Fife made and/or specific groupings/demographics that become apparent through analysing all related events. We then target any alerts/communications to the groups most at risk.

Actions from Nitazene meetings: We have tried to remain ahead of trends and set out action plans to target communications via cascade through relevant department and service leads.

Wedinos: Our partners promote the use of this resource.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.
 [numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.80
Total vacancies (whole-time equivalent)	0.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).
 [open text – maximum 500 characters]

N/A

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).
 [open text – maximum 2,000 characters]

The MAT Standards Psychological Intervention Workforce Development programme led by the ADP support team and NHS Addictions Psychological Therapies Service (APTS) is currently establishing a baseline assessment of employee wellbeing initiatives throughout the system of care.

Barnardo's-4 weekly supervision, annual personal goal setting which includes wellbeing goals, wellness action plans and disability passports, flexible working, extra holiday 'recognition day' and up to 10 days paid carers leave, staff forum, staff wellbeing days, EDI training.

Circles- Regular supervision, open door policy for management, counselling available, regular catch ups. Team lunch every few months that is protected time.

Clued-Up- 4 weekly s&s. Team meetings. Staff peer support. Staff development days. Open door policy. Staff wellbeing surveys.

DAPL- 4 weekly supervision, staff groups in place that support connection and peer engagement, whole team meetings in person 4 x annually, 17 hours protected shared team learning per year, annual appraisals, all staff undertake an annual welfare and wellbeing survey which covers all aspects of work including work roles, environment pressures and opportunity for development.

¹ Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

SFAD- Well-being committee, 3 in person well-being events per year, counselling access, external OH if required, regular team meetings and supervision, two weekly whole organisation check-ins (informal-so staff can connect with each other), monthly community practise sessions which bring together 5 local family support service teams.

The Access Therapies website is available to all health and social care staff (SW Compass Team, NHS Addictions Service, NHS APTS ADP Support Team)

On the site there are options for wellbeing programmes, one to one wellbeing coaching and online peer support and therapeutic support.

- Spaces for listening sessions – small peer group support sessions can be booked here.
- Accessing therapeutic support – you can directly self-refer here.

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

X Experiential data collected as part of MAT programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

No formal mechanism in place

Other (please specify): Formal participation and engagement process was conducted this year in preparation for the new ADP Strategy 2024 - 2027.

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff	X	X
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'. [multiple choice]

- X Through ADP board membership
- X Through a group or network that is independent of the ADP
- X Through an existing ADP group/panel/reference group
- X Through membership in other areas of ADP governance (e.g. steering group)
- Not currently able to participate
- Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'. [multiple choice]

- X Through ADP board membership
- X Through a group or network that is independent of the ADP
- X Through an existing ADP group/panel/reference group
- Through membership in other areas of ADP governance (e.g. steering group)
- Not currently able to participate
- Other (please specify): Fife ADP Lived Experience Panel has participation and engagement from family members and their representation of the ADP Board is reflected.

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

Prerequisite for our commissioning

Asked about in their reporting

Mentioned in our contracts

None

Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation² in the last financial year. Within your answer please indicate which activities have been most costly.

[open text – maximum 2,000 characters]

Fife ADP commissioned an independent Lived Experience Panel support service in 2023 to sustain the existing panel. The panel provides opportunities for those with lived experience to contribute and collaborate on the development of ADP strategy, policy and service development. The panel meets monthly with a priority of inputting into the ADP strategy and MAT Standards. They have given direct feedback about the ADP strategy refresh and direction around where they feel there needs to be more focus and as such are autonomous from the ADP. The panel is supported independently via a contractual arrangement with Scottish Recovery Consortium and members are given volunteer status, expenses returned and training offered. The Lived Experience Panel uses the funding from the Scottish Government Drug Mission Priorities with additional investment from the Health and Social Care Partnership.

The Scottish Drugs Forum also have a Fife Living Experience Group meeting weekly. This group's purpose is two fold, to gather the views of people still struggling with addiction and offer them support and to use their feedback to inform service delivery through to an ADP Services's Manager Group. This ensures that the voices of those who are currently accessing treatment are heard and acted upon.

Other LLEP work has included:

developing one stop shops in two localities in Fife where prevalence of harm is high and access to treatment and support low. SDF peer to peer evaluation for MAT Standards Implementation and progress and living experience research for family members and individuals experiencing the alcohol treatment systems

As part of the development of the new ADP Strategy, Fife ADP held a wider stakeholder event inclusive of the experience of family members and people with lived experience to generate priorities and strategic themes.

² The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

ADP strategy, delivery and/or action plan

Alcohol deaths and harms prevention action plan

Communication strategy

Community action plan

Drug deaths and harms prevention action plan

MAT standards delivery plan

Service development, improvement and/or delivery plan

None

Other (please specify): Stigma and its impact on access, engagement, experience and retention of people affected by alcohol and drug use is considered and mitigated at strategic/policy, strategic alliances with other partners. Fife ADP Strategy 2024 - 27 vision is "To enable all the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma"

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

We have a three level approach to reduce the impact of stigma within services, strategy and policy development and to contribute to a reduction within the general public. This work involves contributing and approving literature use, working cross partnership to influence the approach and delivery of universal service delivery, building the lived experience approach with the ADP representing this care group in development of all work. A National Collaborative consultation event is planned in partnership with Scottish Recovery Consortium and will use this to hold a Human

Rights Duty Bearer event across services to start work on meeting the standards for people affected by alcohol and drug use conference.

Some more examples:

Activity Communities and Fife ADP worked together to arrange outdoor activity sessions for individuals in recovery. This was started with the intention of increasing the confidence of those in recovery, so they will be able to attend other outdoor activity events in Fife. By intergrating those with recovery in local groups in Fife, it will help to reduce the stigma associated with individuals in recovery from alcohol and/or drugs.

A formal Take Home Naloxone Training Programme took place last year. Overdose training was provided to members of the public through informal 'pop-ups' as well as working with the local comunitities to have naloxone available in shops. Some Fife Council staff and external services have also been trained.

Fife holds a week long event on the run up to International Overdose Awarness Day where families, staff and members of the public are encouraged to join.

An ADP commissioned advocacy service tackles stigma by supporting the individual and collective voice of LE

Community work in Dunfermline: awareness training to reduce stigma, this is to be rolled out across Fife.

A new Communication Strategy was launched in response to engagement sessions with family members and with the LEP.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).

[open text – maximum 500 characters]

Participation and engagement qualitative data collected as part of strategy development. MAT Standards Qualitative data collected and analysed from people with lived and living experience collated and analysed on a quarterly basis.

Types and numbers of teams prepared to normalise THN training as part of a generalised first aid approach.

Feedback from staff and service users engaged with Activity Communities.

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.
[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			X
People from minority ethnic groups			X
People from religious groups			X
People who are experiencing homelessness			X
People who are LGBTQI+			X
People who are pregnant or peri-natal			X
People who engage in transactional sex			X
People with hearing impairments and/or visual impairments			X
People with learning disabilities and literacy difficulties			X
Veterans			X
Women			X

Question 16

Which of the following education or prevention activities were funded or supported³ by the ADP? Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services		X	X
Learning materials			
Mental wellbeing	X	X	X
Peer-led interventions	X	X	X
Physical health		X	X
Planet Youth	X	X	X
Pregnancy & parenting	X	X	X
Youth activities	X	X	X
Other (please specify)	Planet Youth is not available in Fife		

³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X	X	X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices				X
Homelessness services	X	X		
Hospitals (incl. A&E, inpatient departments)	X			X
Justice services	X			
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X			
Prison	X	X		X
Sexual health services	X	X	X	X
Women support services	X			
Young people's service	X			
None				
Other (please specify)				

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

X Drug checking

X Drug testing strips

X Heroin Assisted Treatment

Safer drug consumption facility

X Safer inhalation pipe provision

Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

The harm reduction service has noted a large increase in crack cocaine use in Fife over past few years and may experience another increase. The use of safer inhalation pipe provision is needed.

Use of nitazene and xylazine strips just launched in Fife to protect people from the instability in the market. It is difficult to gather data from this initiative about the illicit drug supply.

Services are very consistent with sending samples to WEDINOS.

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services		
Hospitals (including emergency departments)		
Housing services		
Mental health services		
Police Scotland		
Primary care		
Prison		X
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services		
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Further workforce training required

Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

Workforce capacity

None

Other (please specify):

Question 21

In what ways have you worked with justice partners⁴? Mark all that apply with an 'x'.
[multiple choice]

Strategic level

- ADP representation on local Community Justice Partnership
- Contributed to strategic planning
- Coordinated activities between justice, health or social care partners
- Data sharing
- Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- Provided advice and guidance
- Other (please specify):

Operational level

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- Supported staff training on drug or alcohol related issues
- Other (please specify):

Service level

Funded or supported:

- Navigators for people in the justice system who use drugs
- Services for people transitioning out of custody
- Services in police custody suites
- Services in prisons or young offenders institutions
- Services specifically for Drug Treatment and Testing Orders (DTTOs)
- Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

⁴ Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest ⁵	In police custody ⁶	In courts ⁷	In prison ⁸	Upon release ⁹
Advocacy or navigators	X	X			
Alcohol interventions	X	X			X
Drug and alcohol use and treatment needs screening	X	X			X
Harm reduction inc. naloxone	X	X		X	X
Health education & life skills	X				X
Medically supervised detoxification	X				X
Opioid Substitution Therapy	X				X
Psychosocial and mental health based interventions	X	X			X
Psychological and mental health screening	X	X	X	X	X
Recovery (e.g. café, community)	X			X	X
Referrals to drug and alcohol treatment services	X	X		X	X
Staff training	X	X			X
None					
Other (please specify)					

⁵ Pre-arrest: Services for police to refer people into without making an arrest.

⁶ In police custody: Services available in police custody suites to people who have been arrested.

⁷ In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

⁸ In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).

⁹ Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.

[single option]

Yes

No

Don't know

24b. If yes, please list the relevant services.

[open text – maximum 500 characters]

Curently there are pathways in place between the justice system and residential services. These will be further developed in line with the Health Improvement Scotland report for Fife on residential rehabilitation. Planning and prioritising pathways to residential rehabilitation and prioritise vulnerable and priority groups has begun with the Lived Experience Panel.

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area¹⁰? Mark with an 'x'. [single option]

Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Oral Fluid Testing is carried out by the Social Work Justice team.

¹⁰ We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Alcohol hospital liaison
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Pathways for early detection of alcohol-related liver disease
- None
- Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Community alcohol detox (including at-home)
- In-patient alcohol detox
- Pathways into mental health treatment
- Psychosocial counselling
- Residential rehabilitation
- None
- Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Availability of aftercare
- Availability of detox services
- Availability of stabilisation services
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Insufficient staff
- Lack of awareness among potential clients
- Lack of capacity
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- Waiting times
- None
- Other (please specify): Availability of beds

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

Fife ADP are working with the Lived Experience Panel to identify recommendations that can be taken forward from the Health Improvement Scotland report on Residential Rehabilitation. A group is being formed of partner organisations who can influence change within residential rehabilitation. The priorities will be decided by the Lived Experience panel but will include work on pathways and other barriers to residential rehabilitation.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

- No revisions or updates made in 2023/24
- Yes - Revised or updated in 2023/24 and this has been published
- Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

Revised pathway for prison to Residential Rehabilitation. This was changed due to referrals coming in from prison with limited time to complete preparatory work. The new referral pathway includes preparatory work and timecales for referrals. With preparatory work, it is anticipated we will have better outcomes and individuals will be placed at residential rehabilitation services which meet their needs.

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.

[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify): As Fife ADP move into year 4 of the implementation of this programme we need to examine stability of the programme. This work will be completed in September 2024

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

Each MAT Standard Implementation subgroup has taken a quality improvement approach and progressed development of the standards based on using existing resources differently. The Lived Experience Panel and experiential data has informed this process and ensured we make changes that have the most impact for the service users and improve delivery.

We have strengthened partnership working and integrated teams operationally - not organisationally - in the Hospital Liaison Service and one stop shops.

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionsary activities	X	X	X
Employability support		X	X
Family support services	X	X	X
Information services	X	X	X
Justice services		X	X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups (including 1:1)		X	X
Other (please specify)			

Question 31

Please list all recovery groups¹¹ in your ADP area that are funded or supported¹² by your ADP.

[open text – maximum 2,000 characters]

¹¹ 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

¹² Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Three recovery groups are run every week in Buckhaven, Dunfermline and Glenrothes. There is also two recovery cafes per week in Kirkcaldy. There are also three one stop shops in Kirkcaldy, Lochgelly and Methil.

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	X	
People from minority ethnic groups	X	
People from religious groups	X	
People who are experiencing homelessness	X	
People who are LGBTQI+	X	
People who are pregnant or peri-natal	X	
People who engage in transactional sex	X	
People with hearing impairments and/or visual impairments	X	
People with learning disabilities and literacy difficulties	X	
Veterans	X	
Women	X	

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

33b. Please provide details.
[open text – maximum 500 characters]

MAT 9 group has been established for over 18 months and has a role to review existing working protocol. Currently there are complex case protocols and a care management approach, this formalises the communication and coordination of the teams supporting the small number of patients with a dual diagnosis.

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify): .

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.

[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

X By representation on the ADP board

X Through partnership working

Via provision of funding

Not applicable

Other (please specify): Co-development and planning of one stop shops

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹³ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- Provision of trauma-informed spaces/accommodation
- X Recruiting staff
- X Training existing workforce
- X Working group
- None
- Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

¹³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support		X	X
Family support services	X	X	X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services		X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups		X	X
Other (please specify)			

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- X Advocacy
- X Commissioned services
- X Counselling
- X One to one support
- X Mental health support
- X Naloxone training
- X Support groups
- X Training
- None
- Other (please specify):

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.

[single option]

Yes

No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

Commissioned Scottish Families Affected by Alcohol and Drugs to provide family support/network/ to adults affected by another's use. This is provided as drop ins, group work and one to one. Family Inclusive practice training has also been available for teams. A system wide approach following SFAD framework is planned. Whole family support is jointly commissioned and includes discrete and integrated support for young people too. Transitions from primary to secondary is a priority.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	X	X
Advocacy	X	X
Mentoring	X	X
Peer support	X	X
Personal development	X	X
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

Yes

No

Don't know

42b. If yes, please provide details.

[open text – maximum 500 characters]

Development of a service brief for a whole family support service for families with a child under 4 to support engagement with health and community based services, to provide an intensity of support at an prevention/early intervention point. This will improve outcomes for the family and prevent need for crisis support or escalation of involvement from statutory services.

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
This information is commercially sensitive	
It will be provided directly in a separate format.	

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

X ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 26/07/2024

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]



Meeting Title:	Integration Joint Board
Meeting Date:	26th July 2024
Item No:	10.2
Report Title:	Local Partnership Forum Annual Report 2023-24
Responsible Officer:	Roy Lawrence: Principal Lead OD and Culture - on behalf of the co-chairs and forum.

1 Purpose

This report introduces the Health and Social Care Partnership Local Partnership Forum Annual Report for 2023-24 for discussion and feedback from the Integration Joint Board before being published on the Health and Social Care Partnership website.

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

The report aims to set a structure to improve outcomes for the people of Fife with specific reference supporting the workforce aligned to 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.

This Report Aligns to the Integration Joint Board 5 Strategic Priorities:

- Integration
- Wellbeing

2 Route to the Meeting

There has been a standing item at the previous three LPF Meetings to seek feedback and ideas and welcome content being sent for inclusion. All content and feedback received has been included in the report.

3 Report Summary

3.1 Situation

The Local Partnership Forum has met on a regular basis over 2023-24 and this Annual Report captures the work the forum has led, influenced and supported between April 2023 - March 2024. It is also intended as a celebration of our staff and the incredible work they do every day to support the Integration Joint Board in its aims by telling the story of their year.

3.2 Background

The Local Partnership Forum is constituted by a core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources and other advisors who meet together on a regular basis to discuss and support the issues that matter to staff working within Fife Health and Social Care Partnership. The group signs an Annual Partnership Agreement, and this defines for the Forum the work it will undertake in the coming year. The Forum produces a report each year which is endorsed at the Local Partnership Forum before being presented at the Integration Joint Board Forum and published on the Health and Social Care Partnership website.

3.3 Assessment

This is the fourth annual Local Partnership Forum report. This year's theme is "Looking Back to Step Forward". This report captures a busy and challenging year with ongoing unprecedented demand on services and whole system impact.

The Local Partnership Forum met as a minimum every 2 months throughout 2023-24 and covered a substantive agenda at every meeting, in addition to a work programmed series of reports.

This report describes the governance of the Local Partnership Forum, the key agenda items that the forum discussed, and how the LPF met the priorities they had set for the year. Above all, this report celebrates the amazing staff working in Fife Health and Social Care Partnership. As well as the written story, the report includes a number of photographs of staff as a representation of the fantastic workforce in Fife Health and Social Care Partnership. The report also acknowledges the important contribution of all staff working in health, social work and social care across Team Fife.

3.4 Quality/ Customer Care

We believe that a better staff experience supports improved delivery of care. Our LPF is the main advocate for our workforce within our governance structure and by supporting the LPF to tell their story, we aim to ensure that our workforce feel valued in all that they do to deliver the health and social care needed by the people of Fife.

3.5 Workforce

This entire report celebrates the workforce within Fife Health and Social Care Partnership and the vital role of our trade union and staff side representatives. The core purpose of the Local Partnership Forum is to support our workforce and the attached reports describe how the LPF has fulfilled this remit in 2023-24.

3.6 Financial

There are no financial impacts associated with this report. The Local Partnership Forum does receive finance updates at every meeting and is involved in discussions regarding budgets and transformation.

3.7 Risk/Legal/Management

Workforce is a strategic risk for the Integration Joint Board and good staff governance as described in this report supports staff and demonstrates a

collaborative approach to reducing risk. Within the main reports that are presented to the LPF there are examples of how attendance and employee relations cases are monitored. This report recognises that work and our proactive approaches to promoting recruitment and retention through the Mission 25 campaigns, Care Academy and leadership development and the Extended and Integration Leadership Teams.

3.8 Equality and Human Rights, including children's rights and health inequalities

The LPF represents all staff within the Health and Social Care Partnership and trade union and staff side colleagues are part of the Partnership's Equality, Diversity and Inclusion (EDI) Steering Group, which has been consulting widely with our workforce to present a Partnership EDI Action Plan to the IJB later in 2024.

3.9 Other Impact

None Identified.

3.10 Communication, Involvement, Engagement and Consultation

The work contained within the report is the result of connecting with our workforce, LPF, and trade union and staff side colleagues throughout the year and captures the importance of collaborative, systems wide working that demonstrates real value for our staff across the Partnership.

4 Recommendation

The Integration Joint Board are asked to:

- Review and discuss the Annual Report 2023-24 for the LPF
- Approve the report for publication on the Health and Social Care Partnership Website.

5 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Local Partnership Forum Looking Back to Step Forward Annual Report 2023-24

Report Contact **Roy Lawrence, Principal Lead OD & Culture**

Author Name: **Roy Lawrence: Principal Lead OD and Culture - on behalf of the co-chairs and forum**

Author Job Title: **Principal Lead for Organisational Development & Culture**

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Fife Health & Social Care Partnership



Local Partnership Forum Looking Back To Step Forward Annual Report 2023-24



Supporting the people of Fife together



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Part 1: Our Role, Remit and Priorities

Welcome from the Forum

Dear Colleagues,

Welcome to this year's Annual Report for the Local Partnership Forum (LPF) in Fife Health and Social Care Partnership between April 2023-March 2024. Titled "Looking back to step forward" this report is an opportunity for us to reflect the role of the Local Partnership Forum in delivering on our Joint Partnership Agreement, working well together to support and champion the workforce in Fife Health & Social Care Partnership and inform our priorities for next year.

We have a common purpose focused on staff working in Fife Health & Social Care Partnership which is:

- Advising on the delivery of staff governance and employee relations issues.
- Informing thinking around priorities on health and social care issues.
- Advising on workforce including planning and development and staff wellbeing.
- Promoting equality and diversity.
- Informing and testing the implementation of approaches in relation to strategic plans, and commissioning intentions, and contributing to the wider strategic organisational objectives of the IJB.

There is no doubt that this has continued to be a challenging year, with ongoing unprecedented demand on services and whole system impact, however we truly believe we are privileged to be able to work together to support all of our amazing people who work within Fife Health and Social Care Partnership and all our partner agencies. We have designed this year's Annual Report to first and foremost shine a light on our teams as well as demonstrate the impact the Forum has had in the past year in delivering the outcomes we committed to in the 2022/23 Annual Report and focusing on the issues that are important to you.

Thank you for all you do.

Fife Health and Social Care Local Partnership Forum

What is the Local Partnership Forum?

The Local Partnership Forum consists of core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources and other advisors who meet together on a regular basis to discuss and support the issues that matter to staff working within Fife Health and Social Care Partnership.

What did the Local Partnership Forum discuss in 23/24?

The key issues discussed at every Forum:

- Staff Wellbeing
- Attendance
- Service Pressures
- Health and Safety
- Finance
- Joint Chairs Update
- Items for Staff Briefing



The Responsive Agenda Items Included:

- Strategy Development E.g. Workforce Strategy
- Major Service Change E.g. Palliative Care
- Project Updates E.g. Near Me, Liquid Logic
- Seasonal Priorities E.g. Staff Immunisation
- Imatter
- Whistleblowing
- National Care Service



What priorities did the Local Partnership Forum have for 23/24?

The key areas of impact of the Local Partnership Forum are:

- Championing our staff voice through; iMatter Action Plan promotion and celebrating our staff throughout the year.
- Supporting partnership work to promote equality, diversity and inclusivity including membership of a proposed working group to raise the profile of these areas across the Partnership.
- Ensuring strong engagement with the significant transformation work underway to make sure the Partnership is sustainable for the future.
- Continued oversight of staff governance forums, and associated issues, e.g. employer relations issues, attendance, and locum spending.
- Promoting the importance of and supporting our staff in relation to their health, safety and wellbeing.
- Ensuring effective engagement with the development of the Year 2 Workforce Action Plan Supporting the extension of leadership through the co-design and ongoing delivery of the new Integration Leadership Team across the Partnership.

How does the Local Partnership Forum Work together on these priorities?

The forum has shared responsibilities to help support staff to be well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

This is delivered through the Local Partnership Forum core objectives: Advising on the delivery of staff governance and employee relations issues; informing thinking around priorities on health and social care issues; informing and testing the delivery and the implementation of strategic plans, and commissioning intentions; advising on workforce planning and development; promoting equality and diversity and; contributing to the wider strategic organisational objectives of the Integration Joint Board (IJB).

Having reviewed the business of the LPF over 2023-24 the Forum is assured that the agenda covered all of the above areas, which will be evidenced throughout this report. On this basis the LPF co-chairs re-signed the agreement.

Our Membership

Regular members and attendees to the Local Partnership Forum 2023-24 are:

Name	Role
Nicky Connor (Co-Chair)	Director of Health & Social Care - Chief Officer IJB
Simon Fevre (Co-Chair) Apr-Oct 23	Staff Side Representative, NHS Fife
Wilma Brown (Co-Chair) Oct-Mar 24	Staff Side Representative, NHS Fife
Eleanor Haggett (Co-Chair)	Staff Side Representative, Fife Council
Debbie Fyfe	Joint Trades Union Secretary, Fife Council
Lynn Barker	Associate Director of Nursing, HSCP
Lisa Cooper	Head of Primary and Preventative Care Services
Kevin Egan	UNITE
Lynne Garvey	Head of Community Care Services, HSCP
Kenny Grieve	Health & Safety Lead Officer, Fife Council
Helen Hellewell	Associate Medical Director, HSCP
Elaine Jordan	HR Business Partner, Fife Council
Angela Kopyto	Community Dental Officer, NHS Fife, British Dental Association
Rona Laskowski	Head of Complex & Critical Care Services, HSCP
Roy Lawrence	Principal Lead of OD & Culture, HSCP
Chuchin Lim	Consultant, NHS Fife (BMA)
Kenny McCallum	UNISON Fife Council
Wendy McConville	UNISON Fife Health Branch
Fiona McKay	Head of Strategic Planning, Performance HSCP
Jennifer Rezendes	Principal Social Work Officer, HSCP
Anne-Marie Marshall	Health & Safety Officer, NHS Fife
Billy Nixon	Health & Safety Manager, NHS Fife
Alison Nicoll	RCN, NHS Fife
Lynne Parsons	Royal College of Podiatry, NHS Fife
Susan Robertson	UNITE
Audrey Valente	Chief Finance Officer, HSCP
Sharon Adamson	RCN, NHS Fife
Hazel Williamson	Communications Adviser, HSCP
Susan Young	HR Team Leader, NHS Fife
Melanie Jorgenson	HR Team Leader, NHS Fife

Part 2: Our Story Of The Year

A Fond Farewell and a Warm Welcome

The past year has seen some changes within the Local Partnership Forum including the retirement of Simon Fevre who has been co-chair of the Forum since it's inception in Fife. The Forum extends it's thanks to Simon for all he has done.

There has also been some changes in the senior leadership of the partnership with the introduction of the Principal Social Work Officer's role and welcoming Jennifer Rezendes as a regular Senior Leadership Team representative at the Forum.



Local Partnership Forum Development Sessions

In 2023 we held two excellent development sessions reflecting on the great work undertaken through the LPF in support of our workforce, medium-term financial strategy and our areas of transformation. It was brilliant to meet face to face in August 2023, which is the first time we have done so in a very long time and we have agreed priorities for the coming year.



Advising on Staff Governance and Employee Relation Issues

Throughout the year there has been many issues discussed at the Local Partnership Forum, including potential industrial action. The Local Partnership Forum now receives regular reports on the number and timescale for employee relation case. This does not include any personal information and is completely anonymised but enables the LPF to have oversight and challenge timescales for completion.

Ensuring staff are well informed & Involved in Decisions

The Forum has continued to utilise the Directors Brief to ensure staff are kept updated on the work of the forum and the priority issues being discussed.

The Forum has brought challenge to strengthen the communication plans around transformation and the financial position.

The Forum has brought celebrated examples of excellence of how our services have been keeping staff well informed including shout outs, drop-in's, bitesize sessions, newsletters, walkabouts. Many examples are included later in this report.

Extended Leadership Team

The Extended Leadership Team continued to meet regularly over 2023/24 becoming a well established forum ensuring that all services have a strong voice at a Senior Level within the Health and Social Care Partnership. This has continued to support connections across all services and build both relationships and common purpose.

Integration Leadership Team - A Focus on Kindness in 2023

This year the Integration Leadership Team took place in both May 2023 and November 2023. This brought together almost 200 leaders from across Fife Health and Social Care Partnership within the Council, NHS, Third and Independent Sectors. The Integration Leadership Team aims to support the pace and scale of integration in Fife by providing opportunities for our leaders to connect, be inspired, build relationships and work together on our common purpose. This year focused on values and in particular leading with kindness.

At the May session we discussed our common purpose and our commitment towards Mission 25. We also discussed how we can join-up care better within our localities. Many services within the Health and Social Care Partnership and to connect and build relationships. The guest speaker was Tommy Whitelaw who shared his experience of "Intellegent Kindness" when caring for his mum.



At the November session we heard from our guest speaker Dr David Hamilton, the author of *The Five Side Effects of Kindnesses*. The session illustrated how they are making a difference, to learn more and build relationships. It also helped to share learning on innovations that have been happening to help spread good practice.



Being involved in decisions

The Partnership would not have been able to achieve as much as it has in the past year without the active involvement of all of our people. The need to mobilise, redeploy and recruit significant numbers of staff would not have been possible without the support of those staff and their Trade Unions and Professional Organisations.

There is commitment to ensure close trade union and staff side engagement in the transformation work being progressed meaning our staff voice is core to how this work is developed and delivered. There are examples of strong partnership working where the voice of staff has shaped developments and decisions within services such as the palliative care service redesign, immunisation service redesign, and the implementation of 'Near Me' in social work.

The Local Partnership Forum are engaged in all strategy developments that have implications for the workforce. This means the voice of the LPF is actively sought ahead of the presentation of strategies and there is opportunity for the LPF co-chairs to share views at the Integration Joint Board meetings.

Staff are appropriately trained and developed

Ensuring staff are appropriately trained and developed is an agreed priority area for the Local Partnership Forum. Examples include:

Mandatory Training

The Forum has placed priority on supporting staff to complete their mandatory training. Considerable work has been done to define this training both in relation to the employer organisations expectations, but also for essential skills at a service level. The progress on mandatory training uptake is monitored through the Health and Safety Forum which has trade union representation, and at every Local Partnership Forum.

Tommy on Tour

Circa 1,000 staff attended Tommy on Tour - Intelligent Kindness, which were delivered in all 7 localities across Fife in person & virtually.

Here's what some of our workforce told us:

"Tommy, what an inspiration you are! Thank you for reminding me why I do what I do."

"Fabulous thank you. Just what I needed to hear today"

"Thanks Tommy, best hour I've spent for a while!! Motivated to carry on!"

GP Protected Learning

GP Practices across Fife participate in a number of Protected Learning Time (PLT) sessions throughout the year. This allows for the whole practice team to have time to access training and practice development.

Systems Leadership

We delivered the first Systems Leadership Programme supporting leadership development across our system.



A safe working environment

Health & Safety is discussed at every Local Partnership Forum. There is an update provided from the Health & Safety Forum which has representation from trade unions and management. Data is presented on the incidents relating to staff. Focus has been placed on encouraging staff to report incidents of violence and aggression. The Forum also supported additional briefings on the change in fire response to ensure staff were well informed.

Promoting Staff Wellbeing

Vaccination

All front line health and social care staff working across Fife were urged to take up the offer of vaccination.



Menopause

Our care at home teams have been trailblazing menopause support by developing champions, sharing information and holding drops in. This is making an amazing contribution to woman's health.

Accessible Information

The care at home team have hugely embraced supporting staff wellbeing and now issue regular newsletters with information on who staff can contact, and what is available to support teams. An excellent example of making wellbeing matter and accessible for all.

Staff Hubs

Funding from Fife Health Charity has enabled additional staff wellbeing hubs to be opened across our community hospitals and are open to all health and social care staff - Thank you!

Staff Wellbeing Team

Our workforce wellbeing is extremely important, and we want to ensure we are supporting colleagues through promotion and delivery of wellbeing initiatives and training across the Partnership, supporting and championing working environments and cultures where every individual can feel safe, a sense of belonging and is empowered to achieve their full potential.

This includes leading on:

- Co-designing and delivering a system wide wellbeing programme aimed at fostering leadership skills and capacity.
- Aligning strategic team and leadership development interventions.
- Supporting the development of working practices and procedures within the locality planning groups.
- Transforming ways in which our workforce is trained, equipped, and organised to achieve short, medium, and long-term sustainability.

The wellbeing team has been extremely busy, they have spoken to over 1,350 employees across the Partnership using the coach approach to support wellbeing, upskill managers, share knowledge and wellbeing resources and signpost and make referrals to available services.

This has made a huge difference with reducing the length of absence and in some cases prevented stress-related absences, and also giving managers the confidence and tools to facilitate back-to-work procedures more effectively.

They have been out and about at sessions in Lochgelly, Levenmouth, Kirkcaldy and Glenrothes, sharing information on the supports that are available to those within the Partnership to raise awareness of what is available for individuals to support positive wellbeing in the workplace.

The team has been working closely with the care at home teams and I'm delighted to hear that following evaluation of the sessions, colleagues feel more confident to support their teams and their own wellbeing.

The team has also been delivering mentally healthy workplace training for managers and supervisors with over 100 participants attending the one-day training over the past six months. They have been instrumental in setting up the menopause café and roadshows across Fife, available to all partnership staff.

Informing thinking around priorities on health and social care issues

Alcohol & Drugs

Many staff took part in the Alcohol and Drug Partnership event in Glenrothes influencing the scope, priorities and delivery actions for the refreshed Alcohol and Drugs Partnership Strategy



Care at Home Collaborative

The Care Home Collaborative filled the room to capacity as we met in-person, many for the first time, sharing learning we have taken from implementing support and enhancing assurance, celebrating how relationships to continue to grow and strengthen and supporting our home first approach.



Redesigning Community Support

A priority for Fife's Health & Social Care Partnership is to ensure that people with complex and critical care needs who require health and social care services are getting the right care at the right time and in the right place. Staff have been actively involved in informing this work.

What Matters To You?

Lots of staff and teams got involved to share what matters to them at home and at work. Teams told us about how helpful it was to use the phase "what matters to you", and how conversation were enriched by recognising important issues such as our work/life balance and that we come to work as whole people.



Transformation

Our Staff have been actively involved in strategy and transformation. Inclusion has been through a range of ways including on-line, staff meetings, engagement sessions, working groups and conversations.



Advising on Workforce

As we know, there are recruitment challenges across all health and social care roles and it's important that we look at all options to encourage people to come and work with us. We also have an ageing population and an ageing workforce, so we need to encourage young people into caring careers. The Local Partnership Forum has had regular updates on programmes.

The Prince's Trust

Working with The Prince's Trust, who believe that every young person should have the chance to succeed, no matter their background, and to build confidence and skills to live, learn and earn. They offer courses, resources, and other support to people aged 11 to 30 to develop essential life skills, get ready for work and access job opportunities.





Career Ready

Several leaders within the Health and Social Care Partnership had the opportunity over the summer to work with a Career Ready mentee. This supports pupils in 5th and 6th Year to gain experience in employment. The career ready mentees in Fife HSCP advised they hope to have a career in health and social care and got a sense of all the different roles and work we are involved in. Feedback from mentors was how great it was to be working with young people, and it did highlight to me how important this type of programme is, as for many young folks it can be a big jump to go from school to the world of work.

Modern Apprenticeships

Care at Home Social Work Assistant and Modern Apprentice, Daisy Nicol joined the ICASS team on an eight-week work placement. Daisy was successful in gaining a two-year apprenticeship with Fife Council to work alongside colleagues within the Care at Home Team building up knowledge of the roles of each specific part of the service. To date, Daisy has worked with Home Care Co-ordinators, Home Care Associated Services shadowing Nightlink, Mobile Emergency Carers & Community Alarm Mobile Assistants.



Care Academy

We've also been working with Fife College to develop the Fife Care Academy which supports Fifers to access qualifications and funding in health and social care for vocational, undergraduate, and post graduate qualifications.

I updated you recently about the Fife Care Academy our venture with Fife College. This year the Academy has over 60 staff from the Partnership commence study for Higher National and Vocational qualifications. This encourages real opportunities to change the narrative for care in our community by creating more chances for students to engage in health and social care careers and this is what the Academy strives to promote, with more people joining the workforce. The Academy's operational and strategic groups include Partnership colleagues from Fife Council, NHS Fife, and the Third and Independent sector working together with the College faculty to support health and social care recruitment in Fife.



In November Fife College hosted a second health and social care recruitment event, bringing together health and social care providers and students as well as anyone keen to find their career in the sector.

The aim of this event is to help connect employers with dedicated students in the health and social care field and the wider public who are keen to explore work or study opportunities and to find the right job in the Partnership.



Promoting Equality, Diversity and Inclusion

We want everyone who works for the partnership to be valued for who they are and what they do.

Last year we established the equality, diversity, and inclusion steering group to focus on equality, diversity, and inclusion. The steering group includes representatives from primary and preventative care services, complex & critical care services, integrated community care services, and integrated professional & business enabling services alongside trade unions and staff-side, independent sector, voluntary sector, and human resource colleagues.

The group has been busy developing a co-produced common purpose and looking at equality, diversity, and inclusion initiatives to support our wider workforce and to action and champion these. We want to ensure our people are included in decisions - no decision about me without me. In recognition of the Team Fife approach that we are committed to in all our work, it was important that we had representation of all portfolios.

The group has agreed an interim workplan up to June 2024 which sets out the pathway to support our equality, diversity, and inclusion journey initially consisting of developing three work streams for communications, engagement, and consultation.

To support the plan, we welcomed colleagues including support staff to Fife Voluntary Action for equality diversity and inclusion facilitators training.



The session, which was delivered in partnership with Fife Centre for Equalities was fully accessible, supported by mental health first aiders and our colleagues from the deaf communication service who supplied british sign language interpreters and electric notetakers to ensure all participants were able to participate fully.

We now have 30 facilitators who are currently supporting the roll out of the EDI engagement series between Feb-Jun 24, which are part of the larger EDI workplan with opportunities to shape the partnership's action plan's key initiatives.

Pride

In June, we recognised and celebrated our LGBTQ+ staff and service users. A message the forum championed was recognising how courage, resilience, and dedication are instrumental in helping us work towards a more inclusive and compassionate health and social care system. We are privileged to have such a diverse team, and we encourage people to continue contributing to the richness of our health and social care community, making our workplace more understanding and compassionate. Inclusivity and equality are core to our principles here in Fife Health and Social Care Partnership and pride month helps underline these principles.



Informing approaches to strategies and organisational objectives

One of the areas of feedback within the iMatter report was the visibility of board members and staff. Championed by the LPF, the integration joint board were keen to support this objective.

This included having stories of lived experience at every integration joint board meeting and inviting staff along to IJB development sessions. This has also been taking place within NHS Fife board sessions and local councillors have been visible at many events too.

Feedback from both staff and the leaders within Fife Council, NHS Fife and Integration Joint Board has been very positive and supported connections and shared understanding. Huge thanks to all staff that have prioritised time to be part of these sessions and we look forward to this developing further into next year.



Lived Experience Stories

Every IJB now features a lived experience story. Featuring stories from both staff and the people they care for. It is inspiring to hear first-hand the positive difference staff make to people's lives and the passion our staff have for their roles. As these are shared in video we have also been able to share these stories on our website sharing the great work our staff do.

Hearing the voice of our staff

Integrated community teams drop in's are regularly held within the integrated community teams portfolio. At these sessions we have a standing agenda with a rota for teams which includes a check in question, service spotlight, trauma/trivia/joy, team shoutouts and CSM update. The sessions were evaluated in June 23 and the overwhelming feedback was that they were welcomed, positive and a great way to link with me directly and to build a working relationship with the wider teams within our portfolio.



Menopause Drop In's

Menopause ambassadors Anna Streleckiene, Cherrie Jones, Lesley Luff from care at home's training team along with Karen Marwick, Service Manager at the menopause drop-in session at Bankhead.

Shout Out's

Alongside recognising when our staff achieve awards the care at home team recognise every day achievements including feedback and personal achievements. This celebrates the hard work people do every day and the service manager shares these shout out's with the workforce every month.



Building Relationships

Learning from iMatter feedback, and to support the management team to be more visible with front line care at home staff, the management team sent out a briefing introducing themselves and sharing what their role is as well as a little bit about what they like to do when they are not at work, to support connections and building relationships.



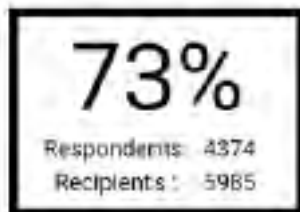
iMatter

A huge thanks to all our teams who completed the iMatter survey!

An amazing 73% of staff completed the survey.

And even better still - 87% of teams completed Action Plans!

That is outstanding engagement with our services - talking about what matters to them in their teams and developing actions to support their experience at work.



Part 3: Celebrating Our People

Pupil Support Nursing

Our pupil support nursing team picked up the health and wellbeing award at the recent children's health Scotland awards. The team was recognised for their work with children and families in schools for children with complex additional support. This is a great achievement, and it is right and very positive that the team is recognised.



Physiotherapy and Patient Related Outcomes

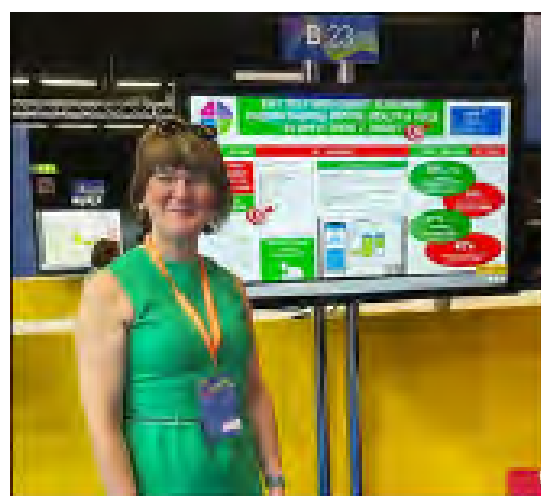
Janet Thomas, Team Lead Physiotherapist, had the privilege of speaking at the world physiotherapy congress in Dubai.

The Whitefield Assessment and Rehabilitation Centre collect physiotherapy outcomes and patient related outcome measures and use these to inform their work and service changes. Janet was accepted as a platform presentation and was able to showcase the work going on in Fife to a global physiotherapy audience.

Self-Management Success

Janet Harkess, Principal Occupational Therapist and Self-Management Lead represented the partnership when she presented her poster on targeting supported self-management at the annual EULAR rheumatology conference.

There was international interest in the work to support patients to use of self-management screening and triage tools, multi-disciplinary teams' self-management meetings for complex patients, and our Fife rheumatology self-management app.



Allied Health Professionals

Our allied health professional team were recognised in the national compendium with several good practice examples coming from our very own Fife teams!



Children and Young People's Community Nursing Service

Congratulations to all of the team who won the RCN Scotland children's nursing and midwifery award.

The team was recognised for the incredible support and care they provide to families, whose children are diagnosed with complex and severe health conditions.

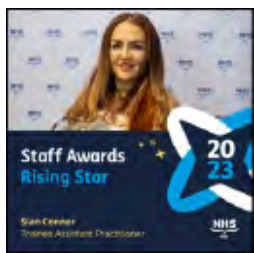
NHS 75th Anniversary

Partnership colleagues were invited to be part of the Fife attendees at the NHS 75th anniversary drinks reception at the Scottish Parliament.



NHS Fife Staff Awards

There were a number of staff from Fife Health and Social Care Partnership shortlisted for the NHS Fife staff awards and we had some proud winners there also. Congratulations to you all, and a special shout out to, Sian Conner – Rising Star; Health Promotion Team – Health and Wellbeing winners; Rachel Swan for service improvement; and to the Rheumatology service for receiving the innovation award, and to Jamie Anderson who volunteers in our community hospitals who was recognised for the chairs award.



British Geriatric Society

Congratulations to Lyndsey Dunn, Service Manager, community flow and integrated discharge team, who has been nominated for a British Geriatrics Society’s Rising Star award. These prestigious awards are made to people who show exceptional promise in their research or clinical quality work and have the potential to be leaders within healthcare for older people.

Shared Lives

Shared Lives Fife Carers, and people who benefit from the service, got the chance to come together at a special celebration event in July. This vital service matches adults of any age that need additional support, with a carer to help them lead more fulfilling lives. People who need additional support could have learning or physical disabilities, mental health needs or be an older person who requires some additional support. They could need support for a few hours a week, a short-break or even longer-term living. It is great to celebrate the work you do, well done to everyone in the service!





Scottish Health Awards

Congratulations to Dr Bowden who won the Top Doctor Award at the Scottish Health Awards held in Edinburgh in November 2023.

The award aims to recognise the high quality NHS care and vital treatment that an individual doctor has provided to people in Scotland. In this case it recognised Jo – a consultant within our palliative care services here in Fife.

British Dietetic Association

Congratulations to Vicki Bennet and Simon Fevre both recognised by the British Dietetic Association.



Pumpkin Awards

Sometimes the awards are just for fun as demonstrated by our primary care team within primary & preventative care services who held a pumpkin competition. The talent on show was amazing with some brilliantly imaginative and creative pumpkins. Winner was Martine.



Congratulations

Congratulations to Dr Allie Ramsay who works as a specialty doctor within the Fife specialist palliative care service.

Allie recently graduated from Keele University with a Masters in Medical Ethics and Palliative Care.





Queens Nurses 2023

We are celebrating 2 new Queens Nursing Graduates this year: Leanne Patrick & Kerys Russel

Queens Nurses 2024

We have also been successful in having three of our nurses selected to take part in the prestigious Queen's Nurse Programme in the coming year. Janet Stirrat, District Charge Nurse, Valleyfield Health Centre - Carol Hunter, Team Leader and Practice Assessor, Cowdenbeath health visiting team and Irene Scott, Practice Nurse, Inverkeithing Medical Centre have been chosen.



Harry's Healthy Teeth

A Fife dental nurse has written a new book to help encourage good dental habits amongst nursery children in the Kingdom. Tracy Pirie, a Senior Extended Duties Dental Nurse, wrote 'Harry's Healthy Teeth' to encourage positive messages around dental hygiene. The book follows a young boy as he makes a visit to his dentist for a check-up.

Occupational Therapy Week

This year's theme is 'Occupation Matters' and it's all about the occupation and why it matters.

The focus of the work is to promote the occupational therapist's role in working together with others, collaborating with many groups and communities for the benefit of individuals and society as a whole.



Occupational Therapy Care Opinion

The community occupational therapy team successfully piloted the re-launch of care opinion within social care services, which led to care opinion being rolled out across all services. There's been some amazing feedback about staff and how supportive and understanding they are. Everyone's needs are different, and the feedback really highlights the person-centred care that the teams provide.

Scottish Learning Disability Week 2023

Focused on all aspects of leadership with the theme 'Lead to Change', the teams supporting people with a learning disability were out in force raising awareness and busting myths about people with a learning disability and to show the world the incredible things that have and can be achieved.





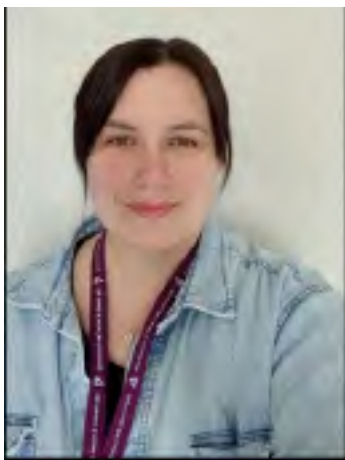
Meals on Wheels Week 2023

'Meals on Wheels Week' celebrated our fabulous teams in Fife – what they deliver is truly more than a meal. There was showcasing across social media, celebrating those that make the meals, volunteers, drivers, carers, and those that work behind the scenes and who do an amazing job for Fifiers every day.

International Nurses Day

We celebrated International Nurses Day with lots of examples and stories about what makes Fife Health and Social Care Partnership nurses so proud of their profession and working here in Fife.





World Social Work Day

We celebrated World Social Work Day 2024. The theme this year is *Buen Vivir: Shared future for transformative change* and focuses on social workers adopting innovative community-led approaches, recognising that true wellbeing is achievable when communities live harmoniously with nature, striving collectively for balanced development.

Sherrin Woods has been a Social Worker with Fife Health and Social Care Partnership for almost 10 years.

Allied Health Professionals Day



Mission 25

Through our Mission 25 campaign we showcased young people who joined the partnership. The campaign on social media aimed to highlight the different ways to find a career in the partnership. This campaign tied in with young people leaving school at the Christmas break.



Our workforce is the beating heart of what we do, and we need people to train, learn and help us to deliver amazing care in an inspiring environment.

We are focusing on different parts of our system each month to show the range of services people can work within.

Success Stories

We invited staff to share their success stories of 2023 and we've highlighted some of them here. These are also on notice boards across the partnership.

Success Stories!

FIFE PSYCHOLOGY SERVICE

Creating better lives

The Fife Psychology Service provides a range of services delivered in hospital and community settings to address psychological needs, and promote psychological health and wellbeing for the people of Fife.

Key successes in 2023 include:

- Creating teams around clinical pathways
- Expanding range of psychology roles
- Working psychologically informed care and practice
- Reducing pressure through feasibility planning
- Reducing impact waits for psychological therapies
- Expanding service offer through digital and online interventions
- Adding to the Incredible Years (IY) research trial and evaluation

RESEARCH WITHIN SERVICES

Success Stories!

COMMUNITY CHILDREN'S SERVICES

Supporting our children and young people to develop speech and communication skills are so important.

The team has been creating, not to communities and colleagues to ensure they know where to get help and advice.

70%

Success Stories!

DISTRICT NURSING

Developing roles

Why are some Fife admissions so problematic to the District Nursing Team?

These people's individual needs mean they are normally not a district nursing candidate with frequent admissions to hospital to undertake the tasks for this and for their procedures and ongoing and other interventions the team. They are people to whom we have and undertake such through historic commitment to prevent further admission to hospital.

70%

Great results so far with a 70% reduction in future admissions.

Success Stories!

PUBLIC DENTAL SERVICE

The Public Dental Service support Fifers with their dental care. The team worked throughout the pandemic when most dentists' surgeries had to close.

The PDS set up urgent dental care centres and provided emergency care to the whole of Fife during the worst of the pandemic. Thousands of people.

73%

Success Stories!

ORGANISATIONAL DEVELOPMENT AND CULTURE TEAM

The Organisational Development & Culture Team is committed to supporting the whole health and social care workforce to be the best they can be at work.

We're delighted and grateful to have a range of support to help address our diverse 23 activities to be amongst the best performing partnerships in Scotland.

73%

Success Stories!

HEALTH PROMOTION

The Health Promotion team has supported the community to help improve their health and wellbeing and to live with the greatest possible quality of life to help themselves and others.

BOOST your income

Senior Visibility - Our iMatter Priority

Community older people mental health teams support people at clinics, in their own homes and through both individual and group work. Over 103 people in the service have trained in quality improvement to really drive the service forward.



The Perinatal Mental Health Team work closely with services including maternity, psychology, mental health, health visiting and Family Nurse Partnership, and the team provide person-centred support to people from preconception right through to the infant's first year.

The urgent care assessment team (UCAT) support adults with urgent mental health care needs. The team works closely with others and assess need and risk and support access to care across agencies and enable safety planning therapeutic care.



The public dental service team offer a dedicated, specialist and varied service throughout Fife. In addition, the team is part of a number of national programmes including Childsmile, National Epidemiology, Dental Outreach, and Caring for Smiles, offering dental care and treatment to Fife from childhood to our elderly population, through accessible clinics and care homes.

Jo, Stephen, Theresa and Karen from Fife Palliative Care Service representing their team at the Scottish Health Awards.



Link Life Fife is a community support service for anyone in Fife who may benefit from additional support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general wellbeing. Link Life Fife has received over 1700 referrals with over 70% of referred people have engaged with the service.

A joint visit from both Ken Gourlay, Fife Council Chief Executive and Carol Potter, NHS Fife Chief Executive to the discharge hub where health, social work, social care and acute services join together every day to meet people's needs.



Fife community mental health teams celebrating the NHS 75th anniversary and welcoming a visit from the board to hear about how this service is developing in Fife.



Fife have a strong reputation for offering social work student placements and have been praised for the high quality of placements and support our teams provide. The Glenrothes Adults Team have been the most recent team recognised for their support they provide to students, the work we put in with our students and NQSWs will help us meet the expectations of the OCSWA around the mandatory NQSW year.

The long term care financial assessment (LTCFA) team transferred from customer and online services within Fife Council to the Fife Health and Social Care Partnership, and are now part of the contracts, commissioning and quality assurance team.



Fiona, Morten and Tricia from Shared Lives Fife are all working hard with their colleagues and shared lives carers to ensure the best outcomes are achieved for each of our supported people as well as their carers throughout Fife.



Delighted to visit Napier House along with Ken Gourlay, Fife Council Chief Executive. We saw first hand the person-centred care delivered to 60 people who have a wide range of different needs, all being met by a compassionate and talented team.



Minister for public health and women's health Jenni Minto visited Fife to meet our staff involved in stroke care and service users. She chatted with the team hearing about the support provided to people affected by stroke, heart disease and respiratory problems care.



Nursing and allied health professional newly qualified practitioners welcome event.

Throughout December we showcased on our social media the amazing teams working in the partnership as we celebrated advent. Fife care at home services (and special guests) heading up The Fife Health and Social Care Partnership Mission 25 advent calendar!



The launch of Fife as a pathfinder site for the 'Bairns Hoose' which brings together our staff working across agencies to provide a coordinated comprehensive support for children and young people in the justice system.

NHS Scotland 75th anniversary supported by a visit from NHS Fife board and integration joint board members to services based in Queen Margaret Hospital including mental health, community hospital wards and the Fife suite.



At the opening of Methil Care Village an informal visit took place in 2023 with attendance from NHS Fife, Fife Council, Fife integration joint board and the Health and Social Care Partnership. A brilliant opportunity for staff, residents and families and board to meet.



The launch of the national dementia strategy took place at Ostlers House welcoming Maree Todd, MSP Minister For Social Care and members of the Integration Joint Board who all took time to speak with staff, residents and Ozzy, the much loved therapist.

Staff have attended multiple board development sessions.



Part 4:

The Voice of The People We Care For

“We were impressed with the way in which our problems with handrails were addressed. We were also delighted with the shower stool which helps with a bit of independence. Throughout, we most of all appreciated the fact that we were kept informed of progress on a frequent basis. Excellent!”

“I had removal and re-implantation of an implant - Was very nervous but felt very relaxed as I walked into the room. Felt at ease and was told exactly what would happen step by step to ensure I wouldn't get an unexpected fright. Thank you so much :)”

“Our family went through a very difficult time in May this year when my dad passed away. He was the primary carer for my mum Jean, and we needed help very quickly to move my mum into care. Initially the Fife social services team moved my mum into the Jean Mackie Centre in Dunfermline where she received excellent care for a few months until a permanent place became available at the Mathew Fyfe home. From the very beginning I only have positive things to say about everyone who helped us initially and who continue to provide care for my mum. I am immensely grateful for the compassion and kindness from the whole team. Special thanks go to Anne and Anna.”

“I would like to express my sincere gratitude to all staff involved in my care. I received prompts and caring attention from all staff involved in my care. Special thanks to my O.T worker, Kimberly, my podiatrist, and physiotherapist, also to Fife Council building department, who went the extra mile! Keep up the good work, and many thanks for everything.”

“The health and care service that I had was wonderful. After I came out of hospital a team arrived at my house to assess what was required to make me comfortable. They made sure I had everything I needed, and also that I was happy with what they suggested. Thank you all very much. Your services were much appreciated.”

“We reserve the Star Responder title for those who demonstrate exceptional dedication, so Theresa should feel incredibly proud! Being a responder carries significant responsibility, but it is also an opportunity to connect with authors in a truly meaningful way. Theresa's response serves as a perfect example of humanity and empathy, saying what you will do with the feedback, what impact the story will have and showing how one story can have wider impacts, not just for the service, but more widely for service provision and other members of the public reading it. During this conference, we will host our very first Star Responder Awards ceremony to celebrate 9 new Star Responders across the UK. This year, we have chosen 3 responders to be awarded in Scotland.”

Part 5: Thank You Team Fife

Whilst the Health and Social Care Partnership Forum's terms of reference covers the delegated health and social care services, we want to celebrate the amazing workforce who deliver and support health and care across all of Fife - including within our Third and Independent Sectors, NHS Fife and Fife Council. We also want to recognise and thank our unpaid carers who work so closely with our teams every day.

Together we are "Team Fife" and at the Care Home Collaborative event in 2023 it was stated that we are all here to "complete and not compete" with each other. These are core values that make our integration and team working in Fife something to be very proud of.

It is evident from all the transformation and change work that the LPF is involved in, that our teams work closely together every day combining their unique talents and skills, working often in challenging circumstances, to deliver the best we can for the people of Fife.

Thank you to all our teams - be proud of who you are, the work you do and the difference you make!





Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 17 MAY 2024 AT 10.00 AM (MS TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council
John Kemp, (Vice Chair) NHS Non-Executive Board Member
Sinead Braiden, NHS Non-Executive Board Member

Attending: Audrey Valente, Chief Finance Officer (Fife H&SCP)
Vanessa Salmond, Head of Corporate Services (Fife H&SCP)
Jocelyn Lyall, Chief Internal Auditor, FTF Audit & Management Services (Fife H&SCP)
Avril Sweeney, Risk Compliance Manager (Fife H&SCP)
Amy Hughes, Public Sector External Auditor, Azets
Lynne Garvey, Head of Community Care Services
Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Leesa Radcliffe, Service Manager
Isabella Middlemass, Management Support Officer (Note taker)

Apologies: Sam Steele, Fife Council
Shona Slayford, Principal Auditor (NHS Fife)
Fiona McKay, Head of Strategic Planning & Performance & Commissioning (Fife H&SCP)

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
	DECLARATION OF INTEREST No declarations of interest were noted.	
2	MINUTES OF PREVIOUS MEETING OF 25 MARCH 2024 Minutes of the previous meeting approved as an accurate record.	

3	<p>ACTION LOG OF 15 MARCH 2024</p> <p>Action Note. Approved</p>	
4	<p>INTERNAL AUDIT PROGRESS REPORT</p> <p>Jocelyn Lyall presented this report which provides an update on the Fife IJB audits and relevant partner organisation audits. The report is presented for awareness and discussion.</p> <p>In terms of final reports, the Resilience and Business Continuity report will be presented at agenda item 8 of this meeting.</p> <p>Reports not issued at this meeting due to resource issues detailed within the situation section of this report are Contract /Market Capacity Report and the Internal Control Evaluation reports. Fieldwork in both audits is complete and the Market Capacity Report is in draft.</p> <p>Currently writing the ICE report. Whilst not managed to report the ICE as planned, the work done provides a strong basis for the annual report work.</p> <p>Resource issues are a risk across the consortium and has been reported to all the Audit and Risk Assurance Committees.</p> <p>Appendix 1 of the Progress Report - Contract/Market Capacity Report completes the 22/23 plan. The ICE report completes the 23/24 plan.</p> <p>Appendix 2 is the summary of relevant NHS Fife and Fife Council reports that have been issued. Jocelyn has not been informed of any Fife Council reports apart from Equipment Loan Store which will be presented at agenda item 7 of this meeting.</p> <p>NHS Fife Reports are summarised and these were all presented to NHS Fife Audit and Risk Committee yesterday .</p> <p>Jocelyn highlighted the Workforce Planning report sits alongside the Fife IJB Workforce Planning Report which all have already seen.</p> <p>Discussion took place around resource issues. Jocelyn stated that she has permission to advertise on a skill mix basis with a view to attracting individuals to come and work in Fife.</p> <p>John Kemp raised the question regarding the Workforce Planning Reports which are different reports in terms of level of assurance and asked what the mechanism is of looking at 2 of them together. Jocelyn explained that this Committee will get the specific report to the IJB and the NHS Fife one is in summary for information. There is sharing protocol which has just been reviewed which we are looking to bring back to this Committee.</p> <p>Discussion also took place around resource issues with auditors sitting on the NHS Fife's Register and why not sitting on all fora. It was noted that Jocelyn is obliged to inform us of risks under the public sector internal audit standards which she is doing within this report.</p> <p>Recommendation: Members of the Committee are asked to consider and note the attached progress report at Appendix 1 and note the summary of relevant reports at Appendix 2. Considered and noted.</p>	

<p>5</p>	<p>INTERNAL AUDIT - FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS</p> <p>Jocelyn Lyall presented the Follow Up Report on Audit Recommendations.</p> <p>The aim of the report is to provide assurance and progress with action to address internal audit recommendations with particular focus on anything outstanding for more than a year.</p> <p>There are 3 outstanding items where the due dates are past. Update will be provided on the next follow up report at the next Committee.</p> <p>Actions of less than 1 year - 30 actions remain. 4 have been complete and has been validated. 1 has been reported complete and waiting on the evidence to validate that one. 15 have been extended for the approval of the Chief Finance Officer. 1 action due date has passed waiting on update from the responsible officer. 9 actions not yet due.</p> <p>Appendix 1 displays actions of more than a year old.</p> <p>Appendix 2 displays actions of less than a year old.</p> <p>Discussion took place around the actions more than a year old and have completed an exercise for these to be resolved.</p> <p>Recommendation: Members of the Committee are asked to note this report for assurance. Noted.</p>	
<p>6</p>	<p>ANNUAL INTERNAL AUDIT PLAN 2024/25 & UPDATED INTERNAL AUDIT CHARTER</p> <p>Jocelyn Lyall presented the draft Fife IJB Annual Internal Audit Plan 2024/25 and the updated Internal Audit Charter for consideration before approving the documents.</p> <p>The proposed plan for 24/25 is at Appendix 1.</p> <p>The NHS Fife Audit team's contribution is 30 days in 24/25 which is a reduction on the 50-day plan that was agreed for 23/24. The reason for the reduction is that plan was agreed on the basis there would be a contribution from the Fife Council internal audit team but that wasn't possible. The NHS Fife team did still honour that 50-day commitment to deliver the full plan although there are some outstanding audits.</p> <p>NHS Fife team contribution for 24/25 has been agreed by the NHS Fife Director of Finance and Strategy but will need to be agreed by their Audit and Risk Committee.</p> <p>Fife Council Service Manager Audit and Risk Management confirms that Fife IJB audit time has been factored into the Fife Council draft plan which will be presented to the Fife Councils Standards and Risk Committee.</p> <p>Discussions were held around the days available to cover the IJB audit and it was agreed that Audrey Valente would arrange a tripartite conversation to identify whether there is any scope to increase the days available to deliver the audit plan. A commitment from partners to allow the performance reporting audit to be progressed would provide the minimum</p>	

	<p>level of assurance required in 2024-25.</p> <p>Recommendation: Members of this Committee are asked to consider and approve: The draft Annual Audit Plan for 2024/25 (Appendix1), the Internal Audit Charter (Appendix 2). And approved that further discussions be progressed by Audrey Valente. Agreed.</p>	
7	<p>FIFE EQUIPMENT LOAN STORE (FELS) AUDIT REPORT</p> <p>Lynne Garvey briefly gave an insight on the paper presented stating that a Fife Council internal audit was undertaken to review the arrangements in place (FELS) the Fife Equipment Loans Store and again recognised good practice guidelines and internal audit identified 11 recommendations.</p> <p>Lynne introduced Leesa Radcliffe to give a summary of the recommendation.</p> <p>There was a lot of positive points in 12 areas of good practice highlighted. 11 recommendations for improvement, 7 of those have already been completed. 3 of them will be completed by the end of this month and one they are looking into the financial impact. A requirement to cleanse some of the data was required but needed additional resource to enable them to do that.</p> <p>This report was brought to this Committee because there was a particular reference to Health and Social Care Partnership also with the scrutiny placed on this and wanted to give the Committee assurance on all the actions that had taken place.</p> <p>Conversations were had around reports brought to this committee and the mechanism in place. Sharing protocols are in place and these should form the basis of any future reporting to this Committee, although it is recognised that there may be a requirement for partner audit reports to be considered in more detail at this Committee too.</p> <p>Recommendation: Members are asked to note the audit report and take assurance from the actions that are being taken to fulfil the recommendation. It was agreed that normal reporting would be through the partner audit committees to remove any duplicate governance and reporting. Agreed</p>	
8	<p>FIFE HSCP INTERNAL REPORT IJB FO6/24: RESILIENCE & BUSINESS CONTINUITY PLANNING ARRANGEMENTS 24/25 AUDIT</p> <p>Lynne Garvey presented this report for discussion and assurance.</p> <p>IJB's are Category 1 responders under the Civil Contingencies Act 2004. An internal audit was recently completed and was considered whether the necessary arrangements are in place to meet that Act as applicable to the category 1 responder's recommendations.</p> <p>The internal audit report details the findings and report was issued on the 12th of March. The assessment audit did involve scrutiny of several documents but there was nothing left that was not scrutinised in terms of</p>	

	<p>our resilience work that's been undertaken in the partnership. There was a level of reasonable assurance and that described there was a general sound system of governance, risk management and control in place. Some issues were identified and action points were identified. The time bound actions have been agreed to address those that merited attention as described in appendix one and that will be monitored through our audit follow up process through the partnership's governance structure.</p> <p>It was felt that this was a very positive and reassuring report.</p> <p>Recommendation: To discuss and take assurance. Agreed</p>	
<p>9</p>	<p>RISK MANAGEMENT ANNUAL REPORT</p> <p>Avril Sweeney presented this report for discussion and for decision.</p> <p>The report provides an annual update on progress with implementing the IJB Risk Management Policy and Strategy since it was approved by the IJB last year. Work was initially undertaken by a short life working group and this has allowed some of the actions to be completed with work progressing on the other. The updated delivery plan is shown at Appendix 1. The first part of the report highlights the work that has been done over the year including the progress with the deep dive risk reviews and the progress with risk appetite. The second part highlights the areas where work is ongoing and are looking for approval for documents shown in Appendices 2-4 which is the risk reporting framework, the risk management process and guidance and the training opportunities documents. These are intended to be supporting documents for the IJB risk management policy and strategy. 2 of these, the risk reporting framework and risk management process and guidance have previously been shared widely including with our partner bodies risk teams, the internal auditor and more recently across the partnership portfolios and via the (QMAG) the Quality Matters Assurance Portfolios Group. Each one of the portfolios have their own group and these have done the rounds there and feedback from these discussions have been included in the report. These 2 documents are also significant in terms of the actions in the risk management audit which were discussed in the earlier report that was undertaken some time ago so we are hoping that the approval and subsequent roll out allow for that action to be closed off.</p> <p>The risk reporting framework is going to be supported by an operational Risk Working Group and is comprising portfolio business managers and representatives from the Compliance Team and the Quality Clinical and Care Governance Team. This group first met at the end of April and is looking to support the provision of regular reports to SLT assurance and other groups and relevant Committees and seek to work across services to improve management of risk across the partnership.</p> <p>Recommendations:</p> <p>The Committee were asked to consider whether any information is required. None.</p> <p>The Committee were asked to approve the Risk Reporting Framework, the</p>	

	<p>Risk Management Process and Guidance and the Risk Management Training Resources as shown in Appendices 2,3, and 4.framework discuss and to note and take assurance of this report. Approved.</p>	
<p>10</p>	<p>IJB STRATEGIC RISK REGISTER</p> <p>Avril Sweeney presented this report for assurance and discussion.</p> <p>The risk register was last presented to the Audit and Assurance Committee in January this year. The risks have been more recently reviewed in March 2024. All risks have been presented to the two other Governance Committees within the last week along with a deep dive risk review on the whole system capacity risk which went to the Quality and Communities Committee. Appendix 1 shows the risks presented in the usual condensed format for residual risk score. This is the score taking into account the management actions that are currently in place. Included is a full version of the risk register at Appendix 2 for information and to also to let you see the revised format that was requested for the SMART actions in columns 10 and 11. Currently there are 4 risks with a high residual risk score and they are shown in summary form in the SBAR. Deep Dive risk reviews have been carried out on all of these risks within the last year. This risk profile is shown as of March 24, December 23 which was the last time the risk register came here and then a year ago in January 23 shown on the SBAR. Also, the trend analysis shows the trajectory of risks scores since November 2020 up to the target dates. There are 2 target dates some target risk scores are due in March 2025 and March 2026. There is comment provided at paragraph 3.4 and the full chart is in appendix 4 for information and consideration.</p> <p>Discussions took place around the target scores and bringing these down and the responsibility of these sits with the Committees and that this Committee has the overview to see if its working and having achievable target risks with an achievable time frame.</p> <p>Recommendation: This report is presented for assurance that risks continue to be managed by the relevant risk owners. Members are asked to consider whether current target scores seem realistic at this point in time.</p> <p>It was suggested that we could feed back to this Committee in relation to the level of assurance provided when we do the deep dives and giving a level of assurance to this Committee that the process is being followed. This will allow this Committee to consider whether there is more work we need to do.</p> <p>It was agreed to address this at the next meeting of this Committee to give members the opportunity to discuss whether the target scores are achievable.</p>	
<p>11</p>	<p>REVISED DIRECTIONS POLICY</p> <p>Vanessa Salmond presented this report to the committee for discussion and decision to support formal approval to the IJB. This paper was</p>	

	<p>written following some benchmarking and research with other IJB's throughout Scotland. There was a big divergence across IJB's and how they actually implement and monitor and review directions. The directions policy which is updated today is for the purpose to seek clarity to officers and members around the whole process from initiating a direction in monitoring and reviewing and closing a direction at the end point.</p> <p>It was felt that this was a sensible policy and members were supportive of this.</p> <p>Recommendation: Members of the Audit and Assurance Committee discuss and agree the draft Revised Directions Policy and members agree the remit of the revised Directions Policy to the IJB for formal approval. Agreed.</p>	
12	<p>ANNUAL ASSURANCE STATEMENT</p> <p>Vanessa Salmond presented this statement to the Committee for assurance.</p> <p>The governance process is an annual assurance statement from each Committee that we remit to ourselves for overview before being formally agreed by IJB. The structure of the statement has changed slightly this year. The structure was based on principles of a blueprint of good governance in terms of a structure around our governance statements. In addition, as we discussed this morning and at our last Committee the implementation of Committee Assurance Principles, which will make this process far more effective and efficient going forward will be happening from this Committee cycle onwards.</p> <p>Recommendations: Review these Annual Assurance Statements and agree that they provide sufficient assurance and are therefore submitted for consideration by the IJB Board in May. Agreed</p>	
13	<p>AUDIT AND ASSURANCE WORKPLAN</p> <p>The purpose of the workplan is for discussion and noting. Done</p>	
14	<p>ITEMS FOR REFLECTIONS AND HIGHLIGHTING TO THE IJB</p> <p>None.</p>	
15	<p>AOCB</p> <p>None.</p>	
16	<p>DATE OF NEXT MEETING – 27TH June 2024</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 15TH MAY 2024 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member (Chair)
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr Graeme Downie

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
Vanessa Salmond, Head of Corporate Services
Jennifer Rezendes, Professional Social Work Lead

In attendance:

Roy Lawrence, Principal Lead for Organisational Development & Culture
Tracy Hogg, Finance Business Partner
Avril Sweeney, Manager, Compliance
Rachel Heagney, Head of Improvement, Transformation & PMO
Dafydd McIntosh, Organisational Development & Culture Specialist
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Colin Grieve NHS Non-Executive Board Member
Cllr David Alexander
Helen Hellewell, Associate Medical Director
Lisa Cooper, Head of Primary and Preventative Care Services
Rona Laskowski, Head of Complex & Critical Care
Lynn Barker, Director of Nursing

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 12TH MARCH 2024</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p>	
5.	<p>FINANCE</p>	
5.1	<p>Finance Update</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 31st March 2024 noting these were still subject to audit and remain provisional until the audit concludes at the end of September 2024.</p> <p>Committee noted that the delegated services outturned at £16.851m of an overspend, an adverse movement from the position reported at January. The movement is mainly due to the increased use of locums and increased packages of care in both nursing and residential, home care and adult placements. Based on the current provisional outturn position the remaining balance of reserves, currently just over £16m will be required to be utilised to ensure compliance with the Integration Scheme. This leaves a £0 balance to carry forward into 2024/25 and as a £0 balance is below the Partnerships policy minimum. To utilise reserves in totality leaves the Partnership with a couple of risks which require consideration. Audrey Valente highlighted the risks which Committee noted.</p> <p>Audrey Valente also commented that the position reported will no doubt have an impact on the budget position next year and to ensure that the Partnership meets financial balance, an assessment is currently underway. Early indications suggest that the Partnership will be required to come forward with a further £6m savings in addition to the £39m approved as part of the budget process in March. Committee noted that SLT are working on the detail and will be tabled for discussion at the next meeting of this Committee.</p> <p>Audrey Valente gave assurance that the Partnership continues to ensure there is robust scrutiny of all spend throughout the duration of 2024/25 but it was noted that this will be a very challenging year.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report.</p>	

	<p>Items raised for discussion included the scrutiny of the finances what does that mean, should we be looking deeper into these due to the large movements being reported, are we confident that both partner organisations have learnt the same lessons as we have and that we won't be in the same position as last year, what is the effect on next year's budget, is there an explanation regarding the bad debt provision increasing by £700k?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that there is robust financial monitoring in place. 2. Agreed onward submission to the IJB for approval of the financial monitoring position as at March 2024. 3. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at March 2024. 	
<p>5.2</p>	<p>Finance, Performance & Scrutiny Strategic Risk Register</p> <p>The Committee considered a report from Avril Sweeney, Manager Compliance detailing the IJB's strategic risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management.</p> <p>Committee noted that the risk register was last presented to Committee in January 2023 and is scheduled to come to Committee twice per year with a deep dive risk review being undertaken on the individual risks four times per year.</p> <p>Committee also noted the risks held on the risk register continue to be managed by the risk owners and were most recently reviewed in March of this year. The risks are presented in order of residual risk score and this is the score taking into account the management actions that are currently in place.</p> <p>Avril Sweeny highlighted a change to the presentation of the risk register which was requested by the Audit & Assurance Committee to highlight the timescales and progress with SMART actions.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query with regards to deadlines for some of the risks which had now passed and a change to target dates.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed and noted the risk register. 2. Considered whether any further information was required. 	

6.	PERFORMANCE	
6.1	<p>IJB Performance Report April 2024</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning to provide an overview of progress and performance in relation to the:</p> <ul style="list-style-type: none"> • National Health and Social Care Outcomes • Health and Social Care – Local Management Information • Health and Social Care – Management Information. <p>Fiona McKay drew Committee’s attention to some areas within the report and provided further explanation behind the analysis, noting that going forward cognisance of any budget implications on areas will require to be taken into consideration and what that means for the performance report and the services.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included discussion around CAMH’s and a drop in performance in some areas – will the additional budget savings have more of an impact on this if being asked to work within a tighter budget for next year?</p> <p>Nicky Connor provided an update on CAMH’s and further explanation around the CAMH’s performance and the challenges faced within the service.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the Performance Report. 2. Took assurance around the work being undertaken. 3. Agreed the report be progressed to the IJB. 	
6.2	<p>Directions Annual Report 2023-24</p> <p>The Committee considered a report from Vanessa Salmond, Head of Corporate Services to provide Committee with a summary of the Directions issued by the IJB to NHS Fife and Fife Council for the period April 2023 to March 2024 and to seek members support for the implementation of a revised Directions Policy, providing clarity around the process for formulating, approving, issuing, monitoring and reviewing Directions.</p> <p>Committee noted the draft directions policy included within the paper and discussion was opened up to members to provide their comments and feedback.</p>	

	<p>Questions raised included how will these be tracked and with regards to the policy itself which states ...‘a direction to a constituent authority to carry out each function’... - is that one direction per function, if so do we have a handle on what we mean by function? Committee also remarked that these were a positive development and that it would be helpful to know what happened after a direction was issued.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the current status of Directions for 2023-24. 2. Discussed the draft Revised Directions Policy. 3. Agreed the draft Revised Directions Policy progress to the Audit & Assurance Committee. 	
7.	TRANSFORMATION	
7.1	<p>Transformation & PMO – Presentation</p> <p>A verbal update and presentation was provided to Committee to provide an overview of the work undertaken and progress to date.</p> <p>Rachel Heagney gave an overview of the work of the PMO highlighting the transformation programmes which are being progressed, those linked to savings and their status of achievement.</p> <p>Tracy Hogg provided an overview of the early indications around the savings that were approved highlighting their status of achievement.</p> <p>Audrey Valente provided a recap of the year end position and the next steps being taken.</p> <p>The discussion was opened to members who provided their comments and feedback.</p> <p>Committee thanked officers for a useful and detailed presentation.</p>	
8.	STRATEGIES	
8.1	<p>Workforce Strategy - Action Plan Year 2 – Update 1</p> <p>The Committee considered a report from Roy Lawrence, Principal Lead for OD & Culture to provide the first update of the Partnership’s Workforce Year 2 Action Plan and to provide assurance that the Partnership’s performance is delivering progress in a range of areas related to its ability to Plan for, Attract, Employ, Train and Nurture the existing and future workforce.</p>	

	<p>Committee noted that the Workforce Strategy and Plan had been subject to a Fife IJB Workforce Plan Internal Audit in 2023 of which it was recommended that a mid-year update be brought to an IJB standing committee. All recommendations made by Audit have been imbedded with the final one being workforce data which will be presented later in the year.</p> <p>Committee also noted that the Plan sets out how the Partnership will work towards the priorities defined in the Partnership’s Workforce Strategy & Plan 2022–25 with the update report providing assurance that the Year 2 Workforce Action Plan and actions are aligned to the Partnership’s Medium-Term Financial Strategy and reflect the transformation priorities set out by operational and professional services.</p> <p>Roy Lawrence advised that some actions had been reviewed or extended to accommodate changes to priorities that had taken place since the Plan was developed in 2023, including the challenges around the most recent savings opportunities agreed as part the Partnership’s in-year financial challenge for 2024-25.</p> <p>The discussion was opened to Committee members who noted that this was a very comprehensive report, were very content to see all the good work being undertaken and looked forward to the next update. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that the work underway to deliver the Year 2 Action Plan was reactive to change, innovative, varied and being delivered at pace to ensure the Plan achieves its ambition to Plan, Attract, Employ, Train, and Nurture our existing and future workforce. 	
<p>8.2</p>	<p>Digital Strategy</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer to provide assurance regarding the development and progress of the first ever Fife HSCP Digital Strategy.</p> <p>Committee noted that in 2022, the Partnership took the decision to develop a Digital Strategy aligning to the outcomes of the Strategic Plan and focussing on the needs of the people of Fife and is one of the few Partnerships to develop its own digital strategy.</p> <p>Committee also noted that developing the strategy had enabled the Partnership to engage and consult with staff, the independent sector, and the people of Fife to ensure they are focussing on delivering what is important.</p>	

	<p>Rachel Heagney, Head of Improvement, Transformation & PMO provided the Committee with an overview on the progress and feedback received to date which has helped inform and develop the strategy.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report noting that the strategy was a really good document and looked like a strategy. Items raised for discussion included the implementation of the strategy across the Partnership particularly in areas that are not necessarily within the Partnership's control.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Considered the draft Digital Strategy. 2. Recommended that the strategy is endorsed. 3. Approved the submission to the IJB for final approval on 31st May. 	
9.	ITEMS FOR NOTING	
9.1	<p>Annual Statement / Workplan</p> <p>The Committee considered a report from Vanessa Salmond providing the Annual Assurance Statement as required as per the Integration Joint Boards annual governance process.</p> <p>Committee noted that the statement was structured around the principles of the blueprint for good governance and the Integration Joint Boards principles around how an annual statement should be structured, provides context around in-depth business concluded within the past year in the Committee and how this relates to the terms of reference.</p> <p>Vanessa Salmond advised that it had been agreed through Audit & Assurance Committee to adopt Committee Assurance Principles to strengthen the current governance arrangements, noting that as part of these assurance principles there will be the introduction of a chair's assurance report following each meeting. The purpose of which will be to provide a succinct synopsis of business within the meeting and describe any risk to be escalated or any business that was conducted that should be highlighted to the Integration Joint Board.</p> <p>Committee also noted that the Annual Statement had been agreed by the chair and were given the opportunity to provide their comments prior to submission to the Audit & Assurance Committee. No further comments were provided.</p>	

	<p><u>Workplan</u></p> <p>Fiona McKay highlighted the workplan included in the papers for members perusal. Any item members wish to add to the Workplan to contact Fiona McKay for discussion.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Reviewed the Annual Statement. 2. Agreed the statement provided sufficient assurance and was content for this to be submitted to the Audit & Assurance Committee for consideration. 	
10.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 31st May 2024.</p>	
11.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
12.	<p>DATE OF NEXT MEETING</p> <ul style="list-style-type: none"> • Wednesday 3rd July 2024 at 10.00 am via MS Teams 	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 10th MAY 2024, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Margaret Kennedy
Councillor Sam Steele
Paul Dundas, Independent Sector Lead (PD)
Morna Fleming, Carer's Representative (MF)
Amanda Wong, Director of Allied Health Professionals (AW)
Ian Dall, Service User Rep, Chair of the PEN (ID)
- Attending:** Dr Helen Hellewell, Deputy Medical Director (HH)
Lynn Barker, Director of Nursing (LB)
Lynne Garvey, Head of Community Care Services (LG)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Fiona McKay, Head of Strategic Planning, Performance and Commissioning (FMcK)
Jennifer Rezendes, Principal Social Work Officer (JR)
Vanessa Salmond, Head of Corporate Services (VS)
Rachel Heagney, Head of Improvement, Transformation & PMO (RH)
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)
Avril Sweeney, Risk Compliance Manager (AS)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Councillor Lynn Mowatt
Colin Grieve, Non-Executive Board Member (CG)
Alistair Grant, Non-Executive Board Member (AG)
Kenny Murphy, Third Sector Representative (KM)
Nicky Connor, Director of Health & Social Care (NC)
Ben Hannan, Executive Director - Pharmacy and Medicines (BH)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RLaw)
Rona Laskowski, Head of Complex and Critical Care Services (RL)
Audrey Valente, Chief Finance Officer, HSCP (AV)

No	Item	Action
1	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>SB welcomed everyone to the May HSCP Quality & Communities Committee meeting.</p>	
2	<p>ACTIVE OR EMERGING ISSUES</p>	
	<p>No emerging issues were reported. (Asked if can be added to chair's brief in future if there are no issues).</p>	
3	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>No declarations of interest were received.</p>	
4	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p> <p>FMcK advised she was attending on behalf of Audrey Valente who had several papers on the Agenda. Supporting staff were also in attendance.</p>	
5	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 08 MARCH 2024</p> <p>The previous minutes from the Q&CC meeting on 08 March 2024 were reviewed and no alterations or corrections were requested.</p> <p>The minutes were taken as an accurate record of the meeting.</p>	
6	<p>ACTION LOG</p>	
	<p>The Action Log from the meeting held on 08 March 2024 was reviewed. SB asked all completed actions be removed from the log for ease of reading.</p> <p>SB asked LG when the Community O/T paper, will come back to Committee. LG advised the paper is currently being written and she will advise JC when it will be ready.</p> <p>The Action Log was approved as accurate and updates provided were noted.</p>	<p>J Cushnie</p> <p>L Garvey</p>
7	<p>GOVERNANCE & OUTCOMES</p>	
7.1	<p>Quality Matters Assurance</p> <p>This report was brought to Committee by Lynn Barker for Assurance. LB advised the report was reflective of the January and March meetings. LB highlighted several areas from the report, including sustained improvement in falls, a slight increase in pressure ulcers - a deep dive is being carried out to understand the reasons. Care Homes have seen a bit of a spike and work is being carried out to roll out method of QI improvement. LB described a medication incident which took place early in the year and she gave assurance it was fully investigated with a multi-factorial review carried out.</p>	

	<p>SB queried if there have been any major incidents. LB stated there had been an increase in incidents, however, full system support has been actioned and she commented on good use of the Datix system.</p> <p>LB stated a multi-faceted model is used to report and raise awareness of trends and gave details. She outlined good examples of teams working collaboratively.</p> <p>MF queried if difficulties in Jan '24 were experienced for reasons other than normal winter pressures. LB felt the level of clinical activity, lack of staffing and patient numbers all accumulated to add to difficulties.</p> <p>Cllr Liewald voiced concern regarding fire setting and security incidents which have taken place. LB advised there was an individual attributed to several incidents, as well as the difficulties mentioned above.</p> <p>SB was supportive of the report coming to Committee, however, felt a higher level, shortened version would be more valuable.</p> <p>HH was keen for the Committee to be aware of the work which is taking place and that areas of concern are highlighted.</p> <p>MF wished to raise the issue of recruitment of Activity Co-ordinators being paused. She felt these are vital roles within Care Homes. LB agreed and explained initial reasons around the delivery model delaying recruitment, and now the financial position. HH agreed and added detail around the delivery model.</p> <p>LG wished to give assurance, the Medicine of the Elderly wards, all have Activity Co-ordinators giving invaluable therapeutic intervention.</p> <p>The Committee took assurance from the report.</p>	
<p>7.2</p>	<p>Quality and Communities Committee Strategic Risk Register</p> <p>The report was brought to Committee by Fiona McKay on behalf of Audrey Valente. The report came for Assurance and Discussion. FMcK introduced Avril Sweeney, Risk Compliance Manager, to present the paper.</p> <p>AS stated, the report sets out the IJB Strategic Risks which may pose a threat to the Partnership in achieving its objectives in relation to clinical and care governance and quality of care. The report comes bi-annually to Committee with deep dive risk reviews undertaken on individual risks quarterly. AS advised the risks continue to be managed by the risk owners, with the most recent review being March 2024.</p> <p>AS advised, there is two risks with a high residual risk score, Primary Care Services and Demographic Changing Landscapes. AS explained how risks are monitored.</p> <p>SB noted the Transformation Change Risk is rated at 'medium', she suggested this should be a 'high' risk and asked for feedback. LG felt the risks are being closely managed and are high on the Agenda at SLT. HH agreed there is robust management of risks through various workstreams. FMcK stated a Transformation Programme paper is going to the Finance, Performance and Scrutiny Committee, w/c 13.05.24. She felt, due to the position of</p>	

	<p>the budget, the risk score should be re-evaluated. This will take place at the FP&S Committee meeting.</p> <p>Cllr Liewald agreed with SB, however, felt as long as Committee are kept continually updated on the Transformation work, she felt assured every safeguard is being implemented.</p> <p>ID queried if Financial Risk will be highlighted in reports for individual projects. FMcK confirmed AV will be matching across through a RAG status.</p> <p>The Committee were Assured by the report.</p>	FMcKay
<p>7.3</p>	<p>IJB Risk 27 Deep Dive Review Report - Whole System Capacity</p> <p>This report is brought to Committee by Lynne Garvey and comes for Discussion and Assurance.</p> <p>LG outlined points from Appendix 1 which illustrates how the risk is being managed in detail and how mitigations are having an impact. LG explained, assessment against the questions set out in Appendix 2, demonstrates compliance and she was confident of a reasonable level of assurance. Questions were invited.</p> <p>SB spoke of assurance grading and principals. She questioned if it was appropriate to give limited assurance. This was discussed at some length.</p> <p>LG agreed with SB, it is acceptable to acknowledge if a risk cannot be mitigated, given current pressures, however, she was confident reasonable assurance for whole system capacity is appropriate in this case.</p> <p>HH built on LG's comment and felt confident the system is working together to ensure, as far as possible, there is quality, with no particular concerns being raised. HH committed to bring back to the Committee if quality is being impacted or there are any concerns within Localities. PD supported comments around the whole system working together.</p> <p>Cllr Liewald was confident any problems are mitigated quickly and effectively. She felt the situation did not warrant 'limited' assurance and was happy to support LG's recommendation that 'reasonable assurance' could be taken from the report.</p> <p>The Committee agreed, they were reasonably assured by the report.</p>	
<p>7.4</p>	<p>United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024</p> <p>This report was brought to Committee by Lisa Cooper for Assurance. LC introduced the report which gave an update around implementation of the Act and the planning in place. The background of the UNCRC was outlined along with the Act, which comes into effect this year. LC told of a working group which is established to implement the UNCRC, chaired by the Child Health Commissioner and reports via the Child Health Steering Group within HSCP. LC advised the ToR and Action</p>	

	<p>Plan are currently being reviewed, looking at organisational responsibilities. She added, for Assurance, the paper fundamentally focuses on the delegated services within the Partnership and promoting the rights of children and young adults. Changes to ways of working through comms and training plans were outlined, including the update of the SBAR template to include ref to UNCRC, also reviewing policies which reflect implementation of the Partnership's duties and looking at child-friendly information and a child-friendly complaints processes.</p> <p>Cllr Liewald was delighted to see the progress which has taken place and commended the high level of work which has taken place and the impact which is being seen.</p> <p>MF welcomed the report, she was cautious careful communication will be required to ensure individuals do not demand services which cannot be provided, for various reasons. She also queried the EqIA and if questions relating to sex/sexual orientation / gender reassignment were being dictated by the legislation or if the Partnership has brought in these questions. LC will take the question relating to the EqIA away and get back to MF.</p> <p>JR felt it was likely the questions are controlled by legislation. She was supportive of the report and referred to children moving into adult services, describing various safeguards which are in place to facilitate the transition.</p> <p>LC thanked Cllr Liewald for her comments and wished to give assurance a Strategic Group around the Rights of the Child has been convened which fully incorporates Looked After Children and The Promise, through correct membership of the group.</p> <p>FMcK advised the HSCP EqIA, has been updated, also incorporating Veterans and Carers.</p>	<p>LC</p>
<p>8</p>	<p>STRATEGIC PLANNING & DELIVERY</p>	
<p>8.1</p>	<p>Draft Digital Strategy</p> <p>This report is brought to Committee by Fiona McKay on behalf of Audrey Valente. She advised the report comes for Discussion, Decision and Direction and had been presented to the Strategic Planning Group the previous week. FMcK introduced Rachel Heagney who ran through key highlights from the report. RH shared on-screen a table showing objectives and outcomes, documenting progress to date. She summarised positive feedback which was received from the SPG meeting on 02.05.24. Questions were invited.</p> <p>MF felt the biggest issue is the problem of NHS and FC systems not 'talking' to one another. RH agreed and advised there is national pathfinder work underway, however, funding is inconsistent and advice is to continue to strive for digital integration within HSCPs. She added, once Fife's HSCP's Digital Strategy is published, services will be asked what</p>	

	<p>digital integration will be of most benefit and improvements will be implemented where possible.</p> <p>Data Protection was discussed with RH describing how the landscape is changing around this and HH gave an update relating to General Practice appointment systems and GP migration to the new system.</p> <p>FMcK outlined some of the successfully integrated systems, eg Liquid Logic, Pin Point and Sky Gateway. She was supportive of Fife progressing digital integration independently and learning from neighbouring Partnerships.</p> <p>The Committee was content for the Digital Strategy to progress to IJB.</p>	
<p>8.2</p>	<p>Mental Health Estates Initial Agreement – Update SBAR</p> <p>The Mental Health Estates Initial Agreement Update was presented to Committee by Dr Helen Hellewell on behalf of Rona Laskowski. It came for Information and Assurance.</p> <p>HH stated, work has been paused by Scottish Government, due to financial constraints, therefore, it was felt appropriate to update the Committee. The SBAR sets out what work will be carried out in the meantime to ensure patient safety. HH gave assurance work will be carried out with full consultation with Staff-side colleagues and patients will be given sufficient notice of work to be carried out. The Estate, which is very old, is to be made safe for patients and staff to continue to work there. Overall responsibility sits with NHS Fife, however, HH wanted to ensure Committee have full assurance around the quality and safety expected for patients and staff. Questions were invited.</p> <p>SB commented how disappointing it was the capital spend has been paused. She asked to confirm if funding was available to implement the smaller changes. HH advised, there was some funding available and explained the various routes funding could be sourced. She confirmed wear and tear issues are to be resolved and updating of the ward environment to make it more person-centred, aiding recovery of patients.</p>	
<p>8.3</p>	<p>Spring Booster Campaign</p> <p>This report was brought to Committee by Lisa Cooper for Assurance.</p> <p>LC introduced the report and advised it was brought to give both information and assurance around the plan for delivery of the spring 2024 Covid Vaccination Programme. The cohorts identified within the paper were outlined, LC stated there is a reduced amount of people who will be eligible this year, compared to autumn/winter last year. There are no targets or aspirations set nationally, however, Fife HSCP continue to encourage uptake to protect public health.</p>	

	<p>LC stated the Care Home Programme commenced 2nd April '24, Clinics commenced on 15th April, with Clinics across all localities, incl some of the harder to reach areas.</p> <p>LC advised there has been no steer received for Autumn/Winter, however, this will be brought back to Committee once available.</p> <p>The Committee was happy to be Assured by the paper.</p>	
9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS	
9.1	<p>Fife Council and NHS Fife Duty of Candour Reports 2022-23</p> <p>The reports were brought to Committee by Jennifer Rezendes (Fife Council) and Dr Helen Hellewell (NHS Fife) for Assurance.</p> <p>JR explained the reason why the reports were out of sync with the timeline and why there were separate reports from FC and NHS, although this may change moving forward.</p> <p>JR gave assurance April 2022-March 2023, Duty of Candour reporting was robust, accurate and learning has been identified. JR spoke of the obligations of the Duty of Candour Working Group and the planned work to improve training and understanding.</p> <p>HH introduced the NHS Duty of Candour report, she reminded Committee members the organisational Duty of Candour sits with Dr McKenna as Executive Medical Director. She stated, the report is for the entirety of NHS Fife, which she felt was useful to see and explained the reasons. Within the report the two categories which are reported most frequently are tissue viability and patient falls. She referred to the work LB described earlier through QMAG which links in. HH also drew attention to the good connection across the Secondary and Primary Care, with much closer learning improving and spoke of work to strengthen this. She added, 2C Practices only are reported upon, other independent Practices have their own Duty of Candour and explained the reasons.</p> <p>Both JR and HH invited questions.</p> <p>SB was heartened by the learning which has followed reporting. The Committee were Assured by the reports.</p>	
9.2	<p>Quality & Communities Committee Annual Assurance Statement</p> <p>The report is brought to Committee by Sinead Braiden for Assurance. The report was written by VS, in her role as Head of Corporate Governance. She brought to Committee Member's attention the Governance process, providing assurance to the IJB, the Q&CC are discharging their duties with regards to their remit of safety and quality of care.</p>	

	<p>The structure of the report was agreed and signed by SB as Chair of the Committee. VS explained the structure of the report follows the blueprint for good governance suggested principles, hence the headers within the report. She advised moving forward, it has been agreed with IJB, a recommendation made by Internal Audit will be followed to implement committee assurance principles, which VS explained. This involves the introduction of a Chair's Assurance report after each Committee meeting.</p> <p>VS stated workplans are to come to Committee for agreement and attendance at meetings is to be reviewed. The Audit and Assurance Committee review the Assurance Statement before progressing to the IJB. HH added, the report also goes to Clinical Governance, NHS Fife as part of the process.</p> <p>ClIr Liewald was supportive of the added detail in the report and felt it to be very informative.</p> <p>SB was also supportive and it was agreed the Committee took Assurance from the report.</p>	
10	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>10.1 Clinical Governance Oversight Group Confirmed Minute from 12.01.24</p> <p>10.2 Equality & Human Rights Strategy Group Confirmed Minute from 01.02.24</p> <p>It was agreed, only minutes which are available will be noted on the Agenda.</p>	JCushnie
	<p>ITEMS FOR ESCALATION</p> <p>No items for escalation.</p>	
12	AOCB	
	No other business requested.	
13	DATE OF NEXT MEETING	
	Friday 5th July 2024, 1000hrs, MS Teams	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 14 MAY 2024 AT 9.00 AM VIA TEAMS

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Debbie Fyfe, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Billy Nixon, Health & Safety, NHS Fife
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Helen Hellewell, Deputy Medical Director, H&SC
Jennifer Rezendez, Principal Social Work Officer
Kenny McCallum, UNISON
Lee-Anne French, HR Business Partner, Fife Council
Liam Mackie, UNISON Fife Health Branch
Lynn Barker, Director of Nursing - HSCP
Lynne Garvey, Head of Community Care Services
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Steven Michie, Lead Officer (H&S, Fife Council – for Morag Stenhouse)
Sharon Adamson, RCN
Vicki Bennett, British Dietetic Association Representative
Yvonne Batehup, UNISON Welfare Representative
Julie Doig, PA (Minutes)

APOLOGIES: Morag Stenhouse, H&S Adviser, Fife Council
Wilma Brown, Interim Staff Side Representative, NHS Fife
Laura Wheatley, Senior Dental Officer, NHS Fife
Paul Hayter, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Eleanor Haggett, Staff Side Representative, Fife Council
Melanie Jorgensen, HR Team Leader, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
NO	HEADING	ACTION
2	PREVIOUS MINUTES / ACTION LOG FROM 13 MARCH 2024 The Minute and Action Log from the meeting held on 13 March 2024 were both approved as accurate records of the meeting.	

3 JOINT CHAIRS UPDATE

Nicky Connor noted that this would be the final meeting for both Rona Laskowski and Wendy Anderson and wished to pass on the thanks of the committee for their significant contribution over the years to the LPF.

4 HEALTH & WELLBEING

Attendance Information

Lee-Anne French talked to the overview for Fife Council staff which highlighted the trend data for working days lost and occasions of absence.

Karen Laird advised for NHS Fife staff there has been a slight decrease in absence rates in the last month from 7.92% to 6.96%.

Debbie Fyfe queried what was in place for staff in Fife Council who are absent from work due to non-work-related stress. Lee-Anne French advised that the HR Team are piloting an "Attendance Support Unit" and in addition a Wellbeing Newsletter has been circulated and the Stress Toolkit is being implemented by Managers to support staff.

Employee Relations

Lee-Anne French advised that currently Fife Council have 33 Employee Relations Cases for the HSCP staff, noting that the biggest challenge continues to be the time taken to complete investigations. Lee-Anne French advised that further Grievance Training for Managers has been arranged with the next session scheduled to take place on 27th June 2024.

Karen Laird advised that NHS Fife have 22 Employee Relations Cases for the HSCP currently under investigation and confirmed that all investigations which have been ongoing for more than 7 months are regularly reviewed to bring to a conclusion at the earliest opportunity.

Staff Health & Wellbeing

Lee-Anne French noted as she was new to post she had not been in a position to complete the report but noted verbally that there have been a number of conversations with Roy Lawrence and his team regarding Staff health and wellbeing.

Karen Laird confirmed that NHS Fife's Staff Wellbeing Handbook was now available for staff to download. Karen Laird noted that the Cycle to Work Scheme hosted by Halfords was now open and the Courtyard at Admissions Unit 2, Victoria Hospital has now been completed and staff are looking forward to the warmer weather to enjoy the benefits.

Debbie Fyfe queried whether the Menopause Café was still running and if the Café Inc which is run during school holidays was advertised to staff. Lynne Garvey confirmed that the Menopause Clinics were continuing and were well utilized by staff.

Following discussion it was confirmed that staff wellbeing sessions were advertised on Stafflink for NHS Fife staff. Nicky Connor agreed that an article to be placed in the Director's Weekly Briefing to further highlight what support is available to staff.

5 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)

Mandatory Training – Dashboard and Trajectory - Update – Inc HS&W Assurance Group Update

Rona Laskowksi provided a verbal update regarding Mandatory Training noting that a formal paper will be presented to the SLT on 29th March 2024 with a full update to LPF at their next meeting in July 2024.

Rona Laskowski advised that there has been an increase in the trajectory with NHS Fife staff achieving 73% and Fife Council staff achieving 48% compliance with Mandatory Training. Rona Laskowski noted that there are currently challenges capturing the data for Fife Council from Oracle but this is being investigated and hopefully a solution will be in place shortly.

H&S Updates – NHS and Fife Council

Billy Nixon and Morag Stenhouse had both provided written updates which had been circulated with the papers for the meeting.

Billy Nixon highlighted for NHS Fife HSCP staff there has been 378 incidents reported linked to Violence and Aggression towards Staff. Within the reporting period there had been 1 incident which required to be reported to RIDDOR.

Billy Nixon noted that the H&S Team had undertaken a review of Violence & Aggression towards staff over the last 4 years and advised that there had been 5,800 incidences reported within DATIX. It was noted that this could be higher as staff might not realise that patients swearing at them would constitute Violence and Aggression towards Staff.

Steven Michie on behalf of Morag Stenhouse talked to the Fife Council element of the report highlighting there has been a slight increase in the number of incidents for this reporting period compared to previous year. He noted that there have been 6 incidents which required to be reported to RIDDOR. Steven Michie noted that in the report period there has been 577 Violence and Aggression incidents or Fife Council staff and confirmed that robust risk assessments are being completed to minimize further risk to staff members.

6 FINANCE UPDATE / BUDGET

Finance Update

Audrey Valente gave an overview of the Finance Paper which highlights the detail on the provisional Outturn and noted that the current forecast for Fife HSCP is a deficit of £0.847M.

Assurance was provided that all costs are going through a robust scrutiny process to ensure that effective financial monitoring is in place.

Sustainable Workforce and Supplementary Staffing / Bank & Agency Finance Update

Lynn Barker advised that actions are in place to reduce the number of supplementary nursing staff and the situation continues to be monitored via the Workforce Group. It was noted that the requirement for supplementary

staffing remains due to the high level of clinical activity, national recruitment issues and high vacancy and absence rates.

Debbie Fyfe queried whether there was a breakdown of the areas using supplementary staffing. Audrey Valente advised that a breakdown of this information, including the reason and costings associated with the staffing could be provided for the next LPF Meeting.

Action:

Audrey Valente to organize a report on Supplementary Staffing for the LPF Meeting in July 2024.

AV

7 SERVICE PRESSURES & WORKFORCE UPDATE

Updates on Progress with Transformation

Home First – Lynne Garvey highlighted that there was the potential for delays to the Home First Delivery Plan but confirmed that the overall Strategy will be delivered as expected with the Home Strategy Report being tabled at the Strategic Planning Group in July 2024.

Lynne Garvey confirmed that the Red Cross were supporting patients going home from hospital which allowed patients to be discharged home rather than being moved to a community hospital.

Lynne Garvey confirmed that there are financial and staffing challenges due to the restrictions of NHS Fife's Reform Transform Perform Programme

Overnight Care – Jennifer Rezendes provided an update on Overnight Care noting that the majority of work carried out since February 2024 has focused on strengthening the approaches and keeping those who provide the care and support informed. Jennifer Rezendes confirmed that there has been a number of face-to-face sessions with staff and engagement with the Participation and Engagement Team and it is anticipated that the Stakeholder Events will take place in the near future.

Debbie Fyfe asked for assurance that in-depth conversations are undertaken with service users and their families regarding the changes to overnight care and support.

Update on Admin Review - Fiona McKay advised that there had been a 62% response rate to the recent questionnaire issued to NHS Fife Admin Staff and noted that the data has been collated and highlights that the task undertaken by the majority of admin staff was photocopying and scanning documents.

Fiona McKay noted that a meeting has taken place to admin staff to look at ways of modernizing how administration is undertaken.

Yvonne Batehup questioned whether there had been communication regarding the closure of Haig House and noted that a number of staff are not keen on 'Home Working' and asked what options had been looked at for them in alternative venues. Nicky Connor agreed to discuss the issue in more detail with Neil McCormack and Ben Hannan out with meeting.

Action:

Nicky Connor to discuss in more detail alternative venues for staff currently situated in Haig House with Neil McCormack and Ben Hannan

NC

8 WORKFORCE ACTION PLAN 6-MONTHLY UPDATE

Roy Lawrence and Dafydd McIntosh presented the Workforce Action Plan 6 Monthly Update confirming that there was assurance that the work to deliver the Year 2 Action Plan is reactive to change, innovative, varied and is being delivered at pace to ensure the plan delivers its intention to attract, employ, train and nurture the HSCP workforce.

9 EQUALITY, DIVERSITY AND INCLUSION INTERIM WORK PLAN.

Jennifer Rezendes presented the Equality, Diversity and Inclusion Interim Workplan noting that the Committee can take assurance that the Steering Group has been established which includes wide representation from key stakeholders including Trade Union and Staff-side Representation to improve the engagement across HSCP workforce through a focus on equality, diversity and inclusion.

10 LPF ANNUAL REPORT 2023-2024

Roy Lawrence advised that the draft LPF Annual Report will be tabled at the LPF Meeting in July 2024.

11 ITEMS FOR BRIEFING STAFF

There were no issues highlighted to brief staff on.

12 AOCB

Nothing was raised under this item.

No issues were raised under AOCB.

13 DATE OF NEXT MEETING

Tuesday 2 July 2024 – 9.00 am – 11.00 am



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE STRATEGIC PLANNING GROUP HELD VIRTUALLY ON THURSDAY 2ND MAY 2024 AT 2.00 PM

<p>Present:</p>	<p>Cllr Graeme Downie (Chair) Fiona McKay, Head of Strategic Planning, Performance & Commissioning Cllr Dave Dempsey Cllr Rosemary Liewald Cllr Sam Steele William Penrice, Service Manager, Performance Management & Quality Assurance Paul Dundas, Independent Sector Representative Paul Short, Service Manager, Housing Services Jacquie Stringer, Service Manager, Locality/Community Led Support Tracy Harley, Service Manager, Participation & Engagement Lynne Garvey, Head of Community Care Services Morna Fleming, Carer Representative Fay Richmond, Executive Officer to Chief Executive & Board Jennifer Rezendes, Professional Social Work Officer Lesley Gauld, Team Manager, Strategic Planning</p>
<p>Apologies for Absence:</p>	<p>Ben Hannan, Director of Pharmacy and Medicines Vicki Birrell, Team Manager, Strategic Planning Lynn Barker, Associate Director of Nursing Audrey Valente, Chief Finance Officer Rona Laskowski, Head of Complex & Critical Care Ian Dall, Service User Representative Kenny Murphy, Third Sector Representative Nicky Connor, Director of Health & Social Care Helen Hellewell, Associate Medical Director Claire Dobson, Director of Acute Services Lisa Cooper, Head of Primary & Preventative Care</p>
<p>In Attendance:</p>	<p>Alan Adamson, Service Manager, Quality Assurance Rachel Heagney, Head of Improvement, Transformation & PMO Anca Wilson, Programme Manager, Transformation & Change Team - PMO Nicola Broad, Team Manager, Strategic Planning – Mental Health Gillian Muir, Management Support Officer (Minutes)</p>

NO.	TITLE	ACTION
1.	<p>WELCOME AND INTRODUCTIONS</p> <p>Graeme Downie welcomed everyone to the meeting and apologies were noted as above.</p>	

NO.	TITLE	ACTION
2.	<p>MINUTE OF LAST MEETING – 7TH MARCH 2024 AND ACTION LOG</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>All actions noted have been taken forward and are noted as either complete or in progress.</p>	
3. a.	<p>ANNUAL REPORTS</p> <p><u>DRAFT – Annual Performance Report 2023-24</u></p> <p>The Strategic Planning Group considered a report from Fiona McKay for discussion and review of the first draft of the Annual Performance Report, to provide feedback, and advise of any changes required.</p> <p>The Strategic Planning Group noted the purpose of the Annual Performance Report is to provide a balanced assessment of the Partnership’s performance over the period 2023 to 2024 which includes areas of best practice, specific achievements, and performance appraisal in accordance with the national indicators.</p> <p>The Strategic Planning Group also noted that the Annual Performance Report is structured using the Partnership’s strategic priorities. The format has been welcomed in previous reports as it aligns with the structure of the current Strategic Plan and enables comparison of performance across multiple years.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included how does this compare with what the Strategic Plan said we were going to do in this year and have we in fact fulfilled what we said we were going to do?</p> <p>Comments were also provided regarding the template and members felt that the Partnership were missing an opportunity to highlight the good work that is being done advising that the more engaging content should be nearer the start of the report.</p> <p>Morna Fleming provided comment regarding the Partnership’s new website, and in particular to the unpaid carers section where there were a couple of resources unable to be found. It was suggested that a survey could be conducted to see if users are able to find specific information on the website.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> Reviewed the first draft of the Annual Performance Report, provided feedback, and advised changes required. 	
NO.	TITLE	ACTION

<p>4.</p> <p>a</p>	<p>STRATEGIES</p> <p><u>DRAFT – Digital Strategy</u></p> <p>The Strategic Planning Group considered a report from Rachel Heagney to provide assurance regarding the development and progress of the first ever Fife HSCP Digital Strategy and to gain the support of the Strategic Planning Group in it progressing through the required Governance Committees.</p> <p>The Strategic Planning Group noted that in 2022, the Partnership took the decision to develop a Digital Strategy aligning to the outcomes of the Strategic Plan and focussing on the needs of the people of Fife and is one of the few Partnerships to develop its own digital strategy.</p> <p>The Strategic Planning Group also noted that developing the strategy had enabled the Partnership to engage and consult with staff, the independent sector, and the people of Fife to ensure they are focussing on delivering what is important.</p> <p>An overview was also provided on the progress and feedback received to date which has helped inform and develop the strategy.</p> <p>The discussion was opened to members who provided their comments and feedback on the report noting that the strategy was a really good document and looked like a strategy. Items raised for discussion included is there any mechanism in place to ensure that we are keeping abreast of AI technology; will the risk with regards to the Senior Leadership Team not signing off the three-year delivery plan be resolved?</p> <p>Paul Dundas acknowledged the work undertaken and recognised the significance of this to the Partnership and also to the third and independent sectors.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Considered the draft Digital Strategy. 2. Recommended that the strategy is endorsed. 3. Approved the submission to the governance committees for final approval at the IJB on 31st May. 	
<p>5.</p> <p>a</p>	<p>STRATEGY FLASH REPORTS – including finance updates</p> <p><u>Advocacy Strategy</u></p> <p>Alan Adamson provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included:</p>	

NO.	TITLE	ACTION
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<p>5.</p> <p>a</p> <p>b</p>	<p>STRATEGY FLASH REPORTS (continued)</p> <p><u>Advocacy Strategy (continued)</u></p> <ul style="list-style-type: none"> • Work underway to retender the contract for independent advocacy support in Fife which is due to end in the summer. Contract now advertised on Public Contracts Scotland with a closing date of 10th May. The evaluation of the tenders will take place thereafter and aim to award the contract to the successful tenderer in the summer, in time for the new contract commencing. An up-date on the tendering exercise will be brought to a future Strategic Planning Group. • Initial discussions have been held with key individuals in the Partnership regarding membership for the refreshed Joint Advocacy Planning Group who will be responsible for taking forward the delivery plan and anything else the Partnership needs to do to achieve the strategy priorities. <p><i>Finance</i></p> <p>Status Green - There are no financial challenges linked to the current delivery plan for this strategy. Financial constraints will be considered by the Joint Advocacy Planning Group when developing further actions for subsequent delivery plans linked to the Advocacy Strategy 2023 – 2026.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included how many contracts would be awarded through the supported living framework tender and what the range in value of these would be? A query was also raised as to whether this was specific to adults and older adults or covered children and families as well.</p> <p><u>Carers Strategy</u></p> <p>Fiona McKay provided an overview of the flash report submitted and an update on Quarter 4 of the Carers Strategy which has been looking at the full roll out of the funding received from Scottish Government. The Strategic Planning Group noted that 2023-24 would be the final year of the Partnership receiving an incremental increase in the Carers Strategy monies.</p> <p>There are a number of projects now up and running and these are currently being reviewed to ensure what has been commissioned is what we want to commission going forward.</p> <p>The Partnership continues to deliver the strategy and delivery plan notwithstanding the savings identified. This will include investing to raise awareness of carers and the services and supports that are already in place to support them, albeit on a smaller scale in this year.</p>	
<p>NO.</p>	<p>TITLE</p>	<p>ACTION</p>
<p>5.</p>	<p>STRATEGY FLASH REPORTS (continued)</p>	

<p>b</p>	<p><u>Carers Strategy</u> (continued)</p> <p><i>Finance</i></p> <p>Status Green - Some delays have been experienced in 2023/24 but these do not pose a significant risk to achieving the agreed outcomes by the end of the strategy period. Savings of £700k have been requested from the funding to support delivery of the Carers Strategy; £735,467 of savings have been identified. This equates to approximately 13% of the funding intended for carers' support. These savings are being made for a single year only. The savings are being made from underspend clawbacks in 2023/24 from commissioned services, and a short-term recruitment pause on internal vacant posts, and reductions in a small number of internal budgets.</p> <p>The Strategic Planning Group noted that the financial savings have been fully discussed and agreed with Morna Fleming.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. No further questions were raised.</p>	
<p>c</p>	<p><u>Commissioning Strategy</u></p> <p>Alan Adamson provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included:</p> <ul style="list-style-type: none"> • Development of delivery plan for the strategy, looking at the commissioning activity tracker and progressing working groups established. • Work has been underway on the contract for a framework for providers for supported living services which commenced on 1st May 2024 and is a 4-year contract. Twenty three care providers have been accepted onto the framework with a further four providers who have received conditional offers and will be added at a later date. <p><i>Finance</i></p> <p>Status Green - The Commissioning Strategy does not have a dedicated budget, and therefore the financial savings that have been agreed do not have a direct impact on the delivery of the strategy.</p> <p>The delivery of some of the planned financial savings could potentially have an impact on commissioning activities. A new Mini-EQIA (Equality Impact Assessment) process and template has been developed for scenarios where an overarching Equality Impact Assessment has already been completed and approved, and an additional assessment is required for a specific change.</p>	

NO.	TITLE	ACTION
5.	STRATEGY FLASH REPORTS (continued)	

<p>c</p> <p>d</p>	<p><u>Commissioning Strategy</u> (continued)</p> <p><i>Finance</i> (continued)</p> <p>The Commissioning Strategy Working Group will continue to progress the development of the Commissioning Strategy Delivery Plan. This will be reviewed by the Strategic Planning Group at a future meeting.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised as to whether the financial savings do have a direct impact on the Commissioning Strategy.</p> <p>Paul Dundas acknowledged the work done, not just around the strategy itself, but the engagement with providers to establish a new framework.</p> <p><u>Home First Strategy</u></p> <p>Lynne Garvey provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included:</p> <ul style="list-style-type: none"> • The three Home First service redesign proposals are all progressing as planned. • Test of Change in West Fife with the Red Cross Service (Home to Assess) launches on 7th May. <p><i>Finance</i></p> <p>Status Amber - Challenges include potential new models of care which will require investment to implement, therefore spend to save solutions are assessed as part of the scoping/options appraisals of Home First workstreams. Additional financial challenges are occurring due to the restrictions of the Reform Transform Perform (RTP) Programme on funding and recruitment, for both operational and delivery teams. It was also noted that whilst not a financial issue, staff capacity to drive forward transformational changes in line with the Home First Strategy is being impacted due to ongoing operational pressures.</p> <p>Regular discussions with relevant NHS colleagues are taking place to understand the direct implications of the RTP Programme on Home First workstreams. Lynne Garvey provided a more detailed update on these discussions.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised as to the amber status of the strategy and the potential delays to the delivery plan, but that the overall strategy would still be delivered as expected.</p>	
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NO.	TITLE	ACTION
5	<p>STRATEGY FLASH REPORTS (continued)</p> <p><u>Local Housing Strategy</u></p>	

e	<p>Paul Short provided an overview of the flash report submitted and progress of work undertaken to date. Main areas highlighted within the report included:</p> <ul style="list-style-type: none"> • Status currently amber due to the lack of financial uncertainty with the key financial challenge around the Affordable Housing Programme. Fife is still awaiting to hear what the scale and impact of the national reductions may be. Noted that this was being raised as a risk for the Partnership as the affordable housing programme disproportionately works in favour of customers who have particular needs. Once the financial position is clearer the affordable housing programme will be reviewed. An update on potential changes to the Affordable Housing Programme will be provided at a future meeting. • Update provided on a number of technology enabled initiatives. <p><i>Finance</i></p> <p>Status amber - A review of the strategy requires to undertaken in light of the current financial position, some elements of the plan may need to be delayed or scaled back.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Considerable discussion took place around the financial challenge.</p> <p>The Strategic Planning Group agreed that this should be highlighted to the IJB for wider awareness and potential impact on this key strategy.</p> <p><u>Primary Care Strategy</u></p>	
f	<p>Lynne Garvey provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included:</p> <ul style="list-style-type: none"> • The governance and reporting structure which has been established to support the implementation of the strategy. • Work with the Local Medical Council and GP Sub Groups to initiate review of Enhanced Services. • Investment in refurbishment of GP premises across Fife aligned to Primary Care Premises Strategy. • Reinstatement of protected learning times sessions for general practice. 	

NO.	TITLE	ACTION
5	STRATEGY FLASH REPORTS (continued)	
f	<u>Primary Care Strategy</u> (continued) The discussion was opened to members who provided their comments and feedback on the report. No further questions were raised.	

g	<p><u>Prevention & Early Intervention Strategy</u></p> <p>Fiona McKay provided an overview of the flash report submitted and progress of work undertaken to date. Areas highlighted within the report included:</p> <ul style="list-style-type: none"> • Consultation with all relevant stakeholders on the Draft Prevention and Early Intervention Strategy to seek agreement towards the vision and mission statement, wellbeing pledge, prevention and early intervention strategy principle and the five key priorities of 2024-27. • First year delivery plan is currently being developed to accompany the strategy. <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised with regards to progress against timescales given the more complex route to IJB.</p>	
6.	<p>GOVERNANCE</p> <p><u>Terms of Reference</u> – annual review</p> <p>The Strategic Planning Group reviewed the updated terms of reference.</p> <p>A query was raised with regards to Section 5 – Meetings – second paragraph ‘Meeting will be quorate when at least 7 members are present’ – there is no stipulation of certain members. Fiona McKay advised although the group was not a formal Committee of the IJB it is part of the Public Bodies Act and everyone on the group is a member. Fiona to check with Vanessa Salmond.</p>	
7.	<p>ANY OTHER BUSINESS</p> <p>No other business was offered.</p>	
8.	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • Tuesday 9th July at 2.00 pm via MS Teams 	