



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 19 FEBRUARY 2021 AT 10.00 AM**

**THIS WILL BE A VIRTUAL MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT**

**Participants Should Aim to Dial In at Least Ten to Fifteen Minutes
Ahead of the Scheduled Start Time**

		Presented By	Page
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	Rosemary Liewald	
2	CHIEF OFFICERS REPORT	Nicky Connor	
3	CONFIRMATION OF ATTENDANCE / APOLOGIES	Rosemary Liewald	
4	DECLARATION OF MEMBERS' INTERESTS	Rosemary Liewald	
5	MINUTES OF PREVIOUS MEETING 4 December 2020	Rosemary Liewald	1-7
6	MATTERS ARISING - Action Note 4 December 2020	Rosemary Liewald	8
7	COVID-19 / REMOBILISATION UPDATE	Nicky Connor / Chris McKenna / Helen Buchanan / Dona Milne / Fiona McKay / Paul Dundas / Jenny Murphy	Verbal Update
8	FINANCE REPORT	Audrey Valente	9-22
9	PERFORMANCE REPORT – EXECUTIVE SUMMARY	Audrey Valente	23-34
10	ALCOHOL & DRUG PARTNERSHIP ANNUAL REPORT 2019-2020 & ADP STRATEGY 2020-23	Kathy Henwood	35-106

11	STRATEGIC RISK REGISTER	Nicky Connor / Fiona McKay	107-119
12	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED Clinical & Care Governance Committee Confirmed Minute from 13 November 2020 Unconfirmed Minute from 29 January 2021 Finance & Performance Committee Confirmed Minute from 11 November 2020 Unconfirmed Minute from 15 January 2021 Audit & Risk Committee Confirmed Minute from 19 November 2020 Local Partnership Forum Confirmed Minute from 18 November 2020 Confirmed Minute from 16 December 2020 Confirmed Minute from 20 January 2021	Tim Brett / David Graham / Eugene Clarke / Simon Fevre / Nicky Connor	120-171
13	AOCB		
14	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – Friday 12 March 2020 at 9.30 am INTEGRATION JOINT BOARD – Friday 26 March 2021 at 10.00 am		
<p>Members are reminded that, should they have queries on the detail of a report, they should, where possible, contact the report authors in advance of the meeting to seek clarification</p>			

Nicky Connor
Director of Health & Social Care
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KY7 5LT

Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 4th Floor, Fife House Tel: 03451 555555 Ext 444328 or email Norma.aitken-nhs@fife.gov.uk



Fife Health & Social Care Partnership

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UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 4 DECEMBER 2020 AT 10.00 AM

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LB), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Chris McKenna (CM), Medical Director, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associated Medical Director, NHS Fife Katherine Paramore (KP), Medical Representative
Attending	Esther Curnock (EC), Consultant in Public Health Medicine, NHS Fife Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA) (Minute) Tim Bridle (TBRi), Audit Scotland

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board and advised the Board that the first part of this meeting would consist of a presentation from a deputation regarding the closure of the Wellesley Unit at Randolph Wemyss Hospital.

The Chair then introduced Councillor Ryan Smart, Councillor Colin Davidson and Claire Baker MSP.

2 DEPUTATION / PETITION

Councillor Smart advised the meeting that a 1,984 signature petition has been submitted and they are looking to have the decision regarding the permanent closure of the Ward to be changed and that the closure be on a temporary basis to allow further consultation to take place.

Claire Baker asked that the Board reconsider their decision.

2 DEPUTATION / PETITION (Cont)

Councillor Davidson spoke of the concern locally at the lack of consultation prior to the closure of the ward.

The Chair opened the meeting to questions from Board members. One question was asked but was aimed at Officers, which was not permitted under the terms of the Standing Orders.

The Chair then thanked Councillors Smart and Davidson and Claire Baker for their attendance at today's meeting.

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

The Chair welcomed Amanda Wong who was recently appointed permanently to the post of Associate Director, Allied Health Professionals.

The Chair then congratulated the following:-

Andrea Smith, Lead Pharmacist who has been made a Fellow of the Royal Pharmaceutical Society.

Rhys Greig, a newly qualified community staff nurse in Fife who has been chosen to receive the Ellen Kelly Award from Dundee University School of Nursing.

Karen Mellon who has been recognised for her outstanding contribution to dementia care in the Alzheimers Scotland Centre for Policy and Practice Annual Celebration Report. Karen is a lead Podiatrist for Care Homes within the Partnership and is also a dementia champion and Dementia Specialist Improvement Lead.

Paula Birks, Community Support Manager who has made the top 3 in the category for Leader of the Year in the Scottish Health Awards 2020.

Teams from Fife have been recognised by the Chartered Society of Physiotherapy in case studies about advanced practice physiotherapy. Well done Kate Leishman and Katie Kinch.

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

3 CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING

The Chair handed over to Nicky Connor for her Chief Officer's Report which had three parts:-

Protocol for Meeting – Board members are familiar with the process to be used during the meetings and were asked to use the Hand function if they wished to speak rather than using the Chat function.

Key Updates – all of these would be covered during the main agenda for the meeting.

Wellesley Unit, Randolph Wemyss Hospital – Nicky Connor advised that the unit was closed on 7 September 2020 in line with Direction issued by the IJB.

NO	HEADING	ACTION
3	CHIEF OFFICERS REPORT & PROTOCOL FOR MEETING (Cont)	
	Assurance was given regarding both staff and patients following the closure. The position regarding Responsible Medical Officer remains unchanged.	
	Part of the direction was consideration of the unit in line with a developing community hospital strategy and an update on this will come to both the Clinical & Care Governance and Finance & Performance Committees in due course.	
	Question was asked about Ward 16 at Queen Margaret Hospital and the changes made at the start of the Covid-19 pandemic. An update was given on access to inpatient palliative care in Fife and how there has also been increased support for safe, high quality palliative care at home.	
	Eugene Clarke raised a point of order.	
4	CONFIRMATION OF ATTENDANCE AND APOLOGIES FOR ABSENCE	
	Apologies had been received from Steve Grimmond, Carol Potter, Helen Buchanan, Fiona Grant, David Alexander, Eleanor Haggett, Lynn Barker, Lynne Garvey, Kathy Henwood, Jim Crichton and Eleanor Dona Milne.	
5	DECLARATION OF MEMBERS' INTERESTS	
	There were no declarations of interest.	
6	MINUTES OF PREVIOUS MEETING 23 OCTOBER 2020	
	The Minute of the meeting held on 23 October 2020 was agreed as accurate.	
	Dave Dempsey had questions on the Finance Update, regarding information on funding from Scottish Government and the budget realignment exercise.	
	Audrey Valente confirmed that no update has yet been received from Scottish Government, but that Social Care funding was being reviewed in November 2020 and Health funding in January 2021.	
	Nicky Connor confirmed that ongoing meetings are being held with the respective Chief Executives and Directors of Finance to discuss budget and updates will be provided at future meetings.	NC/AV
	Tim Brett asked if a report could be provided on this year's flu campaign once it had concluded. Nicky Connor will liaise with Esther Curnock.	NC/EC
	The Action Note from the meeting held on 23 October 2020 was agreed as accurate.	
8	COVID 19 / REMOBILISATION UPDATE	
	The Chair introduced Nicky Connor who, along with Chris McKenna, Helen Buchanan and Esther Curnock gave an update on both Covid 19 and Remobilisation.	

8 COVID 19 / REMOBILISATION UPDATE (Cont)

Esther Curnock updated on Covid-19 including positive cases, rate per 100,000 population and testing. The team are evaluating the current level 3 restrictions and further data in the coming weeks will allow the impact of these to be assessed.

Chris McKenna advised that staff continue to support remobilisation following the first wave of covid-19 and the challenges in recent weeks. Public adherence to restrictions is valued and will assist.

Helen Buchanan reiterated Chris McKenna's update and highlighted the challenge of winter alongside the Covid-19 situation. Plans are in place to cope and support patient care and flow.

Scott Garden provided an update on planning for the Covid-19 vaccination programme. Close working is ongoing between Scottish Government, the National Planning Team and local teams. Cohort based approach to delivery of vaccine, meaning most vulnerable residents and those who care for them will be vaccinated first. There is excellent support from General Practice. Work is ongoing with Nursing and Care Homes.

Nicky Connor expressed her thanks to all staff who have been involved in this year's flu campaign, which has only a few more weeks to run. A concerted effort is being made to ensure all eligible have access to the vaccine.

The Chair asked for questions regarding these updates.

David J Ross asked how eligible patients would be contacted, Scott Garden confirmed that the full plan is still in development but for the initial priority groups this will be the responsibility of GP surgeries.

Christina Cooper asked if it could be ensured that the local communications strategy could be aligned to the national comms strategy. Scott confirmed that there was close working with national communications.

9 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which detailed the financial position of the delegated and managed services based on 30 September 2020 financial information. The forecast deficit is £6.780m and £6.939m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans, but it remains uncertain whether full funding will be made available by the Scottish Government. This paper reflects the full value of non-delivery of savings included as a pressure within the core projected outturn position. This level of overspend requires urgent management action to ensure that the partnership delivers within the approved budget.

Four key areas of overspend that are contributing to the financial outturn overspend –

9 FINANCE UPDATE (Cont)

Risk Share

Hospital and Long-Term Care

Adult Placements

Homecare Services

The report provided information on in year additional funding allocations to provide clarity and highlighted further risks and uncertainties in the financial year.

The paper also provided an update in terms of both core expenditure and Covid spend. The latest projection suggested an overspend position at March 2021 of £6.780m. A recovery plan is developed, and work will continue towards delivery of the savings approved in March 2020.

Dave Dempsey questioned the particular focus on Adult Placement overspend, which Audrey confirmed was a pilot exercise being undertaken to focus on areas of overspend and seek resolution.

Discussion took place around the number of staff vacancies which were contributing to underspends and the impact this could have on service users. Nicky Connor confirmed this is monitored and is discussed at Local Partnership meetings with staff side/trade unions.

The Board noted the financial position as reported at 30 September 2020 and to noted and discussed the next steps and key actions.

10 FIFE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO 31 MARCH 2020

The Chair introduced Audrey Valente who presented this report. Tim Bridle from Audit Scotland undertook the audit in line with the Public Sector Code of Conduct.

The report provided the Board with an overview of the Health & Social Care Partnership 2019/20 Audited Annual Accounts and to present the Annual Audit Report.

The unaudited accounts were presented at the Audit and Risk Committee on 10 July 2020. The audit accounts were discussed at the Audit and Risk Committee on 20 November 2020.

Tim Bridle, Audit Scotland gave a brief introduction to the Annual Audit Report and Recommendations.

The accounts have been audited and external audit has confirmed that the financial statements give a true and fair view. They have been prepared in accordance with International Financial Reporting Standards as interpreted and adapted by the 2019-20 Code of Practice, the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

The key messages of the audit are provided on page 4 of the auditor's report. The key messages cover the 2019/20 annual accounts; financial

NO HEADING**ACTION****10 FIFE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO 31 MARCH 2020 (Cont)**

management and sustainability; governance, transparency and best value. The audit opinions are all unqualified.

The audit report presents an Action Plan and recommendations and a management response is provided for each recommendation.

The Action Plan would be progressed through Pentana, a Council system and the Audit and Risk Committee will be updated on its progress.

The Board approved the 2019-2020 annual accounts for signature.

11 WINTER READINESS

The Chair introduced Nicky Connor who presented this report, which was discussed at the Clinical & Care Governance Committee on 13 November 2020.

The Winter Plan is a joint NHS Fife / Health & Social Care Partnership document and is currently active. A key priority is on supporting our workforce with the combined challenges of Covid-19, flu and winter pressures.

Key areas in the plan include prevention of admission to hospital, Home First and the use of Near Me for consultations.

Discussion took place around how we are coping so far, surge capacity and looking at lessons learned.

Christina Cooper asked about the Integrated Risks and how this was being updated and monitored in relation to Winter. Nicky Connor explained the weekly meeting that is in place with Helen Buchanan as Exec Lead for Winter and the Director of acute services and how this is reporting through the silver and gold command structure.

The Board noted the detail of the Winter Plan for 2020-21.

12 STRENGTHENING GOVERNANCE – BOARD MEMBER ACCESS TO PAPERS

The Chair introduced Nicky Connor who presented this paper which had been discussed at the IJB Development Session on Friday 27 November 2020. This is the first in a series of reports which will come to the IJB for approval. The Board approved the access to governance Committee papers by IJB members who are not members of that particular governance Committee. These papers will be provided on a confidential basis.

13 ITEMS TO BE ESCALATED FROM GOVERNANCE COMMITTEES

The Chair asked Eugene Clarke, Tim Brett and David Graham for any items from governance committees that they wish to escalate to the IJB.

13 ITEMS TO BE ESCALATED FROM GOVERNANCE COMMITTEES (Cont)

Eugene Clarke – Audit & Risk Committee - 20 November 2020

For Information

- 1 A&R support the provision of a Finance Deputy – issue of Audrey Valente having to spend time adjusting figures from FC and NHS Fife.
- 2 Welcome change in budget setting processes following Audit reports which will bring much greater openness, visibility and control re finances. Good progress

Escalation

Recommend Transformation Board should publish a clear Communication Strategy to include:

- who is being informed/consulted about possible changes and how this is being done.
- describe the decision-making groups and processes by which changes will be approved.
- include specific reference to governance procedures for NHS Fife, Fife Council and HSCP
- all these should have timeline showing sequence and actual dates when known.

Tim Brett – Clinical & Care Governance Committee - 13 November 2020

- 1 Alcohol & Drug Partnership (ADP) Annual Report – this item will now be the subject of an IJB Development Session on Monday 8 February 2021.
- 2 Report on Keys to Life – report on learning disabilities was welcomed.

David Graham – Finance & Performance Committee - 11 November 2020

- 1 Acknowledged significant financial pressure we remain under.
- 2 Financial effects of Covid-19.
- 3 Unachieved savings.
- 4 Scottish Government funding for remobilisation.

14 DATES OF NEXT MEETINGS

IJB Development Session - Friday 5 February 2021

Additional IJB Development Session – Monday 8 February 2021

Integration Joint Board - Friday 19 February 2021

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 4 DECEMBER 2020

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Primary Care Improvement Plan – update to be taken through governance committees and to IJB in early 2021.	Helen Hellewell	IJB 23/04/21	Review of PCIP taking place following joint letter from Cabinet Secretary and BMA and extension of PCIP timescales
2	Minute of Previous Meeting – Budget Alignment – updates to be provided once meetings with Chief Executives and Directors of Finance have clarified this.	Nicky Connor / Audrey Valente	Ongoing	Meetings being held, updates will be provided as available



Fife Health & Social Care Partnership

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AGENDA ITEM NO:	8	
DATE OF MEETING:	19 February 2021	
TITLE OF REPORT:	Finance Report	
EXECUTIVE LEAD:	Nicky Connor, Director of Health & Social Care	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Audrey Valente
	DESIGNATION:	Chief Finance Officer
	WORKPLACE:	Rothsay House
	TEL NO:	03451 55 55 55 Ext 444030
	E-MAIL:	Audrey.Valente@fife.gov.uk
Purpose of the Report (delete as appropriate)		
For Decision	For Discussion	For Information
Governance Route to IJB (must be completed)		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	F&P 12 February 2021	
Parties consulted prior to H&SC IJB meeting:	NHS Fife Finance Fife Council Finance	
REPORT		
<u>Situation</u>		
<p>The attached report details the financial position of the delegated and managed services based on 30 November 2020 financial information. The forecast deficit is £5.158m and £6.467m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans but it remains uncertain whether full funding will be made available by the Scottish Government. This paper reflects the full value of non-delivery of savings included as a pressure within the core projected outturn position. This level of overspend requires urgent management action to ensure that the partnership delivers within the approved budget.</p>		
<u>Background</u>		
<p>The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board (IJB).</p> <p>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.</p>		

Assessment

Financial Position

At 30 November 2020 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £5.158m.

Four key areas of overspend that are contributing to the financial outturn overspend –

Resource Transfer and Other payments
Hospital and Long-Term Care
Adult Placements
Homecare Services

The report provides information on in year additional funding allocations to provide clarity and also highlights further risks and uncertainties in the financial year.

There is also an update in relation to savings which were approved by the IJB in March 2020.

Recommendation

- **Note** the financial position as reported at 30 November 2020.
- **Note and discuss** the next steps and key actions.

Financials *High level costings to be provided below – if applicable*

This paper provides an update in terms of both core expenditure and Covid spend. The latest projection suggests an overspend position at March 2021 of £5.158m. Recovery actions to reduce the reported overspend have been actioned and work will continue to ensure delivery of the savings approved in March 2020.

Objectives: (must be completed)

Health & Social Care Standard(s):	Integration Planning and Delivery Principles.
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IJB Strategic Objectives:	All
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Further Information:

Evidence Base:	
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Glossary of Terms:	
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Impact: (must be completed)

Financial / Value for Money:

Steps will be taken to review the medium-term financial strategy and further understand potential funding risks as a result of Covid-19

Risk / Legal:

There is a risk that full funding will not be made available by the Scottish Government to fund the costs of Covid-19. A recovery plan has been developed to mitigate any risk

Quality / Customer Care:

There are no Quality/Customer Care implications for this report.

Workforce:

There are no workforce implications to this report.

Equality Impact Assessment:

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

Environmental / Sustainability Impact:

A review of the medium-term financial strategy will move the Health and Social Care Partnership onto a more sustainable footing.

Consultation:

None

Appendices: (list as appropriate)

1. Finance Report – November 2020
2. Savings Tracker IJB



**Fife Health
& Social Care
Partnership**



Finance Report as at 30 November 2020

February 2021

FINANCIAL MONITORING

FINANCIAL POSITION AS AT NOVEMBER 2020

1 Introduction

The Resources available to the Health and Social Care Partnership (HSCP) 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.

The revenue budget of £553.747m for delegated and managed services was approved at the 28 March 2020 Integration Joint Board (IJB). The net budget requirement exceeded the funding available and a savings plan of £13.759m was approved at that same meeting.

The revenue budget of £36.032m for acute set aside was also set for 2020-21.

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 overspend at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the HSCP manage within the budget envelope approved in this financial year and management require to implement robust project plans to bring the partnership back in-line with this agreed position.

In addition to core information there is also an update in relation to Covid-19 included within paragraph 7, and the latest update in terms of mobilisation is available at paragraph 8.

3 Additional Allocations for Year

Additional Budget allocations are awarded in year through Health which are distributed to the H&SCP where applicable. The total budget for the delegated and managed services has increased by £33.556m through additional allocations for specific projects as detailed below in Table 1 - £28.488m of this funding has been allocated to budgets and £5.069m remains in reserve to be allocated.

The Primary Care Implementation Fund (PCIF) Allocation £3.905m is a follow on from the Primary Care Transformation Funding of prior years. The PCIF fund now encompasses funding for GP Contract implementation (excluding Estates). It should be noted that £0.273m of the funding in 2019-20 remained unspent at the year end and has been carried forward into 2020-21, providing a total available allocation of £3.905m.

	Funding Received 2020-21	Funding B/F	Funding Allocated	Funding Earmarked	Funding Unallocated
	£	£	£	£	£
Alcohol and Drug Partnership	146,520	5,054,445	4,715,895		485,070
Mental Health Act	344,000		344,000		0
Integration Fund		631,442	556,252		75,190
Men C	-15,995		-15,995		0
Community Pharmacy Practitioner Champion	19,734				19,734
Family Nurse Partnership	1,276,288		1,276,288		0
Capacity Building CAMHS & PT	455,623		455,623		0
Mental health innovation fund	287,601		287,601		0
Veterans First Point Transition funding	116,348		116,348		0
Primary Medical Services Bundle	1,717,797		1,717,797		0
Outcomes Framework	-27,450				-27,450
PCIF	3,632,083	273,000	3,905,083	-	0
Action 15 mental health strategy	1,145,462		819,169		326,293
Pre-Registration Pharmacist Scheme	-115,784				-115,784
Fife's Integration Authority share of £50m	3,413,000		3,413,000		0
Living Wage	680,242		680,242		0
Second tranche of Social Sustainability	1,706,000		1,706,000		0
Childhood Flu etc	546,601		546,601		0
Breastfeeding Project	57,890		57,890		0
School Nursing	115,000		115,000		0
Covid-19 Sustainability	300,000		300,000		0
GP premises funding	102,171		102,171		0
Perinatal funding	341,954		341,954		0
Primary Care Out of Hours Funding	340,911		340,911		
Covid-19	11,012,361		6,706,212		4,306,149
	27,598,357	5,958,887	28,488,042	0	5,069,202

4 Directions

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

Financial Performance Analysis as at November 2020

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn overspend of £5.158m as below.

As at 30 November 2020

Objective Summary	Original Budget	Budget October	Budget November		Forecast Outturn October 2020	Forecast Outturn November	Variance as at October	Variance November
	£m	£m	£m		£m	£m	£m	£m
Community Services		116.109	113.867		112.562	110.408	-3.547	-3.459
Hospitals and Long Term Care		55.433	55.471		56.584	56.543	1.151	1.072
GP Prescribing		70.607	70.607		71.607	71.357	1.000	0.750
Family Health Services		101.468	101.440		101.598	101.640	0.130	0.200
Children's Services	394.751	17.504	17.550		17.004	17.050	-0.500	-0.500
Resource transfer & other payment		58.008	59.931		62.081	64.004	4.073	4.073
Older People Residential and Day Care	14.134	14.651	14.651		14.435	14.207	-0.216	-0.444
Homecare Services	30.460	29.461	29.461		31.469	31.400	2.008	1.939
Nursing and Residential	33.789	34.092	34.092		33.706	33.312	-0.386	-0.780
Adult Placements	39.215	41.237	40.928		44.729	44.618	3.492	3.690
Adult Supported Living	22.576	21.729	21.729		20.445	20.202	-1.284	-1.526
Social Care Other	17.177	19.494	19.727		20.484	19.872	1.065	0.144
Housing	1.646	1.646	1.556		1.646	1.556	0.000	0.000
Total Health & Social Care	553.747	581.439	581.012		588.351	586.170	6.987	5.158
Revised Outturn figure					589.351	586.170	6.987	5.158

The 2020-21 IJB budget is based on breaking even across the Partnership after savings and investments have been approved. The overspend will be funded by the risk share agreement between the two funding partners, which is currently undergoing the planned five-year review and may change once the review is complete. Included in the budget is the recognition that resources will move, as a result of shifting service provision from a hospital setting to a home or homely setting. This is also in line with the Ministerial Strategic Group recommendations. Discussions are ongoing between partners with regard to how this is presented and as a result a manual entry to reflect this transaction is included within the resource transfer and other payments projected outturn.

The November position also includes recovery actions of circa £0.700m, £0.322m relates to additional income for long term financial assessments in Older People Nursing and Residential and £0.383m relates to refunds from clients who hold reserves in excess of 8 weeks funding.

The main areas of variances are as follows:

4.1 Community Services Underspend £3.459m

There is a forecast outturn of £3.459m underspend within Community Services which is due to staff vacancies in Health Promotion & Community Dental services (Fife Wide) as well as nursing vacancies in the East. There are also forecast underspends in Sexual Health and Rheumatology drug costs.

4.2 Hospital and Long-Term Care £1.072m Overspend

There is a forecast overspend of £1.072m comprising staff costs associated with additional demands relating to patient frailty/complexity. There are also staff shortages and vacancies within Mental Health which has necessitated additional expenditure in relation to medical locums and nursing overtime, bank and agency spend.

4.3 Prescribing £0.750m Overspend

The GP prescribing budget is overspent in-year by £0.536m with a forecast overspend of £0.750m. The change from previous reporting is due to the retraction of budget in respect of Tariff reductions effective from April. Significantly higher drug prices are being experienced, likely exacerbated by the impact of Covid-19 on supply and demand, raw material availability, transportation, and production. Opportunity to realise planned saving schemes have been lost as workforce is focused on Covid-19 services and patient care. Implementation of Freestyle Libre (flash glucose monitoring system) continues to exceed original forecast and funding provided. £0.875m has been recharged to Covid-19 whilst local and national work continues to establish the true Covid-19 impact on prescribing. The position to month 8 reflects £0.935m recharged to Covid-19 costs, whilst local and national work continues to establish the true Covid-19 impact on prescribing. An update will be provided when more information becomes available.

4.4 Children's Services £0.500m Underspend

This underspend is due to ongoing vacancies in health visitors, family nurses, paediatric physiotherapy and school nursing.

4.5 Resource Transfer & Other Payments £4.073m Overspend

This overspend relates to an anticipated payment between NHS Fife and Fife Council in recognition of the resources that will move as a result of shifting service provision from a hospital setting to a home or homely setting. Discussions are ongoing between partners with regard to how this will be posted but to ensure accurate reporting of the overall position for HSCP a manual entry to reflect the proposed transaction is required.

4.6 Homecare Services £1.939m Overspend

The overspend in homecare mainly relates to £0.471m non-achievement of turnover allowance and the provision of additional critical packages at a cost of £0.419m offset by £0.680m under on direct payments to service users which enable them to organise their own care. In addition, the non-achieved savings for this service amount to £1.858m.

4.7 Nursing and Residential £0.780m Underspend

The projected underspend is mainly due to additional income contributions from clients of £0.322m, following a significant exercise to complete and agree long-term care financial assessments. The completion of these had been delayed by Covid-19.

4.8 Adult Placements £3.690m Overspend

The overspend in adult placements mainly relates to a greater number of adult packages which have been commissioned in excess of budget at a cost of £0.500m and also as a result of non-achieved savings of £2.995m. As this is an area where spend now exceeds the budget an additional level of escalation is now required to control spend in this area.

4.9 Adult Supported Living £1.526m Underspend

The projected underspend of £1.526m for supported living is mainly within employee costs due to vacancies across all areas. In addition to general vacancies there are £0.674m of vacancies within the Community Support Service which will be utilised going forward with a redesign of the services being provided. While Day Care services have been closed, some of the staff have been redeployed to cover vacancies, holidays and sickness within the group homes reducing the need to pay additional staff to provide cover.

4.10 Social Care Other £0.144m Overspend

Within Social Care Other there are overspends within the Older People Fieldwork Teams of £0.415m on direct payments to individuals to enable them to organise their own care packages, including respite & day care. This is a rising area of demand but is offset by the underspend on direct payments within Homecare of £0.680m. Older People Fieldwork Teams are also overspending by £0.651m on residential placements & assessment units. The forecasted overspend includes £0.250m unachieved savings.

5 Savings

A range of savings proposals to meet the budget gap was approved by the IJB as part of the budget set in March. The total value of savings for the 2020-21 financial year is £13.759m. The financial tracker included in Appendix 2, provides an update on all savings and highlights that anticipated savings of £8.254m (56.1%) will be delivered against the target.

The non-delivery of savings is currently required to be reported within the Local Mobilisation Plans. As with all costs reported within the mobilisation plan there is no certainty that full funding will be made available by the Scottish Government.

6 Covid-19

In addition to the core financial position, there is a requirement to report spend in relation to Covid-19. Currently the actual spend to November is £13.587m. It is assumed these costs will be fully funded through the local mobilisation plans.

7 Mobilisation Plans

On 11 March 2020 John Connaghan wrote to all Chief Executives of NHS Boards and Local Authorities formally requesting the production of Local Mobilisation Plans in response to Covid-19. There was a very clear understanding that the response should be on a whole system basis across all partners. A first draft of the Mobilisation Plan was submitted to the Scottish Government on the 18 March 2020. Since that date the plan and the financial return have continued to evolve and regular updates have been provided.

The latest iteration suggests that costs are likely to be in the region of £26.373m, of which c£7.0m relate to non-achieved savings. The Senior Leadership Team will continue to proactively look to deliver these savings in-year, but it is likely that there will be delays in implementing some of these savings.

This will continue to be reported regularly to both the Finance and Performance Committee and the Integration Joint Board throughout the financial year.

Across Scotland in total, funding of £1.1bn has been made available by the Treasury, however the mobilisation plans submitted are greater than this level. If full funding is not provided for the Mobilisation Plans, then under current governance arrangements there will need to be a discussion as to how the risk will be managed by the two partners.

An initial £50m to help the Social Care Sector was confirmed by the Cabinet Secretary for Health and Sport on 12 May 2020, and further tranche of funding of up to £50m was confirmed on 3 August 2020 in recognition of the ongoing costs and pressures faced by the social care sector, as a result of the pandemic. A further £33m has been confirmed in funding. The principles for social care sustainability payments to providers have been extended to the end of September with a tapering of support in place thereafter. This is currently under review, and further support to the social care sector continues to be a priority during these unprecedented times.

On 29 September 2020 the Cabinet Secretary for Health and Sport announced £1.1bn for NHS Boards and HSCPs which includes the £83m (as above) already received for local authority delegated services. The approach taken is that Scottish Government are providing funding for costs identified in the Local Mobilisation Plans for Q1 and then 70% of projected costs for the rest of the year (up to NRAC/GAE share), while social care costs have been projected at 50%. Unachieved savings and offsets have also been excluded from allocation at this point.

There is a commitment to look at a further allocation in February once more clarity on these payments becomes available

Assurances have been given to date that there will be support for 'reasonable expenditure' that is aligned to the local mobilisation plans. However, this still carries a level of risk until the mobilisation plans are agreed. Every effort is being made to reduce the cost of the response whilst ensuring our communities and staff are protected and receive the support required. The impact this will have on the financial position is currently being refined.

8 Risks and Mitigation

8.1 Covid-19

There is a risk that the costs of Covid-19 will not be fully funded by the Scottish Government and it is essential that these costs are continually reviewed to ensure development of a robust case for investment.

The HSCP will continue to contain costs or reduce them wherever possible and to use all funding streams available to them in order to mitigate these new financial pressures.

All areas of expenditure will be reviewed, and every effort will be made to control costs within the overall budget.

8.2 Savings

Non-delivery of savings is also an area of risk. The plans that were approved in March have been impacted by Covid-19, as all resources have been focussed on managing the pandemic.

The Senior Leadership Team have committed to keep savings under continual review and develop delivery plans that provide clarity in terms of delivery timescales.

8.3 Funding

The potential risk associated with not receiving full funding for mobilisation plans is immediate and requires further consideration by the IJB. Only 56.1% of approved savings are estimated to be delivered in this financial year. The remainder will impact on the projected outturn position of the HSCP if funding is not made available by the Scottish Government. As a result, the full value of non-achieved savings has been reflected in the projected outturn position with immediate effect.

8.4 Forward Planning

The impact on future year budgets and the requirement to review the financial planning assumptions will be necessary. This is work that will progressed and an early draft discussed as a separate agenda item at today's meeting.

8.5 Winter Planning

Planning for Winter will have a potential significant impact on the projected financial outturn. The Winter Plan has now been finalised and it describes the arrangements in place to cope with the increased demand on services over the winter period. It ensures a shared responsibility to undertake joint effective planning of capacity that can be created across the Health Social Care Sector.

The costs are based on maximising capacity but it is unknown at this point in time whether the capacity will be required in full. It is essential that this is closely monitored over the winter period and that the full allocation of Winter monies is allocated to the HSCP. Regular dialogue between funding partners will be in place over this period.

Audrey Valente
Chief Finance Officer
4 February 2021

Appendix 2

TRACKING APPROVED 2020-21 SAVINGS
HEALTH & SOCIAL CARE PARTNERSHIP

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	Under/ (over) achieved £m	Rag Status	Comment	SLT Lead
Fife Wide	2020-23	CRES	4.677	4.677	0.000	Green	Cash Releasing Efficiency Savings	Jim Crichton
East	2020-23	CRES	0.592	0.592	0.000	Green	Cash Releasing Efficiency Savings	Lynne Garvey
West	2020-23	CRES	0.410	0.410	0.000	Green	Cash Releasing Efficiency Savings	Lynne Garvey
All	2020-23	Supplementary Staffing and Locums	0.600	0.000	0.600	Amber	Review of use of locums and supplementary staffing	Lynn Barker
East	2020-23	Bed Based Model-Community Hospital Redesign	1.000	0.000	1.000	Red	Care models that best meet the needs of service user with a primary focus to deliver care in a home or homely setting	Lynne Garvey
West	2020-23	Managed General Practice Modelling	0.200	0.000	0.200	Red	Efficiencies identified that lead to a reduction of costs associated with General Practices	Lynne Garvey
West	2020-23	Urgent Care Service Out of Hours	0.050	0.050	0.000	Green	Phase 2 of the roll out of the urgent care out of hours service redesign	Lynne Garvey
All	2020-23	Medicines Efficiency	1.650	1.650	0.000	Green	Further medicines efficiency programme of change	Scott Garden
FifeWide	2020-23	Resource Scheduling (Total Mobile)	0.123	0.000	0.123	Red	Review and reduction of care packages using Total Mobile technology. On hold due to Covid-19 pandemic	Fiona McKay
East	2020-23	Resource Scheduling (Total Mobile)	0.627	0.000	0.627	Red	Review and reduction of care packages using Total Mobile technology. On hold due to Covid-19 pandemic	Fiona McKay
FifeWide	2020-23	High Reserves	0.350	0.100	0.250	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic	Fiona McKay
East	2020-23	High Reserves	0.135	0.040	0.095	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic	Fiona McKay
West	2020-23	High Reserves	0.215	0.060	0.155	Red	Ensuring adherence to the high reserves policy of 6 months for the voluntary sector and and 8 weeks for direct payments. On hold due to Covid-19 pandemic	Fiona McKay
FifeWide	2020-23	Procurement Strategy	0.200	0.000	0.200	Red	Review of commissioning strategy, e.g. renegotiation of Under 65 Care Home contracts. On hold due to Covid-19 pandemic.	Fiona McKay
FifeWide	2020-23	Review Care Packages	0.750	0.560	0.190	Amber	Review of care packages. Balance on hold due to Covid-19 pandemic	Fiona McKay
East	2020-23	Review Care Packages	0.450	0.000	0.450	Red	Review of care packages. On hold due to Covid-19 pandemic	Fiona McKay

FifeWide	2020-23	Re-provision of Care	0.875	0.000	0.875	Red	Various redesign projects including reduction of the number of double-handed visits and sleep overs. On hold due to Covid-19 pandemic.	Fiona McKay
East	2020-23	Re-provision of Care	0.525	0.000	0.525	Red	Various redesign projects including reduction of the number of double-handed visits. On hold due to Covid-19 pandemic.	Fiona McKay
FifeWide	2020-23	Provision of Taxis/Transport	0.050	0.050	0.000	Green	Alternative Delivery models will be reviewed with a view to providing taxis to service users at a reduced cost. On target to be achieved.	Fiona McKay
East	2020-23	Meals on Wheels income generation	0.020	0.015	0.005	Amber	Increase in charges by inflation plus 10p. Implementation delayed by 3 months due to Covid-19 pandemic.	Fiona McKay
East	2019-22	Previously Approved - Day Care services	0.260	0.050	0.210	Red	Continue with the day services redesign programme on a locality by locality basis. On hold due to Covid-19 pandemic.	Fiona McKay
Total Approved Savings			13.759	8.254	5.505			
All	Additional 2020-23	3.3% Living Wage Shortfall	0.962	0.000	0.962	Red	Following discussion with Scottish Government we have been advised to add to saving list	Fiona McKay
Grand Total			14.721	8.254	6.467	56.1%		

Rag Status Key:-

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

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

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

Summary			
Rag Status	Savings Target £m	Overall Forecast £m	(Under)/ over £m
Green	7.429	7.429	0.000
Amber	1.370	0.575	0.795
Red	5.922	0.250	5.672
Total	14.721	8.254	6.467



AGENDA ITEM NO.:	9	
DATE OF MEETING:	19 February 2021	
TITLE OF REPORT:	Performance Report	
EXECUTIVE LEAD:	Nicky Connor, Director of Health & Social Care Partnership	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Audrey Valente
	DESIGNATION:	Chief Finance Officer
	WORKPLACE:	Rothesay House
	TEL NO:	03451 555555 ext 444030
	E-MAIL:	audrey.valente@fife.gov.uk
Purpose of the Report (delete as appropriate)		
		For Information
Governance Route to IJB (must be completed)		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Finance & Performance – 12 February 2021	
Parties consulted prior to H&SC IJB meeting:		
REPORT		
<u>Situation</u>		
<p>The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership.</p>		
<u>Background</u>		
<p>The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integration Joint Board.</p> <p>The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&SCP board is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care will be responsible for the operational management of these services.</p>		
<u>Assessment</u>		
<p>The attached report provides an overview of progress/performance in relation to the following:</p> <ul style="list-style-type: none"> • National Health & Social Care Outcomes; • Health and Social Care – Local Performance Information; and • Health and Social Care – Management Information. 		

<u>Recommendation</u>	
<ul style="list-style-type: none"> • For Information - The Board should note the information contained within this Performance Report. 	
Objectives: (must be completed)	
Health & Social Care Standard(s):	Integration Planning and Delivery Principles
IJB Strategic Objectives:	All
Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Impact: (must be completed)	
Financial / Value for Money No financial impact to report	
Risk / Legal: The report provides information on service performance and targets. Any associated risks that required a risk assessment to be completed would be the responsibility of the service area lead manager and would be recorded on the Partnership Risk Register.	
Quality / Customer Care: Management information is provided within the report around specific areas, for example, complaints. The report highlights performance over several areas that can impact on customer care and experience of engaging with the Health & Social Care Partnership. Where targets are not being achieved, improvements actions would be taken forward by the lead service / divisional manager.	
Workforce: The performance report contains management information relating to the Partnership's workforce however, any management actions and impact on workforce would be taken forward by the relevant Divisional General Manager.	
Equality Impact Assessment: An EqIA has not been completed and is not necessary. The report is part of the governance arrangements for the Partnership to monitoring service performance and target.	
Environmental / Sustainability Impact There are no environmental or climate change impacts related to this report.	
Consultation: No consultation is required	
Appendices: (list as appropriate)	
1. Performance Report – February 2021	



Fife Health & Social Care Partnership



Performance Report Executive Summary

February 2021

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Executive Summary

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

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

Feedback from previous committees has been considered to develop this report to include a fuller range of operational measures. The report will continue to evolve and the performance reviews presented in 2020 will support alignment with the 2020/21 Annual Operational Plan and the development of the Integrated Performance and Quality Reporting Framework which was agreed at the December Integration Joint Board.

The Current performance status of the 18 indicators within this report is 2 (11%) classified as **GREEN**, 11 (61%) **AMBER** and 5 (28%) **RED**. This is based on whether performance is exceeding standard/trajectory, within specified limits or considerably below standard/Trajectory.

Audrey Valente
Chief Finance Officer

Performance Matrix & Information

National Health & Social Care Outcomes

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

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

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

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

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

MSG Indicator	MSG Description	Latest Available Month	Previous Rolling Year	Fife Previous Rolling Year Total	Fife Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	Aug-20	Aug-19	43,814	39,075	↓ 4,739	-10.82%
1b.1	Emergency Admissions from A&E	Aug-20	Aug-19	22,892	20,354	↓ 2,538	-11.09%
1b.2	A&E Conversion Rate (%)	Aug-20	Aug-19	23.35%	24.67%	↑ 1.32%	1.32%
2a.1	Unscheduled hospital bed days	Jul-20	Jul-19	261,111	230,717	↓ 30,394	-11.64%
2b.1	Unscheduled hospital bed days - GLS	Jul-20	Jul-19	10,158	8,631	↓ 1,527	-15.03%
2b.2	Unscheduled hospital bed days - Mental Health	Jul-20	Jul-19	97,869	82,064	↓ 15,805	-16.15%
3a	A&E Attendances	Aug-20	Aug-19	98,036	82,500	↓ 15,536	-15.85%
3b	A&E % seen within 4 hours	Aug-20	Aug-19	94.01%	92.83%	↓ 1.19%	-1.19%
4.1	Delayed discharge bed days: All reasons	Oct-20	Oct-19	40,725	33,980	↓ 6,745	-16.56%
4.2	Delayed discharge bed days: Code 9	Oct-20	Oct-19	9,995	11,523	↑ 1,528	15.29%
4.3	Delayed discharge bed days: Health and Social Care Reasons	Oct-20	Oct-19	30,332	22,224	↓ 8,108	-26.73%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons	Oct-20	Oct-19	398	233	↓ 165	-41.46%
5a.1	Percentage of last six months of life: Community	Nov-20	Nov-19	93.52%	95.68%	↑ 2.15%	2.15%
6.1	Percentage of population in community or institutional settings (65+)	2018/19	2017/18	92.45%	92.58%	↑ 0.13%	0.13%

* Takes the last 12 months from the date shown in column D, except for MSG 5 and 6, where the previous financial year before is taken for comparison

** Delayed discharge data definition change occurred in July 2016 - cannot use any previous financial year before Apr-18, so comparison starts after Apr-18

Improvement / Spread & Sustainability

Indicator 1:

The work that has begun with the localities will further evidence the need for a local solution, working closely with GP clusters and private/voluntary sectors to further support local people. Work on reducing Emergency Admissions will be developed in conjunction with acute colleagues.

Indicator 2:

In recognition of the Scottish Government Delivery Plan we will aim to reduce unscheduled bed days in hospital care by up to 10%. The Partnership also plan to develop our new models which originally supported delay in hospital to further roll out into the community given the evidence of success so far. Further work is required in collaboration with NHS Fife to consider appropriate interventions to reduce the number of unscheduled hospital bed days.

Indicator 3:

We are currently developing a plan to implement the recommendations of the National Out of Hours Review (Ritchie Report), which will include innovative ways of supporting people at home. The acute service continues to support a successful frailty model which will be further supported across the Partnership.

Indicator 4:

Work continues within Fife to reduce both the number of delays and the number of bed days lost to them. A range of programmes and projects has incorporated many of the models of care designed by the partnership such as:

- Short Term Assessment and Reablement (STAR)
- Short Term Assessment and Review Team (START)
- Assessment Beds

As a partnership we are planning to undertake further work on performance against the current 72-hour target for delay to ensure we are fully capturing the activity in respect of delay.

Indicator 5:

The Scottish Government Health and Social Care delivery plan includes an action to ensure that everyone who needs palliative care will get hospice, palliative or end of life care. The partnership continues working with the palliative and end of life services and external care providers to target people who wish to die at home or in a setting of their choice.

Indicator 6:

Work is being undertaken in the Partnership to shift the balance of care from an institutional setting to community resources which will support people at home or in a homely setting

Local Performance Scorecard

Indicator	Target 2020/21 *Target to be decided/developed	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
			Dec-19		Nov-20		Dec-20		
Assessment Unit Beds	42 Days	Monthly	Dec-19	44	Nov-20	129	Dec-20	94	35 ↓
Short Term Assessment and Reablement (STAR) Beds	42 Days	Monthly	Dec-19	117	Nov-20	72	Dec-20	20	52 ↓
START (Short Term Assessment and Review Team)	42 Days	Monthly	Dec-19	80	Nov-20	70	Dec-20	139	69 ↑
Nursing & Residential Care Population	*	Monthly	Dec-19	2,505	Nov-20	2,445	Dec-20	2,396	↓
Demand for New Care at Home Services – No of Service Users	*	Monthly	Jun-19	244	Nov-20	245	Dec-20	270	↑
Demand for New Care at Home Services – Hours per week	*	Monthly	Jun-19	2,238	Nov-20	2,214	Dec-20	2,594	↑
Weekly Hours of Care at Home – Externally Commissioned Services	*	Monthly	Dec-19	14,893	Nov-20	17,541	Dec-20	17,529	↓
Weekly Hours of Care at Home – Internal Services	*	Monthly	Dec-19	11,505	Nov-20	12,806	Dec-20	13,004	↑
Adult Packages of Care – Externally Commissioned	*	Monthly	Dec-18	771	Nov-20	1,067	Dec-20	1,071	↑
Technology Enabled Care – Total Provision	*	Monthly	Dec-19	8,673	Nov-20	8,797	Dec-20	8,803	↑
Technology Enabled Care – New Provision	*	Monthly	Dec-19	219	Nov-20	319	Dec-20	204	↓

LDP Standards Scorecard

Indicator Summary

Performance										Benchmarking					
meets / exceeds the required Standard / on schedule to meet its annual Target										● Upper Quartile					
behind (but within 5% of) the Standard / Delivery Trajectory										● Mid Range					
more than 5% behind the Standard / Delivery Trajectory										● Lower Quartile					
Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current		Reporting Period	Fife	Scotland		
Operational Performance	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Nov-19	7.4%	Oct-20	5.2%	Nov-20	5.9%	↓	QE Jun-20	4.6%	●	3.8%
	473	Smoking Cessation	473	YTD	Sep-19	91.9%	Aug-20	45.7%	Sep-20	44.1%	↓	FY 2019/20	92.8%	●	97.2%
	90%	CAMHS Waiting Times	N/A	Month	Nov-19	66.0%	Oct-20	76.5%	Nov-20	85.8%	↑	QE Sep-20	63.9%	●	60.6%
	90%	Psychological Therapies Waiting Times	N/A	Month	Nov-19	66.0%	Oct-20	64.7%	Nov-20	76.3%	↑	QE Sep-20	76.6%	●	75.1%

Management Information Scorecard

Indicator	Target 2020/21	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
			Dec-18	6.60%	Sep-20	NHS - 5.94 FC – 8.78%	Oct-20 *	NHS - 5.45% FC – 8.70%	
Health & Social Care Absence Rolling 12-month absence % for employees of the Health and Social Care Partnership	NHS Target 4.0% FC Target 5.87%	Monthly	Dec-18	6.60%	Sep-20	NHS - 5.94 FC – 8.78%	Oct-20 *	NHS - 5.45% FC – 8.70%	N/A*
Complaints and Compliments	80% of Complaints responded to within statutory timescales	Monthly	Jul-19	65%	Nov-20	52%	Dec-20	44%	↓
Information requests	80% of requests responded to within statutory timescales	Monthly	Q1-19	75%	Nov-20	93%	Dec-20	50%	↓

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

Assessment Unit - Assessment Beds	42 Days	Sep-19	94 days	Dec-20	
<p>This model supports people to leave hospital and finalise their assessment within a Care Home. Currently nine care homes offer 58 Assessment Beds in Fife.</p> <p>Average Length of Stay on Discharge for individuals at week ending the 27th December 2020 was 94 days. This is above the service expectation, which is that an individuals' stay in an assessment unit on discharge does not exceed 42 days. During the month of December there were 14 admissions and 9 discharges. The average length of stay on discharge continues to fluctuate. This is mainly due to a number of individual's first choice care home not having capacity to admit, resulting on a wait on this becoming available. It is always the intention to provide an individual's first choice care home as part of a person-centred approach. This will respectively impact on the average number days on discharge being higher than the expected performance level. The average length of stay in Assessment beds has increased since March 2020 due to the Covid-19 pandemic and the result of residents not moving care home to care home</p>					

Short Term Assessment and Review Team (START)	42 Days	N/a	139days	Dec-20	
<p>The START service is delivered by Fife Health & Social Care Partnership Home Care and providers from the Independent sector. The data is measured on the number of individuals whose service has stopped in the month, and the average of days supported calculated for all.</p> <p>In December 2020, START recorded 139 days for an average period of support to individuals who finished their involvement with the service. This is above the service expectation level of 42 days.</p> <p>In December 2020 there were 107 new services started and 105 discharges, compared to the previous month which had 107 starts and 116 discharges. In December no packages of care were moved from START. This is likely to be due to providers looking to cover staff absence due to the festive season so a drop in available carers, there was also a rise in home carers isolating as the COVID number was rising. Maintaining the high level of new services per month without impacting on the average days supported on discharge is proving to be a challenge for the service.</p> <p>Capacity within care at home services is a challenge at the moment which is resulting in service users remaining within the START service due to ongoing care at home service not being available.</p>					

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
LDP Standards					
Psychological Therapies Waiting Times	82%	N/a	76.3%	Nov-20	
<p>At least 90% of clients will wait no longer than 18 weeks from referral to treatment</p> <p>Current challenges: Predicted large increase in referrals post pandemic Identifying replacement for group therapies (no longer viable)</p> <p>Action 1 - Implement triage nurse pilot programme in Primary Care -Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation was due this September, but has been delayed due to impact of COVID on data collection.</p> <p>Action 2 - Trial of new group-based PT options - Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group underway. Very good participant retention rate to date. Very high intensity service; service capacity to run this specific group likely to be less than first anticipated. On-going development of Compassion Focused therapy group; anticipate pilot in New Year.</p>					
Smoking Cessation	473	N/a	183	Sep-20	
<p>In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife</p> <p>Current Challenges</p> <ul style="list-style-type: none"> Service Provision within GP practices, hospitals and community venues Staffing levels Unavailability of mobile unit (re-deployed during pandemic) Inability to validate quits as part of an evidence based service <p>Action 1 - Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic - The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19.</p> <p>Action 2 - 'Better Beginnings' class for pregnant women. Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time. Initial outcomes (although small numbers) has shown positive outcomes to engaging with pregnant women.</p> <p>Action 3 - Enable staff access to medication whilst at work - No progress has been made due to COVID-19</p> <p>Action 4 - Assess viability of using Near Me to train staff -Near Me has the functionality to allow a few people to dial into a session, providing staff training which would previously have been done via 'shadowing' experience staff. We are currently asking patients if they have the technology and would be receptive to this option.</p> <p>Action 5 - Support Colorectal Urology Prehabilitation Test of Change Initiative - Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. Rehabilitation ensures patients are actively managed against the pathway, and this delivery model also improves quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support.</p>					

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
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Management Performance Indicators

Complaints and Compliments

80% *

N/a

54%

Nov-20



* 80% of Complaints responded to within statutory timescales

During January to November 2020 the Partnership closed 332 complaints. This included 95 complaints closed by Social Care, and 237 closed by NHS Fife. Of these, 214 (64%) were identified as Stage 1 complaints, and 118 (36%) were classified as Stage 2 complaints. Over this period, on average 73% of Stage 1 complaints, and 15% of Stage 2 complaints, were responded to within the statutory timescales.

During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.

Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA ITEM NO:	10	
DATE OF MEETING:	19 February 2021	
TITLE OF REPORT:	Alcohol & Drug Partnership Annual Report 2019 - 2020 & ADP Strategy 2020 - 23	
EXECUTIVE LEAD:	Nicky Connor, Director of Health & Social Care	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Kathy Henwood
	DESIGNATION:	Chief Social Work Officer
	WORKPLACE:	Rothesay House
	TEL NO:	03451 55 55 55 Ext 441189
	E-MAIL:	Kathy.Henwood@fife.gov.uk
Purpose of the Report (delete as appropriate)		
For Approval	For Discussion	For Noting
Governance Route to IJB (must be completed)		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Clinical Care & Governance Committee - Friday 13 November 2020 IJB Development Session – Monday 8 February 2021	
Parties consulted prior to H&SC IJB meeting:	Fife Alcohol and Drugs Partnership (FADP) & Fife Alcohol and Drugs Third Sector Management Group - September to November consultation period. Approved by FADP on 3 November 2020	
REPORT		
<u>Situation</u>		
<p>Fife Alcohol and Drug Partnership (ADP) is a strategic partner of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic 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, Third Sector alcohol and drugs service, and elected member representation.</p> <p>ADPs are required to report 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 Scottish Government also requires ADPs to have annual reports and delivery plans endorsed by local Integrated Joint Boards. Furthermore, Fife ADP's terms of reference require a direct reporting link to Clinical Care Governance Committee and the Integrated Joint Board.</p> <p>The Fife ADP Annual Report (Appendix 1) is in the format required by the Scottish Government with additional detail included to reflect performance on the two HEAT standards pertaining to the ADP and its services and includes ADP services' outcomes.</p> <p>In addition, the ADP Committee is required to redevelop its strategy every three years and submit to the Scottish Government. This was required prior to the start of this financial year but was delayed for all ADPs due to the pandemic and subsequent lockdown. Fife ADP and its</p>		

partners have submitted their strategy with this report for comment and endorsement. The ADP will review the strategy and make necessary amendments if required following on from this meeting and the IJB development session.

Background

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

The strategy directs what local areas are expected to implement and evidence progression towards:

- a focus on prevention and early intervention which will reduce the individual, family and societal factors which increase the likelihood of alcohol and drug use and related harm.
- ensuring that actions to reduce use and harm are tackling health inequalities.
- a continuing whole-population approach to changing Scotland’s relationship with alcohol, aligned with the World Health Organisation’s recommendations for reducing the harmful use of alcohol.
- a Human Rights-based, person centred response to individuals and families experiencing alcohol and drug related harm, ensuring a focus on those who are most at risk with an increased focus on preventing alcohol and drug related deaths.
- a focus on taking an improved public health approach in justice settings reducing use and harm and promoting recovery.
- an evidence informed approach, which appropriately involves academic evidence, the voice of lived and living experience, family members, those with professional experience and other intelligence on alcohol and drug related harm and recovery.
- clear arrangements for continuous improvement in delivery across the Scottish Government, Health Boards, Local Authorities, Police Scotland, the Scottish Prison Service, the Third Sector and other key organisations, particularly in working with local communities and recovery groups

To evidence progress on these key areas the ADP produces an annual report detailing activity over each year including financial spend.

In addition to this report, as set out in the Scottish Government’s Partnership on Delivery Framework (July 2019), all ADP area are required to have by April 2020 (extended to September 2020):

- A strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs.
- Transparent financial arrangements
- Clear arrangements for quality assurance and quality improvement
- Effective governance and oversight of delivery

Over the course of 2019/20, Fife ADP has developed their strategic direction informed by National Policy and local research and this is provided in the appendices of this report.

Assessment

Assessment - Key Statistics and Trends

Prevalence

The estimated numbers of individuals with problem drug use in Fife is 2900 or the most recent data relating to the prevalence of drug use in Scotland, revealed that approximately 12 out of 1,000 people in Fife are estimated to be problem drug users. This compares with 17 out of 1,000 in Scotland as a whole.

Scottish Health Survey data reported that 84% of adults in Fife report drinking alcohol, with approximately 71,000 adults in Fife consuming in excess of the recommended safe amount of 14 units per week. This equates to 32% of men and 15% of women of the Fife population.

Mortality

From 2015 to 2019, alcohol specific deaths in Fife were 17.2 per 100,000 of the population, lower than the Scottish average of 20.6 per 100,000. Fife has the 5th highest rate of the 14 health boards and one of only two health board to see an increase in 2019 to 70 deaths from 59 deaths in 2018, a spike of 18%.

Drug related deaths are 0.16 per 1000 of the population over a five-year rolling average 2015 to 2019. This rate is below the Scottish average of 0.18 per 1000. The number of drug deaths in Fife in 2019 was 81, an increase on the 64 deaths in 2018.

Hospital stays.

The rate of Alcohol related hospital stays in Fife was 702.48 per 100,000 of population more than the Scottish rate of 673.27. Fife has the 5th highest rate of alcohol stays in Scotland.

The rate of drug related stays in Fife was 254.45 per 100,000, higher the Scottish rate of 200.16. The majority of drug related stays involved opioids. This is the 3rd highest Health Board rate of admission in Scotland. This rate has continued to rise nationally and locally.

Demand

The Fife ADP Needs Assessment identified that around one third of people with drug dependency were in treatment for problem drug use in Fife. The needs assessment concluded the figure was likely to be lower for people affected by problem alcohol use.

Performance against national targets

Delivery of Local Delivery Plan (HEAT) standard A11 Access to Care, (90% of clients will wait no longer than three weeks from referral received to appropriate drug treatment that supports their recovery). In 2019/20 Fife services met the 3-week referral to treatment target, 93% of people referred for alcohol treatment and 98% referred for drug treatments were seen within 3 weeks.

Delivery of Local Delivery Plan (HEAT) standard ABI A4. Fife has exceeded its target of 4187, delivering 5,048 in 19/20 an increase on 4914 alcohol brief interventions in the previous year. Fife has delivered 66% of the 80% delivery in priority settings and has mapped this against

Local analysis and outcomes

Appendix 1 is the ADP's annual report to Scottish Government for 2019/20.

Appendix 2 is the ADP's Strategy for 2020/23

Recommendations

It is recommended that the Integrated Joint Board discuss the contents of this report and its appendices and endorse the 2019-2020 Annual Report and the ADP Strategy 2020-2023.

The ADP Committee will review the strategy within three months to reflect comments and amendments provided at both the ADP/IJB development session and the IJB Board meeting.

Financials *High level costings to be provided below – if applicable*

TOTAL INCOME FROM ALL SOURCES 2019/2020

Income	Substance Misuse (Alcohol and Drugs)
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£3,297,789
2019/20 Programme for Government Funding	£1,156,983
Additional funding from Integration Authority	£711,092
Funding from Local Authority	£1,149,642
Funding from NHS Board	£2,895,533
Total funding from other sources not detailed above	
Previous Year Balance brought-forward	£0
Other	
Total	£9,211,039

TOTAL EXPENDITURE FROM SOURCES 2019/2020

Expenditure	Substance Misuse (Alcohol and Drugs)
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	£1,155,655
Community based treatment and recovery services for adults	£6,431,116
Inpatient detox services	£0
Residential rehabilitation services	£203,315
Recovery community initiatives	£149,038
Advocacy Services	£65,869
Services for families affected by alcohol and drug use	£255,868
Alcohol and drug services specifically for children and young people	£677,694
Community treatment and support services specifically for people in the justice system	£9,238
Other	£251,290
Total	£9,199,084

2019-20 TOTAL UNDERSPEND FROM ALL SOURCES

Income £	Expenditure £	End Year Balance £
£9,211,039	£9,199,084	£11,955

TOTAL INCOME FROM ALL SOURCES 2020/2021

Income	Substance Misuse (Alcohol and Drugs)	Expiry
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£3,297,789	
2019/20 Programme for Government Funding	£1,156,983	2021 or 2023
Additional funding from Integration Authority	£711,092	
Funding from Local Authority	£1,149,642	
Funding from NHS Board	£2,895,533	
Total funding from other sources (DDTF)	£146,520	2023
Additional SG funding announced in January 2021	£170,727	2021
Other		
Total	£9,528,286	

Objectives: (must be completed)

Health & Social Care Standard(s):	All H&SC standards are relevant in relation to the ADP Annual Report and the Strategy 2020 - 2023. The ADP and its services also work towards the Quality Principles "Standard Expectations in Care & Support for Alcohol and Drug Services 2014" as required by the Scottish Government.
IJB Strategic Objectives:	The ADP Annual Report and the Strategy reflects the vision, mission statement and the values incorporated in the Health & Social Care Strategic Plan.

Further Information:

Evidence Base:	Fife ADP activity is aligned with the evidence informed Scottish Government Rights Respect Recovery Strategy 2018 and the Alcohol Framework 2018. The Fife Needs Assessment undertaken in 2018 and the subsequent Public Health Synthesis of Policy Recommendations 2019 informs current improvement activity. As does the recent publications from the Scottish Government Drug Death Taskforce.
Glossary of Terms:	ADP – Alcohol and Drug Partnership DDTF – Drug Death Taskforce

Impact: (must be completed)

Financial / Value for Money:

Fife ADP activity is aligned with the evidence informed Scottish Government Rights Respect Recovery Strategy 2018 and the Alcohol Framework 2018. The Fife Needs Assessment undertaken in 2018 and the subsequent Public Health Synthesis of Policy Recommendations 2019 informs current improvement activity. As does the recent publications from the Scottish Government Drug Death Taskforce.

Risk / Legal:

The production of the Annual Report and ADP Strategy does not require a risk assessment or analysis of legal implications. The ADP risk register is reflective of projects outlined within the strategy. This is reviewed at the ADP's quarterly meetings and adjusted to reflect changes if required.

Quality / Customer Care:

The ADP annual report and allows the ADP Committee to understand the range of the quality of care provided to those affected by alcohol and drugs in Fife.

The ADP Strategy allows the ADP Committee to ensure continuation of quality going forward for the next three years. A delivery plan has been developed and approved by the ADP Committee and this is the measurement tool for progress towards the outcomes contained within the strategy. The delivery plan includes a range of approaches to scrutinise spend and service delivery and includes improvement work detailing redevelopment of service briefs with refreshed outcome measurements to reflect new strategic priorities. Additionally, the ADP Committee has developed a lived and living experience service user panel to coproduce and consult with the ADP Committee as part of quality assurance, policy development and to improve customer care for those who need these types of services.

Workforce:

The production of the ADP annual report and the ADP strategy does not have a direct impact on the workforce of the ADP support team or the commissioned services.

Equality Impact Assessment:

For the annual report, an EqIA has not been completed and is not necessary as the production of this report reflects the work undertaken over the year. An equality impact assessment is not required to record previous activity and outcomes.

For the production of the ADP strategy, an EqIA has not been completed. However planned changes in services' operational delivery and/or strategic structure of the ADP outlined within the strategy will need to include an equality impact assessment prior to commencement of these projects.

Environmental / Sustainability Impact:

N/A

Consultation:

Both the ADP Annual Report and the Strategy were produced in collaboration with ADP operational services, stakeholders, service users and those with lived experience in consultation with the ADP Chair and the ADP Committee members.

Appendices: (list as appropriate)

Appendix 1 – ADP Annual Report 2019 - 2020

Appendix 2 – ADP Strategy 2020 - 2023

- I. **Delivery progress**
- II. **Financial framework**

This form is designed to capture your **progress during the financial year 2019/20** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please also ensure all **sections in yellow** are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the [monitoring and evaluation of rights, respect and recovery](#) (MERRR). This data is due to be published in 2021.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform the MERRR and excerpts and/or summary data from the submission will be used in published MERRR reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: alcoholanddrugdelivery@gov.scot

NAME OF ADP: Fife

Key contact:

Name: Elizabeth Butters

Job title: ADP Coordinator

Contact email: Elizabeth.Butters@fife.gov.uk

I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership

Children's Partnership

Integration Authority

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

Chair (*Name, Job title, Organisation*) :

Steve Hopton (until October 2019), Fife Council, Criminal Justice Manager.

Kathy Henwood (November 2019 – onwards) Fife Council, Head of Education and Children's Services

Representation

The public sector:

Police Scotland

Public Health Scotland

Alcohol and drug services

NHS Board strategic planning

Integration Authority

Scottish Prison Service (where there is a prison within the geographical area)

Children's services

Children and families social work

Housing

Employability

Community justice

Mental health services

Elected members

Other Please provide details.....

The third sector:

Commissioned alcohol and drug services

Third sector representative organisation

Other third sector organisations Please provide details.....

People with lived/ living experience

Other community representatives Please provide details.....

Other

Please provide details.....

1.3 Are the following details about the ADP publically available (e.g. on a website) ?

- Membership
- Papers and minutes of meetings
- Annual reports/reviews
- Strategic plan Please provide link to website
- <http://www.fifeadp.org.uk/>

There is a website but it is not up to date and does not reflect the current work of the ADP Committee, it does however have current information on service provision. Plans are underway to refresh this.

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

Four times

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information

Posters

Website/ social media

Please provide links

Accessible formats (e.g. in different languages)

Please provide details.....

Other

The ADP has facebook and twitter accounts. These are monitored regularly and updated.

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

Count 14 Campaign- This campaign launched by the Scottish Government aimed to help raise awareness of the new Chief Medical Officer's alcohol unit guidelines. Locally it involved joint working with NHS Health Promotion team. Materials were distributed to all hospital settings, a large number of workplaces and community centres and pharmacies. Members of the ADP Committee and services were encouraged to distribute leaflets amongst staff too.

Alcohol Awareness Week- In Fife, the Alcohol Awareness week revolved around the Count 14 campaign. The ADP Alcohol Related Harm subgroup coordinated a raising awareness campaign centred around targeting the whole population at various sites throughout Fife. An example of this involved approaching individuals entering the hospital (staff, patients, families and other professionals) to dispel myths and

provide education about alcohol unit amounts. Resources were provided from Health Promotion, so individuals could pour a measure, information was provided, promotional material and crucially information on how to access the services in Fife.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

During 2019/20, a joint young people and employability service was established in partnership with Clued-Up and Phoenix Futures. The service has two main objectives, to increase the number of peer mentors and mentees whilst improving the outcomes for both groups and to increase the employability skills in young people as part of preventative and early intervention work.

Phoenix Futures main responsibility is to recruit and train peer mentors and mentees who have lived experience of problems with alcohol and drugs. The aim of this element of the service, is to bring individuals together from across communities to reduce loss, isolation and loneliness. Individuals will see their potential through the role of becoming peer mentees and peer mentors as well as being able to help others. The peer mentors work with individuals to help them to reintegrate into the community. They support individuals keep appointments and accompany them when required ensuring that they are not discharged early from treatment and support. There is the possibility for individuals when ready to progress from Clued-Up into Phoenix peer mentor programme if suitable. Over ten peer mentors with lived experience have now been recruited and support is being offered to adults to improve engagement with services. The service has also launched two recovery drop in cafes in Lochgelly and Cowdenbeath providing valuable social interaction and meaningful activity for those affected by alcohol and drugs in areas without recovery focused provision.

Clued-Up element works with young people (16-25 years of age) who are affected by substance use. They enable young people to find their own path into education, employment or training depending on the needs of the young person. The project aims to reduce barriers by working with other employability partners and reducing stigma. Wherever appropriate will refer individuals from their service into Phoenix Futures for community-based activities or for the role of a peer mentor.

Since the start of the funding in January 2019, Clued Up has worked with 230 young people between the ages of 16-25. The method and approach to engagement, includes assertive outreach, home visits, offering drop in provision, and not discharging after a few missed appointments as such the disengagement rate is 13%. Eight young people have found employment and two additional drop-in services have been established in Glenrothes and Dunfermline increasing our coverage from Kirkcaldy and Levenmouth. These are developing well with good attendance and have input from Fife ETC colleagues. Young People are attending without a formal referral from another service causing the self-referral rate to be 65%.

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes

No

Please provide details (max 300 words)

A member of Fife ADP sits on the Licensing Forum with Public Health. Fife ADP work alongside Public Health to object to licences that seem contrary to the licensing objectives. These are:

Preventing crime and disorder;

Securing public safety;
Preventing public nuisance;
Protecting and improving public health;
Protecting children from harm.

A member of Fife ADP support team also sits on the Licensing forum which feeds into the Licensing Board.

2.5 Do Public Health review and advise the Board on licence applications?

- All
Most
Some
None

Please provide details (max 300 words)

At present Public Health respond to the licence applications along with Fife ADP support team. Each application is sent to Public Health and Fife ADP. If it appears that there is incongruity between the application and the licensing objectives, a template is completed by Public Health and submitted to the Licensing Board to object to the licence and raise concerns.

3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes

No

In development

Please give details of developments (max 300 words)

During the course of the last financial year, the ADP support team with a third sector provider and Scottish Ambulance Service have developed a new service to respond to the longer-term needs of people who are using drugs in Fife. Evidence has proved that those who experience a non-fatal overdose are at greater risk of a Drug Related Death and that interventions such as psychosocial support, medical assisted treatment (methadone, buprenorphine) and support to address their broader needs such as housing can be a protective and preventative factor. In the year, the project had engaged with approximately 125 clients from 160 referrals, a conversion of 78% with positive outcomes experienced by clients. The success of the project rests largely with the assertive outreach element. This includes wherever possible making an in person approach rather than sending a letter and responding within a 48 hour period to the referral where the service user motivation is likely to be high and engagement will prevent a possible further overdose experience.

Below is an example of the type of support the service has offered or helped the service user access over the last 12 months:

- Harm reduction advice and safer injecting including Injecting Equipment Provision (IEP)
- Sexual health advice and referral
- Naloxone and Overdose Prevention Training
- Blood Borne Virus (BBV) referral and support to rapid anti body test and referrals
- Alcohol Brief Interventions and Drug Brief Interventions
- Specialist Midwifery services.
- Medication Assisted Treatment (MAT)
- Housing and homelessness

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

Fife ADP services each vary in how they offer rapid re-engagement to their services. Below are some examples of the work involved in reengagement

Assertive outreach to service users and their families to reengage to prevent early unplanned closure

Allowing self referral back to the service at any time

Reopening their file within a short time frame and thus avoiding the reassessment process

Offering triages at point of first contact, thus avoiding onward referral and support directly back into treatment if required

Highlighting those most at risk such as experience of a non-fatal overdose and employing a system of prioritisation

The Non-fatal overdose project works out of hours in an attempt to re-engage service users back into the system of care

The ADP harm reduction service due to the nature of the work is anonymous but will telephone service users – if appropriate - if they have not been seen recently or make enquiries within communities

Fife ADP Psychology Service, through thorough assessment and risk management are able to tailor their response to lapses or relapses. Through risk assessment and a shared plan, the service is able to place

therapy on hold or to discharge to the initial referrer for onward support with a view to re referral in the future.

Specifically, NHS Addiction Service offers:

Individuals who have not engaged with the service, particularly those who are identified as being high risk are discussed with a member of the senior clinical team or at a multidisciplinary team meeting and plans made to recommence treatment. This can be done within 24 hours and a titration prescription issued by a non-medical prescriber. Some patients may be reviewed by the member of the medical team, this can be done virtually, via telephone or face to face.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

- | | |
|--|--|
| Same day prescribing of OST | <input checked="" type="checkbox"/> |
| Methadone | <input checked="" type="checkbox"/> |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/> |
| Buprenorphine sublingual | <input checked="" type="checkbox"/> |
| Buprenorphine depot | <input type="checkbox"/> |
| Diamorphine | <input type="checkbox"/> |
| Other non-opioid based treatment options | |
| Other | <input type="checkbox"/> Please provide details..... |

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).

The REACH service model developed over 2019/20 provides an in-reach service for those admitted into hospital or presenting at A&E with alcohol and drug problems meeting their immediate needs whilst they are in hospital but with a larger focus on planning and supporting the individual in the community upon discharge. The emphasis is building a rapport, conducting a thorough assessment, care planning and goal setting with the individual at their pace and respectful of their preferences to improve their life experiences, reduce further harm and prevent further unplanned attendances at hospital. The service was launched in March 2019 and there have been difficulties in operation delivery as key staff returned to substantive roles as a result of the pandemic and lockdown.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

- | | |
|---|-------------------------------------|
| Fibro scanning | <input type="checkbox"/> |
| Alcohol related cognitive screening (e.g. for ARBD) | <input checked="" type="checkbox"/> |
| Community alcohol detox | <input checked="" type="checkbox"/> |
| Inpatient alcohol detox | <input checked="" type="checkbox"/> |
| Alcohol hospital liaison | <input checked="" type="checkbox"/> |
| Access to alcohol medication (Antabuse, Acamprase etc.) | <input checked="" type="checkbox"/> |
| Arrangements for the delivery of alcohol brief interventions in all priority settings | <input checked="" type="checkbox"/> |
| Arrangements of the delivery of ABIs in non-priority settings | <input checked="" type="checkbox"/> |

Other

Please provide details.....

Alcohol hospital liaison has taken place however this has been delivered on an ad hoc basis, plans are in place to develop pathways.

People engage in effective high-quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3.6 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)

All services including statutory have an SLA with the ADP and are monitored on a quarterly and annual basis. Further to this the ADP Support Team has agreed outputs, outcome and activities with each service and reports are required on a six monthly basis. Below are examples of type of external validation ongoing within services in Fife.

FIRST and Frontline Fife are both registered and inspected by the Care Inspectorate. The latter's workers are registered with SSSC and formal observations of practice are carried out in line with CI/SSSC standards

FASS and DAPL are both members of counselling governing bodies, namely COSCA (Counselling and Psychotherapy in Scotland) and BACP (British Association for Counselling and Psychotherapy) and these counselling services including those provided by ADAPT are audited/assessed annually by COSCA's Recognition Scheme for Counselling Services. The scheme addresses organisational standards and practices including recruitment and training, Continuous Professional Development and Practice/Clinical Supervision, and systems for appropriate referral, record keeping and feedback from service users.

The ADP Psychology Services' psychologists are governed by the standards and the ethical guidelines of the Health & Care Professional Council.

The harm reduction service with We Are With You, is seeking registration with Health Improvement Scotland.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

Yes

No

Please give details below (including referral and assessment process) (max 300 words)

Fife's FIRST service has delivered a successful service since 2014 and this has been highlighted in the Dundee Drug Commission Report. This has been largely due to four features of the model (a) robust assessment (b) extensive preparatory work (c) ongoing liaison with the client in rehab and their family for the duration of their stay and (d) immediate support from the community rehabilitation service linking the

clients into recovery supports on discharge from the residential unit. The Family Support element has proved to be of huge benefit to the client and their family members as a whole. This service is not funded by Fife ADP. In more detail, FIRST's Residential Rehabilitation programme is for individuals with substance issues and is funded to provide assessment, preparatory work and ongoing support. Referrals can be made through attending the Fife-wide triage drop-in clinics or through other appropriate services. Those applying for residential rehabilitation are required to meet the referral criteria and be prepared to engage in a structured and intense programme of preparatory work. To meet the criteria for this service a client must have:

Had a drug and/or alcohol issue for a considerable period of time (years rather than months).

Previously tried and exhausted drug and alcohol services in the community.

Not benefitted from previous formal community based detoxification.

Evidence of willingness to change and to see change as a personal responsibility.

A commitment to engage in a structured and intense programme of preparatory work prior to detoxification followed by residential rehabilitation.

A willingness and understanding of the need to continue to engage with services after returning to the community.

Been assessed as capable of achieving abstinence and is prepared to do so.

There are three elements to the service:

- 1) Assessment and preparatory stage where FIRST will look at current and historic drug and alcohol use, criminal activity, housing issues, social circumstances, family networks and support, involvement with other services and assess motivation for change. Inpatient residential detoxification for six weeks followed by a twenty week residential rehabilitation programme with places purchased from one of four external providers selected on the particular needs of the individual.
- 2) Structured community based rehabilitation with suitable housing and housing support as key components as well as a comprehensive package of aftercare services and continuing follow up for a sustained period of time will follow after this twenty-six week period.
- 3) On completion of the programme the client will receive ongoing support from one of FIRST's Rehabilitation Workers and have access to a range of aftercare.

Residential Rehabilitation is also accessed through Fife Criminal Justice Social Work service. These placements are provided by Turning Point Scotland (TPS) and based on a referral and joint assessment of the individual's suitability. Broadly the criteria is: a person on an order who is at risk of not completing this successfully due to an alcohol or drug issue and is not managing in the community. The profile is usually someone who is committing low tariff offences on a very frequent basis and is willing to attend rehab to address the main driver of the offences.

3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)

For the FIRST service 43 referrals were made (31 male and 12 female)

For CJ and TPS service 20 referrals were made with 10 people attending rehab.

People with lived and living experience will be involved in service design, development and delivery

3.9 Please indicate which of the following approaches services used to involve lived / living experience (mark all that apply).

For people with lived experience :

- | | | |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input checked="" type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details..... |

Please provide additional information (optional)

Most services regularly consult service users about service delivery and seek their views in relation to service improvements, what has worked for them and what they would like to improve. Over the course of 19/20, DAPL, one of the counselling services reviewed and developed their client assessment form with those with lived experiences at the heart of the participation and rebranded this service development, with the client group deciding the new name for the service. Frontline Fife has also consulted their clients on several issues such as SMART group provision and the use of new digital support projects.

For family members:

- | | | |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details..... |

Please provide additional information (optional)

The views of family members are sought by most services, specifically FIRST/Phoenix partnership has a Family Support Group which meets on a monthly basis. This maintains links between those in residential rehab and their families in Fife, this is part of what makes the service successful and helps to build a recovery focused circle around the individual once they leave the residential rehab placement.

3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

- | | |
|--------------------|-------------------------------------|
| Improved | <input type="checkbox"/> |
| Stayed the same | <input checked="" type="checkbox"/> |
| Scaled back | <input type="checkbox"/> |
| No longer in place | <input type="checkbox"/> |

Please give details of any changes (max 300 words)

Plans are in place for people with lived experience to be involved in the NHS Service Improvement and Quality Principles Groups. This, along with the use of focus groups, will enable service developments to be progressed taking the views of people with lived experience into account.

3.11 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

Yes

No

Please give details below (max 300 words)

A number of services offered placements as part of the Scottish Drugs Forum (SDF) Addiction Worker Training Programme. This included both third sector services such as FIRST as well as NHS Fife Addiction Services. FIRST currently have four members of staff delivering frontline services who are in recovery. They also have a number of ex service users who are either Peer Leaders or Volunteers with the service. To supplement this FIRST offer placements to students in recovery who are attending the local colleges undertaking specific courses e.g. HNC in Social Care. The DAPL Counselling service has a blend of volunteers and employees with and without lived experience. DAPL provides volunteering opportunities for individuals who have lived experience of alcohol and drugs services. A number of different opportunities are available depending on training and qualifications, including recovery work. We Are With You has a well developed community engagement policy, detailing a process for service users to engage in volunteering opportunities and a structure to move through this process and onto employment in many instances. Locally, the service has a history of providing volunteering opportunities that have developed into sessional and then salaried positions. Currently 40% of operational staff in Fife have gone through this process.

Phoenix Futures' Recovery through Nature programme funded by the ADP offers volunteering opportunities throughout Fife to those affected by alcohol and drug use with possibility of gaining a qualification.

Scottish Drugs Forum peer research project offers training to service users and acquisition of skills involved in research and analysis. This work informs local policy development at a strategic level.

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

<i>Setting:</i>	<i>Supply Naloxone</i>	<i>Hep C Testing</i>	<i>IEP Provision</i>	<i>Wound care</i>
Drug services Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A person-centred approach is developed

3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

- Fully embedded
- Partially embedded
- Not embedded

Please provide details (max 300 words)

For a number of years, the ADP has used the Quality Principles Standard Expectation in Care and Support (2014) as its benchmark for assessing if services have developed and embedded the principles of a Recovery Orientated Systems of Care within and between their services. This is monitored via the Service Level Agreements in place with Fife Council's Contract Team. To supplement this, Fife ADP commissioned Scottish Drugs Forum to conduct a peer research service user questionnaire. The survey interviewed 37 people who used or using services in Fife during 2019/20. This concluded that services are of a good quality and areas of good practise were: Some key areas of good practice were:

- 3 week waiting times are mostly being met from referral time to being seen by the service
- Good worker relationship - being treated fairly, respectfully and with dignity
- Majority of workers are using a person centred approach
- Recovery goals and plans were seen as effective
- Service users being aware that a family member can be involved in their recovery plan upon the service users request.

Areas for improvement and recommendations were:

- Increase service user awareness of their right to have a copy of their recovery plans.
- Increase workers knowledge of advocacy or referrals to other services which could be of benefit to the service user as part of their recovery plan.
- Consistency of worker contact and sustained engagement with service user.
- Service user reviews being completed at mutually agreeable times.
- Increase dialogue with service user in plan for moving forward and discharge from the service being by mutual consent.
- Service users to be made aware of The Quality Principles and their importance.

The ADP has considered this feedback and this will be addressed in the new strategy and the development of new service briefs.

3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes

No

Please provide details (max 300 words)

Several discussions have taken place and local processes agreed. The need for the development of pathways has been identified and these discussions are planned.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes

No

3.16 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes

No

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

In 19/20, Restoration Fife received additional funding from the ADP and the National Lottery to further develop existing provision in establishing a recovery community. A recovery café was established in Leven with attendance numbers varying for five to eight people. The additional funding has allowed Restoration to employ six sessional workers with lived experience of substance use. This ensures that cafes are fully staffed with people who can offer support and make referrals to other agencies if appropriate, this acts as an additional and for some people the only route into services, provides meaningful activity and reduces loneliness.

In addition to Restoration, the ADP also supported a number of peer/peer-led initiatives across Fife. These included those run by services such as Phoenix Futures and FIRST as well as SMART Recovery and grass-roots organisations such as Oor Space in the East Neuk.

During 19/20 The ADP team attempted to unify the recovery services within Fife by co-creating a shared communications strategy and timetable of events across all recovery services and groups in preparation for the development of a Lived Experience Panel which would contribute to the strategic direction of the ADP as well as contributing to national networks such as SRC's Lived Experience Recovery Network. This piece of work will be developed in 2020/21 and reported on when appropriate.

A trauma-informed approach is developed

3.18 During 2019/20 have services adopted a [trauma-informed approach](#)?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

FIRST staff have undertaken trauma informed training and participate in monthly coaching sessions covering a variety of different topics. This service works in partnership with Addictions Psychology Therapies Service (APTS) and jointly deliver Emotional Resources Groups (ERG). Staff are fully equipped in and have received training in Formulation, Core Skills and Motivational Interviewing. Staff in the NHS Addictions Service have been trained however a training programme including trauma-based work is planned. FASS and ADAPT have taken a trauma awareness approach to service delivery for many years. In current practice, Trauma awareness training is provided for all Support Workers, Outreach Workers and Counsellors. Trauma informed care is implemented at all levels of engagement and interventions are offered and aimed at connecting clients with support and resources that are designed to be sensitive to the presence of symptoms of trauma and available at each stage of their treatment and support. Within the organisation, therapeutic Counselling programmes are available for service users who need dedicated support. These are provided by fully qualified, accredited practitioners. Front line staff are also aware of referral pathways that enable service users to be referred to NHS Psychology and are able to assess their own abilities to meet the needs of the service user. DAPL has made it a priority to ensure that all staff have received additional CPD training with regards to being trauma informed, as well as also being ACE aware. Staff are qualified to a minimum of counselling diploma level up MSc & Doctorate. Trauma awareness is weaved into all aspects of DAPL service delivery. During 2019, We are with You have piloted a new trauma informed approach for service delivery. This will not be implemented due to feedback from service users and a new model has been developed

One of the main roles of the ADP Psychology service is to increase psychological ways of working and help to support ADP funded services to adopt a trauma-informed approach to service delivery. To date, a trauma training package has been developed that will be rolled out to all ADP funded services. Sessions with service managers has also been delivered. Providing regular consultations, attendance at team and clinical meetings is also aimed at promoting trauma informed care amongst services. Sharing the psychological formulations with referrers is also another means of increasing understanding about the impact of complex trauma on service-users functioning/presentation/engagement with services. The service also delivers highly specialised, evidence-based trauma focused interventions on an individual basis as part of direct clinical work with service-users. In terms of engaging patients, additional efforts are made for those who find seeking help challenging due to their trauma histories. For example, having a 'meet & greet' pre referral/first appointment session. As well as providing joint appointments prior to referral again aimed at reducing barriers to engaging with psychological therapy.

An intelligence-led approach future-proofs delivery

3.19 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- Alcohol harms group
- Drug death review group
- Drug trend monitoring group
- Other Please provide details.....

3.20 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice (max 300 words)

Fife ADP in partnership with Public Health, has Caldicott approval to conduct detailed and extensive research into alcohol related deaths in 2018. Preliminary analysis commenced but has not progressed to a stage where the ADP is able to inform practice delivery. This was intended to be completed in 20/21 but has been delayed due to the impact of the pandemic. .

3.21 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

Fife ADP has a subgroup responsible for monitoring drug-related deaths and overdoses which occur in the region. This subgroup: The Overdose Prevention and Drug Death Monitoring Group (OPDDMG) met quarterly during the reporting period and consisted of senior representation from multiple disciplines including third sector, Public Health, NHS, Police, Criminal Justice and ADP.

The aim of the OPDDMG is to identify, support and develop initiatives that improve the quality of services and reduce the risk of drug-related death and near-fatal overdose in Fife. In order to effectively carry out this work, the group was heavily supported by the ADP Support Team which recruited a Drug-Death Database Coordinator during the reporting period. All deaths notified to the ADP Support Team by the police were reviewed by the DRD Database Coordinator and further data gathered from appropriate agencies such as health and social work. This data then informed the work of the OPDDMG.

The OPDDMG held an event in 2019 which was attended by cross-agency representation and developed the OPDDMG workplan based on the SDF Staying Alive in Scotland report and indicators. One of the identified gaps in current provision was the absence of a dedicated group to hold detailed, rapid reviews of all recent drug deaths. It was acknowledged that official reviews were currently only afforded to those who died whilst in treatment with NHS Fife Addiction Services as part of their internal processes. Work to rectify this gap and develop a multidisciplinary drug death review group has been actioned and will be reported on in 20/21.

4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes

No

Please give details (E.g. type of support offered and target age groups)

Fife ADP commissions a young person's outreach service provided by Clued Up. This service provides a comprehensive "youth friendly" substance use support and information service for young people under-25 in the Fife area, also targeting the wider issues of general well-being and lifestyle. The project provides education, prevention, early intervention and diversion for young people affected by their own or someone else's substance use.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes

No

Please give details (E.g. type of support offered and target age groups)

In addition to the service provided by Clued Up see 4.1, the ADP commissions a CAPSU (Children Affected by Parental Substance Use) service provided by Barnardos. The service is a whole family support provision delivered throughout Fife to families, children and young people affected by parental substance use. The service was first commissioned in 2011 and has since evolved to respond to the needs of local families and is featured on the Fife's Children's Wellbeing Pathway at the intensive level. The CAPSU service works with parents and children 0-12 and any older siblings within the family who are affected by parental substance use. This service provides intensive support to families and focuses on reducing the impact of the parental substance use, improving parent confidence, resilience and health, improved family relationships increased resilience in the children and family has access to support services. The support offered is very practical support as well as more therapeutic 1:1 sessions with children and parents to address the various issues impacting on family life. The service focuses on individual sessions with parents which explore their adult attachment strategies around their lived experiences and how that informs their parenting styles with their children. This allows for therapeutic sessions in relation to their parenting and how this impacts on the development of their children and their emotional wellbeing. These sessions also focus on past or present substance use, triggers and associated trauma.

This then informs the family sessions and the individual work with the children. The service works in family homes and helps children create safety plans so that they have clear messages about what to do should their parents be under the influence and they require assistance. The CAPSU service also provide group work for the children being supported

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes

No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The HSCP Partnership representative on the ADP also attends the Child Protection Committee and an update is provided from the ADP at every meeting. Third Sector services commissioned by the ADP have representatives involved in the children's services partnership structure e.g Child Protection Committee and the Children's Services Partnership group and feedback is given by the third sector rep on the ADP Committee.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

4.6 Did the ADP have specific support services for adult family members?

- Yes
No

Please provide details (max 300 words)

The DAPL counselling service commissioned by the ADP provides counselling to adult family members affected by someone else's alcohol or drug use. FIRST also provides support to adult family members please see 4.8 for more detail.

4.7 Did services for adult family members change in the 2019/20 financial year?

- Improved
Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice?
(mark all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

The DAPL service delivers SMART family sessions which are facilities in a group setting delivered by a recovery worker who is appropriately trained to deliver this intervention via SMART UK. This intervention has proven really beneficial to family members in their support for a family member. DAPL is one of a few services that also deliver services to those affected by another's substance use; this is undertaken within a one to one counselling modality; however, family group counselling can be offered. DAPL's current deliver both adult and young person services thus have the capacity to undertake work with all family members in group or isolation. Furthermore, DAPL delivered family group work session during school term holidays to ensure support was offered at for some can be challenging times.

The FIRST service offers support to family members by way of advice and support for both groups listed above. They have a Family Support Group for those families who have a family member involved in the residential rehabilitation service. Community rehabilitation clients are given the opportunity to have a family member involved in their care if they wish and our staff will liaise with both parties.

ADAPT and FASS provide counselling in the Alcohol Support Service and ADAPT helps clients address issues around difficult relationships within the family dynamic and to build family support to aid personal recovery. These services also provide counselling support for family members who are having difficulty supporting or coping with someone who is using drugs and/or alcohol.

5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other Please provide details

Please provide details (max 300 words)

Community Justice partners are represented on the ADP

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other Please provide details

Please provide details (max 300 words)

The ADP has a member who sits on the ROAR (Reducing Offending And Reoffending group). The ADP has contributed to the Community Justice Outcome Activity Across Scotland Local Area Annual Return 2019/20.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

In 19/20 there was not a bespoke service available for people arrested in Fife who had problems with alcohol or drugs. The ADP has recognised this is a gap and analysis was conducted to understand the need for this service in partnership with Criminal Justice and third sector. During 2020/21 using Drug Death Taskforce monies, a service has been developed to navigate those who are arrested into appropriate support and treatment to prevent further rearrest and/or worsening of health and other social needs.

b) Upon release from prison

The NHS Addiction Service takes lead responsibility for maintaining treatment for those liberated from prison returning to Fife. This is a coordinated approach, planned in advance between prison and community-based health teams with the aim of preventing unplanned discharge and subsequent social and health problems. To supplement this, Fife ADP had developed a prison peer support mentoring service with Phoenix Futures. This builds a relationship with the individual prior to release and supports rehabilitation post release, helping the individual access and navigate housing, primary care and welfare support. This service is part of our drug death prevention strategy reducing the risk of lapse and relapse at a time in the person's life where tolerance is lower.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:

All services work closely with other professionals and will adapt to a different way of working if it is identified that it would be of benefit to the client and their needs.

6.1 Older people (*please note that C&YP is asked separately in section 4 above*)

Use of home visits. Family members / carers attending appointments.

6.2 People with physical disabilities

Home visits offered

6.3 People with sensory impairments

Home visits offered. Family members / carers attending appointments

6.4 People with learning difficulties / cognitive impairments .

Use of home visits. Family members / carers attending appointments. Specifically, Front Line Fife's staff undertook training to better support those with autism. who are at much greater risk of homelessness and the root causes of homelessness e.g. addictions, poverty.

One of the roles of the psychology service involves carrying out neuropsychological assessment to identify cognitive impairment/assist with diagnosis of ARBD to aid identification of barriers to change and/or engage with treatment. The service offers support to services regarding ways of adapting materials/communication for service users with identified cognitive impairments

6.5 LGBTQ+ communities

The DAPL service had an active presence at Fife Pride where they provided alcohol and drug advice and took referrals. Furthermore, all staff volunteers and placement undertook diversity training via the trans alliance to ensure all were up to speed with the changing terminology and best practice principles when engaging with this client group

6.6 Minority ethnic communities

The ADP has worked with the migrants forum to help minority groups into services this included refugees, as well as individuals from Russia/Poland/Lithuania mainly and doing staff awareness sessions.

A number of services do have their booklets in different languages to increase access. Every services also has access to the interpreting service via the phone. Fife centre of equalities is consulted when developing leaflets and other materials in different languages.

6.7 Religious communities

Frontline Fife has worked with local Mosques to raise awareness of support services and each year works with religious communities/local churches on campaigns to tackle food insecurity, hardship support and street pastors etc. This work and our partnership with these communities is central to our core activity/inclusive approach.

6.8 Women and girls (including pregnancy and maternity)

The ADAPT service has created professional liaison and referral pathway with midwifery and offer pregnancy testing for clients of our service.

II. FINANCIAL FRAMEWORK 2019/20

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	3,297,789
2019/20 Programme for Government Funding	1,156,983
Additional funding from Integration Authority	711,092
Funding from Local Authority	1,149,642
Funding from NHS Board	2,895,533
Total funding from other sources not detailed above	
Carry forwards	0
Other	
Total	9,211,039

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	1,155,655
Community based treatment and recovery services for adults	6,431,116
Inpatient detox services	
Residential rehabilitation services	203,315
Recovery community initiatives	149,037
Advocacy Services	65,868
Services for families affected by alcohol and drug use	255,867
Alcohol and drug services specifically for children and young people	677,693
Community treatment and support services specifically for people in the justice system	9,238
Other	
Total	9,199,083

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes

No

Please provide details (max 300 words)

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes

No

Please provide details (max 300 words)

Fife ADP HEAT (Health Efficiency Access Target) A11 Performance 2019/20

Drug and Alcohol Treatment Waiting Times (DATWT) are a measure of performance and response to demands for services across the different NHS Boards in Scotland.

The Scottish Government set a national HEAT Target (Health improvement, Efficiency, Access, Treatment) for Drug and Alcohol Treatment Waiting Times. This target stated that by March 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

Below is the Fife performance for services required to measure their response to access over the last financial year.

April 2019 – March 2020

Substance	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Drugs	97%	99%	97%	97%
Alcohol	95%	97%	93%	83%

Fife ADP HEAT (Health Efficiency Access Target) Alcohol Brief Interventions Performance 2019/20

The ABI LDP Standard for 2019-20 states that: NHS Boards and their Alcohol and Drug Partnership (ADP) partners will sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal and broaden delivery in wider settings. Nationally, the delivery figure for ABIs under the LDP standard in 2019-20 remains 61,081 ABIs from 1 April 2019. It is expected that at least 80% of delivery (i.e. a minimum of 48,865 ABIs) will continue to be delivered in the priority settings. The remainder can be delivered in wider settings in accordance with this guidance

For 2019/20, Fife's target for ABI delivery was 4187 with 80% delivered in the three priority areas and the table below indicates that the overall target was over exceeded but only 66% were delivered in the priority areas. The ADP will commence a review in 2020/21 to improve this percentage rate and develop a plan to further embed deliver in priority area.:

Quarter	Primary Care	A&E	Antenatal	80% target met?	Wider Settings	Quarterly Total
Q1: 1 Apr 19 – 30 Jun 19	702	67	4	75%	258	1,031
Q2: 1 Jul 19 – 30 Sep 19	774	63	8	59%	587	1,432
Q3: 1 Oct 19 – 31 Dec 19	721	30	8	62%	465	1,224
Q4: 1 Jan 20 – 31 Mar 20	929	0	10	69%	422	1,361
Annual Total	3,126	160	30	66%	1,732	5,048

Summary of ADP Outputs and Outcomes for ADP Services

<h2>Summary of Substance Misuse Provision in Fife April 2019- March 2020</h2>			
<p>ADAPT</p> <p>*6 months of data (April-Oct 2019)</p>	<p>ADP Investment (pa) £227,149</p>	<p>Direct Access drug and alcohol partnership. Brief interventions, advice, signposting and crisis management support.</p>	<p>Engaged – 114 individuals On exit from the service: 12 people were abstinent from substances* N/A person had reduced their drug use* 2 people had reduced their alcohol use* 8 people experienced improvements in their psychological health* 8 people experienced improvements in their ability to function socially*</p> <p>* - clients engage with this service for 6 week period only, service is mainly referral on/signposting to other services</p>
<p>addaction Scotland</p> <p>*6 months of data (April-Oct 2019)</p>	<p>£194,750</p>	<p>Specialist Harm Reduction Service, triage and referral. C Clear Peer education project relating to BBV.</p>	<p>Used Service – 421 335 people were helped to understand the risks of drug use 335 people experienced a reduction in risk as a result of using this service</p>
<p>ARBD Nurse Service </p>	<p>£97,470</p>	<p>Support for people affected by alcohol related brain damage</p>	<p>Referrals – 187 Engaged – 158 individuals On exit from the service:</p> <p>11 people experienced some improvements in their psychological health 11 people experienced some improvements in their ability to function socially. *data only available on outcomes for April-Oct 2019</p>

			3improved attachment to carer
	£166,250	Vulnerable Young Peoples Outreach	Referred– 78 new individuals Engaged – 258 individuals On exit from the service: 12 young people had made positive choices 8 young people had entered Further or Higher Education 52 young people improved their knowledge of substances 14 young people had increased their educational attainment 2 young people had secured employment
	£280,250	Psychological Services, Family Support, Alternative and complimentary therapies to adults. Young peoples service (Fife Council Funded).	No of referral: 933 Engaged – 451 new individuals On exit from the service: 72 people were abstinent from substances 37 person had reduced their drug use 46 people had reduced their alcohol use 139 people experienced improvements in their psychological health 137 people experienced improvements in their ability to function socially.
	No ADP funding allocated	Counselling for problem drinkers and family members aged 16+, Pre & post detox support, relapse prevention.	As not an ADP commissioned service report is not submitted to the ADP.
	£255,955	Triage, Referral and Community based rehabilitation service.	Referred– 850 new individuals and 98 from previous 6 months 431 had engaged with service On exit from the service: 202 people were abstinent from substances 51 people had reduced their drug use 46 people had reduced their alcohol use 384 people experienced improvements in their psychological health 533 people experienced improvements in their ability to function socially.

	£58,495	Housing support and advice, court representation, temporary accommodation, housing management, Prevention First (enhanced housing options), employability and social enterprises.	No of referrals: 36 and 46 from the previous 6 months Engaged - 58 individuals On exit from the service: 4 people had a reduction in drug use* * other outcomes are working in progress towards abstinence and reduction
 <p>*6 months of data (April-Oct 2019)</p>	£59,347	Provision of recovery support through nature programme for individuals willing to move on from substance use and maintain their recovery	Referred: 11 Engaged – 9 individuals On exit from the service: 9 had completed the 12 week recovery through nature programme
 <p>Specialist Pharmacist</p>	£80,750	Provide specialist pharmaceutical expertise, advice and information for strategic planning, development and support of patient focussed services for substance misusers.	Do not send in a report to the ADP
Clinical Psychology Service 	£110, 970	Provide clinical psychology input on one to one basis for individuals Provide a group work programme for individuals Support and train the ADP workforce	An annual report has been received but the ADP has not requested outcomes of this service currently. Some output data is available.
Restoration 	£18,208	A recovery community based service to allow those in recovery or seeking recovery safe and	Engaged – 110 members Connected into groups: 12 *online group engagement varies Referrals to other services: 8

		healthy ways of socialising and building a supportive community.	Education: 9 Training: 7*data only for q1 and q2
<p>SMART Groups</p> 	£11,764	Self Management and Recovery Training groups to allow those in recovery or seeking recovery access to group work and interaction with others in recovery.	Do not send in a report to the ADP



Fife Alcohol and Drug Partnership

Promoting Recovery. Reducing Harm.

Fife ADP Strategy 2020 - 2023

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An introductory message from Our Chair – Kathy Henwood Head of Education and Children’s Services

It is a pleasure to present Fife’s Alcohol and Drug Partnership Strategy which represents our approach to addressing the needs of people and communities affected by alcohol and drugs. The Plan has been developed over several months with our partners, services and those who use services and takes in to account a number of local and national policies as well as our Needs Assessment (2018) and Synthesis of Policy Recommendations (2019). The strategy includes the current picture of where we are in Fife and underpins our mission to reduce harm but more importantly to promote and support recovery for all individuals, their families including children and young people and their wider communities.

Over the last year, in my position as Chair I have been impressed by the commitment and the partnership working I have seen, not only at the Committee level but within our services. Across all sectors, people genuinely want to see the citizens of Fife affected by alcohol and drug issues get well, achieve their potential and live productive and enjoyable lives.

However, this is not always easy to achieve and there are still very significant challenges which face us and the people of Fife. Firstly, the rate of drug and alcohol related deaths in Fife - which are tragically increasing year on year - represent a loss to us all. Across Scotland, long before Covid 19, ADPs have been attempting to reverse this public health crisis locally. Fife is no exception and for this reason, we have set up a new public health surveillance group to understand drug related deaths and where we can improve. We have already increased investment in to reaching people at risk and protecting them by offering immediate harm reduction advice and equipment and longer-term treatment and support. We will continue to search for innovative ways to do this over the next three years with new partners and by inviting people with lived and living experience to be at the centre of decision making and service redesign. Secondly, we need to extend our message of recovery and the recovery orientated system of care to services and partnerships across the NHS, Council, third and independent sectors. By doing this we hope to reduce barriers, promote awareness of our services, address stigma and create a much more tailored trauma informed response to those affected by alcohol and drugs wherever they seek help. Thirdly, the ADP needs to change how we work. We will be streamlining our structure and subgroups, scrutinising activity and ensuring it achieves good outcomes for the targeted client groups and improving processes and procedures so we can respond quickly to emerging risks, changing direction if required. To this end, we will track the progress of this strategy on an annual basis and we will seek feedback as to how we are doing. We will share this with all our stakeholders.

The work we have set for ourselves is ambitious but in my view, absolutely necessary, if we are to achieve our aims. I believe we have some strong assets in our capable, creative and knowledgeable ADP Committee, Support Team, Service Providers and those with lived experience and I am confident, we can deliver this strategy. I look forward to working together with you all over the next three years.

Our Vision, Mission and Values

Vision

To enable all the people of Fife to live healthy lives free from the harms or alcohol and drug use.

Mission

We will deliver our vision by working with individuals with lived and living experience, communities, services and local and national partners using our collective resources effectively. We will be motivated by a desire to tackle health inequalities, poverty and service exclusion, for all affected by alcohol and drug use. We will focus on prevention and early intervention, improving our existing treatment and support system of care and protect and ensure equity of opportunity for children, young people and families. We will ensure that public health principles underpin the work with those in the criminal justice system. Furthermore, we will mitigate against health and social harms caused by high levels of alcohol consumption by continuing to employ a whole population approach.

Values

- Person-centred
- Human Rights based approach
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering
- Improvement driven

About Us – Fife Alcohol and Drug Partnership

Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP) with the accountability to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. The partnership comprises of senior officers of statutory authorities and representatives of the third sector agencies with an interest in or a shared responsibility for meeting the various care groups' needs. The ADP Committee has a direct reporting link to the HSCP and the Scottish Government on progress and improvement achieved from all allocated investment. The ADP consists of a governing committee headed by a Chair – rotated on a three-year cycle - and five subgroups tasked to undertake specific work on behalf of the Committee. Fife ADP Committee takes a responsibility for strategic planning, setting the direction and making resource and investment decisions based on local strategic themes.

These are detailed below and are closely aligned to the National Drug and Alcohol Strategy “Rights, Respect and Recovery” 2018:

- 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

The ADP Committee is assisted in this work by the ADP Support Team consisting of a coordinator, two policy officers and a database support officer. Their roles are to guide the ADP Committee in interpreting and implementing national strategy and policy to meet the needs of the Fife population by making recommendations to the Committee and fully supporting the work of the subgroups.

To fulfil its responsibility and address the needs of the care groups, the ADP commissions several services to work with families, carers, young people and adults seeking recovery using effective evidence-based interventions including medication assisted treatment, counselling and psychosocial support and key-working approaches. All services are outcome based and are categorised within one of the strategic themes. The Service Level Agreements are monitored and reviewed by the Alcohol and Drug Partnership Support Team and Fife Council's Commissioning and Performance Team on a quarterly and annual basis. The ADP Committee through its Health and Social Care representative has formal strategic

alliances with the Adult and Child Protection Committees. The ADP support team attends various other strategic groups within the Health and Social Care Partnership and the Community Planning Partnership. These include but are not limited to the Fife Violence Against Women Group, Reducing Offending and Reoffending, Community Safety Partnership, Welfare Reform and Anti-Poverty Partnership improving strategic links and developing better ways of working together.

Fife ADP Structure

The current structure of the ADP involves five subgroups, the Joint Commissioning Group, Alcohol Harm Group, Overdose Prevention and Drug Death Monitoring Group, Recovery Group and a new group just established in August this year, the Public Health Drug Death Surveillance Group. The ADP has recognised the remit and responsibilities of these subgroups need reviewed as part of its commitment to priorities featured in this strategy. The review will commence in January 2021 with the possibility of some sub-groups dissolving, some refocusing and some new subgroups forming. This process will allow the ADP Committee to have a stronger focus on the improvements required to achieve its plan over the next three years, bringing together the appropriate people with the right experience and knowledge to advise and complete the work.

Outwith the review, it is the ADP Committee's intention to establish a service user panel to improve the ADP's relationship with people who have lived or living experience. Over the last few

years engagement has been on an adhoc consultative basis and led by ADP requirements and processes. A longer term, permanent and inclusive approach is required that allows those with lived and living experience to contribute in meaningful ways including but not limited to service design, strategy development and commissioning. The preference is to develop a living and lived experience panel as a subgroup of the ADP linked to service users in the recovery community and to those currently receiving services to represent many voices. The ADP and its support team will be guided by people with lived and living experience as the most suitable methods for this work. National assistance will be sought from the Scottish Recovery Consortium to support this development using their experience of working with other ADPs across Scotland.

Financial Resources

ADPs financial framework has become increasing complicated in recent years with additions of funding streams from different Scottish Government initiatives. Traditionally the core funding originated from two sources, the Scottish Government and the contribution made by the HSCP. In 2017/2018 ADPs were provided with new investment from Programme for Government for a period of three years and in 2020/21 the Drug Death Taskforce award, provided additional finance for two years. There is also funds available from the CORRA foundation's Challenge and Change Fund, Drug Death Task Force's subgroups and investment made available from a variety of different sources directly to the voluntary and third sector. These are provided often for specific work with identified care groups with clear outcomes attached and the challenge for the ADP is to meet

these requirements cognisant of local needs and gaps in provision.

These additional funds present great opportunities for quality improvement and allow the ADP and its services to develop innovative approaches for service redesign without decommissioning or disinvestment. As a result, the ADP has been able to support the expansion of recovery communities in new areas reducing isolation for many, invest in community pharmacies' expanding provision of injecting equipment, take home naloxone and wound care and developing a hospital

inreach service. However, the monies are short term and the ADP may need to apply for continuation or they could cease entirely. For this reason, the ADP and its partners must improve its evaluation of projects to support a reprioritisation process. A robust approach assessing all the spend in its entirety, will ensure that effective, evidence based and successful work continues when funding is reduced. Furthermore, a commitment to recommission the Needs Assessment process during the life of this strategy will assist service planning, future investment and forecasting needs into the next strategy.

COVID 19 – Our Response

Fife ADP's response to the pandemic and subsequent lockdown was immediate and effective with operational teams leading the way in maintaining support and provision to existing service users' whilst finding suitable ways to take referrals and keep the system of care working. Almost all services remained open in some capacity and creative ways were employed to maintain recovery communities. Prescriptions and food parcels deliveries were managed within the existing workforce, IT equipment and phones were provided by services and the ADP.

In the first months, there was very little time to consult with service users, commissioners, stakeholder or referrers about service delivery adaptations or to seek approval from the ADP. Taking time to do this would have been unnecessary and caused unacceptable breaks in service delivery.

However, going forward, the ADP in cognisance of the Fife HSCP's Recovery Plan, needs to strategically plan how services are delivered whilst the lockdown, social distancing and reduced access to community buildings remain in place. As part of this, the ADP is keen to maintain the innovative service delivery models developed during lockdown and for these not to be lost as the easing of restrictions

continues. In particular, the phone and home delivery of harm minimisation equipment, the distribution of Take Home Naloxone kits to every NHS Addictions Services' patient dispensed with their medication and online recovery community cafes and support groups are examples of work to be maintained. Especially as the latter overcame geographical barriers which predated the crisis. To achieve this, the ADP has commissioned Scottish Drugs Forum's peer research project to conduct qualitative research to understand the impact of the service changes on service users, to hear the voices of the care group and to present their preferences for future delivery. A study of drug related deaths, alcohol related deaths and other quantitative data during the period of lockdown will also be useful in understanding and responding to changing needs from the pandemic. As too, will using local intelligence from our communities, partners, stakeholders and commissioned services. This will allow the ADP to plan, direct and reconfigure service delivery, aiming to offer comparable services in terms of access and quality whilst also taking in to account the current restrictions and guidelines.

Strategic Direction – National Strategies and Policies

Over the last five years, there have been many national statements, policies and strategies, defining the current priorities for the drug and alcohol partnerships. These include but are not limited to:

- The Quality Principles: Standard Expectations in Care 2014
- Staying Alive in Scotland 2016
- Older People with Drug Problems in Scotland: Addressing the Needs of an Ageing Population 2017
- The Scottish Government. National Development Project Fund 2018
- Rights Respect and Recovery 2018
- Alcohol Framework 2018
- Lead Psychologists in Addiction Services Scotland: Substance misuse services and delivery of psychological interventions 2018
- Responding to Drug Use with Kindness, Compassion and Support: Dundee Report 2019
- Drug Death Taskforce Summary of Medication Assisted Treatment (MAT) Standards: Access, Choice, Support 2020 (Appendix 4)
- Drug Death Taskforce: Six Evidence based policies 2020

Strategic Direction – Local Research

Over the course of 2018, the ADP's Needs Assessment was undertaken by Fife Council Research Team, Scotland Health Council and Scottish Government Information Service Division. This analysis has formed the basis of the planning for this strategy and the actions to be taken over the next three years. The Needs Assessment consisted of four components:

- **Understanding and cognisance of national and local policy drivers** including quantitative analysis of several local and national datasets providing profiles and current picture of drug and alcohol use in Fife;
- **Assessment of the current evidence base** and a quantifiable and qualitative assessment including future forecast of demand against current service capacity;
- **Consultation with ADP providers, members and the wider stakeholder group** to include current good practise and initiatives, identification and analysis of gaps and recommended areas for improvement;
- **Consultation and engagement with service users** including those in recovery and those who are categorised as hard to reach or hard to engage.

The Needs Assessment consulted with every current provider, over 20 stakeholders and referrers and 75 service users with recent experience of recovery and Fife's current service provision. The alcohol and drug profiles and the needs of the population are featured in this strategy and provide a clear picture of the challenges the ADP Committee and its partners need to address. In the main the report concluded that the range, choice and quality of services is of good enough quality to protect people and support recovery, however, despite this, high levels of harm including drug related deaths remain. These failings, appear to be systematic in nature and broader than individual service provision. They are summarised below:

- **Unmet Demand** - There is significant unmet demand for services only a third of demand is addressed currently with concern around limited provision in the evening and weekends
- **Areas of deprivation** – There are issues with services being in the wrong places within areas of deprivation, with accessing their location often proving a challenge for a client group with many financial and mobility issues
- **Service Level Agreements** – SLAs - or how they are used by the ADP - are not responsive enough and provide few opportunities for services to receive feedback and redesign.
- **Integration** - There is a lack of integrated care and no case management system evident, leading to a fragmented system of care

- **Access to help** – There is a lack of awareness of services amongst other services, partnerships and the service user groups
- **Duplication** – Several services provide counselling across Fife and assessments completed by each service can be detrimental to the service user groups

Although not indicated in the Needs Assessment, stigma experienced by those with alcohol and drug problems, plays a role in creating unmet demand and limiting access to help. What we know from conversations with service users, is that stigma is present amongst the partnership and in universal services. These attitudes create unnecessary and discriminatory barriers for the care group, making it difficult to access the support needed to recover. The ADP Committee has a responsibility to challenge unhelpful policies and practices via its strategic relationships, at an operational level by offering training to its own workforce and by building alliances to educate and support other workforces.

Further statistical information from the Needs Assessment about drug and alcohol prevalence, profiles, hospital stays and deaths are contained in Appendices 1 and 2 of this strategy and are provided for background and a basis for determining priorities within this strategy.

In September 2019, Fife ADP commissioned Public Health to complete a Synthesis of Policy Recommendations to analyse and review current contractual service provision against the national and local strategies for alcohol and drugs. In the main the report indicated three broad approaches (point 1) to be adopted within all of the services and highlighted seven specific gaps (point 2) not currently provided either by individual services or by the system of care as a whole. These are listed below:

1. Principles for all- can be implemented across all commissioned services
 - Embedded approaches
 - Client involvement
 - Workforce Development
2. Service development- areas for new service provision or modifications to existing provision
 - Service access
 - Housing
 - Shared learning
 - The right to health

- Whole systems approach
- Assertive outreach
- Environment

The remainder of this strategy is the ADP's response to these findings and details the plans and actions to improve how we work, what we provide to the service user and how we close gaps in our system of care. This will be done by following the national and local guidance.

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Strategic Direction - Workforce Development

The ADP recognises that its workforce is its greatest asset. The workers' abilities, knowledge and personal capabilities are key to successfully supporting those who are affected by alcohol and drug use. The workforce needs continual investment, support and focus to maintain an acceptable level of competence, to keep pace with the needs of the care group and to acquire new skills or knowledge as interventions change and develop.

All ADP national and local research, policy or strategic documents in particular the Quality Principles (2014), Medication Assisted Treatment Standards (2020) and Fife ADP Synthesis of Policy Recommendations (2019) indicate that workforce development is integral to delivering a responsive, person centred and human rights based system of care. Each individual commissioned service has a separate and individualised workforce development strategy for their workforce but there is not a shared policy across all ADP services. A partnership workforce development strategy produces several benefits. It can mitigate against a siloed approach by producing opportunities for coordination between services, ensuring there is a consensus about common aspects of service delivery in particular triage, assertive outreach, trauma informed delivery and it fosters partnership working and integration. Fife ADP, intends to develop a workforce delivery plan focused on improving our

approach to trauma and aligning our recovery orientated system of care with the MAT standards in particular "The system that provides MAT is both psychologically & trauma informed with psychosocial interventions to support engagement, change, and recovery management...". The overall aim is to have a fully trauma informed and psychologically responsive system of care that recognises the difficulties of the care group to engage and is not punitive or stigmatising in its approach. This is especially relevant for women experiencing violence and abuse and services must tailor their approach and model to ensure that women can engage and are retained in services. Furthermore, the need to improve trauma informed delivery is also frequently referenced in local research as a means of improving the experience of treatment and support for the service user and preventing early unplanned discharge.

Over the last few months, the ADP's commissioned Psychology Service, conducted a training needs assessment across the full partnership's workforce. From this a competence framework has been developed detailing interventions, training, coaching and mentoring and to increase sustainability over the longer term, group and individual supervision is included. Over the next three years, it is expected that all ADP services will be fully involved and committed to this shared workforce delivery plan.

Strategic Direction - Locality Planning

The Public Bodies Act (2014) provides opportunity for health and social care to be fully integrated as well as requiring the Health and Social Care Partnership (HSCP) to define and work closer with the seven localities by moving away from a centrally based approach for the provision of services. Fife HSCP provides data on population size, health and social care needs including alcohol and drug related death and hospital admissions for each locality. From this information, locality plans are developed in partnership with patients, service users, carers and the third and independent sectors on community needs and specific local priorities.

The ADP Needs Assessment 2018, the drug prevalence study and drug related death annual report indicates areas of Fife – usually those with higher levels of deprivation data zones - experience more harm from alcohol and drugs than other areas. Whilst current locations of services, mainly in central Fife and areas of deprivation are broadly correct, there are still issues with services being in the wrong places within these areas, with access often proving a challenge for a client group with many financial and mobility issues. Although, most services respond to this by assisting service users either by utilising local community buildings, home visiting and the

provision of bus passes, there is a risk that access might still be too difficult for some. Fife ADP Committee and its services, plan to overcome this by working more closely with localities and their boards, recognising different communities have increased and more intensive needs and require an individualised response. This targeted and focused approach draws on the expertise of local professionals, the community and service users ensuring that service provision is embedded and more likely to successfully reach and support its care group. As a test of change, Fife ADP's Overdose Prevention and Drug Death Monitoring Group has commenced work with the Levenmouth locality. Recent data has shown a high level of drug related deaths in this area compared to the rest of Fife and a more intensive bespoke approach might be required. Whilst this work is in its infancy, the outcomes could ultimately change how our ADP services work in the area, where they are based, the referral pathways and who are their partners. This process could be repeated in other localities in Fife, however it is essential that service adaptations in one area are not automatically duplicated in another and care is taken to co-produce and redesign services individually based on the areas' needs.

Strategic Direction - Our plan

Theme 1 – Prevention and Early Intervention

Outcome: Fewer People develop problem drug and alcohol use

Fife ADP recognises the three types of prevention and early intervention, namely addressing environment and social inequalities, targeted intervention with a focus on families or communities where there are increased vulnerabilities and drug and alcohol awareness and education usually aimed at children and young people in their educational institution. This theme crosses strongly with two other themes, building a recovery orientated system of care and getting it right for children and young people. When recovery based support addresses current inequalities it can be an effective prevention for future generations by improving family life and reducing the risk of childhood adverse experiences. For this, the ADP acknowledges that an increased focus and a commitment to potentially reallocate resources to this theme is required if we are to prevent children and young people from developing problems with alcohol and drugs later in life. Of equal importance as this is early intervention work, acting quickly and effectively to work with young people who are using substances problematically or demonstrating indicators that they may do so in the future.

The table below, details the ADP’s improvement plan for this theme and represents the commitments the ADP and its partners will work towards in the next three years.

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be in 2023
<p><i>Links between ACEs and problematic alcohol and drug use.</i></p> <p>To develop a broad awareness of Trauma across the Fife workforce. Staff within Education and Children’s Services are supported to develop and reflect upon their trauma related skills in relation to working</p>	<p>Practitioners in Education and Children’s Services are aware of and putting into their practice action/s which connect better with young people and families who are experiencing or have experienced trauma.</p>	<p>Stage 1 and Stage 2 Online Trauma Informed and Skilled Training to be promoted and made available to all Education and Children’s Services staff on an opt in basis. This should include partners if possible.</p>	<p>All staff within Education and Children’s Services have taken part in Stage 1 and Stage 2 training.</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be in 2023
with young people and families.	<p>For example: working with children and young people whose parents have a mental health diagnosis or are addicted to drugs or alcohol.</p> <p>Staff are aware Additional Support Need legislation and conditions (including those that are hidden) which may require additional support</p>	Targeted roll out of Stage 1 and 2 training to those who have not yet undertaken the training.	Opt in training made available for those interested in going beyond Stage 2
<p><i>Improving connections within communities, reducing loneliness and social isolation.</i></p> <p>To ensure young people have additional means of support in helping them to connect with other young people and sources of support to reduce social isolation.</p>	Staff and partners have created an environment where children and young people feel listened to and are secure in their ability to discuss personal and sensitive aspects of their lives because they feel involved and cared about.	<p>Implement the Fife School Counselling Services 'Peer-Peer' brief and 'families' service.</p> <p>Solihull Parenting Programme (online) to be promoted across Fife to all parents and people who work with children and young people.</p>	Evaluation and Review of Fife School Counselling Services and to implement improvements
<i>Promote lifelong health and wellbeing in Scotland's most deprived communities.</i>	All staff and partners model behaviour which promotes and supports the wellbeing of all and the whole learning community has a shared understanding of wellbeing and the importance of lifelong learning in terms of Health and Wellbeing.	<p>Introduced and promoted Fife's revised Health and Wellbeing Strategy.</p> <p>Partners (including ADP services) and services who support young people's wellbeing are clear in their shared priorities when working together to promote</p>	Reviewed and advised the strategy progress and have implemented an update

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be in 2023
		<p>lifelong health and wellbeing in Fife's most deprived communities.</p> <p>For example through the work of the Mental Health Strategy Improvement Group and Fife's Health and Social Care Partnership.</p>	
<p><i>Tackling needs early and joined up working within GIRFEC.</i></p> <p>To ensure that all practitioners who support young people's wellbeing are aware of GIRFEC processes and their roles within the framework.</p>	<p>Staff engaging regularly in professional learning to ensure they are up to date with local, national and where appropriate, international legislation affecting the wellbeing of all children and young people.</p> <p>Parents/carers and their children are included and feel they are being listened to by all professionals involved with their child.</p>	<p>Introduced and raised awareness of Fife's 'No Wrong Door' process for any child where there is a wellbeing concern to increase opportunities for early intervention.</p> <p>Devise and pilot 'Our Minds Matter TOGETHER at (named school)' Partnership Agreement. Tailored local response developed by each school to address the needs of pupils'.</p>	<p>Extend application of No Wrong Door process across all Fife secondary schools.</p> <p>Continue rollout of 'Our Minds Matter TOGETHER at...' across all secondary schools in Fife.</p>
<p><i>Drug, alcohol and other health education for children and young people.</i></p> <p>To understand the additional value of drug and alcohol education for children and young</p>	<p>An evidence-based review of the educational input required with consideration of the universal and targeted provision undertaken with</p>	<p>To have concluded the review and to implement the findings.</p> <p>This could result in a revision of the current service brief</p>	<p>To have a tailored and targeted approach with inbuilt flexibility to respond to the drug and alcohol educational needs</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be in 2023
people of primary and secondary schools age.	relevant partners.	with resource implications.	of schools and their children and young people including those who are of school aged but not currently in education.

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Theme 2 - Developing a Recovery Orientated System of Care

Outcome: People access and benefit from effective integrated person-centred support to achieve their recovery

The ADP's three key priorities under this theme, which are:

1. Overdose Prevention and Drug Related Deaths

Measures

- To reduce the number on a three year rolling average of Drug Related Deaths from 2020 onwards
- To reduce hospitalisation admissions for those who use drugs.

2. Alcohol Related Harm and Alcohol Related Death

Measures

- To reduce the number on a three year rolling average of Alcohol Related Deaths from 2020 onwards
- To reduce hospitalisation admissions for those who use alcohol

3. Recovery, Recovery Communities and Lived and Living Experience

Measures

- To increase the number of recovery communities
- To increase the percentage of people leaving the system of care with improved outcomes

To achieve these priorities the ADP has three programmes for change. These are

- Redeveloping the Recovery Orientated System of Care briefs to reflect the current evidence base for best practice
- Improve how Fife ADP functions by developing key links to extend the recovery orientated system of care across other directorates and partnerships
- Continue improvement work funded by the Programme for Government and Drug Death Taskforce Fund

Redeveloping the Recovery Orientated System of Care Briefs

Fife ADP recognised the need to improve its Recovery Orientated System of Care to respond to the findings of the Needs Assessment (2018) and the Public Health Synthesis of Policy Recommendations (2019) and to align with the Rights Respect and Recovery National Strategy, in particular its eight point plan (Appendix 3). In addition, the MAT standards 2020 (Appendix 4), Quality Principles and other national and local policies have a bearing on how the ADP and its services should work together to improve access, the treatment and support experience for the service user and availability of a recovery community throughout the whole recovery journey. Some of this work is underway but the main conduit for achieving the outcomes is to refresh and adapt the current service briefs as part of a referral or recovery pathway for the care groups.

The ADP funds a number of services across statutory and third sector providing counselling, psychosocial support, medication assisted treatment, housing support, community-based rehabilitation, harm reduction, peer mentoring, recovery activities and education, drop ins and recovery community development. Some of these briefs have not been formally and strategically reviewed for several years, though operation delivery will have changed often directed by the services themselves or by the ADP on an adhoc basis. New briefs provide an opportunity for better integration and service consolidation within the partnership and possibly with other directorates and partnerships. There is scope to develop meaningful and measurable outcomes and key performance indicators that provide a sense of the work undertaken as each key part of the

recovery journey – harm reduction, early intervention, engagement in treatment and so on – and quality improvement and quality assurance of the services. An essential part of this work is moving from a consultative approach towards one of coproduction which recognises the rights of service users, their families and their communities to be involved in the redesign of their services. Current local qualitative research being undertaken – alcohol related death research, Covid-19 and its impact on services, access to treatment and support for women with our partners in the Fife Violence Against Women Group and the stimulant study – will also inform the models of these briefs.

It is worth noting that some service provision is not funded nor governed by the ADP Committee though it forms an important part of the offer to the Fife residents seeking support for alcohol and drug problems. In particular, access to residential rehab through the FIRST service and also through Criminal Justice Social Work teams. Alcohol counselling for adults and their families provided by FASS is also not funded by the ADP.

Improve how Fife ADP functions by developing key links to extend the recovery orientated system of care across other directorates and partnerships

The ADP Committee needs to improve how it functions by creating processes and procedures for; thorough self-assessment of its own performance leading to action planning; strategic planning and coordinating its work and those of its subgroups towards the themes and priorities and supporting future investment accountability ensuring that spend is allocated appropriately to areas where it is most needed and most effective. This will allow the ADP to reprioritise and address gaps in provision as highlighted in its own local research and the national priorities.

Further to this, the ADP should extend its system of care to develop alliances both strategically and operationally with other partnerships and directorates throughout the HSCP, Education and Children’s Services, Housing and Safer Communities and others on shared responsibilities and improve outcomes for those affected by alcohol and drugs. All work planned over the next three years, is outlined below.

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
<p>To improve how the ADP functions in line with the findings of the Needs Assessment</p>	<p>Improved decision making, commissioning and quality assurance and improvement processes and protocols to support robust investment and commissioning decisions</p>	<p>To have reviewed the TOR</p> <p>To have reorganised, established and dissolved some subgroups. Integral to this is the establishment of a service user panel of those with lived and living experience.</p> <p>To build a robust accountability and quality assurance based performance outcome framework overseen by an ADP subgroup. This should be based on the new strategy and gather information from a variety of sources including the Contracts and Commissioning Team, Services six monthly reviews, stakeholder and service user interviews. This process should inform the annual report charting the progress of this strategy</p> <p>To have conducted a review of some ADP spend and investment and reallocate funds to priority</p>	<p>To have developed a brief for a new Needs Assessment in partnership with mental health//housing/criminal justice to support the next strategy</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
		<p>areas.</p> <p>To have maintained the risk register.</p> <p>To have successfully implemented the Scottish Government DAISy (Drug and Alcohol Information System)</p>	
<p>To work better in partnership with Mental Health, Primary Care and in acute hospital settings</p>	<p>To contribute and support the HSCP's strategy development for adults affected by mental health.</p> <p>For the ADP, to be involved strategically and operationally with the seven identified workstream groups for improving mental health provision. One of which has a focus on Actions 27 and 28 improving access to treatment and support for those with a dual diagnosis.</p> <p>For the ADP to work closer strategically with primary care as part of the cluster approach through locality planning partnership boards.</p>	<p>A consultant led liaison and facilitation team funded by Drug Death Taskforce monies over two years, to produce closer and more effective linkages between addiction services and generic mental health. This will include clinical support and third sector input will be well established to provide an effective liaison, support and care management service for people with a drug or alcohol dependency.</p> <p>To have started an analysis and a review of ABI delivery in Fife in primary care and in A&E with the aim of developing a process for a more targeted approach of ABI delivery in areas where alcohol harm is highest</p>	<p>To have evaluated the consultant led liaison and facilitation team and incorporated successful aspects of the service model into Addiction Services' and other providers' delivery model.</p> <p>Following on from a joint needs assessment, the ADP will explore joint commissioning of third sector support services for mental health and substance use where there is commonality in service user needs and synergy to be obtained.</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
		To have completed a review of the REACH team and to have implemented findings by redesigning the multidisciplinary service	
A targeted and whole systems approach to Sexual Health (SH) and Blood Borne Virus care within ADP commissioned services.	To contribute to the local and national target of elimination of Hep C by 2024 Sexual Health needs are assessed some are met by ADP services as standard	Fife ADP in partnership with SH BBV Lead explore establishing a BBV champion in each service Fife ADP explores the possibility of paying triage services per test for DBST and sets targets in service SLAs New rapid access clinics and all triages will involve BBV testing at the first appointment including an antibody test if appropriate. SH needs are screened and assessed by all services doing a triage and a fast track referral is made. Workforce Development will be made available from the SH & BBV team for any third sector organisation.	Review and evaluation of the actions in 2021 against the target of elimination of Hep C. Peer testing is developed and in place in all agencies. Analysis of pharmacy contribution to DBST and consideration of expansion of IEP programme across all pharmacies. Promotion of postal HIV test is made available in all services

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
		Promotion of postal HIV test is made available in statutory services	
Recognise advocacy as an essential provision required to complement current ADP service delivery and benefit service users and services by improving engagement, prevention of unplanned discharge and service user feedback.	To provide access and engagement for independent advocacy for those affected by alcohol and drugs.	<p>A mapping and scoping exercise is to be completed to understand the type and scale of advocacy provided by current recovery services.</p> <p>To understand the need for independent and/or group-based advocacy and assess if what is already in place in Fife is appropriate and suitable.</p> <p>To join the Scottish Recovery Consortium's National Advocacy Network and to learn from independent advocacy models and approaches commissioned in other parts of Scotland.</p>	The ADP have a specific independent advocacy in place with accompanying workforce development to accommodate the specific needs of the care group for advocacy support.
Create opportunities for closer strategic, commissioning and operational links between Housing and Safer Communities (HSC) Team and their partners in early intervention measures to prevent homelessness where alcohol and drug use is a contributory factor	<p>People affected by alcohol and drugs will be protected and prevented from becoming homeless</p> <p>People at risk of homelessness or living in temporary accommodation are prioritised for treatment, support and</p>	To support wrap around tenancy support for the 18-24 age group and for older adults by exploring how ADP service provision can complement and contribute to the outcomes of preventing homelessness	Closer integration between ADP services and HSC services including workforce development, establishment of joint pathways by coordinating assessments and interventions.

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
	recovery.	To have developed with lived and living experience peers a recovery hub in a hostel to provide harm reduction, access to support and recovery via a mentoring approach.	

Continue improvement work funded by the Programme for Government and Drug Death Taskforce Fund

Overdose Prevention and Drug Related Deaths

The ADP subgroup Overdose Prevention and Drug Related Death group produces an annual analysis of drug deaths in Fife highlighting emerging issues and trends. This informs an action plan and is combined with the recent six emergency response guidance issued by the Drug Death Taskforce. This work is not exhaustive and is dynamic, changing continually as more is learned about how to prevent harm and death;

1) Targeted distribution of Take Home Naloxone -

- The ADP funded a recent pharmacy project to increase the number of pharmacies supplying a Take Home Naloxone (THN) kit and overdose prevention education to families and friends of those at risk at times and days when services are unavailable. An additional 11 pharmacies will commence supply in areas where needle exchange rates are highest. The overall aim is to make THN available in all 85 Fife pharmacies.
- To make use of the Lord Advocate’s change in the legalities of Take Home Naloxone distribution and supply. Fife ADP has commenced work to train service users and peers and those workforces in housing, social work and criminal justice teams and women services.

2) Implement Immediate Response Pathway for Non Fatal Overdose –

- Over 2018/19, Fife ADP developed a new service to respond assertively to non-fatal overdoses to reduce the risk of future deaths of this cohort. In March 2019, this service started as a pilot scheme with a simple premise of assertively outreaching to those who experience an NFO with the aim of engaging in longer term treatment and support. Over the last year the service has been

extremely successful, approaching 160 individuals and engaging 125. The ADP has committed another year of funding to this and to further enhance the pathway the ADP plans to develop rapid access clinics for Medication Assisted Treatment with a longer term plan of providing same day prescribing.

3) Optimise the Use of Medication Assisted Treatment and Target the People most at risk –

- Fife ADP plans to develop pharmacist and/or GP with special interest (GPSI) led rapid titration and low threshold clinics in key high risk areas (Kirkcaldy, Levenmouth) for drug related deaths and non-fatal overdoses. Some of the clinics will be outreach and be based in a mobile unit enabling the patient to access support within their own community. This is especially important in Fife where the geographical spread of the population presents barriers to accessing treatment and support and some patients with families might find it difficult to leave their home for long periods.
- The clinics will work with the most high risk including those who have recently experienced a non-fatal overdose, women, women experiencing domestic violence and women in the Criminal Justice (CJ) system, with complex comorbidity conditions, those who are care experienced, those who have struggled to stabilise and other risks identified indicating that the person is at high risk of drug related death.

4) Optimise Public Health Surveillance

- Fife ADP has established a Public Health chaired sub-group of the Overdose Prevention & Drug Death Monitoring Group to review all suspected drug-related deaths which occur in Fife. This group is in the early stages and learning has been sought from the Drug Death Task Force with neighbouring health board areas such as NHS Tayside in order to learn from their current review process and potentially integrate aspects of their approach into how this works in Fife.
- The purpose of this review group is to carry out a regular, multi-systemic reviews of suspected drug-related deaths early after they occur in order to learn any lessons and implement changes in a timely manner. There is an opportunity to expand the scope of the learning to include comorbidities and experiences not previously researched. It is particularly important to understand complex child and adult trauma including needs of those who are care experienced and those who have had children removed into care. The group will have a core membership from relevant organisations with the option to co-opt additional members should the need arise. It will meet every six weeks and report to the ADP via the Overdose Prevention & Drug Death Monitoring Group.

5) Ensure Equivalence of Support for People in the Criminal Justice System

- Rigorous analysis of the drug deaths in Fife during 2018, indicated eight of the 64 deaths occurred within the first six months of release from prison. In 2018, 22 people had died within 6 months of leaving police custody and a similar figure for 2019. Clearly

opportunities to engage with those at risk in these settings have not been fully utilised.

- Fife ADP has responded to the former risk by providing investment for a prison inreach peer mentoring service to establish strong robust relationships with those in prison - HMP Perth, Edinburgh and Glenochil - who have alcohol and/or drug problems to provide access and support once liberated to the community. This prevents lapses or relapses at a high risk point when tolerance to opiates may be low and ensures a successful transmission back in to the community. The service provides support to access a range of services such as housing, GP, benefits and engagement with support to continue their recovery journey. Secondly the model matches a peer mentor with the individual liberated so lived experience and sharing of the difficulties overcome in the recovery journey can be inspirational to the mentee. The peers also provide advocacy support and assist with navigation through various other systems of care and support. This service supplements the lead role of the NHS Addiction Service in coordinating and maintaining treatment for those liberated from prison returning to Fife.

Alcohol Related Deaths and Reducing Harm

Alcohol Related Deaths do not have the same level of national focus, national analysis through a dedicated database and additional investment as drug related deaths. Fife ADP have addressed this locally by planning qualitative and quantitative analysis of the alcohol related death occurring over a one-year period. This will enable the ADP to understand – with an emphasis on learning and quality improvement - in greater detail, profiles including age, gender, locality and cause of death, the physical and mental comorbidities and the social and housing situation of people who have lost their lives. The research is expected to uncover, commonalities about who is at risk of death or key “opportunities missed” to intervene earlier which could then be used to prevent potential deaths. This could lead to work in other settings – possibly hospital, primary care, homeless services for example - promoting access to the ADP system of care, or development of a bespoke service and/or a unique pathway to treatment and support for those at risk of death. Potentially as part of this work the ADP should incorporate those affected by Alcohol Related Brain Damage (ARBD) as service users affected by this condition can be further disenfranchised, caused by systems of care where the condition is frequently undiagnosed and not widely understood. Recent work undertaken to reduce alcohol related death and harm is detailed below:

- Funded from Programme for Government, the ADP has a multiple disciplinary hospital team - consisting of five partners Addiction Services, Social Work, ADAPT, We Are With You and Pharmacy services - with the responsibility to respond rapidly to A&E attenders or patients with serious physical and mental health problems as a result of substance use and are not currently engaged with the standard system of recovery and care. The service provides an inreach into the hospital with continued work post discharge in the community focussing on harm reduction advice and provision of equipment, access to treatment and support, navigation and active linkage to services that can meet holistic needs with the aim of preventing harm, reducing crisis

episodes and supporting recovery. The work is building a rapport with the service user, conducting a thorough assessment, care planning and goal setting with the individual at their pace and respectful of their preferences to improve their life and personal goals with the overall aim of reducing further harm and preventing further unplanned attendances at hospital. The service commenced in February 2020 and early case studies indicate progress in reducing the number of admissions to hospital for clients with alcohol dependency.

Recovery, Recovery Communities and Service User Involvement

Promoting recovery is part of every ADP services' remit and underpins all the work we do from needle exchange, to psychosocial support to prescribing medication. Recovery comes in all shapes and sizes and is defined very much by the individual and not by the service nor the ADP. Recovery from alcohol and drugs is more than support and treatment provision, it is a form of rehabilitation involving all aspects of a person's life. Our role is to support their recovery by sharing our knowledge and advice, providing and accessing the right interventions, navigating through other systems of care and advocating for the person's rights at this difficult and chaotic time in their life. We should do this entirely in partnership with the individual with a focus of enhancing self-efficacy and sustainable life changes. For this reason, the ADP recognises the need for Recovery Communities developed either by services or by those with lived and living experience as part not only of sustaining recovery but reducing loneliness and isolation and connecting people in recovery together. The recovery cafes in Fife also provide a starting point for recovery and provide a safe space for socialising whilst also helping people develop confidence to access activities in their local communities. They exist alongside after care and meaningful activity including SMART groups and peer support groups provided by current services. Some new key work in this area, is:

- A project was developed over 2019/20 between Clued-Up and Phoenix Futures with two main aims to increase the number of peer mentors and mentees and improve outcomes for both groups and to increase the employability skills in young people as part of preventative and early intervention work stream particularly where there are indicators that such work will prevent problematic substance use in later life.
- Phoenix Futures main responsibility is to recruit and train peer mentors and mentees who have lived experience of problems

with alcohol and drugs. The aim of this element of the service is to bring individuals together from across communities to reduce isolation and loneliness. Individuals will see their potential through the role of becoming peer mentees and peer mentors as well as being able to help others. The peer mentors work with individuals to help them to reintegrate into the community. The service has also launched two recovery drop in cafes in Lochgelly and Cowdenbeath providing valuable social interaction and meaningful activity for those affected by alcohol and drugs in areas without provision.

- Clued-Up element works with young people (16-25 years of age) who are affected by substance use either their own use or that of their families. They enable young people to find their own path into education, employment or training depending on the needs of the young person. They work to reduce barriers by working with other employability partners and reducing stigma. They also work closely with Phoenix Futures, and where appropriate will refer individuals from their service into Phoenix Futures for community-based activities or for the role of a peer mentor. Two additional drop in services have been established in Glenrothes and Dunfermline increasing coverage from Kirkcaldy and Levenmouth.
- In 19/20, Restoration Fife received additional funding from the ADP and the National Lottery to further develop existing provision for the recovery community. A recovery café was established in Leven with lived and living experience peers who can offer support and make referrals to other agencies if appropriate. In many ways this is the only route into services, provides meaningful activity and reduces loneliness for some of the care group.

Theme 3 – Getting it Right for Children and Young People

Outcome: Children and families affected by drug and alcohol use will be safe, healthy, included and supported

The Children and Young People (Scotland) Act 2014 and the policy driver Getting it Right for Every Child inform service development and delivery across the partnership in Fife to improve outcomes for children, young people and families in Fife. The Children's Service agile action plan (2020-21) re-confirms these priorities:

- **Safety** – by working together we will protect our children and young people
- **Wellbeing** – by working together we will support and promote the health and wellbeing our children and young people
- **Opportunity**-by working together we will improve the life chances of our children and young people
- **Poverty** -by working together we will mitigate the impact of poverty on Fife families

Education & Children's Services and specifically the Children & Families Social Work Service has a key responsibility for improving outcomes for Fife's most vulnerable children and families. This responsibility is closely aligned with this theme held by the ADP to improve outcomes for children, young people and their families affected by alcohol and drug use. This also includes support and access to treatment for young people using substances whose use is likely to develop into dependency with associated health, social, educational and criminality issues.

Fife ADP's Needs Assessment (2018) and the Public Health led Synthesis of Policy Recommendations (2019) indicated improvements and recommendations for the ADP and its operational teams including developing a whole system of care approach and better partnership working. This needs to be reflected within the services providing support to children, young people and families to mitigate against ineffective siloed approaches that do not support the family moving into recovery from substance use as a whole.

Fife ADP has identified three priority areas within this theme:

- Whole Family Support Service with those affected by alcohol and drugs and their children to intervene early to prevent statutory measures and to assist the family to recover together

- Support for Foetal Alcohol Syndrome and Neonatal Abstinence Syndrome
- A carers and family support service for adults connected to or caring for a person affected by alcohol or drugs

To meet the first priority, Fife ADP, intends to commission a service model in partnership with Fife Council’s Education and Children Services directorate combining current investment into one service brief and consolidates the Children Affected by Parental Substance Use (CAPSU) work across the partnerships. This and the other priorities are outlined in the improvement table below:

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
<p>To improve the support and service provision offered to children, young people and their families affected by substance use using the recent evidence base and aligned with the strategic aims of both the Children’s Services Strategy “Belonging to Fife” and that of the ADP.</p>	<p>Fewer children and young people experience adverse childhood trauma as a result of alcohol and drug use</p> <p>More families are offered and engaged in the support and interventions they need</p> <p>To explore with partners additional preventative support/service provision to be offered to women and children</p>	<p>A wrap around 24/7 whole family support and community-based service is commissioned to work with families using whole family and asset based approaches to prevent crisis and increase functionality of the family unit. This will reduce the need for statutory measures and keeping families together where it is safe to do so.</p> <p>This service will offer support to young people in their own right who are experiencing early onset of problems with alcohol and drugs.</p> <p>To have explored ways in which the ADP adult services can improve pathways and support for Drug Use Midwife Liaison Service and</p>	<p>Evaluation and outcome monitoring for this service indicate successful and sustainable outcomes for families.</p> <p>Voices of families, young people and children are sought and used to improve the delivery of this service.</p> <p>To have an established pathway for women/children and families affected by FAS and NAS into support to</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
	and their families affected by Foetal Alcohol Syndrome and Neonatal Abstinence Syndrome	improving outcomes for patients	prevent harm
To better understand the needs of carers, family members and concerned others	<p>More families/carers/concerned others are supported in their roles and are able to access support for themselves.</p> <p>Family support is recognised, valued and enhanced by services offering support and treatment as evidenced in their performance reporting, in the quality principles peer research and in DAISy Outcomes</p>	<p>To have worked with Scottish Families Affected by Alcohol and Drugs to map the existing family support provision in Fife across all sectors.</p> <p>To have identified and understood the family support offered by commissioned services as part of their work.</p> <p>To have identified carer and family support provided by other partnerships in the HSCP and to have considered development of this workforce/investment to serve the population affected by another's substance use</p> <p>To have developed an addition to the workforce development plan building on current skills and knowledge for family support service delivery.</p>	To have considered commissioning a dedicated support service which exclusively offers support and advice to family members/carers affected by someone else's substance use

Theme 4 – Public Health Approach for Criminal Justice

Outcome: Vulnerable people are diverted from Justice System, wherever possible and those in the justice system are fully supported

Fife ADP recognises that people with alcohol and drug problems, involved in the criminal justice system will also be experiencing poor physical and mental health, deprivation and poverty, and other disadvantages which do not offer a good basis for recovery. The means by which this is addressed is to offer services where the approach is routed in public health initiatives aimed at rebalancing inequalities. This will not only reduce reoffending rates but will improve the individual's health and wellbeing outcomes by assisting access to universal services - housing and primary care - and specialist provision - mental health and alcohol and recovery service - and to create opportunities for social engagement and meaningful activities to reduce loneliness and isolation. Bespoke approaches are needed to reach this specific care group and ensure equity of access with service provision being on a par with service users in the community.

Fife ADP has identified two priority areas within this theme:

- Those liberated from prison either having completed a short term sentence or been on remand
- Those frequently arrested and in custody suites

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
Improve the partnership approach for those liberated and returning to Fife from a prison	<p>All those liberated to Fife have a home, a GP, a support service and network available to them.</p> <p>There is an increase in those liberated to Fife engaging with a service for their alcohol and drug issue</p> <p>There is a decrease in those liberated to Fife disengaging and losing their ORT prescription upon liberation from</p>	<p>The prison peer mentoring service will be fully established and be key to offering lived experience based support for those leaving prison with an alcohol and drug use history seeking support to start or continue their recovery.</p> <p>An ISP will be developed between</p>	<p>The prison peer mentoring service will be fully embedded and part of the rehabilitation and support of those returning to Fife from prison.</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
	prison There is a decrease in those liberated to Fife experiencing a DRD in the first 6 months following release from prison	partners and an allocation and referral meeting held involving all partners who work with liberated prisoners. The views of those who have experienced prison and a substance use issue will be sought and used to redesign the approach and services	
Improve the access and availability of services for those experiencing police custody	There is a percentage increase of those with alcohol and drug use engaging with a specialised treatment or support service for a 12 week period There is a percentage decrease of rearrest rates of those with alcohol and drug problems	All people in custody or who are in contact with the police due to problems with alcohol and drugs will have been offered an access appointment with a navigator and have been actively supported into specialist services if appropriate	The ADP will have reviewed and evaluated this service and have implemented findings in standard provision or have developed a bespoke service provision.

Theme 5 – Alcohol Framework 2018

Outcome: A Scotland where less harm is caused by alcohol

The Alcohol Framework 2018 sets out key tasks for Scottish Government, Health Boards and ADPs. A number of these key tasks centre around licensing. A key task for ADPs is to work alongside Public Health and Alcohol Focus Scotland in influencing the licensing regime. Fife ADP aim to continue the partnership work with Public Health on challenging licenses where there are greater health harms. Another report will also be written to support the licensing board on implementation of an overprovision policy, which would target areas of high health harms and high alcohol deaths.

Fife ADP will also work with partners across Fife to raise awareness of campaigns set by Scottish Government for example the Chief Medical Officer's lower-risk drinking guidelines and Alcohol Awareness week. Key partners will include Public Health and Health Promotion, as well as other partners

across Fife Council and Fife NHS Health Board. Fife ADP will work with Health Promotion in particular to promote the messages across workplaces within Fife and offer relevant information to these work places on health harms and how to refer into services for employees who may require support.

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
<p>Support public health by providing detailed information about alcohol related harm in Fife indicating overprovision in some key areas</p> <p>Continued support to Public Health to enable Public Health to identify potential harm caused by licence application in areas of Fife with high alcohol related deaths and other health and social harms</p>	<p>An overprovision policy adopted by the Licensing Board supporting decision making on the five objectives contained within the legislation</p> <p>Licence applications will be challenged jointly by Fife ADP and Public Health</p>	<p>Licensing board taking into consideration report on statistics on overprovision of licensed premises, and harms caused by alcohol e.g. health, social harms.</p> <p>Licence applications will be appraised by both ADP and Public Health and joint objections will be submitted</p>	<p>An effective overprovision policy in place for areas with overprovision/high levels of alcohol related harms.</p> <p>Licence applications not supported in areas where overprovision exists as indicated in the Licensing Board's policy.</p>
<p>More social media/campaign presence on key days for alcohol e.g. alcohol awareness week, FASD day across partnerships.</p>	<p>Partnerships will come together to post key messages and inform staff of key messages.</p>	<p>A partnership approach to social media/campaigns on alcohol and other key days. We will work with partners to ensure that this work consults with young people on the best approaches to prevent alcohol related harm.</p>	<p>Templates created for key messages, that services have access to use when required and on key campaign days.</p>
<p>Work with Health Promotion across workplaces to raise awareness of access routes in Fife</p>	<p>A higher percentage of work places aware of referral routes into treatment supporting the employees to maintain their employment</p>	<p>Workplaces involved with Health Promotions have relevant information on referral routes.</p>	<p>Referral rates into services increases, and numbers losing employment due to alcohol and drug problems decreases.</p>

Appendices

See separate document

DRAFT



AGENDA ITEM NO.:	11	
DATE OF MEETING:	19 February 2021	
TITLE OF REPORT:	IJB Strategic Risk Register	
EXECUTIVE LEAD:	Nicky Connor, Director of Health & Social Care	
REPORTING OFFICER/ CONTACT INFO:	NAME:	Fiona McKay
	DESIGNATION:	Head of Strategic Planning, Performance and Commissioning
	WORKPLACE:	Rothesay House
	TEL NO:	0345 1 555 555 Ext 445978
	E-MAIL:	Fiona.McKay@fife.gov.uk
Purpose of the Report (delete as appropriate)		
For Approval	For Discussion	
Governance Route to IJB (must be completed)		
Detail of Committee(s) (inc date) which report has been to prior to IJB:	Audit & Risk – 22 January 2021	
Parties consulted prior to H&SC IJB meeting:	Senior Leadership Team	
REPORT		
<p>Situation</p> <p>As required by the Integration Scheme, the IJB has in place a strategic risk register which highlights the key risks to delivery of the Strategic Plan.</p> <p>The risks on the IJB Strategic Risk Register continue to be managed by the Senior Leadership Team.</p>		
<p>Background</p> <p>The IJB Strategic Risk Register was last presented to the IJB on 6 December 2019. The IJB Strategic Risk Register is also reported to every Audit and Risk Committee meeting and was last presented on 22 January 2021.</p>		
<p>Assessment</p> <p>The risks held on the IJB Strategic risk register continue to be managed by the risk owners. Risks on the IJB Strategic Risk Register that are of particular concern for Clinical and Care Governance Committee or Finance and Performance Committee will also be reported to these Committees. The relevant risks were last presented to Clinical and Care Governance Committee on 13 November 2020 and to Finance and Performance Committee on 12 February 2021.</p>		

Assessment (Cont)

A full review of the risk register is currently underway.

High Scoring Risks Summary

There are currently eight risks with high residual scores. In order of residual risk score these are shown in the table below:

Risk Number	Risk Title	Residual Risk Score	Movement since last review
3	Finance	HR (25)	
21	Contractual/Market Capacity	HR (16)	
26	Primary Care Improvement Programme (PCIP)	HR (16)	
24	Governance	HR (16)	
23	Finance/Primary Care Prescribing	HR (16)	
13	Delayed Discharge	HR (16)	
9	Strategic Plan – Ability to deliver service change and reinvestment	HR (15)	
25	Brexit – Impact on Medicines and Medical Equipment	HR (15)	
Key	 Risk Score Increased	 Risk score unchanged	 Risk Score reduced

The full IJB Strategic Risk Register is shown at Appendix 1. Links to the HSCP Covid risk register are shown in individual risks as appropriate. The risks are shown in order of residual risk score. This reflects the scoring with the current level of management actions in place. The highest scoring risks are listed at the top. Changes to risk scoring since the risk register was last reviewed are highlighted in RED in Column 14. The Risk Assessment Matrix is shown at Appendix 2.

Recommendation

- **Discussion** - Members are asked to **discuss** the risk register, consider the content and whether any further information is required on the management of any particular risk.
- **Approval** – members are asked to approve the risk register.

Objectives: (must be completed)	
Health & Social Care Standard(s):	All
IJB Strategic Objectives:	All
Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties/Committees consulted prior to H&SC IJB meeting:	
Impact: (must be completed)	
Financial / Value for Money: <i>e.g. capital/revenue investment/spend to save</i> No direct financial implications.	
Risk / Legal: The IJB and its governance committees need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.	
Quality / Customer Care: The existence of an IJB Strategic Risk Register will support quality and customer care issues.	
Workforce: No direct workforce implications.	
Equality Impact Assessment: 1. An EqIA has not been completed and is not necessary because the existence of a risk register is not directly relevant to equality issues <i>For further information on EqIAs, click here (Fife Council link) and/or click here (NHS Fife link).</i>	
Environmental / Sustainability Impact: No direct environmental / climate change impacts.	
Consultation: Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team.	
Appendices: (list as appropriate) 1. IJB Strategic Risk Register January 2021 2. Risk Assessment Matrix	

Risk Register

IJB Strategic Risk Register - as at 22/01/21

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Action	Residual Risk Grade	Target Risk Grade	Risk Ownership			Review Results	Date last reviewed	Risk Status	Comments	Committee	Latest Committee Report
										Managed by	Accountable Officer	Next Review Date						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
3	IJB Strategic Risk Register	May-15	<p>Finance: There is a risk that the financial resources and associated infrastructure may not be sufficient to deliver the integrated services as planned</p> <p>There is a risk that funding assumptions do not provide adequate resource to the service to continue to deliver.</p>	Almost certain (5)	Extreme(5)	HR (25)	<p>Partnership tripartite meeting with partners to discuss funding and implications of funding assumptions including inflation pressures</p> <p>Balanced budget set in March 2020.</p> <p>Medium Term Financial strategy submitted to IJB in March 2020</p> <p>Transformation Plan to be developed in more detail.</p> <p>Budget Holders, as part of their role, are required to manage within the budget envelopes provided</p> <p>Financial Control processes and regular monitoring are in place to support the DGM's and Senior Leadership team to manage resources available. The Financial Monitoring Oversight Board was suspended due to Covid but discussions continued with the Chief Officer and Chief Finance Officer. There will be unachieved savings due to Covid. SLT to continue to deliver savings but there is a risk of non-delivery/delays as a result of Covid.</p> <p>Updated Financial Regulations and Scheme of Delegation being drafted for consultation</p> <p>Regular Reports to both Finance and Performance Committee and IJB.</p> <p>Will also need to take account of the Covid 19 mobilisation and remobilisation plans going forward.Funding of these is currently uncertain.</p> <p>The Cabinet Secretary instructed 3.3% increase in respect of the Living Wage but this is not fully funded. As this is an annual cost, there will be an impact on the longer term position.</p> <p>A Financial Strategy paper was submitted to IJB on 26 June 2020</p> <p>Cross reference to HSCP Silver risks 7 and 8</p>	HR (25)	MR (10)	Director of Health & Social Care	Chief Finance Officer	Feb-21	Updated information entered in management actions. This risk will now need to link with Covid 19 response and the mobilisation and remobilisations plans. Risk score increased to 25	Aug-20	Active	Cross reference this risk with HSCP Silver risks 7 and 8	IJB - 06/12/19 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
21	IJB Strategic Risk Register	Oct-17	<p>Contractual /Market Capacity</p> <p>There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures</p>	Likely (4)	Major (4)	HR (16)	<p>Robust market and relationship management with the 3rd and independent sector and their representative groups.</p> <p>Market facilitation programme and contract monitoring process.</p> <p>Creation of capacity and capability to manage and facilitate the market.</p> <p>Development of provider forums to support relationship and market management</p> <p>SG funding toward the Living Wage and Fair Working Practices have been agreed and applied by the IJB.</p> <p>Use of internal services are still considered and maximised where necessary.</p> <p>Two events, facilitated by Scottish Care, have recently been held for providers. Following these events, Scottish Care will produce a report with recommendations to widen and support the market. These will include actions to address workforce concerns, including development of incentives, such as employee benefits and saving schemes. A new provider has recently come on board and staff are working to support providers who are facing challenges.</p> <p>Close working with independent partners throughout the Covid outbreak</p> <p>Cross reference with HSCP Silver risk 9 - Independent and Voluntary sector support</p>	HR (16)	MR (9)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-21	Management actions reviewed and amended. Risk score remains the same. Continue to monitor closely.	Aug-20	Active	Additional comment added to risk description reflecting potential impacts of Covid and winter on this risk Cross reference with HSCP Silver risk 9 - Independent and voluntary sector support	IJB - 06/12/19 Clinical and Care Governance - 13/11/20 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee

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26	New Risk	Jan-20	Primary Care Improvement Programme (PCIP) There is a risk that, due to lack of a common understanding with all relevant stakeholders, delays in decision making around funding and delays in recruitment of essential staff, PCIP may not be delivered within the anticipated timescales leading to poor reputation, disengagement with relevant stakeholders, reduced ability to deliver quality services and negative impact on the Strategic Plan.	Likely (4)	Major (4)	HR (16)	The Primary Care Improvement Plan is co-produced annually, requires Fife GP Sub Committee sign off, is approved via the IJB governance process and is shared via the NHS Fife Board governance process. Programme work streams and governance groups include a wide range of stakeholder representatives. Patient representation is expected on the GP Clinical Quality Group soon. An engagement session took place with Fife GP's via an LMC "GP Contract Update" on 02.10.19 and with Fife Practice Managers via an "FPMA Networking Event on 30.10.19. A further "West Division Learning Byes" engagement session is planned for 30.01.20. Various programme update reports in the form of SBARs have been shared with SLT, EDG, CCG, FPC and wider NHS Fife, particularly around funding and workforce availability risks. The Finance and Performance Committee agreed on 07.11.19 to start Year 3 (2020/21) PCIP recruitment early to ensure Fife is in the best possible position to get staff in post from April 2020. A Year 3 phased recruitment plan will be made available to SLT and EDG week commencing 03.02.20. August 2020 - The pace of work around the PCIP has now been re-energised following the remobilisation plan work. Work is ongoing to ensure models of care maintain the correct direction of travel, taking into account the learning gained during the pandemic.	HR (16)	See Comments	Director of Health & Social Care	Associate Medical Director	Feb-21	Management actions updated. No change to risk score	Aug-20	Active	Discussions with the Scottish Government are ongoing. Once these are concluded it may be possible to reconsider scoring	IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee
24	IJB Strategic Risk Register	Jul-18	Governance: There is a risk that the governance arrangements for the Health and Social Care partnership are not clearly defined and understood and therefore unable to support delivery of the Strategic Plan. This risk is compounded by the need to manage Covid implications and mobilise as required.	Likely (4)	Major (4)	HR (16)	A Group comprising representatives from NHS Fife, Fife Council and the HSCP has been set up to review the Integration Scheme and other governance arrangements. This will take into account the actions from the Ministerial Strategic Group report and the Model Scheme for Integration from the Scottish Government. The review is in progress with agreed timescales. A development session for IJB members, focussing on governance was held in Nov 2019. This was facilitated by the Director of Delivery for Health and Social Care Integration at the Scottish Government, who has been working with the Senior Leadership Team. Following this review, a further review of the Governance Framework and structures will take place. Cross reference risk to HSCP Silver Governance risk 3. The Covid structure is currently suspended but ready to mobilise again if necessary	HR (16)	MR (8)	Director of Health & Social Care	Director of Health & Social Care	Feb-21	Management actions updated. Scoring remains as is pending completion of the reviews.	Aug-20	Active	This risk links to similar risks held by Fife Council and NHS Fife at a strategic/corporate level. Risk is cross referenced to HSCP Silver Risk 3 - Governance	IJB - 06/12/19 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
23	IJB Strategic Risk Register	Feb-18	Finance/Primary Care Prescribing: There is a risk that cost pressures and medicine shortages relating to primary care prescribing will impact adversely on the available budget resulting in an unpredictable overspend. Additionally, there is a concern that the Scottish Government commitment to a Single National Formulary may mean the NHS Fife Formulary will have additional choices and will result in wider, and potentially more costly, prescribing	Almost certain (5)	Major (4)	HR (20)	02/12/2020 - Medicines in short supply is predicted to be a £1.6M cost pressure to NHS Fife GP Prescribing in 20/21. The Drug Tariff price of sertraline (2nd choice formulary SSRI) has fallen over the past months and is predicted to be a £1M cost pressure. Medicine shortages continue to be managed according to national best practice standards as outlined in the Policy for Managing Medicines Shortages in Primary and Secondary Care. - See Datix Risk 1621 Also, cross ref to risk 522 Prescribing & Medicines Management Risk Register which is discussed at Fife Drug & Therapeutics Committee. There was a significant demand for prescriptions in March 2020 during the COVID-19 pandemic that resulted in short-term supply chain disruption. In addition, there have been supply constraints of critical care and palliative care medicines during the pandemic due to increased worldwide demand. See risk 1621 Prescribing & Medicines Management Risk Register which is discussed at Fife Drug & Therapeutics Committee; risks 1808 & 1809 COVID-19 risk register which are discussed at Pharmacy Silver Command. There is a risk that medicines expenditure rises during and following the COVID-19 pandemic, and that medicines efficiency targets are missed. This is because pharmacy teams are unable to focus on delivery of efficiencies, shortages cause switches to more expensive alternatives, and patients may change their ordering behaviour. In addition, there may be long-term health consequences following the pandemic that may increase the demand for medicines, e.g. mental health treatment. There is local and national work ongoing to understand the COVID-19 implications on Prescribing. See risk 1824 COVID-19 risk register which is discussed at Pharmacy Silver Command.	HR (16)	HR (16)	Director of Health & Social Care	Director of Pharmacy & Medicines	Apr-21	Additional management actions added. Scoring remains the same	Dec-20	Active	The HSCP is mitigating internally as much as possible, however, this risk is influenced by a number of external factors over which we have little control. For this reason it is difficult to reduce the risk scoring and set a target score.	IJB - 06/12/19 Clinical and Care Governance - 13/11/20 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
13	IJB Strategic Risk Register	Feb-16	Delayed Discharge: - There is a risk the national 72 hr target for delayed discharge is not met leading to negative health impacts on individuals, increased care costs, acute hospitals capacity issues and reputational damage.	Almost Certain (5)	Major (4)	HR (20)	A robust system is in place to record and manage people in delay with escalation that recognises and takes account of actions contained within the winter plan, reviewed daily by senior managers with triggers for escalation. Transformational changes continue within community settings to support timely discharge and prevention of admission. All schemes have early supported discharge to enable care to be provided outwith a hospital setting. November 2020 - The number of patients in delay dropped significantly at start of 2020/21 to only 23 in May 9 (Due to Covid) but gradually increased to 54 by August. Targeted work since August has improved the delay position and provisional figures for October (21st) state 28 patients in delay compared to 64 in October 2019.	HR (16)	MR (8)	Director of Health & Social Care	Divisional General Manager (West)	Feb-21	Management actions reviewed.	Nov-20	Active	Delayed discharge task group has now been combined with winter planning task group -this has streamlined the action plan and reduces duplication	IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee

Risk Ownership																		
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9	IJB Strategic Risk Register	May-15	Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of Covid	Possible (3)	Extreme (5)	HR (15)	Ensure that the implementation of the agreed actions is taken forward, and clear information from tests of change and evaluation are presented to support good decision making by IJB. Robust plans are in place to manage and monitor Winter Planning and Delayed Discharges. Ensure that all efficiencies are identified and implemented to maximise capacity within the community. Ensure public involvement at all stages to maximise community assets and support for change. The Strategic Plan 2019-2022 was approved by the IJB in August 2019. Locality plans exist in all areas and these are being driven forward by locality groups. Further work is beginning on strengthening the promotion of the Strategic Plan to front-line staff. A redesign of the Strategic Planning Group, with support from Fife Voluntary Action is currently ongoing. August 2020 The Annual report is due in August but additional time has been agreed due to the impact of Covid. The Strategic Plan will need to be reviewed to take account of Covid	HR (15)	MR (9)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-21	Risk reworded to take account of the impacts of Covid. Management actions updated. Risk scoring increased	Aug-20	Active		IJB - 06/12/19 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
25	IJB Strategic Risk Register	Jan-19	Brexit/Impact on Medicines: There is a risk that the UK's withdrawal from the EU will impact on the availability and cost of medicines and medical devices	Likely (4)	Extreme (5)	HR (20)	19/01/21 - UK-EU Trade and Cooperation Agreement took effect on 1 January 2021. Pharmaceutical manufacturers need to obtain authorisation (a license) from the MHRA rather than the EMA to sell a medicine or medical device in the UK. The Border Operating Model is not yet fully implemented, and the risk of supply-chain disruption remains. However, the UK government remains confident that any future disruption to the supply of medicine will be temporary. This, however, depends on the new border operating systems between Great Britain and EEA nations operating effectively, particularly at either side of the short strait crossing between Dover and Calais as three-quarters of medicine imported to the UK enters via that route. In the event of disruption, the UK government has put in place a wide range of mitigations to guarantee a continued supply of medical products. Clinical trials taking place in the UK will need to be registered on publicly accessible databases in accordance with MHRA requirements. If a trial is taking place across both UK and EEA sites it will need to be registered on the EU Clinical Trials Register as well as the MHRA register. See Datix Risk ID 1514 Brexit Risk Register Medicine shortages continue to be managed according to national best practice standards as outlined in the Policy for Managing Medicine Shortages in Primary and Secondary Care - see Datix Risk 1621.	HR (15)	MR (10)	Director of Health & Social Care	Director of Pharmacy & Medicines	Mar-21	Additional management actions added . Scoring reduced to 15	Jan-21	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
22	IJB Strategic Risk Register	Oct-17	GP / Business Continuity The HSCP may experience a local GMS practice unable to fulfil its contractual obligations. This has the potential to happen at short notice and would require intervention and support to continue to provide GP services to service users.	Possible (3)	Major (4)	MR (12)	In light of Covid we are working with Communications colleagues to highlight the new ways of working. The Clinical Director and the Primary Care Manager continue to have close liaison with GP Practices to identify and mitigate any early concerns.	MR (12)	MR (8)	Director of Health & Social Care	Associate Medical Director	Feb-21	Management actions reviewed and updated. Risk score remains the same	Aug-20	Active	Responsibility for supporting GP sustainability sits with both NHS Fife (contractually, premises and IT) and Fife HSCP (GMS Contract delivery)	IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
18	Performance Report / LDP Target	Oct-17	Smoking / LDP There is a risk that the smoking population in the most deprived areas of Fife are unable to access appropriate and timeous smoking cessation help and support. There is a risk that the HSCP will not be able to deliver the care outcomes outlined in the LDP target	Possible (3)	Major (4)	MR (12)	A review of current non-pharmacy clinics has been completed and gaps in provision identified. Non-pharmacy clinic activity has been re-orientated to target high prevalence SIMD 1 and 2 communities. Additional staff have been recruited to increase capacity. The competency framework has been updated to ensure it is fit for purpose. The introduction of a mobile unit for in-reach work to SIMD 1 and 2 communities has recently been expanded. Additional provision has begun in a number of areas. A new mobile stop smoking app developed in conjunction with St Andrews University, "mapmysmoke", was launched at the VHK in August. Planning is underway for No Smoking Day in March. Planning is underway to support a cohort of pharmacies to build confidence in the use of Varenicline PGD. Working with under performing pharmacies to help them to contribute to the target Additional management actions include: Formulary review of stop smoking products Provision of training to community pharmacies. Feedback to community pharmacies re quit attempts and reduce numbers lost to follow up.	MR (12)	LR (6)	Director of Health & Social Care	Divisional General Manager (File Wide)		89% of the target in 2018/19 was achieved. The best performance in 5 years. Performance as at July 2019 was 97.5%.	Aug-20	Active	Suggest this risk be removed from the SRR and managed at a service level going forward	IJB - 06/12/19 Clinical and Care Governance - 13/11/20 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
7	IJB Strategic Risk Register	Jan-19	Workforce: There is a risk that we do not have sufficient trained, skilled and experienced staff in the right place at the right time to deliver health and social care outcomes for the people of Fife. This risk may arise as a result of; the ageing workforce profile; difficulties in recruitment and retention of particular staff groups; the potential impacts of a no-deal Brexit; high levels of staff absences and inability to embed cultural change. Impacts of this risk will include reduced levels of service, increased costs, poor staff morale and an inability to deliver the objectives of the Strategic Plan.	Likely (4)	Major (4)	HR (16)	The HSCP Workforce OD group, chaired by the Director of Health and Social Care will take forward the roll out of the Workforce Strategy 2019- 2022, including development of the supporting action plan. The Workforce Strategy was agreed by the IJB in December 2018 and the action plan supporting it in Feb 2019. The Workforce and Organisation Development Group are monitoring delivery of the action plan on a quarterly basis. This group will review and scrutinise any actions that are not meeting timescales and engage with Services to provide support. As we are now 1 year into the plan the group will also look at a refresh of the strategy to take into consideration the recently launched Scottish Government, Health and Social Care Integrated Workforce Plan. This will inform the priorities for year 2. August 2020 - A significant focus has been placed on developing skills as part of our resilience and readiness plans to respond to Covid. This has enabled staff to mobilise and continue to deliver critical services. We now need to look at supporting staff through remobilisation A workshop is planned to look at the priority areas and refresh the action plan	MR (12)	MR (8)	Director of Health & Social Care	SLT	Feb-21	Management actions reviewed and updated. Risk scoring remains unchanged	Aug-20	Active		IJB - 06/12/19 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
19	HSCP Annual Report 2016-17	Oct-17	Demography There is a risk that we will not be able to respond or not be able to fund the impact of demographic changes on service provision e.g. projection of 91% increase in over 75s in Fife over 22 years	Likely (4)	Major (4)	HR (16)	The Strategic Plan 2019-2022 was approved by the IJB in August 2019. The demographic context is set out clearly within the plan and the challenges, including alcohol and drug use, homelessness, delayed discharge and dental health are highlighted. We have set out a Medium Term Financial Strategy and change plans taking demographic needs into account as part of our Transformational Change Programme. We are working within localities to achieve the aims set out within the Strategic Plan and also the Plan 4 Fife and Clinical Strategy which recognise the problem. Covid has impacted on our ability to progress Transformational Change and this is currently being actively reviewed, reporting to Finance and Performance Committee.	MR (12)	MR (8)	Director of Health & Social Care	Director of Health and Social Care	Feb-21	Management actions reviewed and updated. Risk scoring remains unchanged	Aug-20	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
11	IJB Strategic Risk Register	May-15	Clinical and Care Governance Arrangements - Assurance: There is a risk that the care and clinical governance arrangements will be insufficient which will impact on the ability to provide assurance to the IJB and NHS Fife Board on all aspects of governance.	Possible (3)	Major (4)	MR (12)	A Governance framework is in place within Localities and Divisions. Systems and processes are in place at all levels to provide assurance reports at Divisional and IJB level on regular basis. The Clinical and Care Governance Committee provides oversight of activity in all aspects of governance. Governance arrangements in Primary Care are being strengthened and co-ordinated. August 2020 - Divisional meetings have been reduced during Covid, however, data collection for areas included within the quality report is still ongoing. Covid risks were captured, and continue to be captured, and escalated on a regular basis to the Associate Medical Director and the Associate Nursing Director	MR (12)	LR (6)	Director of Health & Social Care	Associate Medical Director	Feb-21	Management actions reviewed and updated. Risk score is increased due to the reduction in divisional meetings during Covid	Aug-20	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee

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20	HSCP Annual Report 2016-17	Oct-17	Transformation / Change There is a risk that the transformation programmes do not meet the desired timescales or achieve the required clinical outcomes or within the savings required	Possible (3)	Major (4)	MR (12)	A review of the Transformation arrangements has been undertaken and an Integrated Transformation Board has been established. This includes the Chief Executives from NHS Fife and Fife Council and the IJB Chief Officer. Feeding into the Integrated Transformation Board is the Community Transformation Board, chaired by the Director of Health and Social Care, which will oversee all HSCP transformation projects. A stage and gate process is being implemented. The Out of hours redesign project has progressed as planned. All current and future projects will now progress through this structure. A report will be taken to the C&C governance and F&P committees in March 2020. August 2020 - Priority has been given to the Covid response and recovery and this has impacted on progress with Transformational change. The Integrated Transformation Board is currently being reviewed and is meeting in September. The plan is to regroup and refresh the process, taking account of continued priorities with Covid remobilisation and winter planning.	MR (12)	LR (4)	Director of Health & Social Care	Director of Health & Social Care	Feb-21	Risk reviewed and additional management actions added. Risk score increased due to the impact of Covid	Aug-20	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20 Finance and Performance - 12/02/21	22/01/21 - Audit and Risk Committee
12	IJB Strategic Risk Register	May-15	Resilience - Service Disruption: There is a risk that following an emergency or disruption to resources supporting service delivery we will be unable to maintain critical HSCP services and provide support to the wider Fife Community.	Unlikely (2)	Extreme (5)	MR (10)	All services have contingency plans in place and these are reviewed and exercised on a scheduled basis. The Senior Leadership Team are aware of the NHS and Council Civil contingency plans and ensure compliance where required. The HSCP participate in national exercises and/or responses to adverse events where required. The Partnership has a Resilience Group chaired by the Director of Health and Social Care. The Resilience Group has finalised an HSCP Resilience Policy and Strategy and an HSCP Response and Recovery Plan; An action plan is in place for the development of a training programme in conjunction with Fife Council and NHS Fife. Resilience training for senior management is scheduled for June 2020. In conjunction with Fife Council, work continues to lead and develop the Fife Care for People Team and response arrangements as part of the Fife Local Resilience Partnership arrangements. A Multi-Agency Care for People workshop took place on 4 June 2019. This will inform development of the Care for people arrangements and an exercise is anticipated later this year. August 2020 Resilience arrangements have been tested in the response to Covid. There has been integrated working with NHS Fife and Fife Council resilience arrangements. Initial lessons learned are being gathered together to enhance future responses. Training programmes were initially suspended, however, virtual training is in development	MR (10)	MR (8)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-21	Additional management actions added. Score remains MR (10)	Aug-20	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee
10	IJB Strategic Risk Register	May-15	Governance Arrangements - Protection of Adults, who may be vulnerable, and Children: There is a risk that the care and clinical governance arrangements will be insufficient to ensure that adults, who may be more vulnerable than others, and children are protected from harm.	Possible (3)	Extreme (5)	HR (15)	Systems, processes, single agency and interagency guidance are in place at all levels to ensure full compliance. Participation in established protection committees and groups, including Adult Protection Committee, Child Protection Committee, and Multi Agency Public Protection Arrangements (MAPPA) Group ensures ongoing monitoring, self evaluation as a Partnership and appropriate action. The Clinical and Care Governance Committee provides oversight of activity in all aspects of governance including Protection of adults, who may be vulnerable, and children. Three Divisional Clinical and Care Governance groups report to this committee. The Significant Case Review processes provide opportunities for staff to learn and develop and help prevent recurrence. An annual audit and self evaluation programme is in place to scrutinise activity and learn lessons. This is carried out within Social Work services and also at a Multi Agency level. There are Social Work learning programmes and Interagency training programmes in place. The Care Programme Approach (CPA) is a joint approach with Health for complex mental health issues Cross reference this risk with HSCP Silver Risk 17 - Adult and Child Protection	MR (10)	LR (5)	Director of Health & Social Care	Divisional General Manager (Fife Wide)	Feb-21	Management actions reviewed. Scoring remains at 10	Aug-20	Active	Risk is cross referenced with HSCP Silver Risk 17 - Adult and Child Protection	IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
8	IJB Strategic Risk Register	May-15	Health & Safety: There is a risk that health and safety systems and processes are not fully embedded which will result in our failure to protect the health and safety of our staff and those persons who are affected by our activities	Possible (3)	Extreme (5)	HR (15)	<p>Whilst responsibility for Health and Safety still sits with the individual partner bodies, NHS Fife and Fife Council, the HSCP has developed a Health and Safety Vision and Terms of Reference for the HSCP Health and Safety Forum. The HSCP services continue to adhere to the policies and procedures of the partner bodies, combining and sharing information and learning as appropriate.</p> <p>Governance arrangements include Divisional health and safety groups and inclusion in staff side agenda. Regular Health and Safety reports are provided to the IJB as part of the Governance reporting system.</p> <p>The Health and Safety Forum, Chaired by the Director of Health and Social Care, is now working to an agreed programme of work. Priorities have been set as a result of the baseline Health and Safety assessment carried out in Oct 17. A risk based approach is being taken to in depth reviews of health and safety matters across the HSCP, allowing access to subject experts across the partner bodies. The first two topics are Violence and Aggression and Stress and Mental Well being.</p> <p>Work is ongoing to improve scrutiny both in terms of horizon scanning of the external environment and national agendas and updates and Internal performance management to help drive improvement.</p> <p>Covid has impacted on Health and Safety risks and work has been ongoing with colleagues in NHS Fife and Fife Council to ensure safety of staff, patients and service users.</p>	MIR (10)	LR (5)	Director of Health & Social Care	Associate Nurse Director	Feb-21	Management actions reviewed and updated. Risk score remains the same	Aug-20	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee
1	IJB Strategic Risk Register	May-15	Information Governance: There is a risk that inadequate management arrangements for security, quality, accuracy and accessibility of information will result in poor decision making and/or service failure e.g. failure to comply with GDPR, data breaches, unsatisfactory patient/staff experience, financial penalties, reputational damage and legal challenge.	Possible (3)	Moderate (3)	MIR (9)	<p>The IJB Records Management Plan (RMP) was approved by the Keeper of National Records Scotland (NRS) in September 2019. This sets out the Information Governance structure for the IJB to manage records and information collected, created and held by the IJB, including policies and procedures that are created and maintained by the partner bodies. For example, Information Security policies and record disposal procedures. A three year Improvement Plan (to Dec 2021) forms part of the RMP. This plan combines recommendations from the Internal Audit of Information Governance for the IJB (IJB5), recommendations relevant to the IJB/HSCP from the NHS Fife Information Governance and e-health internal audit (B31&32/19) and the assessment from the National Records of Scotland.</p> <p>The 3 year plan was submitted to C&CG Committee in Dec 2019 and will go to the IJB in Feb 2020.</p> <p>As part of the action plan, a training gap analysis has been developed and will be issued to all HSCP staff early in 2021</p> <p>Training on Information Governance (Records Management, Data Protection and Freedom of Information) was provided to IJB members at the development session in Jan 2020.</p> <p>All IJB records are currently being migrated to a centralised store.</p> <p>Whilst Covid legislation allowed an extension to information requests response time, this has now been withdrawn.</p>	MIR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-21	Management actions reviewed and updated. Risk scoring remains the same	Aug-20	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Action	Residual Risk Grade	Risk Ownership		Review Results	Date last reviewed	Risk Status	Comments	Committee	Latest Committee Report		
									Target Risk Grade	Accountable Officer								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
2	IJB Strategic Risk Register	May-15	Information Management & Technology (IM&T): There is a risk that the information technology applications required to ensure effective information sharing across the partnership are not available and prevent delivery of new integrated models of care	Likely (4)	Moderate (3)	MR (12)	NHS staff remote access to SWIFT via Discharge Hub. The SWIFT access policy has been reviewed and updated to streamline the process for NHS staff to access. Remote desk top access to each others systems being progressed Continue to be part of national work on this topic. Regular update reports to IJB. A review of the Portal is currently on hold. Following development of the overarching ISA, a further ISA for the Source Data Set has been agreed. Any further ISA's will be developed as required, A Data Protection Agreement is in place where FC is the Data Controller and NHS Fife is the Data Processor. Work is ongoing for the Data Protection Agreement where NHS Fife is the Data Controller and FC is the Data Processor. Work instructions and related guidance for practitioners will be developed. A test/training site has been set up in SharePoint for the IJB and supporting Committees to support collaborative working within the Partnership. Funding has been agreed for the SWIFT Replacement programme and this project is progressing. Data sharing agreements between the IJB as data controller and the partner bodies as data processors are being developed. Work on some data sharing projects has been impacted due to programme and technology developments within the partner bodies e.g. Windows 10, Office 365 and SharePoint. A training gap analysis has been developed and will be issued to HSCP staff early in 2021. NHS Fife have purchased Axlr8, a system which deals with information requests. This system is currently in use within Fife Council. This will streamline the process for Freedom of Information and Subject Access requests. A web hosted SharePoint site is being developed for the HSC. This has the potential to improve collaboration between partners. The use of MS Teams during the Covid outbreak has improved collaboration and data sharing	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-21	Management actions reviewed. Scoring remains unchanged.	Aug-20	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee
14	IJB Strategic Risk Register	Mar-16	Complaints System: There is a risk that failure to agree, implement and adhere to a consistent complaints process will reduce the opportunity to benefit from lessons learned and improve service delivery across the HSCP and may lead to poor experience for complainants/breach of statutory duty/reputation loss	Possible (3)	Moderate (3)	MR (9)	Links with national guidance in relation to the legal requirements of each organisation. In November 2017 the SPSO approved the IJB's complaints handling procedure. In March 2018 a new process for managing Social Care complaints in Lagan went live. This includes aligning the Social Care themes with those of Health. In August 2018, the performance reporting process was aligned to use complaint close date across the HSCP. In Jan 2019, Social Care and IJB enquiries began to be recorded in Lagan which has improved monitoring. A joint enquiries procedure has been developed between IJB, Fife Council and NHS Fife. This has improved consistency of response. Power BI is being considered to improve complaints reporting. Currently work is ongoing to move to a consistent reporting format based on month and division. It is hoped this will streamline complaints reporting. Covid has had an initial impact on complaints response times along with an increase in numbers of complaints but this is now improving. Unlike FOI there was no statutory provision for extension to complaints response timescales.	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-21	Management actions reviewed and updated. Risk scoring remains unchanged	Aug-20	Active	This risk is significantly impacted by staff resources within services and Covid	IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee
15	IJB Strategic Risk Register	Oct-17	Participation and Engagement: There is a risk that there is a lack of community representation on the Participation and Engagement Network across Fife leading to reduced engagement with the Public.	Possible (3)	Moderate (3)	MR (9)	Work is ongoing with the Participation and Engagement Group to develop the network in the 7 localities Work is underway to confirm arrangements to provide support for the further development of the Participation and Engagement Network. Sept 18 - An additional staff resource has been appointed to provide support. The recent review has led to a report to Clinical and Care Governance Committee outlining the next steps and how these will be taken forward. Further work is ongoing, in conjunction with Fife Voluntary action, to consider how we can strengthen the Group and develop the relationship with the HSCP. August 2020 A participation and engagement return has recently been submitted to Scottish Government. The Participation and Engagement Strategy is to be reviewed.	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Feb-21	Risk reviewed and additional management actions added. Score remains unchanged .	Aug-20	Active		IJB - 06/12/19 Clinical and Care Governance - 13/11/20	22/01/21 - Audit and Risk Committee

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Action	Residual Risk Grade	Risk Ownership		Next Review Date	Review Results	Date last reviewed	Risk Status	Comments	Committee	Latest Committee Report	
									Target Risk Grade	Accountable Officer								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
16	Performance Report / LDP Target	Oct-17	<p>CAMHS waiting times.</p> <p>There is a risk that the HSCP will be unable to meet the client / care demand to access specialist child and adolescent mental health services and fail to achieve the LDP target:</p> <p>"At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services"</p>	Possible (3)	Moderate (3)	MR (9)	<p>Service reconfiguration to minimise the impact of absence and improve range of skills.</p> <p>New referral process launched in Sept 2017 with online referral, single point of referral and threshold statement for referrers. A new screening tool has been developed to assist clinicians to screen equitably and consistently in accordance with threshold.</p> <p>SCI referral form for GP's in place to ensure consistency across agencies.</p> <p>New administrative processes have been implemented to minimise the impact of CNA's and rearranged appointments.</p> <p>Additional staffing resource has been provided to specifically target the longest waiting children and young people.</p> <p>CAMHS Primary Mental Health Workers service was established in April 2017. This places specialist CAMHS staff within universal and additional support areas and is a core component of 'Our Minds Matter' joint framework for emotional wellbeing.</p> <p>Work ongoing with the Mental Health Access Improvement Support Team (MHAIST) and Scottish Government new CAMH advisor to review staffing capacity in CAHMS. SBAR to be presented to Director of Health and Social Care/NHS Fife Chief Executive in January 2020.</p>	MR (9)	LR (6)	Director of Health & Social Care	Divisional General Manager (File Wide)	Feb-21	Management actions reviewed. Risk score remains the same	Aug-20	Active		<p>LIB - 06/12/19</p> <p>Clinical and Care Governance - 13/11/20</p> <p>Finance and Performance - 12/02/21</p>	22/01/21 - Audit and Risk Committee
17	Performance Report / LDP Target	Oct-17	<p>Psychological Therapies Waiting Times</p> <p>There is a risk that the HSCP will be unable to meet the client / care demand to access Psychological Therapies and fail to achieve the LDP target:</p> <p>"At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies"</p>	Likely (4)	Moderate (3)	MR (12)	<p>Recruitment of additional staff with SG funding - Targeted waiting list initiatives to reduce queue-Staff in post by 04/17. Additional SG funded clinical associate post to support ongoing improvement from January 2018.</p> <p>Service development and redesign to increase access and options in primary care (e.g. new group programmes; new referral & self-referral pathways for PTs). SG team assisting with this work- Offer early interventions matched to patients' needs; Reduce pressure on specialist services - 1st tranche of development complete by 03/18</p> <p>CMHTs across Fife to be operational by March 2018 enabling optimal use of highly specialist PTs</p> <p>Launch of Access Therapies Fife website in Dec 2018.</p> <p>Psychological therapies strategy currently being developed .</p> <p>Increase efficiency of referral, triage and assessment process.</p> <p>Increase choice of both brief and long term therapies.</p> <p>Promote self management where appropriate.</p> <p>New PT's advisor to the Scottish Government will work with Fife to scrutinise demand and capacity in 2020.</p> <p>Regular reporting on performance continues via NHS Fife and HSCP governance arrangements. Performance in context is fully considered.</p> <p>August 2020 - In light of impact on demand due to Covid, EDG paper developed to seek additional staffing capacity to help manage the impact on staff and patients.</p>	MR (9)	LR (6)	Director of Health & Social Care	Divisional General Manager (File Wide)	Feb-21	Management actions reviewed and updated. Risk score remains the same.	Aug-20	Active		<p>LIB - 06/12/19</p> <p>Clinical and Care Governance - 13/11/20</p> <p>Finance and Performance - 12/02/21</p>	22/01/21 - Audit and Risk Committee

Risk Assessment Matrix

Figure 1

Likelihood	Consequence				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)	LR (5)	MR (10)	HR (15)	HR (20)	HR (25)
Likely (4)	LR (4)	MR (8)	MR (12)	HR (16)	HR (20)
Possible (3)	VLR (3)	LR (6)	MR (9)	MR (12)	HR (15)
Unlikely (2)	VLR (2)	LR (4)	LR (6)	MR (8)	MR (10)
Remote (1)	VLR (1)	VLR (2)	VLR (3)	LR (4)	LR (5)

In terms of grading risks, the following grades have been assigned within the matrix.

■	Very Low Risk (VLR)	(1) - (3)
■	Low Risk (LR)	(4) - (6)
■	Moderate Risk (MR)	(8) - (12)
■	High Risk (HR)	(15) - (25)

Likelihood of Recurrence Ratings

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence Ratings

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim

Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry



**CONFIRMED MINUTE OF THE CLINICAL & CARE
GOVERNANCE COMMITTEE
FRIDAY 13TH NOVEMBER 2020, 1000hrs
MS TEAMS**

- Present:** Councillor Tim Brett (Chair)
Christina Cooper, NHS Board Member
Martin Black, NHS Board Member
Councillor David J Ross
Councillor Jan Wincott
Wilma Brown, Employee Director
- Attending:** Nicky Connor, Director of Health & Social Care
Dr Helen Hellewell, Associate Medical Director
Cathy Gilvear, Quality Clinical & Care Governance Lead
Paul Madill, Consultant in Public Health
James Crichton, Divisional General Manager (Fifewide)
Simon Fevre, Staff Side Representative
Fiona McKay, Divisional General Manager (Interim)
Kathy Henwood, Chief Social Work Officer
- In Attendance:** Ian Wilson, Service Manager (Resources)
Lee Cowie, Clinical Services Manager
Elizabeth Butters, Co-ordinator, Fife Alcohol & Drug Partnership
Olivia Robertson, Head of Nursing (West Division)
Jennifer Cushnie, PA to Dr Hellewell (Minutes)
- Apologies for
Absence:** Dr Chris McKenna, Medical Director
Scott Garden, Director of Pharmacy
Lynn Barker, Interim Associate Director of Nursing
Lynn Garvey, Interim Divisional General Manager (West)
Helen Buchanan, Nurse Director, NHS Fife
Esther Curnock, Deputy Director of Public Health

No.	HEADING	ACTION
1.0	<p>CHAIRPERSON'S WELCOME & OPENING REMARKS The Chair welcomed everyone to the meeting. Apologies were given for the late arrival of Papers to Members.</p> <p>Cllr Brett stated he would like to see the Alcohol and Drug Partnership Annual Report / Strategy go to the IJB Development Session taking place on 27.11.20. Cllr Brett and NC will discuss separately.</p>	<p align="center">Cllr B / NC</p>
2.0	<p>DECLARATION OF MEMBERS' INTEREST There were no declarations of interest.</p>	<p align="center">ACTION</p>

3.0	<p>APOLOGIES FOR ABSENCE Apologies were noted as above.</p>	
4.0	<p>MINUTES OF PREVIOUS MEETING Cllr Brett asked if there were any corrections to the Minute of the C&CGC meeting of 02.10.20.</p> <p>Decision - Committee agreed to approve the Minute of 02.10.20.</p>	
5.0	<p>MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LIST The Action List was distributed prior to the meeting. There were no comments or additions to this.</p>	
6.0	<p>GOVERNANCE</p>	
6.1	<p>Clinical Quality Report</p>	
	<p>HH introduced the report and highlighted several key points. In particular, there has been a start to the Senior Leadership Safety Visits with 2 visits to date. There is continuing work regarding falls, healthcare associated infections and also early signs of improvement in Mental Health indicators with work restarting at pace. Within the Medicines Section, there is a rolling review of safe and secure use of medicines. This work restarted in July with a new timetable to ensure safety work is continuing as before.</p> <p>Cllr Brett queried an increase in falls, however the chart indicated a sustained improvement. CG will investigate and advise.</p> <p>MB asked for feedback regarding the actions taken from the Senior Leadership Visits. CG outlined the actions and recommendations which were arrived at following the visits. JC described the objective of the visits and how improved communication with frontline staff is enhancing relationships and developing better working practices.</p>	<p>CG</p>
6.2	<p>Mental Welfare Commission Inspection Visit Update</p>	
	<p>JC summarised the report which details visits carried out by the Mental Welfare Commission (MWC) to check patient care and treatment. There have been 3 visits to date:</p> <ul style="list-style-type: none"> • Ravenscraig Ward, Whyteman’s Brae Hospital • Ward 2, Queen Margaret Hospital • Lomond Ward, Stratheden Hospital <p>JC explained the themes focused on were:</p> <ul style="list-style-type: none"> • documentation and evidence • environment • support for patient activity • patient numbers. <p>CC queried when environment, patient activity and patient rights/information</p>	<p>ACTION</p>

	<p>can be expected to be an integrated part of patient care, rather than sitting on the periphery. Also auditing of advocacy and patient groups. JC explained, a consistent approach is initially being established with a set of working standards. CC asked for a Project Plan with dates. JC advised an update will be brought back to a future session.</p> <p>Cllr Brett asked if bed numbers have been permanently reduced. JC advised the numbers are being monitored over the winter and it is hoped the reduced number of beds can be maintained through enhanced care in the community.</p>	JC
6.3	Alcohol and Drug Partnership Annual Report / Strategy	
	<p>EButters advised, the format of the ADP Annual Report to Scottish Government has changed this year. Focus is on a checklist which ensures Fife is operationally delivering evidence based key work. Extra narrative was added to the report to explain the full breadth of work the ADP is delivering. In addition, the ADP Strategy for 2020-2023 was provided.</p> <p>MB expressed concern a Workplan is only in the development stage and not yet established, particularly as the ADP have received considerable funding from SG and other external agencies. EButters advised a Delivery Plan is being developed from the Strategy which will take the actions forward. She stressed, the needs assessment indicated the service provision is very good in Fife, although systems of care and how services work together requires improvement. A Delivery Plan will be used to improve integration and development of multi-disciplinary teams and will ease tracking of progress. Also a Workplan will be used by the ADP support team to look at wider issues, aligning to themes around prevention and also working with people in Criminal Justice.</p> <p>MB questioned the inclusion of crime figures which he felt may infer addiction is crime-related. EButters advised the actions within the Strategy have been in place for a number of years and explained the valid reasons for inclusion of these statistics and the work taking place to support individuals, recognising addiction as an illness. This was discussed at some length with KH explaining the impact Covid has had on the ADP Strategy and how the Service has adapted to best work with individuals in crisis.</p> <p>CC was keen to see evidence of services integrating across Fife as addicts have multiple needs/problems. She would also like to see peer representation on support groups - people who have had similar problems. KH stated there is representation of all Partners across the ADP but supported and welcomed CC's comments.</p> <p>Cllr Wincott queried the age of the data and felt it reflected drug and alcohol problems were worsening within Fife. EButters explained data is published by National Bodies who require the figures to be analysed and evaluated before they can be made public. This year, there has been further delay due to Covid.</p> <p>Cllr Brett was keen to have a session arranged to spend time looking at the Strategy in detail and asked if this could be opened up to all IJB Members. NC</p>	ACTION

	<p>agreed, however, felt C&CGC Members must be given more time to read the Papers issued and questioned whether due governance has been covered. NC will raise the topic at the IJB Development Session on 27.11.20, an extra session could be added.</p> <p>NC to discuss with KH and EButters re time-scales of report sign off and fulfilling governance requirements.</p>	NC
6.4	Winter Readiness	
	<p>NC introduced the final version of the Winter Plan for 2020/21. Points highlighted included:</p> <ul style="list-style-type: none"> • Home First • Escalation processes re capacity • Care at home, care homes and hospital wards • Challenges expected • Processes which are currently in place • Newly developed capacity and flow tool <p>NC confirmed the Financial Plan has been signed off. The key aim of the Winter Plan is to:</p> <ul style="list-style-type: none"> • Sustain acute services • Commitment to whole system working • Follow clinical advice <p>NC explained funding of the Winter Plan and advised it will be presented to IJB on 04.12.</p> <p>Cllr Brett queried the types of conditions which can be treated at home, where previously they were treated in hospital. HH described how a person-centred approach is taken. The hospital@home team support individuals with COPD and infections such as UTI – care packages are developed for each individual - often this approach is preferred by the patient and data shows people often can make a quicker recovery. Pathways are continually being strengthened.</p> <p>Sustainability of Services and waiting lists raised concern for Cllr Ross and he asked how Services are coping. NC gave details of indicators which are used to show capacity and stated a huge amount of effort is being put into Home First.</p>	
6.5	CAMHS	
	<p>JC introduced the report explaining the impact Covid has had upon the Service. Many changes have taken place to engage with young people, ie substituting face-face with telephone calls and electronic engagement.</p> <p>LCowie outlined outcomes from work involving SG's MH Performance & Improvement Team. Workforce analysis was matched against demand to give better understanding of capacity, feedback was extremely positive. How services were arranged to meet standards was explained and positive examples of good work detailed. Early intervention work was described and details of referral and response figures were explained. A surge post-lockdown</p>	ACTION

	<p>was expected, however, this has not transpired as yet. A change to referral has been seen with more coming through A&E and General Practice.</p> <p>Assessment of young people has been difficult as engagement has shifted to virtual means. LCowie spoke of difficulties knowing what is happening outwith a screenshot or how lack of privacy can be affecting a young person's ability to engage.</p> <p>Cllr Brett thanked LCowie for the report and presentation. He advised the amount of detail provided would not be necessary in all future reports. He suggested this degree of detail come to Committee once or twice a year.</p> <p>Cllr Brett had hoped that there would be a reduction in the number of referrals. Investment had been made in PMHW to provide support at Primary Care level. LCowie advised these pathways are in place and will take some time to embed, however he felt confident through promotion and signposting the benefits will be felt.</p> <p>Questions were raised on advocacy, self-help, integrated working and evidence of outcomes.</p> <p>LCowie felt partnership working should be evidenced in future reports and will endeavour to include this information going forward.</p>	
<p>6.6</p>	<p>Professional Assurance Framework Report (NMAHP)</p>	
	<p>ORobertson introduced the Professional Assurance Framework Report on behalf of Lynn Barker. The background and objectives of the survey were explained.</p> <p>Findings and actions from the survey were outlined. The Survey was based on the 4 primary drivers. Each of these were explained in detail:</p> <ol style="list-style-type: none"> 1. Ensuring senior nursing/midwifery staff are involved in all performance appraisals and monitoring inter-agency and cross-professional education and development 2. Professional leadership – focusing on outcomes promoting a culture of inter-agency, parity and respect 3. Clear accountability for standards of professionalism at each level 4. NHS Fife Board has a clear understanding of quality of nursing / midwifery and AHP services. <p>Governance of staffing levels was discussed, with work particularly taking place around improving and refining staffing escalation procedures. Financial governance and recruitment and retention were also considered.</p> <p>The low level of response to the survey was raised as a concern. OR assured, the survey will be repeated in order to clarify results.</p> <p>SF stated the document is not only pertinent to nursing but also to AHP staff. Robust processes are in place for nursing services, however, not so for AHP staffing levels. Primary Driver 2 is of significant importance and full engagement will be required to ensure this is achieved.</p>	<p>ACTION</p>

6.7	The Keys to Life	
	<p>IWilson introduced the report which comes from the Learning Disability & Autism Spectrum Disorder Strategy Group. The focus is around the National Strategy 'Keys to Life'.</p> <p>Four priority areas were identified:</p> <ul style="list-style-type: none"> • Living • Learning • Working • Wellbeing <p>The report highlights the work which has taken place within Fife on a multidisciplinary basis to address these areas.</p> <p>Restrictions have been placed on the work due to the pandemic, however, the Group is now moving forward from this. Next year is expected to be a significant year as the Keys to Life Strategy was designed to run from 2019-2021. Part of the work will be to identify the priorities from Scottish Government and looking at how these will be implemented in Fife.</p> <p>People with learning disabilities are more vulnerable to Covid and needed more support . Accessibility of digital solutions was queried and assurance was given that this is being given priority to enable this to move forward.</p> <p>Cllr Brett would like to see 'Person Stories' coming back to C&CGC. NC will endeavour to bring these back after a pause due to Covid.</p>	NC
6.8	Risk Register	
	<p>FMcK advised the Risk Register which impacts on C&CG is presented every 6 months to the C&CGC. There were 5 risks with a high score:</p> <ul style="list-style-type: none"> • Brexit impact on medicines • Market capacity • PC improvement programme • PC prescribing • Delayed discharge <p>Cllr Ross questioned the meaning of 'market capacity'. FMcK advised this is the capacity within Care@Home Services, Care Homes and Services which HSCP commission. Ongoing pressures are experienced within certain areas of the market and work continues to try to stabilise this through various options for care providers. FMcK described a tool which is being piloted to develop care routes around where a care provider lives. This will make maximum use of time without travelling huge distances. The tool is proving to be useful and is being trialled with 6 providers at the moment.</p>	ACTION
7.0	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 07.10.20	
	No comments.	

	7.2 Minute of the Infection Control Committee Unconfirmed Minute from 07.10.20	
	No comments.	
8.0	ITEMS FOR NOTING	
	Cllr Brett would like to highlight the ADP Strategy and the Learning Disability Paper which was received today. Also Winter Readiness.	
9.0	ITEMS FOR ESCALATION	
	No comment.	
10.0	ANY OTHER COMPETENT BUSINESS	
	<p>A rise in Covid cases over the last 24hrs was discussed. Cllr Brett advised Leaders of the Political Groups are invited to regular weekly briefs with Dona Milne , Director of Public Health giving an update of the Covid situation in Fife. NC stated, mechanisms are in place to monitor this and the decision taken to move Fife into Tier 3.</p> <p>NC will link with Cllr Brett regarding agenda items which will come forward for the next meeting. In recognition of the capacity required of the Senior Team to prepare reports, the elements of governance to be taken forward will be prioritised.</p> <p>NC advised, discussions concluding the Integration Scheme are currently taking place. An area to be explored is Clinical & Care Governance and the delivery of it. The Integration Scheme as it stands is overly detailed, in terms of information and it necessitates the need for this Committee. The IJB will consider this and is likely the C&CGC will be removed.</p> <p>NC felt a committee to look at quality issues, roles, delivery of outcomes as well as oversight of delivery will be required. She proposed the committee might want to think about being renamed. This will be coming to the Development Session on 27th Nov.</p>	
10.0	DATE OF NEXT MEETING - Friday 29th January 2021, 1000hrs. MS Teams	



**UNCONFIRMED MINUTE OF THE CLINICAL & CARE
GOVERNANCE COMMITTEE
FRIDAY 29TH JANUARY 2021, 1000hrs
MS TEAMS**

- Present:** Councillor Tim Brett (Chair)
Christina Cooper, NHS Board Member
Martin Black, NHS Board Member
Councillor David J Ross
Councillor Jan Wincott
Wilma Brown, Employee Director
- Attending:** Nicky Connor, Director of Health & Social Care
Dr Helen Hellewell, Associate Medical Director
Cathy Gilvear, Quality Clinical & Care Governance Lead
James Crichton, Divisional General Manager (Fifewide)
Lynn Barker, Associate Director of Nursing
Scott Garden, Director of Pharmacy & Medicines
Lynn Garvey, Interim Divisional General Manager (West)
Fiona McKay, Interim Divisional General Manager
- In Attendance:** Christine Moir, Senior Manager, Education and Children Services
Alan Small, Chair Child Protection Committees Scotland
Jennifer Cushnie, PA to Dr Hellewell (Minutes)
- Apologies for Absence:** Dr Chris McKenna, Medical Director
Helen Buchanan, Nurse Director, NHS Fife
Paul Madill, Consultant in Public Health, NHS Fife

No.	HEADING	ACTION
1.0	<p>CHAIRPERSON'S WELCOME & OPENING REMARKS The Chair welcomed everyone to the meeting and stated there was doubt as to whether the meeting should have taken place due to demands from the pandemic, however, after discussion with NC and HH it was decided to go ahead with a reduced Agenda.</p> <p>Cllr Brett advised SG and LG would present their reports following Item (5.0). This was to enable both to leave to attend to urgent matters.</p>	
2.0	<p>DECLARATION OF MEMBERS' INTEREST There were no declarations of interest.</p>	
3.0	<p>APOLOGIES FOR ABSENCE Apologies were noted as above.</p>	

		ACTION
4.0	<p>MINUTES OF PREVIOUS MEETING</p> <p>Cllr Brett queried if there were any corrections to the Minute of the C&CGC meeting of 13.11.20.</p> <p>CC asked for her quote in section 6.3 referring to “addict” be corrected to “service user”.</p> <p>Decision – With this change implemented, the Committee agreed to approve the Minute of 13.11.20</p>	
5.0	MATTERS ARISING – OUTSTANDING ACTIONS FROM ACTION LOG	
5.1	Update regarding current situation with C&CG Committee with relation to Integration Scheme.	
	<p>NC advised the Integration Scheme is being reviewed by Partners, comments are awaited. NC had hoped this would be achieved through revised governance structures towards the end of March 2021, however, due to the current lockdown situation, this may be delayed. Discussions are ongoing and governance structures will be considered at the IJB development session meeting next week (05.02.21).</p>	
5.2	Action Log	
	<p>Cllr Brett referred to the IJB Development Session on 08.02.21 which will be focussing on ADP strategy. It was hoped this session will be well supported.</p> <p>Physiotherapy Services will be covered verbally by HH in the PC Improvement Plan Update.</p> <p>Cllr Brett stated he had received a Paper from CG explaining the position around falls and the reporting methods. He offered to circulate the Paper to anyone interested in receiving a copy.</p>	
6.0	GOVERNANCE	
6.1	Clinical Quality Report (Incorporating Improvement Data Powerpoint)	
	<p>CG talk through a presentation explaining how data is gathered and used to measure and monitor processes in place through the Model for Improvement framework. The ultimate aim is to prevent harm or poor outcomes for patients and to make continuous improvement. CG explained how data is gathered, run charts are created and the meaning of the various terms used.</p> <p>CG offered to convert the presentation to Word format for Cllr Ross and discuss with him separately.</p> <p>HH advised, SAER and LAER activity has paused from 07.01.21 to focus on Covid issues. Incident reporting, however, will continue.</p>	CG

	<p>LB gave an update around patient experience and the impact Covid is having upon patients and staff.</p> <p>Virtual ward walkabouts were discussed, explaining how these work and the benefits they have brought.</p> <p>CC queried the data around self harm / ligature incidents and the number of people this referred to. CG explained the data refers to a small number of individuals and added, the data gathered is the starting point to focus and prioritise work.</p>	ACTION
6.2	Winter Position	
	<p>LG stated that through the Home First model, which aims to reduce delays in hospital, there has been a 36% reduction in length of stay in hospital compared with this time last year. Currently the length of stay is 33 days. Fife is sitting 5th nationally in terms of discharge rate. LG outlined novel approaches which have been used to improve the discharge rate and felt excellent collaborative working between health and social care have brought many improvements.</p> <p>The Workforce Hub has helped to ensure all areas are safely staffed whilst facing a time of great staffing pressures.</p> <p>MB asked if cleanliness and social distancing has helped the 'flu situation and if so, would these measures be carried forward into next year? LG advised there has been significantly less 'flu this year and work will be carried out to understand this fully.</p> <p>LB added, the considerable work which has gone into infection control and prevention has had an impact on hospital-acquired infections.</p>	
6.3	COVID Vaccination Programme Update	
	<p>SG gave a comprehensive update of progress to date of the Covid Vaccination Programme. A summary of the points covered:</p> <ul style="list-style-type: none"> • Numbers of people vaccinated in Fife to date (29,000). • Letter from Scottish Government giving delivery timescales, broken down into cohorts. • One of first Boards in Scotland to complete initial vaccinations in Care Homes and for GPs, frontline staff and over 80s. • Housebound patient vaccinations will commence w/c 01.02. • The National Scheduling tool was outlined as were changes to the dosing schedule (to 12 wks). • Timescales for remaining cohorts, numbers per cohort and venues being used to serve as vaccination centres. • Vaccine supply explained. • Offers from GPs to continue to vaccinate other cohorts. • Using networks effectively, good support from military liaison colleagues utilising logistical skills. 	

	<ul style="list-style-type: none"> • Workforce – 200 vaccinators recruited under new protocol being used throughout pandemic. • Learnings from flu have been used. Leadership model which has been put into each clinic has been particularly useful. • Communication strategy explained. <p>Questions asked included:</p> <p>Cllr Brett asked if those housebound will hear from NHS Fife or from their GP. SG advised District Nursing will make contact.</p> <p>Cllr Ross – asked what actions have been taken to engage with ethnic minority groups and harder to reach citizens. SG advised the Vaccination Programme fully complies with all requirements of the Equalities Act 2010. A range of actions have been implemented which can be viewed on the NHS Fife Vaccination Programme website.</p> <p>Cllr Brett thanked SG for a detailed presentation.</p>	ACTION
6.4	Mental Health Strategy Implementation Plan (Update)	
	<p>JC advised he would like to give the committee an update of how work is progressing. Key developments are:</p> <p>In-Patient Capital Development – a Programme Board has been established, led by Dr McKenna as SRO. Delivery of the project will be through the Project Team, reporting to the Programme Board. Currently developing the initial agreement which shall be concluded by April 2021.</p> <p>Service Redesign in Adult Community Services – initial work has taken place to remodel support within the adult mental health community teams. Involves realignment of the day hospital model to a community-based support.</p> <p>Unscheduled Care Services – work has been taking place around the urgent care pathway review to align local arrangements with the national urgent care pathway. A report has gone to SLT looking at gaps in the workforce which are needed to support this work.</p> <p>Rebalancing Care – this involves developing a 5-year plan for a patient cohort who will benefit from community-based care - support in the community with the right arrangements.</p> <p>Participation and Engagement – due to Covid, a new flexible model is to be implemented using a blend of virtual meetings and face to face (when possible). There is no 'one size fits all'.</p>	
6.5	Primary Care Improvement Plan Update (SG Letter)	
	<p>HH updated the committee regarding the Joint Letter received from SG and BMA looking at how the PC Improvement Plan can move forward with new timescales for the workstreams. Transitional agreements will be put in place to</p>	

	<p>ensure services are provided in a safe way. Services are to transition as follows:</p> <ul style="list-style-type: none"> • Vaccination 2022/23, • Pharmacotherapy 2022/23 • Community Care and Treatment Services 2022/23 • Urgent Care 2023/24 to ensure fit with new overarching redesign of urgent care • Additional professionals – MH Workers, Physiotherapists, Community Link Workers to be in place by end of 2021/22 <p>HH advised there has been good consultation with the workstream groups. Learning from virtual consultation and other methods of having conversations is being considered and if these should change, also looking at workforce and planning to ensure a robust plan going forward.</p> <p>HH had reported a struggle to recruit physiotherapists, however, there has now been an increase in applicants and lack of numbers is no longer a concern.</p> <p>HH felt confident as much work as possible has taken place, considering the pandemic, and it is hoped a new and revised plan will be in place for Spring. This will take into account all aspects, along with a whole system approach to staffing and recruitment is phased in a sustainable way.</p> <p>Cllr Brett asked for sight of the letter. HH will check with NC if appropriate to circulate.</p>	ACTION
6.6	Child Protection Committee Annual Report	
	<p>AS advised the report is dated from 1/4/19 to 31/3/20, focusing around the activity of the CPC Working Groups. AS gave a background to the format of the report where all Working Group Chairs have contributed to the event.</p> <p>AS detailed the impact the pandemic has had upon the CPC and the learning undertaken to meet the challenges presented. The complex governance arrangements were described together with new national guidance, which was introduced from May 2020.</p> <p>AS described the various working groups and their activities along with the new ways of working being used. Priorities for the year ahead were outlined.</p> <p>CM advised a training post, which will sit within Children & Families SW, will be advertised nationally by mid February.</p> <p>Had Children’s Advocacy received any further investment since the Third Sector Review was queried by CC. CM advised, Barnardo’s have received funding from SG for a bespoke Advocacy Service called ‘Children’s Reporter’. She added, the SW Dept are working hard to ensure the ‘right person for the child’ is there and explained the work taking place around this. CC stressed the importance of completely independent advocacy being provided for a child. She also queried digital solutions in the interim. SG has provided funding to</p>	

	<p>purchase digital solutions, ensuring all children are supported.</p> <p>The main challenges arising through the pandemic were discussed at length, however, it was believed the real impact is yet to be felt.</p>	ACTION
6.7	Children Services Inspection Action Plan	
	<p>CM presented the report showing progress made in relation to the finding of the 2019 Children’s Services Inspection. This is now a little dated – July 2019. A Plan for Improvement had been developed which is attached as Appendix 1, many of the actions are now complete and good progress has been made against others. Ultimately, Covid has led to delay in completion of several actions.</p> <p>Partners working alongside HSCP are SCRA, Police Scotland and the Scottish Fire and Rescue Service. CM outlined a particular area of strength identified during the inspection – ‘Care Leavers accessing more flexible accommodation working’ and summarised some of the areas in need of improvement, which form the basis of the Improvement Plan.</p> <p>CM told of work currently taking place to produce data on a quarterly basis, identifying what is happening now, rather than what has happened. Many new improvement activities are planned for 2021, which CM outlined.</p>	
6.8	NHS Children’s Services: Child Protection Report	
	<p>JC covered the key points from the report, he explained the challenges around working through Covid and the transfer to a virtual platform.</p> <p>A key issue of safety and concern is isolation at home for children. This was highlighted as a national concern as nurseries and schools have closed, with much less face-face professional input. The team have been working closely with colleagues to address this.</p> <p>JC told of several initiatives which have taken place collaboratively over the summer months to combat child isolation.</p> <p>The Support and Advice line has received 146 calls with feedback received which was extremely positive.</p> <p>Child Protection Training has moved to an on-line arrangement, rather than the monthly training programme as set out in the CP Training Framework.</p> <p>Cllr Brett queried the absence of the Lead Consultant, although, he realised work-arounds have been used to deal with this. JC confirmed this and looked forward to the return of the Consultant in due course.</p>	
7.0	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	7.1 SBAR Overview: Clinical & Care Governance / COVID 19	
	CG outlined the report which gives an update to the committee regarding the	

	<p>governance oversight activity in the absence of formal divisional C&CG meetings within HSCP due to Covid.</p> <p>HH added, it was thought it would be helpful for the committee to see evidence of governance and scrutiny being undertaken, despite the pandemic.</p> <p>Cllr Brett noted external inspections which are included in the paper, it is expected reports will come back on these when they are available.</p>	ACTION
8.0	ITEMS FOR NOTING	
	8.1 Fife HSCP Health & Safety Forum Annual Report	
9.0	ITEMS FOR ESCALATION	
	Cllr Brett highlighted SG's presentation on the Covid Vaccination Programme as being very helpful and comprehensive.	
10.0	ANY OTHER COMPETENT BUSINESS	
	No other competent business.	
10.0	DATE OF NEXT MEETING - Friday 26th February 2021, 1000hrs. MS Teams	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE WEDNESDAY 11 NOVEMBER 2020 AT 10.00 AM VIA MICROSOFT TEAMS

Present: David Graham [Chair]
David Alexander
Les Bisset, NHS Board Member
Margaret Wells, NHS Board Member
Martin Black, NHS Board Member
Rosemary Liewald

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Scott Garden, Director of Pharmacy & Medicine
Margo McGurk, Director of Finance NHS Fife
Norma Aitken, Head of Corporate Service, Fife H&SCP
Tim Bridle, Audit Scotland

Apologies for Absence: Helen Hellewell, Associate Medical Director
Lynn Barker, Interim Associate Director of Nursing
Lynne Garvey, Interim Divisional General Manager (West)
Jim Crichton, Interim Divisional General Manager (Fife Wide)
Eileen Rowand, Executive Director – Finance & Corporate Services
Jill Chambers, Head of Finance NHS Fife

In Attendance: Carol Notman, Personal Assistant (Minutes)

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	David Graham welcomed everyone to the meeting and apologies were noted as above. He noted that at 11am the meeting would hold the 2 minute silence to remember those who had fallen.	
2	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3	MINUTE OF PREVIOUS MEETING – 6 OCTOBER 2020	

NO	HEADING	ACTION
	<p>The Committee discussed the minute of the meeting of 6 October 2020 and agreed they are an accurate record.</p> <p>Les Bisset noted that he had expected a written report following Audrey Valente's presentation at the last committee meeting. Nicky Connor advised that her understanding of the Committee Structure was that these meetings were additional Finance Meetings to allow for fuller deeper finance discussion with the formal report going through the IJB committee cycle. Audrey Valente confirmed that the Finance Update was a formal paper for approval today, and she would be providing further update in the presentation. Les Bisset confirmed that this committee meeting was an information only meeting therefore no decisions would be made.</p> <p>Cllr David Graham noted that these were one of the first Finance Only Meetings and would email the Member's for their feedback and their consensus as to the way forward.</p> <p>Margaret Wells confirmed that if the Committee Members were expected to make formal decision then a paper would need to be submitted for governance purposes. Cllr David Graham noted that he would pick this up with the Officers out with the meeting.</p> <p>All agreed that having a more detailed note of the discussions as well as the decision recorded would be beneficial. Cllr David Graham noted that this would be possible but the minutes would not be verbatim.</p>	<p>DG</p> <p>DG</p>
4	MATTERS ARISING / ACTION LOG – 6 OCTOBER 2020	
	<p>The Committee noted the Action Log required to be updated. Timescales to be revised as well as updating those who are responsible for completing the action as required.</p> <p>FM confirmed that the paper on Carers Funding Plan will be available for the next Finance and Performance Committee.</p>	<p>FM/CN</p> <p>FM</p>
5	FINANCE REPORT	
	<p>Audrey Valente presented the Finance Report which provided information up to 30 September 2020.</p> <p>The financial performance analysis for the delegated and managed services is outlined, noting that they are currently reporting a projected outturn overspend of £6.780M. The services with the biggest variances whether overspend or underspend is outlined on pages 15-16.</p> <p>The paper outlines the costs associated with covid which is regularly reported to the Scottish Government through the mobilisation plans. The local mobilisation plans predict that the costs associated to covid will be in the region of £22M for</p>	

NO	HEADING	ACTION
	<p>the Partnership with the current costs to date being £12M but it is assumed these costs will be funded through local mobilisation plans.</p> <p>Appendix 2, pages 20-21 of the report outlines the 20-21 savings, which Audrey Valente noted had not changed since last report.</p> <p>Rosemary Liewald queried with regards the vacancies noted on page 15 & 16 in Long Term Care and Children’s Services and asked what the strategy is to filling these key positions going forward. Nicky Connor advised that there are specific known challenges within Health Visiting, Community Nursing and other areas but confirmed that specific work has been carried out within these services with a national programme for the Health Visiting Team as well as a local ‘Grow Your Own’ approach. The service has invested in the development of specialist practitioners where they are undertaking their training at Queen Margaret University, and NHS Fife is providing their mentorship. Nicky Connor noted that there are a number of reasons for the challenges within the workforce which include the development of advanced practice roles providing staff the opportunity to progress to advanced nurse practitioners, as well as retirement and demographic which has been a key challenge. Lynn Barker, from the nursing point of view has been specifically looking at a proactive retention and recruitment drive. These have been challenging areas on an ongoing basis and we are focussing on these roles.</p> <p>Margaret Wells noted in relation to vacancies and staff pressures, these are considered regularly as part of the Board Assurance Framework at the Staff Governance Committee.</p> <p>Les Bisset queried point 4.7 (pg. 18) with regards the Social Care Other noting that he could understand why there was such a significant overspend, but he had concern with the term “shifting the balance of care” as this could be misunderstood. Audrey Valente noted that the language within the finance report has been agreed by all partners and reflects the work and discussions ongoing between the two partners to look at how the IJB Budget is set, but agreed that it could cause some misunderstanding therefore agreed to highlight this to the partners to investigate alternative wording. Nicky Connor noted that ‘Shifting the Balance of Care’ was a very specific project historically, what the report is reflecting is the balance of care to the homely setting and how this is managed in the current context.</p> <p>Scott Garden noted that due to the pandemic the traditional approach and structures regarding transformation had required to change and he could see why the language was being used because the change was happening by design in order to get the best outcome for the patient.</p> <p>David Graham confirmed with the Committee that the recommendations outlined in page 10 of the papers were accepted.</p>	<p style="text-align: center;">AV</p>
6	FINANCIAL PRESENTATION	

NO	HEADING	ACTION
	<p>Audrey Valente talked to a Powerpoint presentation, which focused on three areas:</p> <ul style="list-style-type: none"> • Budget Gap Early costings for continuing to deliver services for the IJB and what the budget would require to be, with the estimated inflationary costs, highlights a shortfall of £10M each year. Audrey Valente stressed that the figures projected required refining and the in-year pressure to be added which currently they are not. The in-year pressures include: <ul style="list-style-type: none"> ○ Additional care packages ○ Morse ○ HEPMA ○ Free Style Libra ○ Healthcare Assistants • Funding from Scottish Government <ul style="list-style-type: none"> ○ £1.1BN and the Partnership share of £16.4M have been confirmed. The funding for the full year is £17.9M which results in a shortfall of £1.4M. <p>The recovery plan and actions – have been presented at Finance & Performance and Integrated Joint Board and it is refining the information and what can be taken to the bottom line.</p> <p>Audrey Valente noted that the commitment from the Scottish Government for Social Care was due to come in November 2020 and for Health costs in January 2021.</p> • Focus on 3 Savings <ul style="list-style-type: none"> ○ Re provision of Care – paper previous presented to Finance & Performance Committee regarding the introduction of sensor technology. Currently there are 13 households that have the technology in place, 2 reviews have concluded which has resulted in a reduction in 1 package. FM advised that the team are planning to put the sensors into the first Group Home next week. Weekly reports will be made available to the team going forward. ○ Resource Scheduling – working with Scottish Care setting up workshops and distributing questionnaire asking the home care providers their feedback on using Total Mobile and what their issues/concerns are. It is anticipated that the review will be finalised Jan/Feb 2021 giving a clear position going forward into the new financial year. ○ High Reserves – involves payments to individuals and commissioned services, in particular voluntary organisations. FM advised that a group has been set up to investigate the reimaging of service requirements against the Partnerships priorities going forward. A 	

NO	HEADING	ACTION
	<p>Project Worker is being appointed to support the extensive work with the voluntary sector as the Partnership redesigns its services.</p> <p>David Graham noted that he would be keen to see a paper to see the impact of headline to allow the committee to fully scrutinise the information.</p> <p>David Graham asked with regards the Sensor Technology how soon will the Partnership see results whether they are positive or negative. Fiona McKay advised that while the technology is in place reports will be provided to the service providing detail on cost avoidance and reduction in packages. The first units are going into an external agency next week therefore to allow data to be collected and investigated it would be January Committee before a more detailed report could be made available.</p> <p>David Graham noted that historically any changes to supply of funding to Voluntary Organisations was met with high resistance and queried whether there had been any sense of resistance? Fiona McKay advised that discussions with the Voluntary Organisations would not be taking place until January 2021, it is acknowledged that it has been a very challenging period for the voluntary organisations as many have lost a lot of their external funding and confirmed that the Partnership is looking at realigning services going forward in conjunction with Voluntary Services.</p> <p>Martin Black asked with regards Libra and how this is impacting on costs, when it was agreed when it was introduced that it would be £1M therefore can't understand the significant increase. David Graham advised that he had previously asked the question and had been advised that it had been a requirement for Health Boards to take part in the technology but there was no funding being made available from the Scottish Government. Audrey Valente advised that a paper had been issued to the EDG and NHS Fife Board which notes that funding had been provided for 2019/20 but no funding has been made available for this financial year which is a potential pressure and puts at risk the delivery of Medicine Efficiencies Savings. Scott Garden advised that the EDG Board Paper had been approved in 2018, he wished to clarify that Libra is a medical device not a medicine but as it is prescribable on the NHS it is the reason why it is grouped into the GP Prescribing Budget. He noted that funding of £345k was expecting this year but has not been forthcoming in the allocation so far. We have more patients in free-style Libra and assurance has been sought from the Diabetes Service who are reviewing to ensure that patients meet the criteria. Scott Garden confirmed that there is a pressure on the budget this year, but there was some inevitability with the Government deciding not to provide funding for a technology which is transformational for patients. Audrey Valente confirmed that she is in discussion with Margo McGurk around this funding.</p> <p>Martin Black queried with regards the £10M deficit that is showing for every financial year and asked how is it ever going to be achieved, we are still in the throes of finding a saving this year how are we going to be able to find savings for up to £30M. Audrey Valente confirmed that there is a lot of unknowns in</p>	<p>AV</p> <p>FM</p>

NO	HEADING	ACTION
	<p>the projected figures and that the numbers stated is just an early indication of the potential position.</p> <p>Rosemary Liewald advised that she thought that having personal stories would be beneficial for the Committee to highlight the impact changes are having on the service user. Fiona McKay gave an example where the new technology had indicated that a package was not required where previously looking at all the details on paper, a care package would have been put in place. FM agreed to pull together a paper with personal stories</p> <p>Les Bisset queried the requirement for a new Project Officer working with the Voluntary Organisations. Fiona McKay advised that although the Voluntary Organisations had a Service Level Agreement in place, due to work pressures these had not been reviewed for several years. Following feedback from the Organisations and their users there is a desire to move from the more traditional day centre model of care to café style. Therefore, a Project Officer will be able to support the Partnership review and redesign services as required.</p> <p>Margaret Wells noted that the savings to be found year on year is daunting and asked if the Partnership intends to break even, when the difficult decisions will be required. Audrey Valente noted that part of the strategic work that she is working on is looking into the future rather than concentrating on the current financial year and making changes will take years to deliver savings but wished to give the committee reassurance that strategic overview was being considered.</p> <p>Nicky Connor noted the Partnership is now navigating its way through the second wave of the pandemic but wished to assure the Committee that the Senior Leadership Team were looking forward and will keep the committee up to date on the journey that it is on and will take on board the comments received from the committee members today.</p>	FM
7	FINANCE & PERFORMANCE RISK REGISTER	
	<p>Fiona McKay presented this report which was for discussion and represented the risks for the Integrated Joint Board which may impart the Partnership in achieving its strategic objectives in relation to Finance and Performance Management.</p> <p>The Risk Register was last presented at the October meeting where it was decided that it would be tabled at each meeting going forward.</p> <p>Fiona McKay noted all risks in the risk register were reviewed by the risk owners in August 2020 and they are presented in order of residual risk score.</p> <p>There is currently 6 risks which score as 'high' which is shown in Column 9. If there has been an increase or decrease in the risk level since the last review, this is highlighted in red font in Column 14.</p> <p>David Graham noted the recommendation on Page 22 for discussion, no questions were raised as the risk registered had recently been reviewed. Further opportunity for comments will be possible at the next meeting.</p>	

NO	HEADING	ACTION
8	MEDICINES EFFICIENCIES UPDATE	
	<p>Scott Garden advised that the Medicines Efficiencies Update Paper was providing an update with the key elements being:</p> <ul style="list-style-type: none"> • Improved Formulary Compliance • Reduced Medicines Waste • Realistic Prescribing <p>Scott Garden noted that the efficiencies targets for GP prescribing is £1.5M and £150k for the Fife Wide Division for 2020/21, 2021/22 and 2022/23. He was pleased to note that at the end of 2019/20 the Service had broken even which was significant improvement from 2016 where NHS Fife had one of the highest costs per patient for GP Prescribing compared with the rest of NHS Scotland.</p> <ul style="list-style-type: none"> • Realistic Prescribing – throughout the pandemic the service have been able to maintain cost effective prescribing and it is forecasted that it will still break even, although the impact on increased prescribing for covid has to be taken into consideration. There has been increased pressure with medicine shortages, although the service often has to deal with shortages, the pandemic has exacerbated the situation and there has been a number of drugs with significant price increases. • Formulary Compliance – Fife has increased its compliance with the formulary from 62%-76% (by spend) and 79% to 85% (by volume) for GP prescribing which is being maintained. • Medicine Waste – the service has been managing the volumes of medicine better with a one stop dispensing order in place similar to the acute hospitals. The Fife Prescribing Forum has met and are looking at the work plan for the next 6 months. <p>David Graham thanked Scott Garden for the paper and noted that the committee would be very interested to see the updated position and forecast that is currently being prepared by the Diabetes Team with regards Libra and asked when it would be available. Scott Garden anticipated that the paper would be available within the next 7 days and should allow the team to understand the impact and mitigation. Paper to be brought to a future committee meeting.</p> <p>David Graham also asked with regards the risk noted in the report and asked how worried should the service be with the risk to the delivery of the programme? Scott Garden noted that there is an element of the unknown but confirmed that the service is in a far stronger position with regards its stockpile of medicines and work with the Border Control than previously. In addition there has been changes with the National Procurement which help to strengthen the position.</p> <p>Les Bisset asked for clarity around issue of prescribing noted on page 32. Scott Garden noted that there was a combination of increased medication and</p>	SG

NO	HEADING	ACTION
	<p>increased costs, the volume was less than the same time the previous year, but the costs were higher.</p> <p>Rosemary Liewald asked with regards the Patient Access System for prescribing what the uptake had been throughout Fife? Scott Garden noted that this referred to the serial prescribing, where patients were given a 6 or 12 month prescription but dispensed on a 2 monthly basis by pharmacist. There is currently 40 Practices and 65 Community Pharmacists who have signed up to the incentive scheme which is truly transformational. He noted that the aim is to get 50,000 patients onto the scheme by March 2021.</p> <p>Margaret Wells queried as we approach the exit from the EU what the overall picture is. Scott Garden advised that there is very good communication from the Chief Pharmaceutical Officer which is fed into the committee's which have been set up to review the exit as it involves more than just medicines. He noted that there has been some changes made with regards the routes into the UK and confirmed that there has been much advancement made in the last 12 months in preparation. In addition, within NHS Scotland a system Script has been introduced which allows services to see in real time where all the medication is within NHS Scotland which supports the redistribution of medicine across the nation.</p> <p>David Graham noted that there are some recommendations noted on Page 31 for the Committee to note, all agreed that these had been noted.</p>	
9	AOCB	
	<p>Nicky Connor noted that there had been a lot of discussion around the Winter Plan which was being formally reviewed at the Integrated Joint Board in December 2020. Nicky Connor agreed to distribute the report to the committee members for any comments to be fed back to her.</p> <p>Margaret Wells queried with regard to a recent Briefing Note. Fiona Mackay to ask Jennifer Rezendes who is the Service Manager responsible for the Adult Protection Service to pick up this issue outwith the meeting.</p>	<p>NC</p> <p>FM</p>
10	DATE OF NEXT MEETING	
	Friday 11 December 2020 at 10.00 am via Microsoft Teams	



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 15 JANUARY 2021 AT 10.00 AM VIA MICROSOFT TEAMS

Present: David Graham [Chair]
David Alexander
Les Bisset, NHS Board Member
Margaret Wells, NHS Board Member
Martin Black, NHS Board Member
Rosemary Liewald

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Tracy Hogg, Finance Business Partner for H&SCP
Euan Reid, Lead Pharmacist, NHS Fife
Tim Bridle, Audit Scotland

Apologies for Absence: Fiona McKay, Interim Divisional General Manager
Scott Garden, Director of Pharmacy & Medicine
Helen Hellewell, Associate Medical Director
Lynn Barker, Interim Associate Director of Nursing
Norma Aitken, Head of Corporate Service, Fife H&SCP
Lynne Garvey, Interim Divisional General Manager (West)
Jim Crichton, Interim Divisional General Manager (Fife Wide)
Margo McGurk, Director of Finance NHS Fife

In Attendance: Carol Notman, Personal Assistant (Minutes)

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	David Graham welcomed everyone to the meeting and apologies were noted as above.	
2	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3	MINUTE OF PREVIOUS MEETING – 11 NOVEMBER 2020	
	The Committee discussed the minute of the meeting of 11 November 2020 and agreed they are an accurate record.	

NO	HEADING	ACTION
4	MATTERS ARISING / ACTION LOG – 11 NOVEMBER 2020	
	David Graham noted that a revised action log had been issued with updated timescales reflecting the current pressures the services are experiencing.	
5	PANDEMIC UPDATE	
	<p>Nicky Connor felt it would be helpful to provide an update to run through some key issues from a performance perspective and in relation to the HSCP Winter Plan.</p> <p>She advised the national measures were increasing, the Covid position is a challenge across the UK which is reflected in Fife which brings a significant challenge across acute services and the Partnership.</p> <p>In line with the winter plan additional surge capacity has been created in collaboration with the Microbiology and Infection Prevention and Control Team.</p> <p>The service has had success this year with the home first approach, although recently delayed discharges have been challenged which is reflective of the pressures on the system but up to now the services performance has been better than previous years in terms of delayed discharge figures.</p> <p>Support has also been in place for the ‘high health gain’ which has been supporting individuals over the last six months and has shown a reduction in the length of stay in community hospitals, the specific figures require to be quantified more fully but the service is also looking to provide support lines in terms of carers to support ready access.</p> <p>Further meetings looking at what more the service can do has been organised to look at STAR Model and Star Beds looking at how the service can provide better support for the patients requiring enhanced level of support within the community settings. Therefore, in line with the winter plan, additional support has been given to Hospital at Home, ICAS and Care at Home Services.</p> <p>Nicky Connor wished to note her thanks to the whole Partnership Team for their significant efforts during this extremely busy period and acknowledge the excellent joint working with the acute services, partners in the independent and third sectors.</p> <p>David Graham thanked Nicky Connor for up update and would like to echo his thanks to the front-line staff for their efforts in keeping everyone safe.</p> <p>David Alexander noted with regards the winter plan from his impression he had not heard of the flu causing an issue this year. Nicky Connor noted with the precautions put in place to stop the transmission of Covid has had the benefit of also helping to reduce the transmission of flu and noted that there has been a decrease in flu outbreaks globally this year. Euan Reid confirmed that flu had not been identified as an issue during the winter period in the southern hemisphere.</p>	

NO	HEADING	ACTION
	<p>Rosemary Liewald wished to commend the roll out of the flu vaccination within the community pharmacies noting how well this worked. Nicky Connor agreed the community pharmacy team were phenomenal allowing incredible accessibility to those requiring the vaccination.</p>	
6	<p>FINANCIAL PRESENTATION</p>	
	<p>Audrey Valente talked to a Powerpoint presentation, which focused on four areas:</p> <ul style="list-style-type: none"> • In Year Pressures <ul style="list-style-type: none"> The Committee have seen the data previously, AV felt it was important to show the starting point for the budget gap and the In Year Pressures that are: <ul style="list-style-type: none"> ○ Additional care packages ○ Morse ○ HEPMA ○ Free Style Libre ○ Healthcare Assistants • 2021/24 Planning Process <ul style="list-style-type: none"> ○ Funding from Scottish Government ○ Review of 2020/21 unachieved savings ○ Review of transformation themes within Medium Term Financial Strategy ○ Savings Target ○ Timelines agreed ○ Standardised Documentation ○ Liaison with Business Partner (Finance, HR, Change) ○ Budget Challenge Process ○ Confirmation of funding from Partners • Local Mobilisation Plan Funding <ul style="list-style-type: none"> ○ Social Care Sustainability (Tranche 1-3) - £5.419M ○ September Share of £1.1bn Allocation - £11.004M ○ Additional Funding for GPS - £1.325M ○ December Winter Planning Allocation - £4.369M • Position Update <ul style="list-style-type: none"> ○ Estimated Funding (as above) - £22.117M ○ Funding Required Full Year (excluding unachieved savings) – (£19.171M) ○ Unachieved Savings – (£6.939M) ○ Shortfall – (£3.993) ○ Offsets - £3.255M ○ NET Position – (£0.738M) 	

NO	HEADING	ACTION
	<p>Audrey Valente noted that the £6.9M unachieved savings had not been delivered this year due to the pandemic situation. A Medium Term Financial Paper, taking stock to see whether the suggested savings were still fit for purpose is currently being worked on and noted that this figure could rise to between £12-20M if the Partnership is not able to achieve any of the pressures.</p> <p>Audrey Valente noted that the management team has been provided with timeframe and standardised documentation is being developed to support the services who will be working closely with their business partners to review budget challenges.</p> <p>Confirmation of funding proposal had been presented and agreed at the IJB in March 2020.</p> <p>Martin Black queried that a lot of the underspend is due to staff shortages and he calculated this to be around £6M, which if these posts were recruited to would add additional pressure. Audrey Valente confirmed this would add pressure so savings would need to be identified elsewhere.</p> <p>Martin Black asked whether the increasing cost for medication had been taken into account. Audrey Valente noted that the team had been working with both partners and a 3% inflation cost had been factored into the figures.</p> <p>Les Bisset queried the term business partner to which Audrey Valente explained this was Council terminology for support services such as Finance & HR where there is a member of staff aligned to support the service.</p> <p>Les Bisset queried with regards the Transformation Programme acknowledging that the pandemic will have impacted progress but queried whether this was being done in partnership with both Fife Council and NHS Fife. Nicky Connor wished to assure the committee that transformation is being done in partnership, a workshop had been organised but with the current pressures this was being postponed. Nicky Connor confirmed that that she had regular meetings with the Chief Executives for both Fife Council and NHS Fife similar to Audrey Valente who had regular meetings with the Chief Finance Officers. Nicky Connor wished to note that although the pace is slower than hoped, the Transformation Policy will be completed.</p> <p>David Alexander queried the £6.987 unachieved savings and whether this included covid costings and funding provided from the Council? Audrey Valente noted that these figures had not been reflected.</p> <p>Rosemary Liewald noted concern that unachieved recruitment had been discussed back in November and it appears that the issue remains and the positions have not been filled. In addition, she queried the timetable noted earlier and asked for further clarification.</p> <p>Audrey Valente noted that she has asked managers to look at unachieved savings of £6.9M and whether the agreed savings are deliverable noting if they are not then what are they replaced with. Returns from each of the managers has been requested with a deadline of 15.1.21. All information will be</p>	

NO	HEADING	ACTION
	<p>consolidated by the end of January and tabled in February at the IJB Development Session before being presented to the IJB in March 2021.</p> <p>Martin Black queried how the Partnership could take the opportunity to recruit from a bigger pool of candidates due to the economic crisis associated with the pandemic and felt that there should be a recruitment drive rather than a recruitment freeze. He also queried if Zoom technology could be introduced as so many people are becoming familiar with it. Nicky Connor confirmed that there has been no freeze on recruitment and during the pandemic staff who have retired or left has been replaced. In addition, there has been a drive to recruit Mental Health staff. Euan Reid confirmed that the NHS have been using a virtual programme called “Near Me” to see patients virtually and many clinicians have been feeding back how helpful this has been.</p> <p>Rosemary Liewald wished to note the positive situation highlighted on the Position Update screen, noting that it is right to be cautious at this stage, but wished to note well done to Audrey Valente and the team for getting to where we are at the moment and acknowledged that the winter surge will impact the figures going forward.</p>	
7	FINANCE UPDATE	
	<p>Audrey Valente talked to the report provided with the papers for the meeting which outlined the projected outcome position to October for the Partnership, highlighting:</p> <ul style="list-style-type: none"> • The delegated services are predicting an overspend of £6.987M. • The costs associated to Covid are regularly reported to the Scottish Government and outlays to October are £13.587 and the projected costs for the year are £22,854M. • Unachieved Savings are £6.93M and the protected outturn is £6.987M. <p>Les Bisset queried with regards pg 20 item 4.1 noting that this paragraph has not changed for a number of years except the numbers changing as appropriate and noted that he was keen to have this expanded on.</p> <p>In addition, he queried Item 4.5 which talks about resource transfer for £4M which he was unaware of and would like to see more detail regarding this before he could agree to this. Item 4.8 talks of an overspend of £3.5 in Adult Placement which talks about additional escalation is required and queried where this was being escalated to and what has happened.</p> <p>Audrey Valente noted with regards query relating to Item 4.1, this has been discussion at previous meetings, what she is keen to do is realign budgets, as correctly noted previously why would services continually report underspends when there is scope to realign and a review of recruitment is required to ensure that the budget is reflected accurately and she is working with both Partners to achieve this realignment.</p>	

NO	HEADING	ACTION
	<p>In response to query relating to Item 4.5, the budget realignment has been discussed previously and this is based on the budget set at the start of the year. There has been dialogue with both partners and we are close to finding a solution but from the Partnership's perspective and what is being reported to the committee Audrey Valente is clear that the current overspend is £6.9M and as a result of this a manual entry has been made because of information received from both partners, and all are working towards reflecting this in both ledgers but discussions are ongoing.</p> <p>In response to query relating to Item 4.8 around escalation, this was discussed at a previous meeting whereby a level of escalation is set when services go into an overspend. Audrey suggested that this is discussed in more detail at a future meeting but confirmed that the escalation would be brought to an SLT Meeting and looking to see how this can be put in place.</p> <p>Les Bisset queried whether the correct escalation for an issue identified at a finance committee would be to SLT and asked whether it should not come from the other direction, if SLT cannot deal it then it is escalated to this committee who then if required further escalates to the IJB.</p> <p>Les Bisset noted that he was still not content with the explanation of the resource transfer of £4m needs more of an explanation than has been provided in the paper, and queried whether he should speak to Finance Office at NHS Fife for further detail. Audrey Valente noted that the detail behind this entry has been presented at a previous committee and is happy to bring it back. AV to discuss with Margo McGurk and bring back to a future committee.</p> <p>Les Bisset requested that presentation and minute of previous meeting where this had been discussed be forwarded to him to help him understand the situation.</p> <p>Audrey Valente confirmed with regard the query relating to the escalation, the initial escalation would be to SLT and then if they cannot resolve it is escalated to the committee then to the IJB and noted that she is happy to reword to avoid confusion. Nicky Connor confirmed that the escalation diagram previously presented outlines the process to ensure that there no service continuing to have an overspend without discussion at Senior Leadership level looking at how the situation will be managed. CN to distribute diagram for reference.</p> <p>Margaret Wells noted that she recalled the discussion but noted that she would like to see the paper reflect how discussions are taking place.</p> <p>David Graham noted that the title social care is large and encompassed a large service and would like to see the data for this service more itemised to give a clearer picture.</p> <p>Martin Black commented with regards Prescribing and Freestyle Libre (Item 4.3) noting that there was a £1M budget which is exceeding forecast and asked how is it overspent and by how much? Audrey Valente noted that a paper had been presented to the NHS Fife Finance & Performance Committee to highlight the pressures and over the years it has increased. Audrey confirmed that it was agreed at the beginning of this financial year that the funding from NHS Fife to</p>	<p>AV</p> <p>AV</p> <p>CN</p> <p>CN</p>

NO	HEADING	ACTION
	<p>the Partnership was £7m with the assumption that we would absorb the additional costs.</p> <p>David Graham noted he remember when the technology was introduced and the discussion at the Health Board Meeting and had asked the question whether funding from the government would be provided. He had been advised it was anticipated that the funding would be absorbed by the health board, but queried if there was any money anticipated now. Audrey Valente confirmed that this would be a question for the Chief Finance Officer for the Health Board to respond to. Euan Reid confirmed that there had been 1000 patients over a 4 year period and additional money had been allocated to GP Prescribing but this money for year 3 has not come in yet which is part of the overspend. Meeting has been organised for next week with Dr Helen Hellewell and Audrey Valente to discuss as the uptake has exceeded the anticipated uptake. Les Bisset noted that the Health Board had been given very strict criteria which the patients have to fulfil before being started on this technology and the budget had been set up based on the estimate from The Managed Clinical Network (MCN) initially. This has been exceeded and the MCN has now been asked to review the criteria and the patients to ensure that they fit the criteria as the numbers coming through are significantly more than expected. Whilst there has been a significant reduction in glucose testing, this cost cannot be offset to the additional costs associated with Freestyle Libre.</p> <p>David Graham noted that the Committee had reviewed the paper and had accepted the recommendations.</p>	
8	AOCB	
	No other business was raised at the meeting.	
9	DATE OF NEXT MEETING	
	Friday 12 February 2020 at 10.00 am via Microsoft Teams	



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTE OF THE AUDIT AND RISK COMMITTEE FRIDAY 19 NOVEMBER 2020 - 10.00AM – VIRTUAL TEAMS MEETING

- Present:** Eugene Clarke (Chair), NHS Fife Board Member
 Dave Dempsey, Fife Council
 David J Ross, Fife Council
 Margaret Wells, NHS Board Member
- Attending:** Nicky Connor, Director of Fife Health and Social Care Partnership (Fife H&SCP)
 Audrey Valente, Chief Finance Officer (Fife H&SCP)
 Fiona McKay, Head of Strategic Planning, Performance and Commissioning (Fife H&SCP)
 Norma Aitken, Head of Corporate Services (Fife H&SCP)
 Avril Cunningham, Chief Internal Auditor (Fife Council)
 Avril Sweeney, Risk Compliance Manager (Fife H&SCP)
- Apologies:** No apologies received
- In Attendance:** Tim Bridle, Audit Scotland
 Carol Notman, Personal Assistant (Minutes)

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting and covered the protocols for the meeting. No apologies had been received.	
2	DECLARATION OF INTEREST	
	There were no declarations of interest.	
3	DRAFT MINUTES AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 18 SEPTEMBER 2020	
	<p>The draft Minutes of the Audit and Risk Committee held on 18 September were accepted as an accurate record taking into consideration the comment noted below.</p> <p>Margaret Wells advised that she was conscious that there are a number of items noted in the minutes where the decision the committee took is not noted, Norma Aitken advised that this could be added to the minutes and agreed to review and amend as appropriate.</p> <p>The Chair noted that the Committee's responses to the recommendations are not always worded appropriately Norma Aitken to check and ensure that this is noted correctly going forward.</p>	<p>NA/CN</p> <p>NA</p>

	The Action Log from 18 September 2020 was approved	
4	FIFE INTEGRATION JOINT BOARD ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO 31 MARCH 2020	
	<p>The Chair wished to clarify the role of the Audit and Risk Committee which is to recommend to the IJB the approval of the Annual Accounts. Norma Aitken confirmed that this was correct.</p> <p>The Chair introduced Audrey Valente who presented this report (pages 7-82), which covers the Fife Integration Joint Board Annual Accounts for the Financial Year to 31st March 2020.</p> <p>Audrey Valente noted that the purpose of the report was to provide the committee with an overview of the Integrated Joint Boards accounts and alongside are a further two appendices from Audit Scotland and asked Tim Bridle from Audit Scotland to provide an update on the 2019/20 Annual Audit Report. (page 54)</p> <p>Audrey Valente noted the draft accounts had been presented to the committee in July, therefore she hadn't planned on discussing these in great detail and would concentrate on the Audit Scotland documents as they are new to the committee.</p> <p>Dave Dempsey queried if he compared the draft accounts submitted in July and the accounts noted within the papers would there be any differences, and if so, what would these be? Audrey Valente noted that there would be some minor changes in the management commentary and some changes to the statements and advised that she did not have all the changes to hand, but confirmed Audit Scotland kept a list of all changes made to the accounts. Tim Bridle confirmed if there had been any significant changes they would have been highlighted, but they were minor corrections.</p> <p>He confirmed the approval process, noting that the committee makes a recommendation to approve to the Integrated Joint Board. The accounts cannot be signed until they have been approved at the Integrated Joint Board Meeting.</p> <p>He noted that the two appendices provided from Audit Scotland includes a copy of the Auditors Report which are appended to the annual accounts and includes a letter of representation which is a standard templated letter (ISA 580) for all Integrated Joint Boards.</p> <p>He introduced the Annual Report for 2019/2020 noting that it was year 4 of the 5 year audit appointment, but the first year that he had had been responsible for the audit. He noted that it has been a challenging year with the covid pandemic impacting the audit and limiting the extent to which Audit Scotland could add value this year, He noted that he would have liked to investigate deeper some operational areas, which will require to be carried forward.</p> <p>He noted that although the IJB Audit is relatively small it is very complex with the breadth of IJB business and operations combined with the Partnership working arrangements.</p> <p>He advised that he would go through the report by section.</p>	

Part 1: Audit of 2019/20 Annual Accounts

This section contains the technical element of the accounts; it is Audit Scotland's opinion of the accounts and identifying if they are materially correct. Tim Bridle noted that the Integrated Joint Board's materiality level is lower than Fife Council and NHS Fife's and he has to pick up the gap between their audit and the IJB's lower materiality level.

The Chair asked about the ready accessibility to the financial data that the IJB Financial Colleagues have under the Chief Finance Officer, is this still an issue having two different systems gaining current data. He noted his understanding is that the information provided to the Chief Finance Officer is on spreadsheets which have been extracted from the two ledgers.

Audrey Valente noted that it was not a problem and that she works closely with both partner organisations but acknowledged that both the Council and NHS work very differently with different deadlines but she works around this and hopefully it comes across as a seamless process.

David Ross wished to query with regards the income anomalies and whether this was a serious issue and is it clarification in the integration scheme or are we looking at making a change in the way it is declared. Tim Bridle noted he had reviewed this while reviewing the audit and advised that it is an established principle. The principle of accounting coming down to control and if we do not control something it is not part of our operations therefore it is not reflected in our operations and the FHS income is out with the control of the IJB. David Ross noted that his concern was more with other areas of income which should have been netted off as expenditure from the Health Board and Council noting an anomaly with car leases. Tim noted that he would class this as an error but it is only £196K but he would not be recommending that this is amended at this level and highlights the point that there are some categories of income which are different from the customer and client receipts such as dental income and the like. He acknowledged that there is a job of work to be done in terms of what the Integration Scheme says and would be happy to take this technical issue and pick it up across the sector and he and Audrey Valente could review this for next year's financial accounts.

Part 2 Financial Management and Sustainability

Tim Bridle noted that good progress has been made, the £6.6M overspend is the lowest recorded since the inception of the Partnership.

Audrey Valente noted that there was a lot of work going on currently, looking to set directions at the start of the year which will be presented at the March Audit and Risk Committee. In addition work has been undertaken with Audit Scotland to review the budget challenge process where divisional managers will be asked to deliver savings similar to previous years but it will look and feel different.

Nicky Connor advised that even with the covid pandemic, the Partnership is still holding the goals put in place at the beginning of the year.

Dave Dempsey queried paragraph 42 (page 65) and whether the IJB is a "commissioner" and asked who has the authority to answer this question. He advised that further clarity is required and noted further guidance from Scottish Government Health Department was required for IJB.

	<p>Margaret Wells commented there are issues around clarity regarding operational management/professional responsibilities and noted that she was aware of conversations taking place, acknowledging that it is a big issue which would take time to sort.</p> <p>Nicky Connor advised that the responsibility sits with both partners and anticipated that by December 2020 there will be a draft revised Integration Scheme and following this there will be the opportunity to review the Scheme of Delegation. The Draft Directions Policy will go into consultation following the development sessions which will hopefully be in place for the start of the next financial year.</p> <p>Part 3 – Governance, Transparency and Best Value</p> <p>Tim Bridle noted that this section encompasses a wide area looking at governance and transparency. The section highlights progress with the development and understanding around governance and that there will always be scope for improved transparency.</p> <p>David Ross queried whether it was the role of the Audit and Risk Committee to monitor the recommendation of the annual audit report external audit. Fiona McKay advised that the Board is always seeking to improve but noted that covid has had an impact for this year and the strategic plan will require to be reviewed.</p> <p>Avril Cunningham noted that there is an agreement with the external audit that we follow up on their actions and updates will be provide in future reports.</p> <p>Following discussion, the Committee agreed to recommend the annual accounts to the IJB for approval.</p>	
5	UPDATE ON 2020/21 AUDITS	
	<p>The Chair introduced Avril Cunningham Chief Internal Auditor at Fife Council who presented this report which was for information.</p> <p>Avril Cunningham advised that the Risk Management report was issued in September noting that a summary has been provided in Appendix 2 (page 87).</p> <p>Dave Dempsey queried with regard the schedule of audits noted page 86, IJB8 relating to transformation and asked as there was to be a transfer in March how would timings work out in respect to this particular audit. Avril Cunningham noted that there is a draft report but there has been difficulty finalising it as some information is still awaited, but confirmed that if the transfer had occurred the audit would continue to be completed.</p> <p>The committee noted the update on audits.</p>	
6	POST AUDIT REVIEW REPORT	
	<p>Avril Cunningham advised that the Implementation dates for the outstanding recommendation dates had been extended and assured the committee that these will continue to be monitored.</p>	

	<p>The Chair asked if there were any concerns that the implementation dates will not occur timeously. Avril Cunningham noted that there was some concern due to the impact of the covid pandemic.</p> <p>The committee noted the content of the post audit review report.</p>	
7	EXECUTIVE SUMMARY OF STRATEGIC RISK REGISTER	
	<p>The Chair introduced Fiona McKay who presented this report which was for discussion</p> <p>Fiona McKay noted that the report sets out the IJB Strategic Risk Register which was last updated by the risk owners in August 2020. It was agreed following the previous committee the risk register will be presented to every committee.</p> <p>David Ross queried with regards Brexit whether the IJB was confident that there were systems in place to ensure that there will still be a good supply of medication. In addition, he queried whether there had been consideration as to whether an additional risk is added with regards the covid vaccination and the Board's capacity to roll out the programme.</p> <p>Nicky Connor advised that there is a lot of variables but could assure the Committee, that the Director of Pharmacy, as part of the National Directors Group is feeding into NHS Fife and will be looking at which risk register this is aligned to. Nicky Connor noted that both services worked across the whole system for seasonal flu so noted that there are systems and process in place and anticipated that something similar will be put in place for any covid vaccination but confirmed that delivery initially sits with NHS Fife and this would be recorded within their Risk Register.</p> <p>Fiona McKay noted that Covid Vaccination has been added to the agenda for the Clinical and Care Governance Committee Meeting to support links with NHS Fife.</p> <p>Margaret Wells advised that she sat on the Boards Clinical Governance Meeting and could confirm that both Brexit and the Covid Vaccine were discussed regularly at the Committee and was assured that everything is being investigated appropriately.</p> <p>Nicky Connor noted that she needed to investigate with the partner Chief Executives how to ensure that this committee has timeous access to deliberations with other committees when it comes to the subject of risk.</p> <p>The Chair confirmed that the Executive Summary of Strategic Risk Register had been discussed as requested.</p>	NC
8	RISK MANAGEMENT SUMMARY REPORT	
	<p>The Chair introduced Fiona McKay who presented this report which was for discussion</p> <p>Fiona McKay noted that this report had been requested at the last committee meeting in order to provide and oversight to the IJB risk and risk management.</p>	

	<p>Avril Sweeney advised that the IJB have agreed a revision to the Policy and Strategy, however the review of the Integration Scheme will impact directly on the Policy and Strategy and once completed a further review will be required.</p> <p>Margaret Wells advised it was helpful to see the paper which sets out somethings that the committee know about and clarifies others. Given the nature of the IJB and the assurances that are sought, it is how we, can reflect our assurance process to take account of the risk of others that may have an impact which is a critical part of the IJB Risk Landscape.</p> <p>Fiona McKay noted that the IJB Assurance Framework takes this into consideration but acknowledged it is a complex landscape with the Council and NHS having their own risks which can impact on the Partnership and it is how we get into the position where we can influence or have further discussion on taking risks forward with our partners.</p> <p>Nicky Connor noted that there is interdependency and the Partnership works closely with the Nurse Director for NHS Fife around the Risk Policy but clarity is required regarding which group/committee has ownership of the risk which the Integration Scheme will answer once it has been finalised.</p> <p>Dave Dempsey noted with regard the background section on page 108 that the committee's task was to seek assurance that all was well, he suggested that each committee meeting look in depth to one risk, similar to the document on page 113. Dave Dempsey acknowledged that this would be a significant piece of work to present the full risk register in this format.</p> <p>Nicky Connor noted in terms of this report, the risks within the risk register are owned and scrutinised at a Committee, part of this involved the template used in page 113 which is a worked example of where it is owned to show that the risk has been scrutinised and noted that we could bring further examples.</p> <p>The Chair commented that a key part of the audit and risk committee is to review whether the IJB has timeous and easy access to documentation from the other committees. Nicky Connor advised that this would be discussed at the Development Session organised for Friday 27th November 2020.</p> <p>Avril Sweeney noted that Appendix 3, the key questions was to help this committee look at the processes, acknowledging that many of the processes were still in development and delayed due to the review of the Integration Scheme and covid and noted that further work on risk appetite and tolerance could be investigated at future development sessions.</p> <p>The Chair confirmed that the Risk Management Summary Report had been discussed as requested and to remain on the agenda to review at a later date.</p>	
<p>9</p>	<p>PROGRESS ON THE INTRODUCTION OF A FIFE INTEGRATION JOINT BOARD DIRECTIONS POLICY</p>	
	<p>The Chair introduced Norma Aitken who presented this report which was for noting.</p> <p>Norma Aitken noted that she had been drafting a template and policy setting out the process for formulating, approving, issuing, monitoring and reviewing</p>	

	<p>Directions in line with the provisions set out in the Public Bodies Act and Scottish Government Good Practice Guide.</p> <p>The policy will be tabled at a future IJB Development Session.</p> <p>The committee noted progress on the development of a Directions Policy.</p>	
10	TRANSFORMATION UPDATE (VERBAL)	
	<p>The Chair introduced Nicky Connor who provided a verbal update on the transformation.</p> <p>Nicky Connor noted in terms of progress against the transformation, although there had been no meetings, work has been progressing with areas of the transformation such as Mental Health being reviewed again following the covid pandemic.</p> <p>Discussions are ongoing with Steve Grimond and Carol Potter as to how integration can be supported across the whole Partnership. The vision for 2020-2024 is being looked at with the key areas under review being mental health, financial strategy and getting the community hospitals back on track.</p> <p>The Chair asked if the Transformation Group has clear documented account of its decision process and how this is going to be communicated? Nicky Connor advised this was a work in progress, the group was looking at how duplication can be avoided whilst ensuring that the role of the IJB is enhanced going forward.</p> <p>The Chair thanked Nicky Connor for her update and noted that the item will remain on the agenda to allow for more detailed plans to be shared with the group.</p>	
11	FOR INFORMATION	
	<p>The Committee noted that the Fife Council and FTF (NHS Fife) Annual Internal Audit Reports 2019/20 had been shared for information.</p>	
12	AOCB	
	<p>Escalation Items for IJB from A&R Committee</p> <p>The Chair noted that there were 3 points</p> <ul style="list-style-type: none"> • The Committee's support for additional resource for the Chief Finance Officer. • The proposed revised 2021/22 budget setting. • Requirement for clear documentation providing update of the Transformation Policy. <p>Corporate Calendar</p> <p>Norma Aitken shared the corporate calendar for the Partnership's Committee Meetings for 2021.</p>	

13	DATE OF NEXT MEETING	
	Friday 22 nd January 2021 – 10.00am-12noon	



UNCONFIRMED

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM

WEDNESDAY 18 NOVEMBER 2020 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Debbie Thompson, Joint Trades Union Secretary
Eleanor Haggett, Staff Side Representative
Alison Nicoll, RCN
Audrey Valente, Chief Finance Officer, H&SC
Bruce Anderson, HR Head of Staff Governance, NHS Fife
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona Forrest, Pharmacy, NHS Fife (for Andrea Smith)
Fiona McKay, Interim Divisional General Manager (East)
Hazel Williamson, Communications Officer
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Kenny Grieve, Fife Council Health & Safety Lead Officer
Lynn Barker, Interim Associate Nurse Director
Lynne Garvey, Interim Divisional General Manager (West)
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Norma Aitken, Head of Corporate Services
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Andrea Smith, Pharmacy, NHS Fife
Helen Hellewell, Associate Medical Director, H&SC
Kevin Egan,
Louise Noble, UNISON Fife Health Branch
Scott Garden, Director of Pharmacy and Medicine
Susan Robertson, UNITE

NO	HEADING	ACTION
	Simon Fevre began the meeting by welcoming Eleanor Haggett back to Local Partnership Forum meetings after a period of absence.	
	David Heaney and Bruce Anderson are both retiring at the end of November 2020, both were wished well for a long and happy retirement. Simon thanked them both for their contribution to the LPF.	
	Fiona McKay, Interim Divisional General Manager (East) was welcomed to her first meeting.	
1	APOLOGIES	
	As above.	

NO	HEADING	ACTION
2	PREVIOUS MINUTES	
2.1	Minute from 20 October 2020	
	The Minute from the meeting held on 20 October 2020 was approved.	
2.2	Action Log from 20 October 2020	
	The Action Log from the meeting held on 20 October 2020 was discussed, updates given and then approved.	
	Workforce Development Plan – Elaine Jordan had circulated the plan and no feedback was received. Employee training requires to be updated, including mandatory training for some social care staff. Elaine Jordan will work with Fiona McKay on this. Jim Crichton will link with Suzanne McGuinness on this.	EJ/FM
	Covid Testing - Debbie Thompson raised the issue of regular testing for care at home staff. Fiona McKay advised that plans are being made for this and we are awaiting Public Health Guidance. This will be rolled out to staff in Staffed Group Homes as well. Plan to be shared with LPF members once finalised.	FM
	Questions were also raised about Community Staff within NHS Fife eg Podiatry, Hospital @ Home, and this will be discussed at a Silver Flu meeting.	NC
3	JOINT CHAIRS UPDATE	
	Simon Fevre and Nicky Connor had nothing to update on that was not already on the agenda for this meeting.	
4	HEALTH AND SAFETY UPDATE	
	Craig Webster gave an update on new face masks which are being introduced, these were sent to fit testers on 17 November 2020 and good stocks are held.	
	Alison Nicoll asked for an update on clear masks. Craig advised that a pilot is being arranged in conjunction with other NHS Boards. Fife will concentrate on Speech and Language Therapists and staff with hearing issues. Other Board will focus on other staff and patient groups.	
	The Health & Safety Executive will make a Covid spot check on Victoria Hospital on 24 November 2020.	
	Kenny Grieve confirmed that his team are working closely with Environmental Health to provide support when an employee receives a positive Covid result. Working with Managers they assist in identifying and contacting colleagues who have been in close contact with these employees. This ensures they are aware of the need to self-isolate quickly. These colleagues are then contacted by the Test and Protect Team and given further advice.	
	Debbie Thompson raised the issue of staff use of PPE, confusion around when staff should put on / take off PPE and whether bags should be issued to assist with the disposal of used items. It was agreed to reinforce the guidance which was previously issued to ensure staff are aware of what they should do. Kenny will discuss the issue of disposal with Fiona McKay and Service Managers.	

NO	HEADING	ACTION
5	COVID-19 POSITION	
	<p>Nicky Connor gave a brief update on the Covid-19 position, ahead of national figures being released later in the day.</p>	
	<p>Fife is currently in Level 3. Services are stretched due to the situation with Covid-19, Flu, winter surge, Test and Protect and the provision of other services. Likely to remain like this until March 2021.</p>	
	<p>Regular weekly meetings are being held but these will increase in frequency if required.</p>	
	<p>Significant work is already being undertaken in respect of potential vaccines being produced.</p>	
	<p>Discussion took place around the relatively low levels of Covid-19 in community hospital settings, the number of staff who are self-isolating and the staffing implications of this.</p>	
6	BRIEF FINANCIAL POSITION	
	<p>Audrey Valente provided an update on the financial position to the end of September 2020.</p>	
	<p>Covid-19 actual spend is currently £12m and projected to be £22m for the full year. Quarter 1 will be fully funded by Scottish Government and it is projected that the rest of this will be funded between 50% and 70%. Further funding, for reasonable expenditure, will be available.</p>	
	<p>Debbie Thompson requested further information and Audrey will share an IJB paper with Debbie, Simon Fevre and Eleanor Haggett.</p>	AV
7	HEALTH AND WELLBEING	
	Attendance Information	
	<p>Elaine Jordan had provided information from a Fife Council perspective and this was e-mailed to members during the meeting. Members are asked to contact Elaine with any queries on this. Discussion took place on the main reasons for absence as well as work that is being undertaken to address this.</p>	
	<p>Elaine was asked to provide more in-depth information on the stress absences and whether the issues are work or home related.</p>	EJ
	<p>Bruce Anderson advised that the position within NHS is broadly similar to Fife Council.</p>	
	Pulse Survey	
	<p>This was a significant piece of work carried out in September. Some issues were encountered with uploading data but these will be resolved for when the Survey is repeated in April 2021. All staff will be sent a copy of the main report on Friday 20 November 2020.</p>	
	<p>There is work to be done to increase the response rate from 39%.</p>	
	<p>The Survey and report will be discussed in more detail at the next LPF Meeting (16 December 2020).</p>	

NO	HEADING	ACTION
8	UNSCHEDULED CARE REVIEW UPDATE	
	<p>Lynn Barker advised that the review is moving at pace. The Flow and Navigation Hub is on track to open on 1 December 2020. Work is ongoing on workforce modelling and communications which will be released before the end of the year. Meetings continue to be held weekly as the new pathway develops.</p>	
9	H&SC STRUCTURE AND LEADERSHIP	
	<p>Nicky Connor advised that a further Development Session has been held with the Extended Leadership Team and more will be held before the end of the year. Discussions presently are looking at how to focus efforts in the correct places, increasing engagement and developing services. Communications will follow in due course. This item to be kept on future LPF agendas.</p>	
10	WINTER RESPONSIVENESS	
	Full Winter Plan	
	<p>The full Winter Plan was distributed prior to this meeting. Lynne Garvey advised that work is ongoing to support employees during the winter months. Recruitment is ongoing and services may have to be reprioritised as we move through winter. Staff to be encouraged to remain active during the winter months.</p>	
11	STAFF – SEASONAL FLU PROGRAMME	
	<p>Nicky Connor expressed her thanks to all partnership staff who have been involved in the flu campaign this year. At present over 60% of staff have been vaccinated, which is higher in 4 weeks that it was over 3 months last year.</p> <p>It was agreed to produce targeted comms for staff groups to encourage uptake in these areas and to promote the use of community pharmacies to those wishing to be vaccinated.</p>	
12	LPF ACTION PLAN	
	<p>Jim Crichton advised that the existing Action Plan was last updated in January 2020 and a significant update is now required. Jim has discussed this with Simon Fevre, Debbie Thompson and Bruce Anderson and it is felt that the time is right for a change in the delivery of the plan. It may be that an Annual Report would be more productive than the current Action Plan. This would have a partnership approach and be more supportive of the Forum. It was agreed to discuss this in more detail at the agenda setting meeting either in December 2020 or January 2021 to agree the way forward.</p>	
13	AOCB	
	<p>Nothing raised.</p>	
14	DATE OF NEXT MEETING	
	Wednesday 16 December 2020 at 10.00 am	



Fife Health & Social Care Partnership

Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 16 DECEMBER 2020 AT 10.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Interim Divisional General Manager (East)
Hazel Williamson, Communications Officer
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Louise Noble, UNISON Fife Health Branch
Lynn Barker, Interim Associate Nurse Director
Lynne Garvey, Interim Divisional General Manager (West)
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Norma Aitken, Head of Corporate Services
Susan Young, Human Resources, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Ben Hannan, Chief Pharmacist, NHS Fife
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Eleanor Haggett, Staff Side Representative
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Fife Council Health & Safety Lead Officer
Kevin Egan,
Sharon Adamson, RCN
Susan Robertson, UNITE
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 18 November 2020 The Minute from the meeting held on 18 November 2020 was approved. Debbie Thompson raised the issue of Covid-19 testing for Social Care Workers, who are not routinely tested, despite a Scottish Government commitment to do so. Lynne Garvey explained this was in hand as lateral flow testing would begin next week for community-based staff in both Social Care and Health.	

NO	HEADING	ACTION
2	PREVIOUS MINUTES (Cont)	
2.1	Minute from 18 November 2020 (Cont)	
	It was agreed that Lynne Garvey would share the timeframe for this testing with LPF members.	LG
	It was also agreed that a copy of the final report from the Pulse Survey would be circulated to allow fuller discussion at the January LPF Meeting.	NC
2.2	Action Log from 18 November 2020	
	The Action Log from the meeting held on 18 November 2020 was approved.	
3	JOINT CHAIRS UPDATE	
	Simon Fevre and Nicky Connor had nothing to update on that was not already on the agenda for this meeting.	
4	HEALTH AND SAFETY UPDATE	
	Kenny Grieve was unable to join the meeting due to technical difficulties but provided the following written update which was shared with members:-.	KG
	<i>Debbie Thompson - raised the issue of staff use of PPE, re donning / doffing and disposal. Kenny Grieve discussed with Cindy Graham, RA updated, and bags were purchased to allow the safe disposal of PPE. Fiona McKay also progressed this item.</i>	
	<i>I can advise that we are working closely with Environmental Health and Managers pro-actively to assist in identifying close contacts and advising what action should be taken. No involvement with the HSCP, prior to my annual leave last Wednesday, due to the good relationship built up between HSCP colleagues and the local HPT.</i>	
	<i>Since the last meeting, efforts have gone into finalising the Stress Risk Assessment for Fife Council, it will be completed by the end of the year. We need to share with Debbie for her to review and comment on. We are looking to use a toolkit approach to support the RA. This will consist of utilising current FC policies, guidance, and procedures along with the HSE Talking toolkit documents and guidance notes.</i>	
	<i>It is likely that we will continue to work on Stress / Health and Wellbeing for the next few months.</i>	
	<i>Not sure if NHS have a Stress Risk Assessment in place? I will share the final document with Craig.</i>	
	Craig Webster updated on work his team is currently undertaking and advised that the pilot with see-through face masks has not yet started as they are awaiting clearance from Health Protection Scotland. Work is ongoing with this.	
	There was a Health & Safety Executive visit to the Victoria Hospital site in Kirkcaldy at the end of November 2020. Some issues to be addressed following this.	

NO	HEADING	ACTION
5	COVID-19 POSITION	
	<p>Nicky Connor advised that the position in Fife is currently challenging but is being addressed by a whole system approach.</p> <p>Lynne Garvey gave a quick overview of the roll out of the Covid-19 vaccine which began last week. This is being led by Scott Garden and Ben Hannan, NHS Fife. Paul Vaughan, Fife Council and Fiona McKay, H&SCP are on the Silver Command group which oversees this programme.</p>	
6	BRIEF FINANCIAL POSITION	
	<p>Audrey Valente confirmed that the Finance Update which went to the Integration Joint Board meeting on Friday 4 December 2020 has been circulated to LPF members.</p> <p>Audrey then presented the financial position as at 30 September 2020. The forecast deficit is £6.780m and £6.939m relates to unachieved savings that remain at risk of non-delivery. These are currently within the local mobilisation plans but it remains uncertain whether full funding will be made available by the Scottish Government. This reflects the full value of non-delivery of savings included as a pressure within the core projected outturn position. This level of overspend requires urgent management action to ensure that the partnership delivers within the approved budget.</p> <p>Audrey advised that she now has support on an interim basis which will allow her to provide additional financial information.</p>	
7	HEALTH AND WELLBEING	
	<p>Attendance Information</p> <p>Elaine Jordan advised that no absence statistics were available from a Council perspective due to the move from iTrent to Oracle but she will liaise with Susan Young and joint information will be provided in the future.</p> <p>Susan Young had provided a sample of the type of information which is available from NHS systems and asked if there was other information which would be useful.</p> <p>Wendy McConville asked if information was available on NHS employees who have been working from home. Susan Young will find out what information is available on this group of staff.</p>	
8	UNSCHEDULED CARE REVIEW UPDATE	
	<p>Lynn Barker updated on this and advised that the Navigation Hub is up and running and working well. Recruitment is ongoing for Clinical Co-ordinator and Dispatcher posts. There are staffing challenges which are being managed.</p>	
9	H&SC CHANGES	
	<ul style="list-style-type: none"> • Structure & Leadership Nicky Connor advised that further Development Sessions have been held with senior staff. 	

NO	HEADING	ACTION
9	H&SC CHANGES (Cont)	NC
	<p>A slide deck is being prepared giving details of the proposed structure and how success will be measured going forward. Nicky will ensure that Simon Fevre and Debbie Thompson will be updated on next steps. Videos are being prepared to give bite size chunks of information for staff. Recruitment for some posts to commence soon. Discussion took place around recruitment to posts within a proposed structure rather than the finalised version. It was confirmed at this time that the SLT posts being advertised is the Associate Director of Nursing and Heads of Service (formerly known as DGMs). A written paper will be shared with Simon and Debbie ahead of the the January 2021 LPF meeting.</p>	
	<ul style="list-style-type: none"> Papers for Board and Committee Meetings Nicky Connor advised that the paper which had been circulated is a revamp of the current reporting template and will strengthen reports to the IJB and governance Committees. Simon Fevre asked if guidance would be provided and Nicky confirmed this was the case. 	
	<p>Agreed to circulate the Workforce extract from the Guidance document to LPF prior to the next meeting.</p>	NC/NA
10	WINTER RESPONSIVENESS	
	<p>Lynne Garvey reminded LPF members that they had sight of the final Winter Plan at the previous meeting. A short life working group has been set up to identify point points in the system and to develop a strategy.</p>	
	<p>Work is ongoing to ensure sufficient Community Hospital bed capacity which is a challenge with the reduced bed base. There is a process in place for the use of surge areas when needed.</p>	
	<p>Daily and weekly meetings are being held to focus on flow, capacity and the prevention of admissions via the use of the High Health Gains team.</p>	
	<p>The Flow and Navigation Hub launched on 1 December 2020 and feedback so far has been positive. Governance is in place to look at learning.</p>	
	<p>Nicky Connor thanked the whole workforce for supporting everything to do with winter, which is proving more challenging this year. An emphasis on staff health and wellbeing will continue.</p>	
	<p>Discussion took place around statistics for this year and last year, sticking to the Home First initiative and how we continue to deliver priority services to the residents of Fife.</p>	
	<p>It was agreed that a joint LP statement would be included in the final Chief Officer briefing of 2020 to thank staff for their significant efforts, which would be circulated on 18 December 2020.</p>	NC/SF/ DT/HW
11	STAFF VACCINATION – FLU / COVID-19	
	<p>Ben Hannan, Chief Pharmacist, Acute Services, NHS Fife joined the meeting to provide an update on the Covid-19 Vaccination Programme. Ben outlined the timeline in the run up to the start of the C-19 vaccination programme</p>	

11 STAFF VACCINATION – FLU / COVID-19 (Cont)

starting. There are challenges with the rate of supply and safe storage/ transportation of the vaccine which are being overseen by a Silver Command group which meets regularly.

Prioritisation of how the programme will roll out has been agreed on a national basis and will be delivered on a local level. Work is ongoing with military colleagues to geomap Fife to assist with the logistics of ensuring all those who are entitled to be vaccinated can be.

Going forward vaccines will be delivered via Community Pharmacies and GP surgeries as well as in hospital settings.

Up to 15 December 2020 just over 2,000 vaccines had been given to care home residents and frontline staff.

Up to date information on the vaccination programme can be found on NHS Inform or the Staff App.

Nicky Connor thanked Ben for his comprehensive update and opened up to questions from LPF members.

Discussion took place around staff groups who would be a priority for vaccination, improved communications and the definition of “frontline” staff groups. Ben advised that frontline will be mainly patient facing roles but also Laboratory and Mortuary staff in this instance.

Staff who do not qualify as frontline staff will be vaccinated during the appropriate age cohort.

Debbie Thompson asked how long it would take to vaccinate the approximately 300,000 eligible adults in Fife. Ben advised that mass vaccination would likely take place during summer 2021, depending on a number of factors. A social media campaign is currently running to encourage previous NHS staff to return to the workplace on a temporary basis to support this.

It was agreed that updates from Ben, either written or in person at meetings, would be helpful.

12 AOCB

Debbie Thompson and Simon Fevre expressed their thanks to all staff in the partnership who have worked throughout 2020 in unprecedented circumstances.

Lynn Barker also acknowledged the contribution made by all nursing staff during 2020, which is the International Year of the Nurse.

Nicky Connor closed the meeting and wished all present a Merry Christmas and a Happy New Year.

13 DATE OF NEXT MEETING

Wednesday 20 January 2021 at 9.00 am



Fife Health & Social Care Partnership

Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 20 JANUARY 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Debbie Thompson, Joint Trades Union Secretary
Eleanor Haggett, Staff Side Representative
Alison Nicoll, RCN
Andrea Smith, Lead Pharmacist, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Ben Hannan, Chief Pharmacist, NHS Fife
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Interim Divisional General Manager (East)
Hazel Williamson, Communications Officer
Helen Hellewell, Associate Medical Director, H&SC
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Kenny Grieve, Fife Council Health & Safety Lead Officer
Lynn Barker, Interim Associate Nurse Director
Lynne Garvey, Interim Divisional General Manager (West)
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Norma Aitken, Head of Corporate Services
Sharon Adamson, RCN
Susan Young, Human Resources, NHS Fife
Valerie Davis, RCN Representative
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Simon Fevre, Staff Side Representative
Louise Noble, UNISON Fife Health Branch
Susan Robertson, UNITE
Wendy McConville, UNISON Fife Health Branch
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 16 December 2020 The Minute from the meeting held on 16 December 2020 was approved.	

NO	HEADING	ACTION
2	PREVIOUS MINUTES (Cont)	
2.2	Action Log from 16 December 2020	
	The Action Log from the meeting held on 16 December 2020 was approved.	
3	JOINT CHAIRS UPDATE	
	Nicky Connor gave two updates regarding recruitment within the Partnership:-	
	<ul style="list-style-type: none"> • Lynn Barker has been appointed as Associate Director of Nursing and congratulations were given by the group. 	
	<ul style="list-style-type: none"> • The advert for the three Heads of Service posts is currently live and closes on Sunday 24 January 2021. The recruitment pack included information on the developments in the partnership which have previously been updated at the LPF. Nicky will keep the LPF updated on progress going forward. 	
4	BRIEF FINANCIAL POSITION	
	Audrey Valente apologised that the Finance Update was not included when the papers for the meeting were circulated, this will be rectified for future meetings.	AV/WA
	The current overspend is £6.9m, which is the same as the unachieved savings at present.	
	Actual spend on Covid-19 to the end of October 2020 was £13m and the projection for the full year is just under £23m.	
	A return is being completed for Scottish Government and it is expected that projections will rise.	
	To date £22m of funding has been received from Scottish Government.	
	The Senior Leadership Team are working on what the position will look like going forward and this will form part of a fuller discussion at the next LPF meeting on 10 February 2021.	AV
5	HEALTH AND SAFETY UPDATE	
	Kenny Grieve advised that his team are continuing to provide support where required. They are working with Environmental Health to assist those who are self-isolating. A Stress Assessment has been completed and will be shared with union colleagues. This has presented several learning opportunities. A concern has been raised with FRSM face masks and this will be investigated.	
	Craig Webster advised that apart from Covid-19 his teams main focus at present was working on the Ligature Assessment Process and the programme is moving forward. Work is ongoing with FIT tester checking	

NO	HEADING	ACTION
5	HEALTH AND SAFETY UPDATE (Cont)	
	<p>face masks and ensuring staff are given the correct masks. The recent HSE visit raised questions on staff who greet visitors in buildings. The issue within the hospitals is being addressed with the use of visors. Within the partnership staff will not remove their masks in the same way as patients arriving at hospital are required to do, so this should not be an issue.</p>	
	<p>Nicky Connor agreed to include information in her weekly briefing to reinforce message around continuing to follow FACTS and Covid-19 guidance.</p>	NC/HW
6	COVID-19 POSITION	
	Outbreak Update	
	<p>Lynne Garvey advised that several bays and wards are currently closed in Community Hospitals as a result of patients testing positive. Support for staff and patients is in place.</p>	
	Vaccination Programme	
	<p>Ben Hannan, Chief Pharmacist, NHS Fife joined the meeting at 9.00 am to provide an update on the Covid-19 Vaccination Programme.</p>	
	<p>To date all care home residents and staff in Fife have received their first vaccinations. Up to 19 January 2021 over 20,000 first vaccinations have been delivered. Second vaccinations will be scheduled approximately 12 weeks after the first jab.</p>	
	<p>Planning for the roll out of the vaccination programme is progressing well with a new nursing structure in place, additional roles being advertised and work ongoing with military and local authority colleagues.</p>	
	<p>Challenges include vaccine supply, scheduling delivery and managing expectations. Also the need for those who have been vaccinated to still follow the FACTS guidance.</p>	
	<p>Alison Nicoll asked Ben for information on housebound elderly residents. Ben will share with Alison a statement which was sent to GP's recently.</p>	BH
	<p>The slides which Ben used for his presentation have been shared on a confidential basis with LPF members.</p>	
	Staff Testing	
	<p>Fiona McKay advised that staff testing is starting this week. Most eligible staff have been issued with Lateral Flow Test kits, which they will use twice weekly. Home Care staff are ready to begin using PCR tests and will do so when Scottish Government Confirmation received. In time this will be rolled out to other staff eg Social Workers, Social Work Assistants, etc.</p>	
	<p>Information and guidance, including videos, have been provided for staff.</p>	
	<p>Lynne Garvey updated on staff testing for community staff, to date a small number of staff and patients have tested positive.</p>	

NO	HEADING	ACTION
6	<p data-bbox="215 235 635 268">COVID-19 POSITION (Cont)</p> <p data-bbox="215 302 518 336">Staff Testing (Cont)</p> <p data-bbox="215 369 1292 481">Public Health are working on the large-scale community testing programme which will be introduced. This will take place in agreed fixed sites and several mobile units.</p> <p data-bbox="215 504 1236 616">Debbie Thompson asked if staff testing is mandatory. Fiona McKay confirmed that it is voluntary and is a further enhancement to the use of FACTS. Staff should be encouraged to participate.</p> <p data-bbox="215 638 359 672">Shielding</p> <p data-bbox="215 705 1228 784">Lynne Garvey updated that 62 staff are currently shielding and how the services are engaging with them.</p> <p data-bbox="215 795 1316 873">Fiona McKay advised that 42 Social Care staff are currently shielding, mainly home carers, who will be given other work to do from home.</p> <p data-bbox="215 907 614 940">School / Remote Learning</p> <p data-bbox="215 974 1308 1198">Susan Young spoke about updated guidance which is available for key workers and those who qualify for school places. Many staff are working from home and do not qualify. Managers are being asked to work with staff who are experiencing difficulty with home schooling to be flexible about work patterns, shift changes and the potential for paid carers or parental leave where appropriate.</p> <p data-bbox="215 1209 1300 1288">Elaine Jordan confirmed that Fife Council are following a similar pattern and issuing regular guidance to parents.</p> <p data-bbox="215 1299 1276 1478">Lynne Garvey asked about annual leave and whether this could be carried forward into the new leave year. Susan advised that employees are being encouraged to take leave where possible. Further guidance is expected from STAC (Scottish Terms & Conditions) in the near future and will be shared via StaffLink, etc.</p> <p data-bbox="215 1489 1316 1680">Discussion took place around staff who have been working at home for almost 11 months now and the feelings of isolation and fatigue that are being experienced. Members shared what they have been doing to keep in touch with staff members to provide support. Information is available on support for staff.</p>	
7	<p data-bbox="215 1713 582 1747">HEALTH & WELLBEING</p> <p data-bbox="215 1780 375 1814">Staff Hubs</p> <p data-bbox="215 1848 1300 1993">Susan Young advised that the Staff Hub within the Staff Club at Victoria Hospital will now be there permanently. There are temporary hubs at all NHS hospital sites. Staff are to be encouraged to use the Hubs which have drop in sessions as well as lots of information and leaflets.</p>	

NO	HEADING	ACTION
7	<p data-bbox="217 237 687 271">HEALTH & WELLBEING (Cont)</p> <p data-bbox="217 309 579 342">Attendance Information</p> <p data-bbox="217 376 1300 483">NHS attendance information had been circulated prior to the meeting. Fife Council information for November and December 2020 are not yet available due to the change to Oracle.</p> <p data-bbox="217 501 1300 683">Susan Young advised that there was a 5.45% absence rate in November 2020 which was the same as that in October 2020. There was an increase in short term absences and a decrease in long term absences. The 50-54 age group had the highest absence level across all ages. Anxiety, stress and depression were the most common causes in all age groups.</p> <p data-bbox="217 701 1300 772">Elaine Jordan has information on stress related absences, which she will discuss with Susan Young prior to sharing with the group.</p> <p data-bbox="217 804 644 837">Pulse Survey – Final Report</p> <p data-bbox="217 875 1300 1128">Nicky Connor introduced the pulse survey feedback, including the response rate and key messages. The Senior Leadership Team are looking at this. There was discussion that recognized that this was now undertaken several months ago, before this second lockdown and that the response was 39% and not all staff groups therefore can't generalise feedback. A key priority is about supporting staff and their wellbeing and this will be a regular focused discussion at the LPF. The Survey and work that is ongoing was noted.</p>	
8	<p data-bbox="217 1167 842 1200">UNSCHEDULED CARE REVIEW UPDATE</p> <p data-bbox="217 1234 1300 1375">Lynn Barker advised that there has been a lot of activity in this area. Tests of change are being carried out and a senior clinical post has been advertised. The team behind the project have been asked to present nationally on this at the end of January.</p> <p data-bbox="217 1393 1300 1464">Lynn Parson agreed that a huge amount of work has been done and shows partnership working in action.</p>	
9	<p data-bbox="217 1503 815 1536">LPF ACTION PLAN / ANNUAL REPORT</p> <p data-bbox="217 1570 1300 1641">Jim Crichton gave an update on progress with this. Plan as agreed with LPF is to move from a staff governance action plan to an LPF Annual Report.</p> <p data-bbox="217 1659 528 1693">Purpose of the report:</p> <ul data-bbox="217 1711 1300 1926" style="list-style-type: none"> <li data-bbox="217 1711 842 1744">• Allow the LPF to reflect on the past year. <li data-bbox="217 1762 1300 1834">• Inform the IJB as to the function of the LPF and to raise awareness of its role. <li data-bbox="217 1852 1300 1926">• Ensure improvements to employee experience year on year via setting clear annual objectives. 	

NO	HEADING	ACTION
9	LPF ACTION PLAN / ANNUAL REPORT (Cont)	
	Broadly agreed that the report should be under headings of:	
	<ul style="list-style-type: none"> • Staff Communication. • Staff Health and Wellbeing. • Training/Development. • Staff Involvement. • Equality/Fairness. • Health and Safety. 	
	Potential Timetable:	
	<ul style="list-style-type: none"> • Verbal update to LPF on 10 February 2021. • Draft Annual Report to LPF on 10 March 2021. • Final Annual Report to IJB on 16 June 2021. 	
10	AOCB	
	Nothing raised.	
11	DATE OF NEXT MEETING	
	Wednesday 10 February 2021 at 9.00 am	