



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 22 OCTOBER 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**

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1	CHAIRPERSON'S WELCOME / OPENING REMARKS	Rosemary Liewald	
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3	DECLARATION OF MEMBERS' INTERESTS	Rosemary Liewald	
4	CHIEF OFFICERS REPORT	Nicky Connor	
5	MINUTES OF PREVIOUS MEETING 24 SEPTEMBER 2021	Rosemary Liewald	3-9
6	HOMOLOGATION OF DECISIONS 24 SEPTEMBER 2021	Nicky Connor / Rosemary Liewald	
7	MATTERS ARISING - ACTION NOTE 24 SEPTEMBER 2021	Rosemary Liewald	10
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11	HEALTH & SOCIAL CARE PARTNERSHIP PERFORMANCE FRAMEWORK	Alan Adamson	47-72
12	STATEMENT OF INTENT FOR SUPPORT FOR UNPAID CARERS	Alan Adamson	73-81

13	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED Clinical & Care Governance Confirmed Minute from 8 September 2021 Unconfirmed Minute from 1 October 2021 Finance & Performance Committee Unconfirmed Minute from 7 October 2021 Audit & Risk Committee Unconfirmed Minute from 15 September 2021 Local Partnership Forum Unconfirmed Minute from 22 September 2021	 Christina Cooper David Graham Dave Dempsey Simon Fevre / Nicky Connor	82-115
14	AOCB	ALL	
15	FIFE IJB – WHAT WE HAVE ACHIEVED AND BOARD CHANGES	Nicky Connor	Verbal
16	DATES OF NEXT MEETINGS INTEGRATION JOINT BOARD – Friday 26 November 2021 – 10.00 am IJB DEVELOPMENT SESSION - Friday 10 December 2021 - 9.30 am		
MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHORS IN ADVANCE OF THE MEETING			

Nicky Connor
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Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 4th Floor, Fife House – e:mail Norma.aitken-nhs@fife.gov.uk



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 24 SEPTEMBER 2021 AT 10.00 AM

Present	Rosemary Liewald (RLi) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council – Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) Chris McKenna (CM), NHS Fife Board Member (Executive Director) Medical Director NHS Fife Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, 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 Lynn Barker (LB), Associate Director of Nursing Katherine Paramore (KP), Medical Representative
Attending	Bryan Davies (B), Head of Primary & Preventative Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board and reminded Members of the protocol for the meeting.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking.

It was noted that the meeting was not quorate due to a number of voting members who were unable to join the meeting. Norma Aitken confirmed that any decisions taken at today's meeting would need to be homologated at the IJB meeting on 22 October 2021, this was agreed by those present.

NA

2 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report.

2 CHIEF OFFICERS REPORT (Cont)

Nicky began by updating on recruitment to the Senior Leadership Team (SLT). Jane Brown has been appointed as Principal Social Work Officer and Roy Lawrence as Principal Lead for Organisational Development and Culture. Both will take up post during November 2021 and will be an asset to the Core SLT. Fuller information will be provided in due course.

Nicky then updated on the IJB Development Session which took place on Friday 10 September 2021 where full discussion took place on the Five Immunisation Strategic Framework, Risk Appetite, Home First and the planning arrangements for the National Care Service (NCS) Consultation. The Immunisation Framework is on today's agenda for comment and approval. Risk Appetite will be discussed further at future Audit & Risk Committees and IJB meeting. Work is ongoing with Home First. The NCS Consultation is open from 9 August – 2 November 2021 and members are encouraged to respond in a personal capacity as well as inputting to the IJB response. This will be discussed at the IJB Development Session on Friday 8 October 2012.

A Covid and Remobilisation Update had been circulated to IJB members on Thursday afternoon, this was refreshed on Friday 24 September 2021 and members were encouraged to reread for full updates.

Chris McKenna began his update by thanking staff and recognising the pressure that all staff are currently working under, particularly in the last 3 or 4 weeks. These are exceptional circumstances and staff continue to provide services despite the challenges. GP's practices are currently operating at a 30% higher capacity than pre-covid, despite staffing challenges and having to maintain infection control procedures. Primary Care, Acute and Paediatric wards continue to be exceptionally busy as we head into winter.

Janette Owens gave an update on initiatives which are taking place to support staff which include enrolling more student nurses this year, offering Band 4 posts to graduating students, the recruitment of a number of admin staff to support senior nursing staff and recruitment more Healthcare Support Workers and Bank staff. An additional nursing post has been recruited to join the Care Home Liaison Team.

Janette and Lynne Garvey met a number of senior and lead nurses earlier this week to discuss the current challenges.

Discussion took place around the pressure on A&E and to what extent the public are following guidance on how they should access services. This requires a cultural change and constant communications are ongoing.

Bryan Davies advised that surveying of all GP practices has begun to provide an ongoing data set which should aid understanding of what the current situation is with service delivery. Support is being provided to all areas within Primary Care.

Discussion then took place around reducing waiting times, recruitment of additional staff and elective surgery.

NO HEADING**ACTION****2 CHIEF OFFICERS REPORT (Cont)**

Fiona McKay updated that Tracy Harley has been appointment Service Manager for Participation and Engagement and a full programme of work is being worked up including restarting the Strategic Planning Group and work on the National Care Service Consultation. The Participation and Engagement Framework will be refreshed in the near future.

3 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Martin Black, Fiona Grant, David Alexander, Helen Hellewell, Amanda Wong, Kathy Henwood, Steve Grimmond, Joy Tomlinson and Lynne Garvey.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 20 AUGUST 2021

The Minute of the meeting held on Friday 20 August 2021 was approved.

6 MATTERS ARISING

The Action Note from the meeting held on 20 August 2021 was approved.

7 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which had been discussed in depth at the Finance & Performance Committee (F&P) on 3 September 2021. IJB members had been invited to a drop-in session prior to the Board meeting where they were given the opportunity to discuss the reports on today's agenda in detail. Members agreed the drop-in session was helpful and encouraged others to attend.

The report detailed the financial position of the delegated and managed services based on 31 July 2021 financial information. The forecast deficit is £5.756m. It is expected that the costs of Covid-19 will be met in full through use of Reserves and further funding from Scottish Government.

The Senior Leadership Team continues to work on a Recovery Plan and progressing savings.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David confirmed that the report had been given significant scrutiny at the F&P Committee.

The Board considered the key actions and next steps and approved the Financial Monitoring Update as at July 2021. This decision will be homologated at the IJB meeting on Friday 22 October 2021.

8 IJB STRATEGIC RISK REGISTER

This report had been discussed at the Audit & Risk Committee (A&R) on 15 September 2021. The Chair introduced Audrey Valente who presented this report. The Risk Register is being refreshed and highlights the risks which the partnership must manage. The updated Register will be brought back to a future A&R meeting prior to coming to an IJB meeting.

The Board noted the process of the review of the Register and that the revised Register will be reported to the next Audit & Risk Committee.

9 FLU VACCINATION COVID VACCINATION TRANCHE 2 PLAN DELIVERY

This report was discussed at the Clinical & Care Governance Committee (C&CG) on 8 September 2021 and the IJB Development Session on 10 September 2021. The Chair introduced Bryan Davies who presented this report.

The transition of the Immunisation Programme to the partnership is now complete and weekly meetings are being held to focus on the three workstreams. The Project Management Office is overseeing the programme and Lisa Cooper is Immunisation Programme Director.

Tranche 1 of the programme officially ends on 30 September 2021 with some work still needed to complete it.

New guidance from the Joint Committee on Vaccination and Immunisation (JCVI) has been received on vaccinations for 12-16 year olds and delivery of the preferred model for these. This will be clinic based initially with publicity via the internet and social media. Mop up sessions will be via schools later in the process.

Planning for Tranche 2 is well advanced and both of the vaccinations (flu and covid booster) will give given in a single appointment. There must be at least six months from the second covid vaccination to the booster appointment. Work will begin with priority cohorts, as with the initial covid vaccination programme.

The Chair then invited Tim Brett, Chair of C&CG to comment on discussions at the Committee before questions from Board Members. Tim confirmed the discussions which had taken place at C&CG.

Communications are being currently being collated for residents over 80 years old, who will be first to receive flu/booster jabs via their GP surgery or another local venue.

Lynn Barker praised the immunisation workforce who are an excellent example of staff going above and beyond to provide a service.

The Board discussed the report in anticipation of the full delivery plan being presented.

10 FIFE IMMUNISATION STRATEGIC FRAMEWORK – 2021-2024

The Chair introduced Bryan Davies who presented this report which had been discussed at the Clinical & Care Governance Committee on 8 September 2021 and the IJB Development Session on 10 September 2021.

The Director of H&SC and Director of Public Health commissioned an independent review of immunisation in Fife earlier in 2021. The review resulted in the Strategic Framework, an Action Plan and Direction. Leadership, Governance and Planning where the three main areas covered in the review.

The key staff roles had been shared with IJB members at the Development Session on Friday 10 September 2021.

Through implementation of the strategy, we aim to:

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

To realise our vision and ambitions four priorities for action have been identified:

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

Nicky Connor then covered the Direction which was to be issued to NHS Fife in connection with the Framework including the functions covered, the budget allocated and performance monitoring arrangements.

The Chair then invited Tim Brett, Chair of C&CG to comment on discussions at the Committee before questions from Board Members. Tim confirmed that the C&CG discussed the report on length prior to agreeing that the IJB should approve it.

The Board approved the Framework. This decision will be homologated at the IJB meeting on Friday 22 October 2021.

NO HEADING**ACTION****11 JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION INSPECTION – FINAL REPORT**

This had been discussed at a previous Development Session and the Chair introduced Fiona McKay who presented this report.

The Care Inspectorate / Healthcare Improvement Scotland Joint Inspection of Adult Support and Protection was completing during August 2021 and this report outlines the findings from the inspection. The inspection has shown Fife H&SC to be an exemplar.

There are a number of strengths outlined in the report as well as several priority areas for improvement which will form the basis of an Action Plan. This will be brought to the appropriate governance committees.

Discussion took place around the positive outcome of the inspection, how to strengthen support and the provision of care plans for adults. Praise was expressed for all involved in the inspection process.

The Report was presented for awareness and discussion.

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

The Chair asked Tim Brett, David Graham, Dave Dempsey and Nicky Connor for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

Tim Brett – Clinical & Care Governance Committee (C&CG) – 4 August 2021 (Confirmed)

Tim wished to highlight the Mental Welfare Commission Authority to Discharge report and the helpful update provide by Helen Hellewell on GP Clusters.

The committee met again on 8 September 2021 and the minute of the meeting will be brought to the next IJB meeting.

David Graham – Finance & Performance Committees (F&P) – 13 August 2021 (Confirmed) and 3 September 2021 (Unconfirmed)

David did not require to escalate items to the IJB from the meeting on 13 August 2021. He wished to highlight that secondary reports had been requested on CAMHS and Psychological Therapies to allow F&P to undertake a deeper dive into these areas.

At the meeting on 3 September 2021 the committee was given an up to date position on Care Home Replacement and the pressures within Care at Home.

Dave Dempsey – Audit & Risk Committee (A&R) – 9 July 2021 (Confirmed)

Dave confirmed that there were no items to escalate from this meeting.

NO HEADING**ACTION****12 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED (Cont)****Local Partnership Forum (LPF) – 11 August 2021 (Unconfirmed)**

Simon Fevre confirmed that robust discussions had taken place on staffing issues within the partnership, NHS Fife and Fife Council. Management and the trade unions are working collaboratively to ensure safe staffing levels and support throughout the currently situation.

The staff portal, which will allow front line staff to book their flu jab and covid booster has been set up and is being widely publicised.

The iMatter survey closed on Monday 20 September 2021 and to date the partnership has had a 61% return rate, some paper-based returns have still to be collated so this percentage may rise slightly. The final report is due to be published at the end of October 2021 and will be shared with the LPF.

13 AOCB

As the Chair had not been advised of any other business to be raised under this item there was nothing to report.

14 DATES OF NEXT MEETINGS

IJB Development Session – Friday 8 October 2021 at 9.30 am

IJB Meeting – Friday 22 October 2021 at 10.00 am



ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 24 SEPTEMBER 2021

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Finance Update – provide an update on Direct Payments to a future Development Session.	Nicky Connor / Audrey Valente	Development Session during 2021	
2	Finance Update- a further discussion on Alcohol and Drug Partnership funding would be brought back to a future IJB meeting	Audrey Valente / Fiona McKay / Kathy Henwood	26 November 2021	
3	Minutes of Previous Meeting – 23/04/21 - Item 9 – Performance Report – Executive Summary - Tim Brett asked if an update report on recruitment challenges be brought to the IJB in the Autumn.	Fiona McKay / Paul Dundas	26 November 2021	
4	Chief Officers Report – as meeting was not quorate any decisions taken would need to be homologated at the IJB meeting on 22 October 2021.	Norma Aitken	22 October 2021	



Meeting Title:	Integration Joint Board
Meeting Date:	22 October 2021
Agenda Item No:	8
Report Title:	Finance Update
Responsible Officer:	Nicky Connor, Director of Health & Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- HSCP Finance & Performance Committee – 7 October 2021 – at this Committee the following was discussed:-
 - The requirement for a Recovery Plan to be agreed and actioned and the associated timescales. The Senior Leadership Team are reviewing all areas of expenditure, to ensure only necessary expenditure is incurred, to formulate a plan to bring the current projected overspend down significantly by the end of the financial year. The Chief Finance Officer will bring a report to a future committee meeting.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 31 August 2021 financial information. The forecast deficit is £6.109m. It is expected that the costs of Covid-19 will be met in full through use of Reserves and further funding from Scottish Government.

3.2 Background

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

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

3.3 Assessment

At 31 August 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.109m.

The key areas of overspend that are contributing to the projected outturn overspend –

- Hospital & Long-Term Care
- Family Health Services
- Older People Residential and Day Care
- Homecare Services
- Adult Placements

The report provides information on in year additional funding allocations to provide clarity and transparency in terms of additional funding made available by the Scottish Government to IJBs.

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

3.3.1 Quality/ Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

The medium-term financial strategy has been reviewed and updated.

3.3.4 Risk/Legal/Management

Full funding may not be made available by the Scottish Government to fund the costs of Covid-19 and unachieved savings as a result of Covid-19 within 2021-22. However, any expenditure associated with Covid-19 will continue to be recorded in the Local Mobilisation Plan.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

None

3.3.7 Communication, Involvement, Engagement and Consultation.

No applicable.

3.4 Recommendation

- **Awareness** – examine and consider the key actions/next steps.
- **Decision** – approve the financial monitoring position as at August 2021.
- **Decision** – approve the use of the reserves as at August 2021.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report August 2021

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Tracking Approved 2020-21 Savings Tracker

5 Implications for Fife Council

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

6 Implications for NHS Fife

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

7 Implications for Third Sector

This report reflects payments made to Third Sector providers.

8 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

9 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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Chief Finance Officer

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**Fife Health
& Social Care
Partnership**



Finance Report as at 31 August 2021

October 2021



Supporting the people of Fife together



FINANCIAL MONITORING

FINANCIAL POSITION AS AT AUGUST 2021

1. Introduction

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

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

The revenue budget of £553.747m for delegated and managed services was approved at the IJB meeting on the 28th March 2021 IJB. The net budget requirement exceeded the funding available and a savings plan of £8.723m was approved at that same meeting.

The revenue budget of £38.134m for acute set aside was also set for 2021-22.

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected underspend at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the H&SCP manage within the budget envelope approved in this financial year 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 included within paragraph 7, and the latest update in terms of mobilisation is available at paragraph 8.

3. Additional Budget Allocations for Year

Additional Budget allocations are awarded in year through Health budget allocations which are distributed to the H&SCP where applicable. The total budget for the delegated and managed services has increased by £22.859m since April 2021, through additional allocations for specific projects as detailed below in Table 1 - £15.419m of this funding has been allocated to budgets and £7.440m is held and may be committed but is yet to be allocated to budgets.

Earmarked reserves of £1.511m have also been allocated to budgets, a breakdown is shown in Appendix 2.

	Funding Received 2021-22	Funding B/F	Funding Allocated	Funding to be Allocated to Budgets	Annual recurrent award
	£	£	£	£	
Alcohol and Drug Partnership	919,723	5,056,561	4,420,567	1,555,717	Y
Mental Health Act	344,000		332,200	11,800	Y
Integration Fund		631,442	471,582	159,860	Y
Family Nurse Partnership	1,276,288		1,276,288	0	N
Capacity Building CAMHS & PT	455,623		455,623	0	Y
Mental health innovation fund	287,601		287,601	0	Y
Veterans First Point Transition funding	116,348		116,348	0	Y
Primary Medical Services Bundle	1,717,797		0	1,717,797	N
Outcomes Framework	775,419		775,419	0	N
PCIF	5,440,204	0	5,440,204	0	First Tranche received from SG & from Earmarked reserve
District Nurses	332,872			332,872	Earmarked recurring
Maternity & Neonatal Psychological Interventions	138,291		138,291	0	N
Mental Health Recovery	2,222,582			2,222,582	N
Redesign of Urgent Care	681,277		681,277	0	N
Auchtermuchty Medical Practice	48,000			48,000	N
Action 15 Mental Health Strategy	1,090,043		342,000	748,043	First Tranche received
Breast Feeding Projects	66,000		66,000	0	N
Primary Care Out of Hours Transformation	340,638		340,638	0	N
Ventilation Improvement Allowance	340,639			340,639	N
Mental Health Support for those hospitalised with Covid 19	95,480			95,480	N
Support for development of hospital at home	207,000			207,000	N
School Nurse	230,000		230,000	0	N
Vitamins for Pregnant Women & Children	45,032		45,032	0	N
	17,170,857	5,688,003	15,419,070	7,439,790	

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 June.

Planning for Winter will have a potential significant impact on the projected financial outturn. As in previous years, early estimates in relation to the levels of potential expenditure are included and will be refined once more clarity is available through the Winter Planning Group.

5. Financial Performance Analysis as at August 2021

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn overspend of £6.109 as below.

Fife Health & Social Care Partnership									
As at 31 August	2021/22								
Objective Summary	Budget April	Budget July	Budget Aug		Forecast Outturn July	Forecast Outturn Aug	Variance as at July	Variance as at Aug	Movement
	£m	£m	£m		£m	£m	£m	£m	£m
Community Services		108.571	107.490		105.023	103.098	-3.548	-4.392	-0.844
Hospitals and Long Term Care		56.068	56.077		56.372	56.548	0.304	0.471	0.167
GP Prescribing		74.587	74.587		74.587	74.587	0.000	0.000	0.000
Family Health Services		104.87	103.089		105.370	103.589	0.500	0.500	0.000
Children's Services		17.653	18.764		17.153	18.264	-0.500	-0.500	0.000
Resource transfer & other payment	385.844	49.725	49.725		51.892	51.892	2.167	2.167	0.000
Older People Residential and Day Care	14.640	14.640	14.640		14.986	15.038	0.346	0.398	0.052
Older People Nursing and Residential	35.663	35.663	35.663		35.709	35.620	0.046	-0.043	-0.089
Homecare Services	30.447	30.447	30.447		31.483	32.921	1.036	2.474	1.438
Adults Fife Wide	4.743	4.743	4.743		4.525	4.533	-0.218	-0.210	0.008
Social Care Other	1.404	1.404	1.404		1.439	1.591	0.035	0.187	0.152
Adult Placements	43.947	43.947	43.947		50.371	49.831	6.424	5.884	-0.540
Adult Supported Living	20.798	20.798	20.798		20.577	20.772	-0.221	-0.026	0.195
Social Care Fieldwork Teams	16.745	16.745	16.745		16.130	15.944	-0.615	-0.801	-0.186
Housing	1.529	1.529	1.529		1.529	1.529	0.000	0.000	0.000
Total Health & Social Care	555.760	581.390	579.648		587.146	585.757	5.756	6.109	0.353
Revised Outturn figure					587.146	585.757	5.756	6.109	0.353

The main areas of variances are as follows:

5.1 Community Services underspend £4.392m

Community Services is forecasting an underspend outturn of £4.392m which is an improvement in last month's forecast outturn by £0.844m. Widespread vacancies across a number of departments such as Hospital at Home, AHP's, physio, podiatry,

speech therapy and community dental continue to support the forecast year end underspend position. Recruitment to these posts is ongoing across all services. The favourable movement is attributable to an improved position within sexual health and rheumatology relating to drugs of £0.200m. £0.225m is attributable to further vacancies across Community Nursing, ICASS and Admin Services and £0.240m movement in Mental Health community services relates to continuing staff vacancies and additional funding received.

5.2 Hospital and Long-Term Care £0.471m overspend

Hospital & Long-Term Care is forecasting an overspend of £0.471m comprising of 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. The movement of £1.67m is mainly attributable to community hospital inpatient services. Continued spend on Bank & Agency Nursing to cover vacancies, sickness and increased patient supervision. There has also been an increase in Bank Nursing spend within LD and Mental Health covering staff absence during the summer period.

5.3 Family Health Services £0.500m overspend

The forecast remains the same as last month at £0.500m overspend. This is attributed to practices being handed back to the board and staffing absences in excess of funded budget. The additional workload involved in the back scanning exercise in order to create more premises space is also a factor.

5.4 Children's Services £0.500m underspend

The underspend position remains at £0.500m due to vacancies throughout Children's services - Vacancies currently sit at around 8% on average. Retention and recruitment is difficult as children's services roles are highly specialist and therefore hard to fill. Vacancies are being experienced in Health Visiting, School Nursing and Children and Young People's District Nursing service.

5.5 Resource Transfer £2.167m overspend

This overspend reflects the payment between the NHS and Fife Council required to realign the budget as agreed by IJB.

5.6 Older People Residential and Day Care £0.398m overspend

There are overspends on agency and staffing of £0.256m mainly due to non-Covid related absences. Cleaning and catering charges in the Residential Homes are expected to overspend by £0.228m due to increased staff costs. These overspends are partly offset by minor miscellaneous underspends of £0.085m. The movement is due to an increase in Catering & Cleaning costs of £0.212m, partly offset by a reduction in staff cover costs of £0.120m.

5.7 Homecare Services £2.474m overspend

Older People care packages are expected to overspend by £1.974m. This includes an estimated unachieved saving of £0.582m with the balance of £1.392m being due to the increased demand for packages. Direct payments to service users to arrange their own

packages has increased by £0.500m. The movement of £1.438m is due to care packages of £0.938m and direct payments of £0.500m.

5.8 Adult Placements £5.884m overspend

Savings are not expected to be achieved of £0.935m. An allowance has been made for possible transitions from Children and Families of £0.900m. The balance of the overspend is mainly for packages that have been commissioned in excess of the budget. The movement is due to a reduction in the cost of packages of £0.387m and an increase in the high reserve saving of £0.124m against direct payments.

5.9 Social Care Fieldwork Teams £0.805m underspend

The £0.805m underspend is due to projects not running from the start of the financial year. There are also projected underspends on staff vacancies and agency staff are to be used to increase capacity. The movement is due to an increase in the high reserve saving against direct payments.

6. 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 2021-22 financial year is £8.723m. The financial tracker included at Appendix 2, provides an update on all savings and highlights that anticipated savings of £7.479m (85.7%) will be delivered against the target.

Previously approved savings which were unmet at 31 March 2021 require to be made in 2021-22 to balance the budget, these total £5.484m and £3.764m (68.6%) is currently projected to be achievable.

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.

7. COVID

In addition to the core financial position, there is a requirement to report spend in relation to Covid-19 and remobilisation costs. Currently the actual spend to June is £6.383m. It is assumed these costs will be fully funded through the local mobilisation plans Reserves for Covid-19 brought forward from 2020-21 are to be used in the first instance to fund the 2021-22 Covid-19 related expenditure requested in the Local Mobilisation Plan (LMP).

The LMP is updated and resubmitted quarterly, with the next plan due for quarter ended September, to be submitted in October.

8. Local Mobilisation Plans (LMP)

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 returns will continue to be submitted quarterly in 2021-22.

The Qtr 1 submission suggests a full year projection of £29.558m which includes the non-achieved savings relating to Covid-19. The Senior Leadership Team will endeavour to deliver these savings in-year, but it is likely that there will be delays in implementing some of these savings due to on-going restrictions.

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

9. Reserves

Reserves totalling £29.643m are held by Fife Council on behalf of the IJB. £15.108m is related to Covid-19 and a further £7.575m is ear-marked for specific use. Expenditure recorded in the LMP is expected to be funded in the first instance from the Covid-19 reserve.

An update is provided at Appendix 2 which shows commitments of £2.570m with the balance of £4.318m remaining uncommitted as at August 2021.

10. Risks and Mitigation

10.1 Covid

There is a risk that the costs of Covid 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.

10.2 Savings

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

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

10.3 Funding

The potential risk associated with not receiving full funding for mobilisation plans is immediate and requires further consideration by the Finance and Performance Committee. Only 79% 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. It is recommended that this specific risk is reflected in the projected outturn position with immediate effect and reported to the IJB. The committee are asked to discuss and consider the degree of risk that should be reflected, however,

at this stage in the financial year it is proposed that the full value of non-achieved savings as per Appendix 3 is reflected as presented today.

10.4 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 progress and it is anticipated that an update will be provided at the November Committee Meeting.

11. Key Actions / Next Steps

The Integration Scheme advises that where there is a forecast overspend, the Director of Health and Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife Director of Finance must agree a recovery plan to balance the total budget. This will be brought to a future meeting of the Finance and Performance Committee.

The Senior Leadership Team (SLT) is reviewing the medium-term financial strategy that will span the period 2021-22 to 2022-24. The SLT believe that it is important to fully engage with all stakeholders and as a result we have been holding development sessions with both Board members and the Local Partnership Forum and will continue to do so particularly in terms of the medium- term financial strategy.

Effective Financial Management remains a key priority for the Partnership. Weekly meetings to consider new and replacement posts has continued and will remain in place. The processes relating to supplementary staffing have been strengthened and a robust approval process has been developed for locums which provides clarity and transparency but also ensures that the consideration of costs is firmly embedded into the commissioning process.

The fragility of the Care at Home market is an area of concern. We are working with Scottish Care, Care Providers and other essential partners to ensure there is sufficient financial support in place to maintain the services for the people of Fife.

Audrey Valente
Chief Finance Officer
30 September 2021

Fife H&SCP – Reserves

	2021-22	Future Years
	£m	£m
Balance at 1 April	(29.643)	(4.318)
Budgets transferred (to)/from Reserves		
* Estimated Balance at 31 March	(29.643)	
Earmarked Reserves		
PCIF	2.524	
Action 15	1.349	
District Nurses	0.030	
Fluenz	0.018	
Alcohol and Drugs Partnerships	0.315	
Community Living Change Plan	1.339	
Free Style Libre/ Other	2.000	
Covid-19	15.180	
Total Earmarked	22.755	
Estimated uncommitted balance at 31 March	(4.318)	

Earmarked Reserves	Total Held	Allocated at August	Balance
	£m	£m	£m
PCIF	2.524	1.011	1.513
Action 15	1.349		1.349
District Nurses	0.030		0.030
Fluenz	0.018		0.018
Alcohol and Drugs Partnerships	0.315		0.315
Community Living Change Plan	1.339		1.339
Free Style Libre/ Other	2.000	2.000	0.000
Covid-19	15.180	6.383	8.797
Total Earmarked	22.755	9.394	13.361

Uncommitted Reserve	£m
Total Uncommitted Balance at 31 March	(6.888)
Proposed Commitments	
Review of Care at Home Packages	0.415
Project Support Officers (2 x FTE)	0.117
Bed Manager	0.068
MORSE	0.800
CAMHS/ Psychological Therapies	0.970
Medicines Efficiencies	0.200
Balance after Commitments	(4.318)

Grants held in Fife Council balances on behalf of Fife H&SCP

Grant	£m
Self Directed Support	0.683

*Outturn report stated £30.019 – Final position for Annual Accounts is £29.643m – total was reduced by £0.368m for Self Directed Support which is held as a Grant Carried forward by Fife Council on behalf of HSCP so is not included in reserve. Also reduced by £0.008m as Housing underspend remained with Fife Council due to suspension of carry-forward scheme.

**TRACKING APPROVED 2020-21 SAVINGS
HEALTH & SOCIAL CARE**

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/over achieved £m	Rag Status
All	2021-24	Travel Review	0.450	0.450	0.000	Green
All	2021-24	Supplementary Staffing and Locums	0.250	0.250	0.000	Green
All	2021-24	CRES	5.429	5.429	0.000	Green
Complex & Critical	2021-24	Bed Based Model	0.500	0.300	(0.200)	Amber
Prescribing	2021-24	Medicines Efficiency	0.500	0.500	0.000	Green
All	2021-24	MORSE	0.800	0.000	(0.800)	Amber
Complex & Critical	2021-24	Review of Payment Cards	0.040	0.040	0.000	Green
Community Care	2021-24	Review of Payment Cards	0.010	0.010	0.000	Green
Complex & Critical	2021-24	Review of respite services	0.130	0.070	(0.060)	Amber
Community Care	2021-24	Review of respite services	0.020	0.010	(0.010)	Amber
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service Users	0.349	0.175	(0.174)	Amber
Complex & Critical	2021-24	Review of Media Team	0.045	0.045	0.000	Green
Complex & Critical	2021-24	Community Services review	0.200	0.200	0.000	Green
Grand Total			8.723	7.479	(1.244)	85.7%

Previously Approved Savings

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/over achieved	Rag Status
Complex & Critical	2020-23	Supplementary Staffing and Locums (20/21)	0.600	0.600	0.000	Green
Community Care	2020-23	BED Based Model	1.000	1.000	0.000	Green
Complex &	2020-23	Managed General Practice Modelling	0.200	0.000	(0.200)	Amber
Complex & Critical	2020-23	Resource Scheduling (Total Mobile)	0.123	0.060	(0.063)	Amber
Community Care	2020-23	Resource Scheduling (Total Mobile)	0.627	0.320	(0.307)	Amber
Complex & Critical	2020-23	High Reserves	0.611	0.533	(0.078)	Green
Community Care	2020-23	High Reserves	0.089	0.167	0.078	Green
Complex & Critical	2020-23	Procurement Strategy	0.200	0.100	(0.100)	Amber
Community Care	2020-23	Review Care Packages	0.450	0.450	0.000	Green
Complex & Critical	2020-23	Re-provision of Care	0.875	0.100	(0.775)	Red

Community Care	2020-23	Re-provision of Care	0.525	0.250	(0.275)	Amber
Community Care	2019-22	Previously Approved - Day Care services	0.184	0.184	0.000	Green
Grand Total			5.484	3.764	(1.720)	68.6%

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	9.858	9.858	0.000
Amber	3.474	1.285	(2.189)
Red	0.875	0.100	(0.775)
Total	14.207	11.243	(2.964)



Meeting Title:	Integration Joint Board
Meeting Date:	22 October 2021
Agenda Item No:	9
Report Title:	Public Sector Climate Change Duties
Responsible Officer:	Nicky Connor, Director of Health and Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Decision

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

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

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

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

2 Route to the Meeting

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

- Senior Leadership Team.
- HSCP Finance & Performance Committee – 7 October 2021 – at this Committee the following was discussed:-
 - While the Scottish Government acknowledge the unique nature of Integrated Joint Boards and how the delivery of climate change is driven by the Partner Organisation's. The question was asked whether the IJB is in a position to include a direction to the NHS and Local Authority to deliver a reduction in their carbon footprint whilst delivering services on behalf of the Partnership?
 - It was noted that during the pandemic there has been a significant reduction in carbon footprint with enhanced digital technology resulting in less travel and printing within the Partnership.

3 Report Summary

3.1 Situation

This report is to advise the Integration Joint Board (IJB) of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask members to consider priorities for climate change governance, management, and strategy for the year ahead.

3.2 Background

The Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as "major players" to submit a climate change report to the Scottish Government by 30 November each year. IJB's were first included in the annual reporting exercise in 2016/17. This will be the fifth report for Fife IJB and will cover the period 2020/21.

The Sustainable Scotland Network (SSN) is the organisation collating information on behalf of the Scottish Government and they have provided an online form for this purpose.

The required reporting focuses on corporate emissions arising from organisational operations and service delivery, as well as key information on: Organisational Profile; Governance, Management and Strategy; Adaptation; Procurement; and Validation.

In developing guidance, the Scottish Government has recognised the unique nature of IJB's and does not expect IJB's to address every aspect of the report in the same way that NHS Boards and Local Authorities are expected to do. For example, IJB's are not required to respond to the questions on corporate emissions, as these will be addressed by the responses from NHS Fife and Fife Council who are the asset owners.

3.3 Assessment

The submission to Scottish Government is not meant to be viewed as an assessment process with a pass or fail, it is an opportunity to review climate change action within the IJB and promote continuous improvement. The Scottish Government has advised that where information is not held, it is acceptable to explain the situation and any action planned to develop that area, if applicable.

The key focus for the IJB's submission is within the section on climate change governance, management, and strategy. The IJB is to set out its top priorities for improvement for the year ahead. Last year the IJB outlined the following areas for consideration:

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP.
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.
- Reconsider the use of the Environmental/Sustainability impact section within SBAR's and whether there would be a benefit in moving to an alternative approach.

As the focus for the IJB and the Health and Social Care Partnership for 2020/21 has been on responding to the pandemic progress on these areas of work has been limited. For this reason, it is recommended that we retain these top priorities for progression during the current year.

The Climate Fife (Sustainable Energy and Climate Action Plan – SECAP) 2020 – 2030 was approved by Fife Council's Environment and Protective Services Sub Committee on 6 February 2020. Climate Fife is a Fife-wide plan, however,

at this stage comprises actions driven by Fife Council and key public sector partners. It has been designed with the four outcomes of Fife's Community Plan (the Plan4Fife) in mind, which are:

1. Opportunities for all
2. Thriving places
3. Inclusive growth and jobs
4. Community led services.

It is recommended that the IJB/HSCP continue to support the aims and actions from the Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 - 2030.

The HSCP Strategic Plan also focusses on working together to improve health and well-being in the community and references the Plan4Fife actions including working with people in their own communities, using our collective resources wisely and the development of locality priorities. These will help to reduce travel and support the reduction of Fife's carbon footprint. In the revised Strategic Plan 2019-2022 the IJB outlined its commitment to addressing Climate change with the inclusion of the following statement.

"Fife IJB recognises its position of responsibility in relation to tackling climate change and produces an annual Climate Change report in line with legislation.

We have a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper, recycling and reducing waste as much as possible and the use of technological solutions to help to reduce travel and support the reduction of Fife's carbon footprint."

It is recommended that the IJB/HSCP continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.

Staff across the Partnership continue to have an awareness of the climate change plans and strategies of the partner bodies and are encouraged to use resources, such as heating, light and water, efficiently and recycle and reduce waste as much as possible. By making more use of technological solutions, such as TotalMobile, Near Me and MS Teams, we have been able to reduce paper and printing use and staff and service user travel. One of the positive aspects of the coronavirus outbreak was the reduction in pollution as a result of the lockdown. With a large group of staff working from home, and increased use of Microsoft Teams for meetings and collaborative working, there have been significant reductions in travel and printing costs.

It is recommended that the IJB continues to support awareness raising for staff and continues to work with partners to identify opportunities to work more efficiently and sustainably.

During 2019/20 and 2020/21 the Environmental/Sustainability impact section within the SBAR template was not used in the majority of reports coming to the IJB or Governance Committees for decisions. In most cases this was because there was no impact. The SBAR template has now been amended and environmental and sustainability impacts can be highlighted within the Other Impacts section. It is recommended that alternate approaches, for example, use

of the Fife Council Fife Environmental Assessment Tool (FEAT), and environmental/sustainability impacts being assessed in the business cases for transformation projects, are considered to help support awareness raising and impact of any key decisions.

3.3.1 Quality/ Customer Care

There are no direct quality or customer care impacts arising from this report.

3.3.2 Workforce

There are no direct workforce impacts arising from this report.

3.3.3 Financial

There is no direct financial impact arising from the reporting duty.

3.3.4 Risk/Legal/Management

There is a legal requirement to report under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

The IJB is required to consider the risks around climate change and how it can work with partner bodies to mitigate these.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

The annual reporting of climate change action is to support the reduction of environmental impacts and support climate change adaptation initiatives.

3.3.7 Communication, Involvement, Engagement and Consultation

Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team.

3.4 Recommendation

- **Decision –**

Members are asked to consider and agree the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report as follows:

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 – 2030.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP.
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies.

- Reconsider options to highlight the potential Environmental/Sustainability impacts within reports to the IJB and the governance committees and the benefits in moving to alternative approaches to highlight impacts of decisions and awareness raising.

4 List of Appendices

The following appendices are included with this report:
None

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Independent Sector

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact

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Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	22 October 2021
Agenda Item No:	10
Report Title:	Performance Report – Executive Summary
Responsible Officer:	Nicky Connor Director of Health & Social Care Partnership
Report Author:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning

1 Purpose

This Report is presented to the Board for:

- Awareness

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 7 People who use health and social care services are safe from harm.

- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

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

2 Route to the Meeting

Finance and Performance Committee on 8 October 2021. raised concerns around the unavailable information in respect of staff absence from the oracle platform, the Director of Health and Social Care will discuss with senior colleagues within Fife Council.

3 Report Summary

3.1 Situation

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

3.2 Background

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

3.3 Assessment

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

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

3.3.1 Quality/ Customer Care

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

3.3.2 Workforce

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

3.3.3 Financial

No financial impact to report.

3.3.4 Risk/Legal/Management

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

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

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

3.3.7 Communication, Involvement, Engagement and Consultation

No consultation is required..

3.4 Recommendation

- **Awareness** – for members' information only

4 List of Appendices

The following appendices are included with this report:

Appendix 1 - Performance Report – October 2021

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Independent Sector

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact:

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Fife Health & Social Care Partnership



Performance Report Executive Summary

October 2021

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Executive Summary

The Executive Summary of the full Performance Report highlights areas where Performance Indicators are showing in red on the indicator tables (Local Indicators, LDP Standards and Management Information) or are showing a decline in performance from previous reporting period.

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.

We continue to see pressure across the system due to Covid this has seen an increase in recent weeks to care home closures although working closely with the care providers and the support from public health risk assessments have been undertaken to ensure safe opening.

The length of stay in STAR beds is reducing as care homes are opening up this is having a positive impact on the flow. Demand for care at home services continues to increase since February 2021 we have continue to see a monthly increase in people waiting on care packages, this is due to the availability of care both inhouse and external, work is underway to manage this including working with Scottish Care.

Complaints and Information requests dealt within the agreed timescale have dipped over the last month this is due to the pressure in the system to manage the workload and the increase in the number of queries and complaints coming into the service. Work is underway to manage this and to ensure that we respond within the timescale.

Unfortunately, we still are unable to report on sickness absence via Fife Council Oracle system, work is near conclusion and hopefully a full report will be available at the next meeting.

Positively, recent six monthly national reporting of people being supported at home in the last six months of their lives has risen from from 92.89% to 94.26% an increase of 1.38%

Fiona McKay
Head of Strategic Planning, Performance and Commissioning

Performance Matrix & Information

National Health & Social Care Outcomes

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

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

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

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

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

MSG Indicator	MSG Description	Latest Available Month	Previous Rolling Year	Fife Previous Rolling Year Total	Fife Current Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	May-21	May-20	41,434	38,816	↓ 2,618	-6.32%
1b.1	Emergency Admissions from A&E	May-21	May-20	21,595	19,377	↓ 2,218	-10.27%
1b.2	A&E Conversion Rate (%)	May-21	May-20	24.18%	26.27%	↑ 2.10%	2.10%
2a.1	Unscheduled hospital bed days	Apr-21	Apr-20	257,167	213,432	↓ 43,735	-17.01%
2b.1	Unscheduled hospital bed days - GLS	Apr-21	Apr-20	11,773	7,650	↓ 4,123	-35.02%
2b.2	Unscheduled hospital bed days - Mental Health	Apr-21	Apr-20	92,685	78,251	↓ 14,434	-15.57%
3a	A&E Attendances	May-21	May-20	89,324	73,748	↓ 15,576	-17.44%
3b	A&E % seen within 4 hours	May-21	May-20	92.53%	92.80%	↑ 0.27%	0.27%
4.1	Delayed discharge bed days: All reasons	Jun-21	Jun-20	37,685	36,376	↓ 1,309	-3.47%
4.2	Delayed discharge bed days: Code 9	Jun-21	Jun-20	12,233	13,692	↑ 1,459	11.93%
4.3	Delayed discharge bed days: Health and Social Care Reasons	Jun-21	Jun-20	25,112	22,329	↓ 2,783	-11.08%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons	Jun-21	Jun-20	340	355	↑ 15.00	4.41%
5a.1	Percentage of last six months of life: Community	Aug-21	Aug-20	92.89%	94.26%	↑ 1.38%	1.38%
6.1	Percentage of population in community or institutional settings (65+)	2019/20	2018/19	92.89%	93.02%	↑ 0.13%	0.13%

- **A&E conversion rate is the percentage of all A&E attendances that are subsequently admitted as an inpatient**

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
			Aug-20		Jul-21		Aug-21		
Assessment Unit Beds	42 Days	Monthly	Aug-20	66	Jul-21	56	Aug-21	55	1↓
Short Term Assessment and Reablement (STAR) Beds	42 Days	Monthly	Aug-20	68	Jul-21	180	Aug-21	159	21↓
START (Short Term Assessment and Review Team)	42 Days	Monthly	Aug-20	81	Jul-21	71	Aug-21	68	3↓
Nursing & Residential Care Population	*	Monthly	Aug-20	2,454	Jul-21	2,438	Aug-21	2,404	↓
Demand for New Care at Home Services – No of Service Users	*	Monthly	Aug-20	281	Jul-21	315	Aug-21	330	↑
Demand for New Care at Home Services – Hours per week	*	Monthly	Aug-20	2,668	Jul-21	2,486	Aug-21	2,679	↑
Weekly Hours of Care at Home – Externally Commissioned Services	*	Monthly	Aug-20	15,813	Jul-21	17,912	Aug-21	17,457	↓
Weekly Hours of Care at Home – Internal Services	*	Monthly	Aug-20	12,095	Jul-21	12,289	Aug-21	11,935	↓
Adult Packages of Care – Externally Commissioned	*	Monthly	Dec-18	771	Jul-21	1,141	Aug-21	1,191	↑
Technology Enabled Care – Total Provision	*	Monthly	Aug-20	8,578	Jul-21	8,622	Aug-21	8,691	↑
Technology Enabled Care – New Provision	*	Monthly	Aug-20	156	Jul-21	228	Aug-21	219	↓

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	Measure	Target 2021/22	Reporting Period	Year Previous	Previous	Current	Trend	Reporting Period	Fife	Scotland				
Operational Performance	Delayed Discharge (% Bed Days Lost)	5%	Month	Jul-20	6.2%	Jun-21	9.7%	Jul-21	10.1%	↓	QE Dec-20	5.5%	●	4.8%
	Smoking Cessation	473	YTD	May-20	25.3%	Apr-21	62.5%	May-21	58.2%	↓	FY 2019/20	92.8%	●	97.2%
	CAMHS Waiting Times	90%	Month	Jul-20	62.8%	Jun-21	79.5%	Jul-21	80.9%	↑	QE Jun-21	73.7%	●	72.6%
	Psychological Therapies Waiting Times	90%	Month	Jul-20	74.5%	Jun-21	82.6%	Jul-21	86.9%	↑	QE Jun-21	80.4%	●	82.7%


Management Information Scorecard


Indicator	Target 2020/21	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
			Dec-18	6.60%	Jul-21	NHS – 5.66% FC – 8.70%	Aug-21	NHS – 5.76% 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%	Jul-21 (NHS Only) FC Oct-20	NHS – 5.66% FC – 8.70%	Aug-21 (NHS only) FC Oct-20	NHS – 5.76% FC – 8.70%	N/A
Complaints and Compliments	80% of Complaints responded to within statutory timescales	Monthly	Aug-19	67%	Jul-21	77%	Aug-21	53%	↓
Information requests	80% of requests responded to within statutory timescales	Monthly	Q1-19	75%	Jul-21	81%	Aug-21	69%	↓





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

Assessment Unit - Assessment Beds	42 Days	Apr-21	55 days	Aug-21	
<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 31st August 2021 was 55 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 August there were 15 admissions and 13 discharges. Of those 13 discharges 31% were below or met the service expectation of 42 days. Of those over the service expectation the highest length of stay at discharge was 162 days. The average length of stay over the previous 2 months has been decreasing closer to the target figure. The overall average 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.</p> <p>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 Re-ablement (STAR) beds	42 Days	May-21	159 days	Aug-21	
<p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home</p> <p>Average Length of Stay on discharge at 31st August 2021 was recorded at 159 days, which is above the target. There were 8 admissions and 2 discharges during the month of August 2021. . During August 2 of the 3 STAR locations had to close due to Covid 19 (Lindsay House & Napier House) as a result both locations were closed to admissions and discharges.</p> <p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.</p>					


START (Short Term Assessment & Review Team)	42 Days	Aug-18	68 days	Aug-21	
<p>The START service is delivered by Fife Health & Social Care partnership Home Care service. The data is measured on the number of individuals whose service has stopped in the month and the average of days calculated for all.</p> <p>In August 2021, START recorded 68 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. The overall trend is that the length of stay in the service has been increasing over the past 2 years and although still above the Service Expectation, the average days supported has been falling over the last 5 months.</p> <p>In August 2021 there were 38 new services started and 15 discharges, compared to the previous month which had 20 starts and 28 discharges.</p>					

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
LDP Standards					
Smoking Cessation	473	N/a	275	May-21	
In 2021/22, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife					
CURRENT CHALLENGES					
Remobilising face to face delivery in a variety of settings due to venue availability and capacity					
Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting					
Potential for slower recovery for services as they may require to rebuild trust in the brand					
Re-establishment of outreach work					
Action 1 - Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway and is known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding has been made available from April; to date, five rehabilitation patients have engaged with the service.					
Delayed Discharge (% of Bed Days Lost)	5%	Jan-21	10.10%	Jul-21	
Reduce the hospital bed days lost due to patients in delay, excluding code 9, to 5% of the overall beds occupied					
CURRENT CHALLENGES					
Capacity in the community – demand for complex packages of care has increased significantly					
Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal					
Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision					
Action 1 - Progress HomeFirst model - The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and sub groups.					
Action 2 - Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community - A test of change is underway within our internal care homes linked to people admitted to STAR beds in care homes.					
CAHMS Waiting Time	90%	Feb-20	80.90%	Jul-21	
At least 90% of clients will wait no longer than 18 weeks from referral to treatment					
CURRENT CHALLENGES					
Implementation of additional resources to meet demand					
Development of workforce to meet National CAMHS Service Specification					
Impact of COVID-19 relaxation on referrals					
Change to delivery 'models' to reflect social distancing					
Action 1 - Build CAMHS Urgent Response Team - The plan to develop a CURT in 2020 was postponed due to the COVID-19 position. Redesign has been incrementally introduced since March 2021 and a model has been implemented that prioritises responsiveness, increases the clinical remit and extends the age range of the previous Self Harm Service. An increase in staffing complement seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand.					
Action 2 - Recruitment of Additional Workforce - Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 4 permanent staff and 2 temporary staff have been appointed, with the permanent staff starting incrementally from 23/08/21. Vacant posts continue to be advertised and review of banding is underway.					
SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and Phase 2 recruitment will follow the completion of a Gap analysis against the national specification.					
Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand					
Action 3 - Workforce Development -Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS.					
Psychological Therapies Waiting Times	90%	Feb-20	80.90%	Jul-21	
At least 90% of clients will wait no longer than 18 weeks from referral to treatment					
CURRENT CHALLENGES					
Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource					
Recruitment of staff required to achieve the above at a time of national workforce pressures					
Progressing vision for PTs within the timeframe required to sustain improved performance					
Action 1 - 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 complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID					
Action 2 - Increase access via Guided self-help service - Recruitment of staff complete. Roll out of service across Fife, in progress					
Action 3 - Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service -A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated.					
Action 4 - Recruit new staff as per Psychological Therapies Recovery Plan -Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion					

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

<p>Complaints and Compliments</p> <p>* 80% of Complaints responded to within statutory timescales</p> <p>Overall, the HSCP closed 51 complaints in August 2021, this is a significant increase on the number of complaints closed in recent months (the average is 30 complaints closed each month). Of the 51 closed in August 22 were FC SW/Social Care and 29 NHS. The 22 FC complaints were split between : Community Care Services (12) (7 of the 12 were Care at Home), Complex and Critical Care Services (8) and Business Enabling Services (2).</p> <p>There was a decrease in the number of complaints closed on time during August (53%) compared to July (77%).</p> <p>In August there was a significant increase in the number of complaints that were fully upheld. 17 complaints were fully upheld in August compared to 6 complaints fully upheld in July.</p> <p>During August we received 25 Social Care enquires, this is above the average number of enquiries usually received each month (the average is 14 enquiries received each month)</p> <p>During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.</p> <p>Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.</p>	80% *	N/a	53%	Aug-21	
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<p>Information Requests</p> <p>* 80% of Information Requests responded to within statutory timescales</p> <p>During August 2021 the Health and Social Care Partnership closed 13 information requests, of these 9 (69%) were responded to within required timescales there have been no review requests closed during 2021.</p> <p>In February 2021 the Scottish Information Commissioner provided a Decision Notice for an Appeal relating to an IJB information request received in 2019 (OSIC Ref: 202000165 / Decision 014/2021). The Decision Notice advised the Partnership to release some additional information to the applicant and this has now been completed. During August we received 25 Social Care enquires, this is above the average number of enquiries usually received each month (the average is 14 enquiries received each month)</p>	80% *	Jul-21	69%	Aug-21	
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Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	22 October 2021
Agenda Item No:	8
Report Title:	Health & Social Care Partnership Performance Framework
Responsible Officer:	Nicky Connor Director of Health & Social Care Partnership
Report Author:	Fiona McKay Head of Strategic Planning, Performance & Commissioning

1 Purpose

This Report is presented to the Board for:

- Awareness

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

- 7 People who use health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

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

2 Route to the Meeting

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

- Senior Leadership Team Meeting, 28 September 2021.
- Finance and Performance Committee on 8 October 2021 supported the framework and agreed this was a significant plan to take forward to the Integration Joint Board for approval.

3 Report Summary

3.1 Situation

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

3.2 Background

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

The Fife H&SCP board has a responsibility for the planning of Services which will be achieved through the Strategic Plan. The Fife H&SCP board is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care will be responsible for the operational management of these services.

3.3 Assessment

In response to recent structure changes the attached Performance Management Framework has been updated.

The approach is based on the quarterly provision of summary information which highlights the RAG (Red / Amber / Green) status for each performance indicator to be monitored. For those which are highlighted as Red additional analysis of the indicator, challenges and improvement actions will be provided. Where the committee wishes to review / challenge performance in more detail, follow-up thematic reports will be developed.

3.3.1 Quality/ Customer Care

The Performance Framework is a key part of ensuring that the Partnership is able to effectively monitor performance and thus ensure that service quality is maintained.

3.3.2 Workforce

Not applicable

3.3.3 Financial

No financial impact to report.

3.3.4 Risk/Legal/Management

Not applicable

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

Not applicable.

3.3.7 Communication, Involvement, Engagement and Consultation

Consultation on the framework took place in 2019 when the framework was initially developed.

- Finance and Performance Committee, date written as November 2019.

3.4 Recommendation

- **Awareness** – for members' information only

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – HSCP Performance Framework

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Independent Sector

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

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Fife Health & Social Care Partnership



Performance Management Framework

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 led to the establishment of the Fife Health and Social Care Partnership Integrated Joint Board (IJB) with responsibility for the strategic planning and commissioning of a range of health and social services across Fife. The main purpose being to improve the wellbeing of people who use such services, in particular securing better outcomes and experiences for individuals and communities and obtaining better use of resources across health, care and support systems at national and local levels.

The Strategic Plan for Fife sets out how the IJB will carry out the functions it is responsible for to meet the agreed local strategic priorities and deliver the National Health and Wellbeing outcomes defined by the Government.

The IJB has a duty to effectively monitor and report on the delivery of services. It must also prepare and publish a performance report annually setting out how we are delivering and improving in relation to the National Health and Wellbeing outcomes. The report must include information about the core suite of integration indicators, supported by local measures and data to provide a broader picture of local performance.

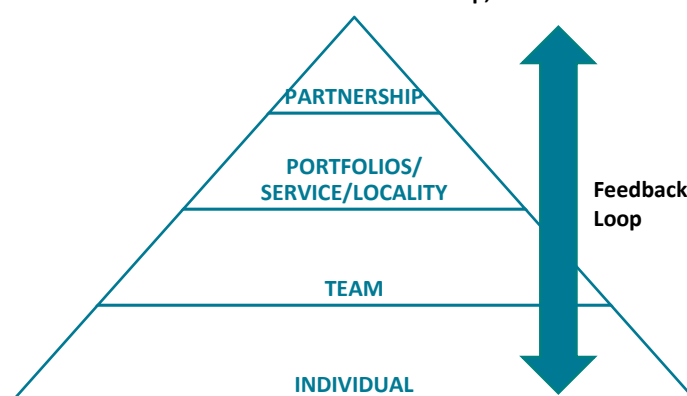
The Performance Management Framework

The role of performance management is to ensure that the vision and priorities set out by the IJB translate into tangible outcomes.

It is about enabling the IJB to assess whether it is achieving what it set out to do, ensuring effective management of resources as well as helping identify areas where improvement is required.

The Integrated Strategic Plan sets out the Vision, Mission and Values of the Fife Health and Social Care Partnership, as well as its commissioning intentions and strategic priorities. The cascade of these priorities is illustrated in Figure 1.

Figure 1- Performance Management cascade through the Partnership, NHS and Fife Council



The performance management framework:

- Defines how the IJB will manage performance across the functions for which it is responsible to ensure that the strategic priorities are being achieved;
- Defines the governance and assurance arrangements that will ensure performance is being managed effectively across the partnership, linking closely to the Clinical and Care Governance Strategy, Risk Management Framework and Governance Manual;
- Ensures that everyone understands their accountabilities in delivering priorities and how progress will be measured and reported;
- Identifies how the IJB will report progress on the delivery of national outcomes and indicators;
- Identifies how the IJB will report progress on the delivery of local outcomes and indicators;

This revision of the performance framework clarifies reporting expectations and documentation through:

- A summary of the key performance information reported at a strategic and local level (Appendix 1)
- A template for performance indicator reporting for those indicators identified as Red (Appendix 2);
- A definition sheet to capture for each indicator what is being reported, how it is collated / calculated and the officer responsible for the measure (Appendix 3);
- A template for the reporting of progress against the strategic plan (Appendix 4)

- The introduction of version control and quality assurance record to the Performance Report template (Appendix 5)
- Summary diagram showing the organisational structure for performance reporting (Appendix 6)

Performance Management - Reporting Structure

As set out in the Integration Scheme for Fife, 'Local Operational Delivery Arrangements' the IJB is responsible for monitoring and reporting in relation to the delivery of the integrated services on behalf of NHS Fife and Fife Council.

The Integration Joint Board will receive detailed work plans and reports from the Parties outlining the key objectives for the year against the delivery of the Strategic Plan. The Integration Joint Board will receive reports for performance monitoring and for informing the future strategic planning from the Parties.

The table below summarises the reporting structure.

Who Receives Reports	What is Reported	Data Included	Frequency
Scottish Government Community Planning Partnership NHS Fife Board NHS Fife Clinical Governance Committee NHS Fife Planning Performance and Resources Committee Fife Council Policy and Coordination Committee Fife Council Scrutiny Committee	Published Annual Report Strategic Plan	National Outcome Indicators Key Local Performance Outcomes and Indicators	Annually
Fife Health & Social Care Integration Joint Board Strategic Planning Group Audit & Risk Committee Local Area Committees	Annual Report / Quarterly Performance Reports Locality Reports	National Outcome Indicators* Key Local Performance Indicators*	Annually / Quarterly
IJB Finance & Performance Committee IJB Clinical & Care Governance Committee Quality Matters Assurance Group	Quarterly Performance Reports Adults & Older People Social Work Quality and Performance Report Clinical Quality Report Performance & Accountability Framework	National Outcome Indicators* Key Local Performance Indicators*	Quarterly
Health & Social Care Senior Leadership Team Heads of Service	Quality and Performance Reports Management Team Reports	National Outcome Indicators* Key Local Performance Indicators* Internal Operational Performance measures*	Quarterly / Monthly
Service Managers	Service Reports	Internal Operational Performance measures*	Monthly
Team Managers	Service / Operational Reports	Internal Operational Performance measures*	Monthly

*Additional detail on specific information reported can be found in Appendix 1

Governance Arrangements

Health and social care integration introduced a statutory based new model of cross-sector working which determined that scrutiny of performance must be embedded in the local governance framework.

External scrutiny is provided by the Care Inspectorate (formerly known as Social Care and Social Work Improvement Scotland) as well as the Health & Safety Executive (HSE) and Mental Welfare Commission who regulate, inspect and support improvement of adult social work and social care.

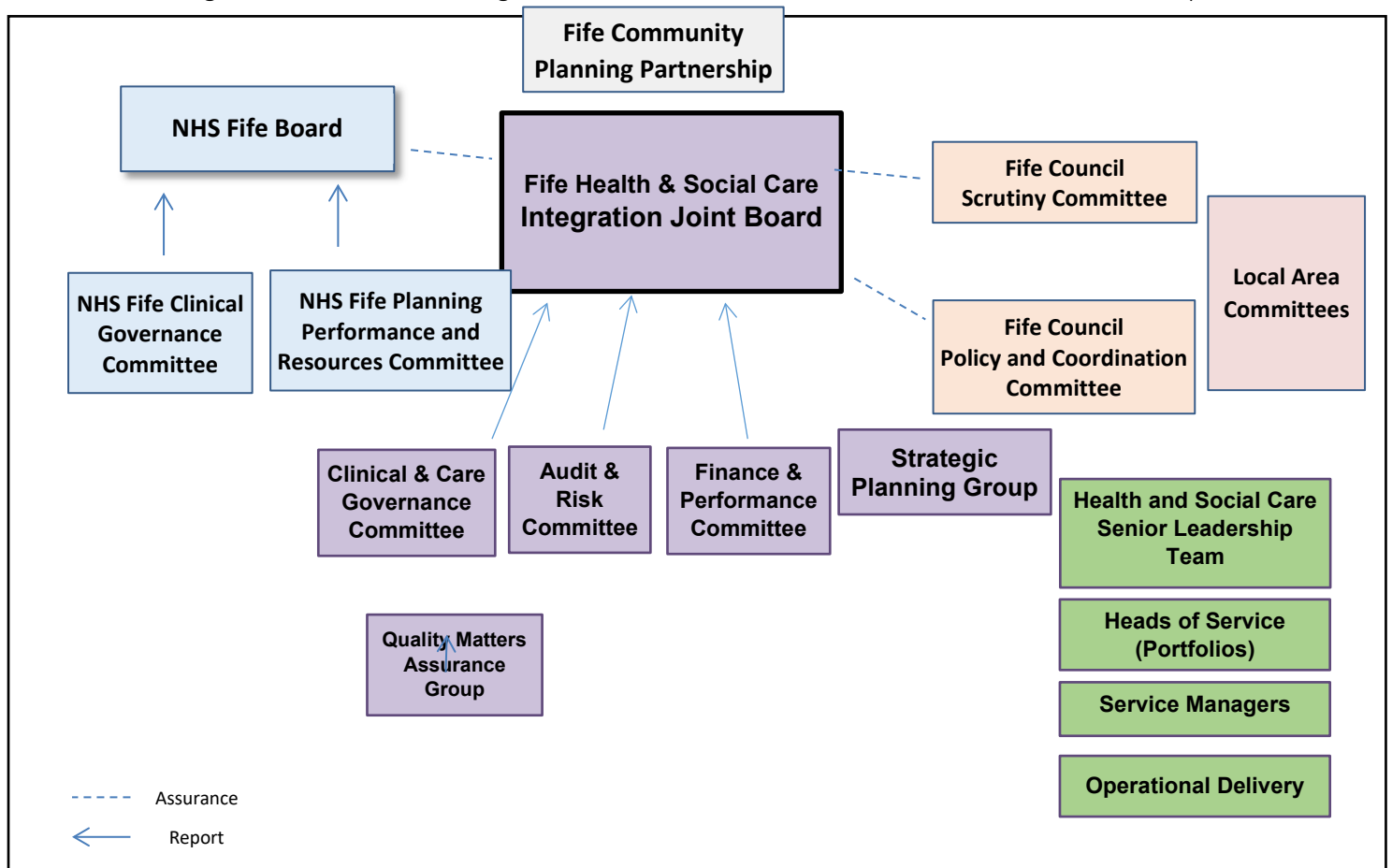
The Scottish Government's Clinical and Care Governance Framework outlines the proposed roles, responsibilities and actions that will be required to establish governance arrangements in support of the Act's integration planning and delivery principles and the required focus on improved outcomes.

In Fife the Integrated Joint Board is supported in carrying out its duties by three committees. These are:

- Clinical and Care Governance;
- Finance and Performance;
- Audit and Risk

The Finance and Performance Governance Committee monitors performance targets and service standards. Measuring the performance of services and related projects ensures that they are delivered in accordance with defined outcomes and that they represent the best use of resources and value for money.

The diagram below illustrates the governance structure for the Health and Social Care Partnership:



Detailed information on the governance arrangements for the Health and Social Care Partnership can be found in the Governance Manual.

National Performance Drivers

National Health and Social Care Standards

The Health and Social Care Standards (the Standards) set out what should be expected when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.



The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

The Standards are based on five headline outcomes:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

National Health and Wellbeing Outcomes

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services and apply across all integrated health and social care services. They also form the basis of how the Scottish Government will monitor performance in relation to health and social care through the associated core suite of indicators/measures.



Scottish Government
Riaghaltas na h-Alba
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The 9 National Outcomes are:

- OUTCOME 1** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- OUTCOME 2** People, including those with disabilities, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home in a homely setting in the community.
- OUTCOME 3** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- OUTCOME 4** Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- OUTCOME 5** Health and social care services contribute to reducing health inequalities
- OUTCOME 6** People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
- OUTCOME 7** People who use health and social care services are safe from harm.
- OUTCOME 8** People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
- OUTCOME 9** Resources are used effectively in the provision of health and social care services, without waste.

This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

The core national indicators identified to demonstrate progress against these outcomes are:

1.	Percentage of adults able to look after their health very well or quite well.
2.	Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3.	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4.	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5.	Percentage of adults receiving any care or support who rate it as excellent or good.
6.	Percentage of people with positive experience of care at their GP practice.
7.	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8.	Percentage of carers who feel supported to continue in their caring role. There are additional suggested indicators related to carers – <ul style="list-style-type: none"> • Percentage of carers who agree that their services and support had an impact in improving or maintaining their quality of life. • Percentage of carers who agree that they are able to plan for the future for the person they care for. • Percentage of carers who agree that they are treated well by services and their needs as a carer are recognised.
9.	Percentage of adults supported at home who agree they felt safe.
10.	Percentage of staff who say they would recommend their workplace as a good place to work.
11.	Premature mortality rate.
12.	Rate of emergency admissions for adults.
13.	Rate of emergency bed days for adults.
14.	Readmissions to hospital within 28 days of discharge.
15.	Proportion of last 6 months of life spent at home or in community setting.
16.	Falls rate per 1,000 population in over 65s.
17.	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18.	Percentage of adults with intensive needs receiving care at home.
19.	Number of days people spend in hospital when they are ready to be discharged.
20.	Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21.	Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22.	Percentage of people who are discharged from hospital within 72 hours of being ready.
23.	Expenditure on end of life care.

Six national indicators have been identified as priority by Scottish Government Ministers and are included in the performance report to the Finance and Performance Committee:



- Balance of care: Percentage of population in community or institutional settings
- Number of Emergency Admissions
- Number of unscheduled hospital bed days
- A & E Attendances
- Delayed Discharge Bed Days
- Percentage of last six months of life by setting

Local Performance Drivers

Vision, Mission and Values

Our Vision

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

Our Mission

We will deliver this by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.

Our Values

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

Fife Health and Social Care Partnership Strategic Priorities

As set out in our Strategic Plan for Fife 2019 – 2022.

PRIORITY 1 - Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

We are committed to ensuring that people are empowered to make their own informed choices about how they will live their lives and what outcomes they want to achieve. Planning for preventative action can have a positive impact on improving health and reducing inequalities and can reduce the demands for health and social care services.

PRIORITY 2 - Promoting mental health and wellbeing

We are committed to ensuring that the people of Fife can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma. The commitments of Fife's Mental Health Strategy will require creative thinking and innovation to ensure services are fit for the future, supporting positive mental health and wellbeing for all. To succeed will require co-production across all parts of the service, with communities, with our partners in the voluntary sector, with people who use our services, their families and carers.

PRIORITY 3 - Working with communities, partners and our workforce to effectively transform, integrate and improve our services

Delivery of effective and lasting transformation of health and social care services is central to the vision of Fife Integration Joint Board. Significant change on how services are planned and delivered with a range of stakeholders which includes carers, patients/service users who experience services is paramount to delivering changes.

PRIORITY 4 - Living well with long term conditions

We are committed to building on the work already started in Fife to support adults and older people with complex care needs, who are accessing both primary and secondary care services most frequently. We are developing and supporting a more integrated and earlier approach focussing support pro-actively with patients who would benefit from this which includes early identification and comprehensive assessment in case co-ordination.

PRIORITY 5 - Managing resources effectively while delivering quality outcomes

The financial position for public services continues to be challenging and the Integration Joint Board must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities within the strategic plan.

Local Performance Drivers

Committees of the IJB (IJB and Finance & Performance Committee)

The report to the Finance and Performance Committee, and then IJB, will include a summary information on all indicators identified for monitoring (report overview provided in Appendix 5). This summary will indicate the RAG (Red / Amber / Green) status against target. For those identified as Red additional analysis of the indicator, challenges and improvement actions will be provided (Appendix 2)

Ministerial Priority National Integration Indicators

- Balance of care: Percentage of population in community or institutional settings
- Number of Emergency Admissions
- Number of unscheduled hospital bed days
- A & E Attendances
- Delayed Discharge Bed Days
- Percentage of last six months of life by setting

Local Performance Information

- Assessment Beds
- STAR Beds
- START (Short term assessment and review team)
- Nursing and Residential Placements
- Weekly Hours of Care at Home (externally commissioned)
- Weekly Hours of Care at Home (In-house)
- Adult Services Packages of Care
- Technology Enabled Care
- Provision of Disability Adaptations.
- Prescribing Costs/formulae compliance/efficiencies

LDP Standards (formerly HEAT targets)

- Drug and Alcohol Treatment Waiting Times
- CAHMS Waiting Times
- Psychological Therapies Waiting Times
- Alcohol Brief Interventions
- Smoking Cessation
- Dementia (Diagnosis and Post/Diagnostic Support)

Portfolio Information

- Priority Indicators still to be confirmed

Management Information

- Absence
- Complaints
- Freedom of Information Requests

Heads of Service / Service Managers / Operational Managers (Quarterly Performance Reports)

Assessment & Care Management / SDS / Carers

- Number of Assessments
- Number of Reassessments
- Number of Reviews
- % of Initial Assessments started in Timescale
- Average (median) waiting time for initial assessment (critical level)
- % of clients assessed selecting option 1
- % of clients assessed selecting option 2
- % of clients assessed selecting option 3
- % of clients assessed selecting option 4
- Number of carer support plans offered
- Number of carer support plans accepted
- Number of carer support plans completed

Outcome Measures (Assessed at review)

- Listened to about things that mattered to you?
- You have a say about how your support is provided
- You are treated with respect
- You are responded to
- Your support is reliable and well co-ordinated
- You are supported to live as independently as possible
- The support you receive has improved or maintained your quality of life

Adult Protection

- Number of IRDS completed
- Number of Investigations completed
- Number of Case Conferences
- Number of LSIs
- % of IRDs completed in target timescale
- % of Investigations in timescale
- Advocacy

Occupational Therapy

- Referrals for OT service
- Number of Telephone Assessments completed
- % of cases closed at screening (proxy measure)
- Number of OT full Assessments (POSA)
- Average waiting time to assessment start (each level of need)
- % of assessments started in timescale
- Satisfaction/ Quality indicator TBC
- Longest wait to assessment start (days)

Service Managers

- Monthly monitoring snapshots

Operational (Team) Managers (Monthly reports)

- Monthly monitoring snapshots

Care at Home

- Assessments completed by START

Mental Health

- % of SCRs completed in timescale

Hospital Discharge

- Number of Assessments completed

Performance Reporting Template

National Health & Wellbeing Outcome(s)	Identify the National Health and Wellbeing Outcomes this indicator relates to.	Fife H&SC Strategic Plan Priority Area	Identify the Health and Social Care Partnership's Strategic Plan Priorities this indicator relates to.
---	--	---	--

Title:	
Measure or Stretch Aim	Describe here the service level expectation/target

Graph showing latest performance goes here

Performance analysis	<p>Provide a contextual review of what the performance data is showing or an overview of the service the indicator represents.</p> <p>Explain a bit about the Service area, if appropriate.</p> <p>Any trends evident?</p> <p>Are there any reasons for changes in performance?</p>
Scotland Performance	Provide an overview of what national data (where available) is showing for this indicator.
Current challenges	Identify any challenges in relation to meeting the stretch aim/target.

Improvement Actions	Success Criteria	Date of completion / Current Progress / Responsible Officer
Describe here the actions to be taken with timescales		dd-mmm-yy Job title

Performance Indicator Definition Sheet

Indicator Title	'Explanatory title here'
Indicator Reference Number	'Reference number(s) here'
National Health and Wellbeing Outcome(s)	Identify here which of the national health and wellbeing outcomes this indicator relates to.
Fife Health & Social Care Strategic Plan Priority Area	Identify here which of the Health and Social Care Partnership's Strategic Plan Priorities this indicator relates to.
Links to other frameworks/ local outcome priorities / returns	Identify if the indicator is part of / complimentary to: <ul style="list-style-type: none"> any relevant local strategies / plans (Community Plan for Fife, Council Plan etc) any national frameworks or statutory reporting (e.g. SOURCE national return for Social Care, Local Government Benchmarking Framework, Statutory Performance Indicators)
Frequency and timing of reporting	Identify how frequently the data will be collated and reported E.g. Monthly, Quarterly, Annually Identify when the data will be pulled from MIS to meet the reporting requirements (e.g. 15 th of each month for previous month data)
Designated Officer	Name / position / portfolio (or team) / contact details <i>The Designated Officer should be a member of the respective Service management team to ensure senior management ownership of PIs. They will be responsible for ensuring that any performance issues highlighted by the data are quickly addressed and will be responsible for ensuring that agreed improvement actions are implemented.</i>
Performance Indicator Description and Data sources	Description of the performance indicator Where does the data come from? Include file paths to reports. E.g. Manual Systems <ul style="list-style-type: none"> File or file reference and its location Name of record or recording system and its location financial ledger or account reference and its location Government returns, form(s), statistics, etc. Computer Systems <ul style="list-style-type: none"> Name of software package and file reference Name of database query or report generated Brief description of input documentation and its location
Rationale for performance indicator	Reason why this indicator is being monitored as part of the performance indicator suite: <ul style="list-style-type: none"> What do we want to find out? Why? And What can we influence as a result?
Definition / Interpretation	Detailed definition of the measure including the definition of related terms and any notes on interpretation.
Unit of Measurement	Number / Percentage and number of decimal places
Formula / Calculation	Where the measure is not a straight figure, please provide detail of how the measure will be calculated, with formula and precise definitions of each component. (For example, the question in a survey / review document and the question response(s) which will be counted towards the measure.)

Disaggregation Available	Identify if the measure can be disaggregated, (e.g. by locality / team / provider / primary support reason(s) / equality groups etc) to identify outcomes for different groups and highlight equality issues or to look at differing performance across localities or teams.
Target	What is the target?
Target Rationale	Why is this target appropriate?
Agreed tolerances (where appropriate)	When setting the target, if it is appropriate to have a RAG (Red, Amber, Green) status what is the agreed tolerance level for this? If this indicator is disaggregated what are the tolerances for each level of reporting?
What to look out for	Is there anything that needs to be checked before the indicator is compiled? For example, that team names/team members are still correct, that automated calculations are working correctly, that service names are still correct etc
Where are the results reported?	E.g. Management Team Reports / Performance and Finance Committee report
Further Guidance Available	Identify here links to further guidance – for example data specifications and guidance notes issued by the Scottish Government
Source Officer(s)	Name / Position / Department / Contact details of the person(s) responsible for collecting and compiling the information
Checking Officer (Optional)	Name / Position / Department / Contact details of the person responsible for quality assuring the indicator
File / Report Locations	Identify where collated and finalised data is saved.

Fife Health & Social Care Partnership Reporting Update Template



Project/Section Name

Lead Officer(s)

Strategic Plan Priority / Relevant Action	
Please identify which Priority(s) your initiative / activity relates to:	
Priority	Y/N
Priority 1 Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife	<input type="checkbox"/>
Priority 2 Promoting mental health and wellbeing	<input type="checkbox"/>
Priority 3 Working with communities, partners and our workforce to effectively transform, integrate and improve our services	<input type="checkbox"/>
Priority 4 Living well with long term conditions	<input type="checkbox"/>
Priority 5 Managing resources effectively while delivering quality outcomes	<input type="checkbox"/>
Please identify which of the Changes / Activities defined in the Plan this initiative relates to (pages 36 – 66 of the Strategic Plan):	

Key progress / achievements
<p>Please note that this is during the period dd-mmm-yy to dd-mmm-yy</p> <p>This should identify what activities have been progressed over the course of the year / time period and is your opportunity to highlight any areas of good practice. You can also provide context here if what has been achieved varied from your original plans.</p> <p>Where appropriate, please include illustrative performance information to demonstrate performance / achievement and highlight any areas where performance indicators have been maintained / improved.</p>

Challenges

This section should identify improvement, sustainability, or specific challenges you faced in achieving your objectives during the period. E.g., Did something affect your planned timescales? Was there an impact on workforce / staffing? Did you need to change your planned approaches to service delivery in response? Where appropriate, please highlight any areas where performance has been negatively impacted and what will be done to address this.

Next steps

Please identify your next steps / planned activity/ areas for development for the coming period (dd/mm/yyyy – dd/mm/yyyy)

Wherever possible please include, logos, pictures, data, good news story, case study or information graphics relevant to this project

Keep your language in line with Plain English principles. Avoid Service Jargon!

National Outcome – Identify appropriate outcomes (can be more than one)

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

Appendix 5 –
Performance Report
Template
Cover Page
Contents
Performance Matrix
summarising the
indicators which will be
reported



Fife Health & Social Care Partnership



Performance Report “Month” “Year”



Supporting the people of Fife together



Contents

Executive Summary

Performance Matrix & Information

National Health & Social Care Outcomes

Local Performance Information

Portfolio Performance Information

LDP Standards

Management Information

Appendices

Quality Assurance Record

Action	Name	Role	Date Completed
Performance Data Collated By:			
Reviewed By:			
Approved By:			

Version Control

Version	Description	Name	Role	Date Completed
0.1				
0.2				
1				

Executive Summary

Text

Performance Matrix & Information

The table below summarise the data which is reported across the remainder of this report.

Performance to Six National Outcomes	Data Frequency
Number of Emergency Admissions	Monthly
Number of unscheduled hospital bed days	Monthly
A & E Attendances	Monthly
Delayed Discharge Bed Days	Monthly
Percentage of last six months of life by setting	Annually
Balance of care: Percentage of population in community or institutional settings	Annually
Local Performance Information	Data Frequency
Assessment Units	Monthly
Short Term Assessment and Rehabilitation (STAR) Beds	Monthly
Short Term Assessment and Review Team (START)	Monthly
Nursing & Residential Care Population	Monthly
Short Term Support Service	Monthly
Weekly hours of Care at Home for Older People (Externally Commissioned)	Monthly
Weekly hours of Care at Home (Internal Services)	Monthly
Adult Packages of Care	Monthly
Technology Enabled Care	Monthly
Provision of Disability Adaptations	Six Monthly
Prescribing – Cost per patient	Monthly
Prescribing – Formulary compliance	Monthly
Prescribing – Medicines Efficiencies	Monthly
Portfolio Performance Information	
To be confirmed	
LDP Standards	Data Frequency
Drugs & Alcohol Treatment Waiting Times	Quarterly
CAMHS Waiting Times	Monthly
Psychological Therapies Waiting Times	Monthly
Alcohol Brief Interventions	Quarterly
Smoking Cessation	Monthly
Dementia (Diagnosis and Post-Diagnostic Support) **In development**	Quarterly
Management Information	Data Frequency
Health & Social Care Absence	Monthly
Complaints	Monthly
Information Requests	Quarterly

The following pages will be comprised of:

- A summary of the indicators for each section including current RAG (Red / Amber / Green) performance status against target (where available/appropriate)
- A completed Performance Reporting Template for each indicator that has been identified in the summary table as 'Red' or 'Amber'.

National Health & Social Care Outcomes

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

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

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

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

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

MSG Indicator	MSG Description	Latest Available Month	Previous Financial Year	Fife Total Previous Year	Fife Rolling Year*	Fife Rolling Year diff from previous financial year	% Diff
1a.1	Emergency Admissions	Apr-19	2018/19	43,447	43,316	↓ 131	-0.30%
1b.1	Emergency Admissions from A&E	Jun-19	2018/19	22,409	22,618	↑ 209	0.92%
1b.2	A&E Conversion Rate (%)	Jul-19	2018/19	23.00%	23.22%	↑ 0.23%	0.23%
2a.1	Unscheduled hospital bed days	Mar-19	2017/18	258,988	253,865	↓ 5,123	-2.02%
2b.1	Unscheduled hospital bed days - GLS	Mar-19	2017/18	10,712	7,759	↓ 2,953	-38.06%
2b.2	Unscheduled hospital bed days - Mental Health	Mar-19	2017/18	101,479	95,526	↓ 5,953	-6.23%
3a	A&E Attendances	Jul-19	2018/19	97,446	97,390	↓ 56	-0.06%
3b	A&E % seen within 4 hours	Jul-19	2018/19	94.94%	94.30%	↓ 0.65%	-0.65%
4.1	Delayed discharge bed days: All reasons	Aug-19	2018/19**	33,811	39,062	↑ 5,251	13.44%
5a.1	Percentage of last six months of life: Community	Sep-19	2017/18	88.72%	88.62%	↓ 0.10%	-0.10%
6.1	Balance of care: Percentage of population: Home (unsupported) - All ages	Sep-19	2016/17	97.97%	98.00%	↑ 0.03%	0.03%

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

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

Local Performance Summary Information

Indicator	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Description		E.g. Monthly	Aug-18	XX	Jul-19	XX	Aug-19	XX	↑↓↔

Portfolio Performance Summary Information

Indicator	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Description		E.g. Monthly	Aug-18	XX	Jul-19	XX	Aug-19	XX	↑↓↔

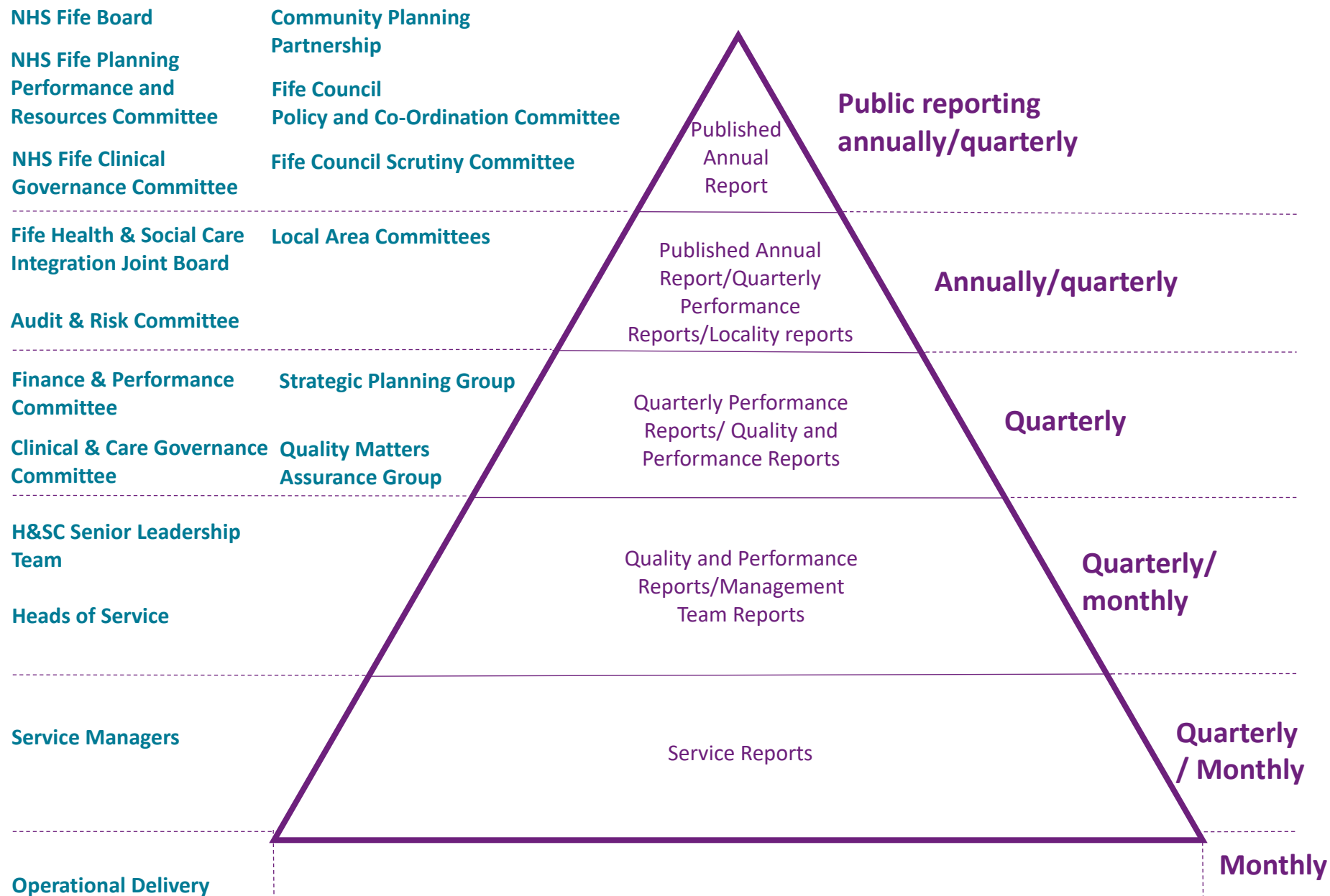
LPD Standards Summary Information

Indicator	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Description		E.g. Monthly	Aug-18	XX	Jul-19	XX	Aug-19	XX	↑↓↔

Management Information

Indicator	Target 2019/20	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Description		E.g. Monthly	Aug-18	XX	Jul-19	XX	Aug-19	XX	↑↓↔

The following pages are comprised of the reporting template for each indicator highlighted as red / amber.





Meeting Title:	Integration Joint Board
Meeting Date:	22 October 2021
Agenda Item No:	12
Report Title:	Statement of Intent for Support for Unpaid Carers
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Report Author:	Scott Fissenden, Change & Improvement Manager

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

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

- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

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

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

2 Route to the Meeting

This paper and the Statement of Intent to which it refers will be considered by the following groups as part of process of development to settle on an agreed policy position. The groups will be asked to support the content, and their feedback will inform the development of the content presented in this report.

- Senior Leadership Team, 22 September 2021.
- Finance & Performance Committee 7 October 2021 – The committee wished to highlight and pay tribute to the unpaid carers across Fife and the significant role they play in supporting the person they care for.

3 Report Summary

3.1 Situation

Fife Health & Social Care Partnership has been asked to prepare a statement of intent regarding the support made available for unpaid carers. It outlines our intentions and confirms our commitment to enhance the support for unpaid carers across Fife through the development of new support as necessary, and the ongoing investment in the support already in place. Once agreed the statement will form the basis of our future strategy as it is developed over the next year. The Board is asked to consider the statement and endorse the intent outlined therein.

3.2 Background

There are over 35,000 unpaid carers in Fife. Since 2018 the partnership has delivered a significant increase in the investment to support unpaid carers as it delivered on the requirements of the Carers (Scotland) Act 2018. A note of these improvement is included in the appendix.

A Carers Strategy regarding unpaid adult carers, and a separate strategy for unpaid young carers, are in place. There are very few duties or supports in place that relate to only one of these audiences. Therefore, it is our intention to use this Statement of Intent to develop a new single carers strategy for Fife that relates to all carers, young and adult.

This statement outlines our position regarding support for unpaid carers in Fife. It marks our commitment to them in a similar way as expressed in the Scottish Government and COSLA joint statement of intent on the Independent Review of Adult Social Care which specifically said agreement had been reached to deliver to *“ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.”*

Due regard has been given to the recommendations arising from the Review of Adult Social Care as they relate to unpaid carers during the development of this statement. These recommendations have been incorporated into the statement where appropriate and will feature in the new strategy once it has been developed.

3.3 Assessment

3.3.1 Quality/ Customer Care

This statement embodies our intention to continue to invest in significant additional support for unpaid carers where resources are available. It also notes the improvements in support already in place all of which goes to the intention of providing unpaid carers with an improved caring experience. The key measure of success is unpaid carers feeling they have been supported which will be evidenced through periodic sample surveys of those who have received support through the commissioned services arising from our commissioning strategy as it relates to the Carers Strategy and this

statement. Quality assurance will be assessed through the usual contract management processes including periodic reviews and reporting of progress made.

3.3.2 Workforce

Part of the support for unpaid carers includes additional support to build knowledge, skills and capacity of our workforce, both internal and that of externally commissioned partners. This Statement underlines that commitment to providing colleagues with the necessary sources of information and access to support in order that they are better able to serve their customers and maintain a real sense of positive job satisfaction and mental well-being for their efforts.

3.3.3 Financial

The Cabinet Secretary for Health and Sport set out the Scottish Government's clear position that the funding received from the Scottish Government for the purpose of supporting unpaid carers will be used to invest in new or expanded support for unpaid carers. As noted in the statement, the partnership undertakes to meet this policy expectation. The investments made to support carers will come from the resources made available specifically for that purpose. As such, the support available to carers will not have a detrimental effect on the financial position of the partnership.

3.3.4 Risk/Legal/Management

This Statement contributes to ensuring the partnership meets its Duties laid down in the Carers (Scotland) Act 2018. There are no specific risk factors associated with this Statement.

3.3.5 Equality and Diversity, including Health Inequalities

The support available to unpaid carers is available to any carer who wishes to receive it and is free of cost. Where there is a potential for inequality we have made investments to ensure carers rights to support are enhanced. For example, support measures have been put in place to provide specialist support for carers who might otherwise not receive the fullest possible support, for example carers who live with sensory loss. Additionally, a range of advocacy support has been commissioned specifically to ensure unpaid carers receive their rights including access to financial support. This demonstrates our commitment to ensuring we deliver the expectations to supports the Public Sector Equality Duty et al.

An impact assessment has not been completed because this statement serves only to outline the proposed intentions for the partnership and to set a course for the development of a new Carers Strategy for Fife; it does in itself propose any new policies or services.

3.3.6 Other Impact

The statement applies to both adult carers and young carers and as such will also be subject to consideration by the appropriate committees and decision-making bodies in Fife Council that are responsible for young carers.

3.3.7 Communication, Involvement, Engagement and Consultation

The statement has not be subject to public engagement and consultation. If adopted unpaid carers and other interested parties will be engaged through

a range of appropriate communications and engagement mechanisms to determine the detail required within the refreshed strategy documents and investment and improvement plans.

3.4 Recommendation

- **Discussion** – examine and consider the implications of a matter
- **Decision** – agree / disagree

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Supporting Unpaid Carers in Fife – Statement of Intent.
Appendix 2 – Examples of new investments made by Fife Health & Social Care Partnership.

5 Implications for Fife Council

This Statement of Intent will establish the policy position as regard to future investment in support for unpaid carers in Fife. It will set the direction for the development of the new Carers Strategy for Fife.

6 Implications for NHS Fife

Same as for Fife Council.

7 Implications for Third Sector

There are no direct implications for the third sector at this time arising from this statement. Future investments in support for unpaid carers may be commissioned from third sector partners, as has been the case since The Act was introduced.

8 Implications for Independent Sector

There are no direct implications for the independent sector arising from this statement.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact

Scott Fissenden
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APPENDIX 1 - SUPPORTING UNPAID CARERS IN FIFE – STATEMENT OF INTENT

Introduction

The Integrated Joint Board of Fife Health & Social Care Partnership is pleased to publish this statement of intent supporting unpaid carers. Carers play a pivotal role in our society and through their generous energy and never-ending efforts Fife's civic society remains strong and healthy. We are indebted to the 35,000+ unpaid carers in Fife whose numbers are increasing every year, plus the many unpaid carers who may not identify with such a role.

We are delighted to confirm that it is our intention to at least maintain the current levels of financial and resources investment to support unpaid carers and, as and when additional funding for unpaid carers support becomes available, we commit to ensuring the money is used to invest in and expand and improve carer support.

This statement contributes to our overall view and approach to supporting unpaid carers. It marks our commitment to them in a similar way as expressed in the Scottish Government and COSLA joint statement of intent on the Independent Review of Adult Social Care which specifically said agreement had been reached to deliver to *“ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.”*

Investing in Carer Support

Since the introduction of the Carers (Scotland) Act 2018 Fife Health & Social Care Partnership has made significant improvements in support for unpaid carers. In 2021-22, we plan to invest in new supports for unpaid carers and the continuation of other support to carers where the previous funding had expired.

Examples of how we have invested in building capacity to support unpaid carers since the commencement of the Act in 2018 are noted in appendix A.

It is the intention of the IJB that the money will be used to invest in new or expanded or improved support for unpaid carers, in line with the policy expectation as noted by the former Cabinet Secretary for Health & Sport in her letter to Chief Officers of March 2021.

Statement of support for the Carers Act Implementation Plan

The Carers Strategy for Fife 2018 – 2021 was agreed by the Board in June 2018. In the introduction to that strategy our then Chair of the Board and Director of the Partnership, on behalf of the organisation, both signed up to welcome the Carers (Scotland) Act 2016. In that introduction they made a clear commitment to *“...make new investments to ensure the things that carers have said matter most to them are improved, such as the easy access to information, access to support and enabling carers to be more involved in care planning for the people they care for before they are discharged from hospital.”*

The strategy outlines our commitment to supporting carers and advanced a mission statement that says:

“Carers will have access to high quality information at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to live a happy and fulfilling life alongside their caring role”.

Today we are pleased to reiterate our commitment of support to the principles outlined in the previous Carers Act Implementation Plan which we feel we have delivered on through strong leadership and robust action. As and when this implementation plan is refreshed, we will take the appropriate steps to ensure we maintain the expectations of the plan, as a minimum, and where possible exceed these expectations to provide carers in Fife with the best possible chances of thriving in their caring role with our help.

Further, we commit to continuing to take concrete action to ensure improvements for carers’ welfare, well-being and support include investment in support, raising awareness, and developing our workforce to meet the continuing aspirations and needs of carers in Fife.

Statement of ongoing support in the Carers Leads Network and Carers Centre Manager Network

Fife Health & Social Care Partnership values the work of the Carers Leads Network convened by officers of the Scottish Government. We confirm our intention to maintain positive links and to share practice and learning to ensure carers across Scotland can benefit from joint working.

Additionally, we pledged to encourage our partners in Fife’s strong but independent voluntary sector to participate both locally and nationally in appropriate forums.

We have a strong commitment to ensuring carers voices are recognised with active engagement and participation at all levels of the decision-making process. The Board includes representatives who specifically represent carers’ viewpoints, and other members who are also unpaid carers.

In addition to Board representation, we have invested in locality planning groups each of which includes carer representation, and these members are supported to come together periodically to share their perspective and develop their own networks of local carers thereby strengthening their collective voices.

During 2021/22 we will undertake a project to evaluate the impact of our commissioned carer support in advance of developing the new Carers Strategy for Fife. Organisations from whom we recommissioned support for carers will be asked to make a positive commitment to a new local carers organisational network where close partnership working will be strongly encouraged. We believe this will strengthen the overall approach to supporting carers and ensure collectively we take a holistic view of carers’ needs for support and provide best value for the public purse.

Review of Carers Strategy

The Carers Strategy for Fife is due to be refreshed in 2021/22. This timely review will provide us with the opportunity to ensure that we incorporate as appropriate the recommendations of the Independent Review of Adult Social Care.

Since the independent review was published, we have taken the opportunity to conduct a desktop review of the recommendations which relate to carers support. We believe we are already in compliance with the recommendations but welcome the chance to review this more fully and formally when the carers' strategy review takes place.

Carer engagement will again play a significant part in the process of refreshing the strategy. It will also give us the opportunity to canvas carers' strength of support for the recommendations as regard to carers, that are included in the Independent Review of Adult Social Care. We commit to ensuring these recommendations are fully considered as part of the local carers' strategies' review process.

Declaration of Agreement

In developing this statement of intent, it has been reviewed and endorsed by the local Carers Strategy Groups for both adult carers and young carers and has been shared with commissioned partner organisations to ensure they agree with the broad intentions. The statement was presented to the partnership Board for their consideration and agreement after receiving endorsement from the senior leadership team.

Statement to be signed by:

- IJB Chair
- Director of HSCP
- Carers Rep.

APPENDIX 2 - EXAMPLES OF NEW INVESTMENTS MADE BY FIFE HEALTH & SOCIAL CARE PARTNERSHIP TO SUPPORT UNPAID CARERS SINCE THE COMMENCEMENT OF THE CARERS (SCOTLAND) ACT CAME INTO EFFECT.

2018

- A new general advocacy support for unpaid carers through voluntary sector partners. This shared service supported both adult carers as well as young carers through a partnership between Fife Carers Centre and Fife Young Carers.
- Investment to confirm the continuation of the successful Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy as a mainstream service, provided in partnership with Fife Carers Centre.

2019

- The introduction of new locality support worker through Fife Carers Centre to deliver a more focused and easy-to-access general support service in each local in Fife.
- A new Income Maximisation Support specifically for unpaid carers introduced in 2019. This service is provided by Citizen's Advice & Rights Fife.
- Additional investment to expand the scale of the Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy.
- Funding to support the introduction of a new Carers Hospital Discharge Support Pilot scheme at Queen Margaret Hospital in Dunfermline, delivered through Fife Carers Centre.
- Introduction of a new befriending support service for young carers in a partnership between Fife Young Carers and LEAD Scotland.
- Commissioned Fife Voluntary Action to create and support a carers representative group to increase the voice and views from carers to aid policy and strategy development and provide the IJB member with their own constituency of views for improved participation.
- Purchased access to the Carers Scotland Digital Resource for carers in Fife.

2020

- Doubled the investment in general advocacy support for unpaid carers to include dedicated support for adult carers and separately for young carers.
- Matched the existing funding from dementia resources to double the specialist support available to carers of people living with dementia. Provided by Fife Carers Centre.
- Since 2020 we have matched the Scottish Government funding to support the Creative Breaks scheme which in Fife is administered through Fife Voluntary Action.
- Replacing expired funding from 2020 to help young carers access a short break from their caring role in the form of the Time for Me funding (similar to Creative Breaks) also administered through Fife Voluntary Action.
- Commissioned specialist support for carers affected by mental health either through caring for someone with mental ill-health or helping the carer to maintain their own mental health. Service delivered through a partnership with Fife Carers Centre and Support in Mind Scotland.
- Invested in a new support service for carers affected by sensory impairment either as a carer or as someone who themselves has sensory loss. Delivered through a specialist in sensory loss, DeafBlind Scotland.
- Creation of a Participation & Engagement Team to support greater involvement of carers, and others, in shaping policy and influencing strategy direction for the partnership including leading the engagement activities for the refresh of the carers strategies.

- Funding to support the introduction of a new Carers Hospital Discharge Support Pilot scheme across the community hospitals in Fife, including Stratheden Hospital, delivered through Fife Carers Centre.
- A further additional investment to double the scale of the Carers Hospital Discharge Support Pilot scheme at Victoria Hospital in Kirkcaldy.
- In 2021 a specialist advocacy support service to help unpaid carers secure a Power of Attorney or Guardianship to give them greater control of their caring role. This service is delivered by Circle Advocacy.
- Provide funding to develop capacity building initiatives for voluntary sector partners in Fife and ensure all partners are linked. Support provided by Fife Carers Centre to other commissioned carer organisations.
- Match funding for Fife Carers Centre to provide a specialist support to carers of people with neurological conditions, matching external resources they had secured.

2021

- Provision of a dedicated budget and workforce resources to support better access to Self-Directed Support options for unpaid carers who meet local eligibility criteria but whose needs for support cannot be met from universal support.
- Introduction of a Carers Community Chest where carers in each locality will request funding to develop new or enhance existing community led support for unpaid carers. Each locality will benefit from up to five projects in their locality with each awarded up to £10,000 each to deliver improved capacity to support unpaid carers.
- Fife Young Carers have been commissioned to double the scale of their service supporting unpaid young carers in schools through increased capacity in the school education team.
- Fife Young Carers will support young carers in the process of transitioning to adulthood as a carer through a commission to increase capacity.
- Fife Young Carers will deliver a new project to support young carers and their families through a family intervention support project. This will create opportunities to take a whole family holistic approach to support, future planning and crisis avoidance.



Fife Health & Social Care Partnership

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CONFIRMED

MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE

WEDNESDAY 8 SEPTEMBER 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
- Attending:** Dr Helen Hellewell, Associate Medical Director
Nicky Connor, Director of Health & Social Care
Lynn Barker, Associate Director of Nursing
Audrey Valente, Chief Finance Officer
Cathy Gilvear, Quality Clinical & Care Governance Lead
Bryan Davies, Head of Preventative and Primary Care Services
Simon Fevre, HSCP LPF Co-Chair (Staff Side)
Kathy Henwood, Chief Social Work Officer
- In Attendance:** Jillian Torrens, Senior Manager
Lee Cowie, Clinical Service Manager
Lisa Cooper, Immunisation Programme Director
Heather Bett, Senior Manager
Marie Boilson, Consultant Psychiatrist (Section 6.4)
Lesley Gauld, Information Compliance Manager (Section 6.5)
Joy Tomlinson, Director of Public Health (Section 6.6)
Carol Notman, PA to Chief Finance Officer (Minutes)
- Apologies for Absence:** Wilma Brown, Employee Director
Lynne Garvey, Head of Community Care Services
Rona Laskowski, Head of Complex and Critical Care Services
Janette Owens, Director of Nursing Corporate Services
Chris McKenna, Medical Director

No	Item	Action
1	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>Cllr Brett welcomed everyone to the meeting noting concern that covid-19 cases have significantly increased across Scotland including Fife which is adding to the pressures for all services and confirmed that Nicky Connor will be providing a full update at the IJB Development Session on Friday 10 September 2021.</p> <p>Cllr Brett noted following the announcement regarding Social Care Funding in England that although the detail does not apply to Scotland, additional funding will come to Scotland through Barnett consequentials.</p>	

	Cllr Brett noted that there is no Quality Report on the agenda at this meeting as there has been a relatively short period of time from the last meeting the next report will come to the meeting in October.	
2	DECLARATION OF MEMBERS' INTEREST There were no declarations noted.	
3	APOLOGIES FOR ABSENCE Apologies were noted as above.	
4	MINUTES OF PREVIOUS MEETINGS HELD ON 04 AUGUST 2021 The minutes of the previous meeting on 4.8.21 were accepted to be an accurate record of the meeting although it was noted that there was a small typing error.	
5	ACTION LOG Cllr Brett noted the Action Log of 04.08.21.	
6	GOVERNANCE	
	6.1 Professional Lead Update Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance. LB wished to stress that the challenges were not only associated with the nursing team, it is also currently very challenging to ensure that all clinical areas are staffed appropriately .HH advised that more detail of the plans that are being developed will be brought to the Development Session on Friday. Nicky Connor noted that the acute services are currently feeling significant pressure and the priority is how the Partnership supports the capacity and flow. Work is underway to review services to understand what could possibly be done to respond to the current situation. Cllr Ross asked that communication to the public regarding any change is front and centre of any planning process.	
	6.2 Mental Health Strategy Direction – Update on Implementation Cllr Brett invited Jillian Torrens to speak to the paper on the Mental Health Strategic Direction. Jillian Torrens provided an update on implementation of the Fife Mental Health Strategy 'Lets Really Raise the Bar 2020-2024' noting that the Board had signed off the Strategy in February 2020 with the Direction then from the IJB to NHS Fife and Fife Council to implement the strategy. Jillian noted that the recommendation in the strategic outcomes are to be reviewed following new national requirements being issued and as a consequence of the impact of the pandemic. Cllr Brett thanked Jillian for the update Timelines require to be added to recommendations for the review to be completed. Cllr Ross noted that he could see that the priorities have changed, and that the strategy needs to be reviewed but reaffirmed the requirement that there were associated timelines. Cllr Ross queried the renewal and recovery fund	

from SGHD and asked whether the service had received any extra funding or whether all the funding has been received. Cllr Ross also queried whether the SGHD were aware of the strains between inpatient work and other mental health work and asked if there was anything that could be done nationally to help resolve this. Jillian confirmed that the service had not received further funding and the money incrementally comes in and has clear caveats on how it is to be spent. She noted that SGHD is fully aware of the tensions in the system, and it was why they were undertaking the benchmarking exercise.

Jillian wished to assure the Committee that there had been progress with the strategy throughout the pandemic with a 25% reduction in inpatient beds and shorter lengths of inpatient stays.

Christina Cooper advised that she welcomed the report and noted that it was realistic acknowledging that the services have just come through a pandemic which is still ongoing and that there has been innovative work across the Partnership including the third and independent sectors and agreed that it would be useful to see a workplan with clear timescales aligned to it.

Cllr Brett noted that the report talks about an increase in demand for mental health services and asked if this had been linked to the pandemic and if the increase mentioned relates to people attending their GP or increased referrals to specialist services.

Dr Hellewell noted the increase in demand, and advised that referrals for increased stress, can be met by primary care, but a small number of people have had to be referred to secondary care.

Nicky Connor acknowledged the concerns of the committee noting that the opening statement from Jillian recognised that the current strategy required to be refreshed.

Cllr Brett noted that the committee would like to add its thanks to the staff acknowledging the challenges they have faced operating through the pandemic.

The committee agreed to receive an update at the next committee.

6.3 National Hub for Reviewing and Learning from the Deaths of Children and Young People

Heather Bett noted that the paper provided an update on the implementation of systems and processes in response to the establishment of the National Hub for Reviewing and Learning from the Deaths of Children and Young People.

Cllr Brett asked what the evidence was that necessitated the national review of children’s deaths. Heather Bett noted that a paper published by HIS highlighted that Scotland has a higher mortality rate for under 18’s (or 26 if it is a young adult who has been in care) and any research will help to identify any patterns. Heather confirmed that NHS Fife has set up a Quarterly Oversight Group to investigate all deaths and that a national group would also be set up.

Cllr Brett asked that the annual review from Fife would come to this Committee.

	<p>Martin Black queried what the implications on the Third Sector would be such as bereavement support. Heather Bett confirmed that the service is currently scoping and investigating what support will need to be expanded or developed.</p> <p>Christina Cooper recommended that a representative from the Third Sector is asked to join the Oversight Group which Heather agreed would be helpful and beneficial for the group and would investigate this.</p>	
	<p>6.4 CAMHS Resource & Intervention Update</p> <p>Lee Cowie noted that the paper provided an update on CAMHS Workforce developments and the progress against achieving the Scottish Government CAMHS 18-week Referral to Treatment Target (RTT).</p> <p>Cllr Brett noted that his understanding was that the Partnership has invested in Mental Health Nursing Staff to work within GP Practices to deal with issues at primary care level to reduce the demand on the service and asked if this was working. Lee Cowie confirmed that the service had identified that this model had not been well received therefore the nursing staff had been changed from GP Practices to being within CAMHS. He noted that although there hadn't been a reduction in referrals, it has resulted in children who previously would not have met the criteria for referral having an assessment carried out by the mental health nursing team.</p> <p>Martin Black queried that it says in the report the age range for CAMHS is extending up to the age of 25 for targeted groups and asked if this should not be 26 as in other areas? Lee Cowie acknowledged this and agreed to investigate the discrepancy.</p> <p>Cllr Wincott noted concern with the CAMHS Backlog of over 2 years which was highlighted in the paper for the previous agenda item. It was agreed that this would be checked.</p>	<p>LC</p> <p>JT/RL</p>
	<p>6.5 Complaints Update</p> <p>Audrey Valente advised that this was the regular complaint report which is tabled at the committee twice yearly and introduced Lesley Gauld the HSCP Information Compliance Manager.</p> <p>Martin Black queried the 49 complaints that were upheld whether there was a common theme. Cllr Brett note that the themes were outlined within the paper but asked what actions were taken when there is a complaint relating to attitude and behaviour or the co-ordination of clinical treatment. Lesley Gauld advised that each complaint was dealt individually, and the staff members line manager would be responsible for addressing the issue. Lesley Gauld confirmed that the complaints regarding attitude and behaviour were spread throughout the whole service and not associated with one department. Helen Hellewell noted that the complaints regarding the coordination of clinical treatment often took longer to respond to as they often involved more than one service.</p> <p>Cllr Brett queried the compliments received whether they were written or did the statistics include verbal compliments received. Lesley Gauld confirmed the compliments received were when people had sent cards, emailed or had phoned the service to specifically thank the staff.</p> <p>Cllr Ross noted that only 44% of the Stage 2 complaints were responded to within the statutory timescale and asked if there is anything that the services</p>	

	<p>can do to improve this compliance rate? Lesley Gauld advised that she was working with the services to streamline the process.</p> <p>Cllr Brett noted that he was aware that some areas in England had changed their response timelines to 40 days to support clinical teams during the pandemic.</p> <p>Lynne Barker advised that the Director of Nursing is setting up a group to look at what support can be put in place to assist clinical teams produce quality responses to complaints while adhering to the associated deadlines.</p>	
	<p>6.6 Fife Immunisation Strategic Framework 2021-24</p> <p>Joy Tomlinson spoke to the Fife Immunisation Strategic Framework paper advising that it was an integrated framework requiring sign off from all partners and she had presented it at a special NHS Fife Clinical & Care Governance Meeting.</p> <p>Joy confirmed that the Strategic Framework covers child and teenage immunisation as well as the ongoing flu and covid immunisation programmes. The Strategic Framework outlines some changes such as transferring responsibility from Primary Care Services. It also highlights 4 main priorities and has an associated action plan that outlines the key actions, the performance measures and who is responsible.</p> <p>Nicky Connor noted that this Strategic Framework does have a Directions Element as there is shared responsibility. The Public Health element and delivery of immunisations sits with the Health Board through the Director of Public Health The delivery of the services sits under the delegated services with the Health and Social Care Partnership under the IJB. The aim is to bring it through both governance structures before being tabled at the IJB for approval with direction. Nicky Connor confirmed that there was some fluidity around the Immunisation budget because of the national priority been placed on Immunisation and workforce plans are still being developed it is likely that a more enhanced financial envelope will be received once this had been agreed.</p> <p>Cllr Ross queried what challenges were anticipated going forward with the vaccination programmes. Joy Tomlinson advised getting clarity on technical elements in a timely fashion is very important noting that guidance and direction from government can come with very short turnaround times which is resulting in clinical teams having to plan for all eventualities. Nicky Connor noted that there are challenges with the workforce and getting public engagement.</p> <p>Martin Black confirmed that Public Health have responsibility for the Strategy, but it is the HSCP clinical teams undertake the role of implementing the strategy. Nicky Connor confirmed that it was confusing and agreed to take the roles and responsibilities paper to the Development Session on Friday 10.9.21 to help explain the complexities in more details.</p> <p>Cllr Brett noted that the recommendation in the paper is that the committee agree the Strategic Framework be tabled at the IJB Committee Meeting and this was agreed by all.</p>	<p>NC</p>

6.7 Flu Vaccination Covid Vaccination Tranche 2 Plan Delivery

Bryan Davies noted that the previous agenda item had been the high level strategic framework paper while this paper was an operational paper providing an update on the vaccination programme within Fife.

Bryan advised that all adults aged 18 and over have been offered a vaccine but noted that there are still some priority areas that need to be delivered, such as 2nd doses that will be delivered within Tranche 2.

Bryan advised the service is actively planning for different scenarios as currently it is unknown whether the flu and covid booster will be provided at the same appointment or not, which product will be used for the covid booster and whether 12-15 year olds will require to be vaccinated. It is anticipated that further guidance will be provided on the 13th September 2021.

Lisa Cooper advised that there is a special promotion currently for 16-18 year olds and the team are focussing on the under 40's age group as there is a decrease in the uptake of 2nd doses within this age group.

Martin Black wished to thank the vaccination team for all their efforts over the last year but queried if it would be the national services who would be responsible for sending out the appointments again and whether the timescales would take into consideration that we are approaching winter. Lisa Cooper confirmed that it would be the NVSS System that will be sending out the appointments.

Cllr Brett stated that the national scheduling system had accounted a range of difficulties, highlighted on pg 104, and asked if there is assurance that these difficulties have been addressed. Lisa Cooper advised that these issues have been thoroughly investigated and lessons learned to ensure that similar errors do not reoccur.

Martin Black wished clarification around overseas students being vaccinated and how the NHS will know what vaccine they have already had and who will be responsible for covering the costs. Lisa Cooper advised that students are required to provide evidence of their vaccination when they arrive and it was confirmed that the students would not be expected to cover the costs of their vaccination. Lisa Cooper advised that the service was working closely with both university and colleges within the region and drop in clinics had been organised.

Cllr Ross queried how well attended the drop-in clinics had been and had they helped with the vaccination uptake with the younger population. He also queried whether the self-referral option was only available for health and social care staff or whether the general public would be given appointments or asked to telephone to arrange an appointment and whether there would be an impact on the delivery of the programme if the rollout extended to 12-15 year olds. Bryan Davies advised that Fife had been commended for its use of Drop-In Clinics at a national meeting and believed that they had been effective in increasing the uptake but agreed that there was more work to be done. Bryan noted that there would be an impact on the delivery of the vaccinations depending on whether the flu and covid booster could be provided at the same appointment and whether the 12-15 year olds would require a vaccination, but until the guidance was issued it is not known the full extent of this impact. Lisa Cooper confirmed that people

	<p>will be given appointments but will have the opportunity to telephone and change the appointment if required.</p> <p>Cllr Wincott queried following the success of drop in clinics for vaccinations whether this could be extended for flu vaccinations. Bryan Davies noted that there would be merit and this was being discussed in the logistic workstream currently.</p> <p>Christina Cooper queried what the position currently was for staff within care homes and their requirement to be vaccinated. Lynne Barker confirmed that staff who work in care homes need to be vaccinated and a specific team has been set up for vaccinating both residents and care home staff.</p> <p>Cllr Brett thanked Bryan and Lisa for their update and agreed that the committee would be updated at the next meeting but this would not hold up the delivery of the vaccination programme.</p>	
7	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from</p> <p>Dr Hellewell confirmed that there were no issues requiring to be escalated.</p>	
	<p>7.2 Confirmed Minute of the Infection Control Committee from 2 June 2021</p> <p>Cathy Gilvear advised that there is a new Infection Control Manual specifically for Care Homes In addition there is going to be a focussed review of all E.coli infections related to catheters</p>	
	<p>7.3 Confirmed Minute of the Clinical Governance Oversight Group from 23 June 2021</p> <p>Cllr Brett queried what NEWS2 was (pg 130-131)? Lynn Barker confirmed this stood for National Early Warning Score which monitored patients statistics such as temperature and blood pressures. Lynn advised that with the introduction of NEWS2 the recording was now electronic and a subgroup was leading on the implementation.</p>	
8	<p>ITEMS FOR ESCALATION</p> <p>Cllr Brett noted that the Immunisation Papers will be tabled at the Board Meeting but would like the committee to commend them.</p>	
9	<p>AOCB</p> <p>No issues were raised under ACOB</p>	
10	<p>DATE OF NEXT MEETING</p> <p>Friday 1 October 2021 at 1000hrs MS Teams</p>	



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 1ST OCTOBER 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
Attending:	Dr Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing Rona Laskowski, Head of Complex and Critical Care Services Lynne Garvey, Head of Community Care Services Cathy Gilvear, Quality Clinical & Care Governance Lead Wilma Brown, Employee Director Simon Fevre, HSCP LPF Co-Chair (Staff Side) Fiona McKay, Head of Strategic Planning, Performance & Commissioning
In Attendance:	Carol Notman, PA to Chief Finance Officer (Minutes)
Apologies for Absence:	Nicky Connor, Director of Health & Social Care Bryan Davies, Head of Preventative and Primary Care Services Janette Owens, Director of Nursing Corporate Services Chris McKenna, Medical Director

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS Cllr Brett welcomed everyone to the meeting noting that he was pleased to hear at the last Board Meeting that positive Covid-19 numbers were falling within Fife but noted that there was still considerable pressure on all services. Cllr Brett noted that the Consultation regarding the National Care Service had commenced and encouraged all who could to attend an event to do so if they could and noted that the Development Session on Friday 8 October 2021 will be focussing on the consultation.	
2	DECLARATION OF MEMBERS' INTEREST There were no declarations noted.	
3	APOLOGIES FOR ABSENCE Apologies were noted as above.	

4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 08 SEPTEMBER 2021</p> <p>The minutes were agreed as an accurate record of the meeting.</p>	
5	<p>ACTION LOG</p> <p>Cllr Brett noted the Action Log of 08.09.21.</p> <p>Christina Cooper queried whether there was an update regarding the referral times for CAMHS. Rona Laskowski confirmed that the average waiting time for a new referral is 11 weeks. The backlog has been reduced to 221 patients with the majority of these being waiting between 18-38 weeks. Rona Laskowski confirmed that the numbers waiting for 38+ weeks will be reported in full at the November Meeting.</p> <p>There was discussion around the report also being tabled at the Finance and Performance Committee and the reason for this, which Rona Laskowski advised was due to the level of additional revenue that the Partnership has received for the service.</p> <p>Martin Black noted that NHS Fife Board Meeting is still reporting that there are people who are waiting more than 2 years on an appointment and asked for reassurance that this is not the case. Rona Laskowski assured the committee that there was no-one who was waiting more than 2 years for a CAMHS appointment as of September 2021 and noted that the confusion may be due to backlog for Autism Diagnosis.</p>	
6	<p>GOVERNANCE</p>	
	<p>6.1 Professional Lead Update</p> <p>Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance.</p> <p>Lynn Barker noted the services continued to face significant challenges with workforce to ensure that staffing is adequate across all services advising that there are safety huddles held on a daily basis with medium and long-term plans in place.</p> <p>Cllr Brett noted that the Fife Courier (1.10.21) was quoting Wilma Brown in a story regarding staff morale. Wilma confirmed that everybody is doing everything they can to ensure that the levels of staff are safe, unfortunately there are not always enough people to do this and it would be remis of her if she did not highlight concerns. Wilma noted that the senior nurses within community hospitals have asked for new reporting levels (critical / stable / optimal) and noted that she hoped that the current critical status will not become the new “norm” and noted that this is not how we would want to work.</p> <p>Martin Black noted that Fife has managed to recruit 150 new nurses, noting that the service has identified the problem but what is the solution? Wilma Brown noted that the 150 nurses coming into Fife are brand new qualified nurses who will need a period of settling in and orientation. These nurses will require support so for a short period they will be adding to the burden and tasks but one that the senior nurses are delighted to take on. Wilma confirmed that the 150 nurses coming in are not included in the large number of vacancies.</p> <p>Lynn Barker confirmed that staff are exiting the service like never before, but confirmed that everything is being done to fill the vacancies, but noted that there are not enough registered nurses to fill all the vacant posts. Lynn</p>	

	<p>confirmed that the services are looking at the non-registered workforce and how they can support care delivery and registered staff. Lynn noted that the service is in communication with Boards who have successfully undertaken international recruitment.</p> <p>Cllr Ross queried whether admissions for covid positive patients were still increasing and asked where the service was with GP and appointments with regards level of demand, and has this changed over the last few weeks?</p> <p>Dr Hellewell confirmed that within General Practice the service was working hard to increase the number of “face to face” appointments and noted that support is being offered to practices who are finding remobilisation challenging. Dr Hellewell noted that the increase in covid positive patients has impacted on primary care as there is complicated guidance for GP Practices with regards to social distancing and the variety of patients attending for appointments, including immune-compromised patients, requiring face to face appointments mean that some Practices find it challenging to remobilise as they would wish.</p> <p>Cllr Brett queried if there were any services that could be reduced or stopped to support the services that are under extreme pressure, noting that some day care services have not reopened and queried if there are staff from these services that could provide support. Fiona McKay confirmed that Social Care has been experiencing the same unprecedented pressure that the acute services have been facing and noted that the Partnership have been working closely with the acute services to provide support with an additional ward being opened for a short time at the Queen Margaret Hospital to alleviate pressures.</p>	
	<p>6.2 Clinical Quality Report</p> <p>Dr Hellewell noted that the report highlighted that the Healthcare Associated Infection rates had improved compared to the previous year. It has been agreed that a deep dive is going to be undertaken within Mental Health Services looking at ligature incidents and restraints in particular when the prone restraint is required to be used.</p> <p>Lynn Barker noted that there has been a deterioration in the number of falls within the Community Wards and the Clinical Care Governance Team is providing support and working with the clinical teams.</p> <p>Lynn advised, due to the pressures within the service that SAER reporting has been amended but confirmed that reporting of incidents continues within DATIX. Simon Fevre noted concern that there are a few SAERs related to violence against staff members and that he would be concerned if these investigations did not progress, in particular the learning and feedback to staff involved in these incidents. Dr Hellewell confirmed that these reviews will be continuing.</p> <p>Cllr Ross queried the increase in falls within community wards and given the pressure that staff are currently under how can we ensure that falls do not increase. Lynn Barker advised that there has been a lot of work undertaken, with a robust falls assessment undertaken on admission and care plans and action plans being put in place. It was noted that although reduced staff numbers are an ongoing risk, falls prevention uses a Multi-Disciplinary Team approach.</p>	

	<p>6.3 Mobilisation Plan/Current Situation</p> <p>Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance</p> <p>Lynn Barker noted that it was not just the increasing covid patients that required Ward 8 to be reopened, there is also a considerable number of patients with complex medical conditions requiring care; and in order to open the ward careful redeployment of staff was used to ensure there was minimal impact on all other services.</p> <p>Cllr Ross queried whether capacity in other community hospitals had been reviewed. Dr Hellewell confirmed that all options had been reviewed.. Although it is challenging to reopen Ward 8</p> <p>Cllr Brett queried with regards day care and what the current national advice is for day case both in house and external. Fiona McKay noted that the remobilisation of day care has happened with support from Public Health. Fiona noted that although In-House provision has not currently opened there is a whole range of support to help people undertake different activities within their local community. Cllr Brett asked if it would be possible for a paper on Day Care Facilities be tabled at the next meeting.</p>	<p>FMcK</p>
	<p>6.4 Mental Health Strategy Update on Implementation</p> <p>Cllr Brett invited Rona Laskowski to speak to the paper on the Mental Health Strategic Update.</p> <p>Rona Laskowski noted that following a previous paper at the last committee tabled by Jillian Torrens it was her understanding that while there was acceptance and support to review the Mental Health Strategy, the committee wanted further assurance which is outlined in the report.</p> <p>Rona confirmed that the Scottish Government have an ambitious programme over the coming years and the paper provides an overview of the finances received to date which highlights the size of the programme of change required.</p> <p>Rona noted that the paper outlines progress over the last 18 months and includes learning that has resulted due to the pandemic.</p> <p>Rona confirmed that the proposed timeline is two-fold and offered to commit to regular reporting on the strategic ambitions. It is planned that 4 focus groups, that include general public and carer engagement will be held in February 2022 which will provide feedback and inform the document. It is then anticipated that in March 2022 the refreshed 3-year strategy will be tabled at this committee.</p> <p>Cllr Brett noted the examples of change and improvement outlined in the report were very helpful and noted that he did not wish for the committee to micromanage the process and rather than quarterly reports he suggested ad hoc reports when projects were completed.</p> <p>Christine Cooper agreed with the timeline and agreed that the committee's requirement to be realistic with the "ask" noting that there is a tremendous amount of work with stakeholders that is being done in other boards such as Tayside that we could be learning and watching from.</p> <p>Cllr Brett suggested the strategy and service developments could be discussed at a future Development Session.</p>	<p>RL</p> <p>NA</p>

	<p>Simon Fevre reminded that full engagement with trade unions was required to implement the strategy as change to service provision leads may heighten anxiety for staff members within the service.</p> <p>Martin Black noted how impressed he was with the detail that had been put into the report but noted that some of the data was from reports from 2017 and queried whether they were the most up to date documents. Rona Laskowski agreed to double check that these were the latest versions.</p> <p>Cllr Brett confirmed that the committee were assured as noted below from the SBAR.</p> <ul style="list-style-type: none"> • The Clinical and Care Governance Committee is assured of the delivery of the strategy to date. • The Clinical Care Governance Committee agrees to receive progress reports from December 2021 every 4 months evidencing ongoing delivery • The Clinical Care Governance Committee agrees the proposed timeline for the review and refresh of the MH strategy which will be supported by a robust participation and engagement programme and associated implementation plan. 	RL
	<p>6.5 Care Homes Update</p> <p>Lynn Barker noted that following communication from Scottish Government for care home and community settings in relation to enhanced Infection Control, that there had been some issues as the teams go out and engage with the management of care homes.</p> <p>Lynn noted that to date, the service has recruited to the post of Head of Nursing, increased the Care Hub Team and appointed approximately 10 Care Home liaison Cluster Nurses.</p> <p>Cllr Brett thanked Lynn for her update and queried whether these nurses would be assisting with the covid vaccination rollout in care homes. Lynn advised there was a specific team assigned to delivering the flu and covid vaccination for both residents and staff, however due to being a fluid and agile workforce if will would be reviewed if required.</p>	
	<p>6.6 Delayed Discharge</p> <p>Cllr Brett invited Lynne Garvey to speak to the delayed discharge paper.</p> <p>Lynne Garvey wished to highlight that the majority of patients in delay are due to complex discharge planning with the trend sitting at c. 100-105 but there are approximately 277 service users that are awaiting a package of care but wished to confirm that 79% of these 277 have some input from social work.</p> <p>Lynne confirmed that the reasons for delay was in part due to an increase in demand and an ageing population that is living with more complex health conditions which is providing a significant workforce pressure.</p> <p>Cllr Ross queried with regards the STAR Beds and whether the service is making full use of them and whether we are looking to have more of them. He queried if someone is in hospital waiting for a home care package do they remain in hospital or discharged to a care home. Lynne advised that the service fully utilise the STAR beds noting that it was rare for these beds to be available and when they are, the beds are filled quickly.</p>	

	<p>With regards those who are waiting on packages of care, there are Interim beds, these are more person centred and give the patient choice. Lynn advised that Care Home Managers have visited the hospital to speak to patients, alleviate their concerns and support their move which has been very successful.</p> <p>Martin Black queried whether there was support for families where there are issues with guardianship and power of attorney, as the legalities associated with this are challenging. In addition the disparity regarding costings between care homes was confusing. Fiona McKay confirmed that through the Carer Strategy there is an advocate with "Circle Network" to support families through the guardian and power of attorney process but acknowledged that associated costs put many families off from accessing this service. Fiona confirmed that personal assets are taken into consideration, but all care homes are required to provide a leaflet outlining what their costs are.</p> <p>Fiona confirmed that there was a National Campaign held on 30.9.21 to promote "Organising Your Power of Attorney".</p> <p>Christina Cooper noted that registering for guardianship is a barrier for some people, Fiona confirmed this was the case but the work of the Advocacy Worker is to support people apply for legal aid but acknowledged that it is a drawn out process.</p> <p>Cllr Brett noted that he understood the requirement to keep people moving but noted that it must be more expensive to place someone in a care home than provide a care package for them at their own home. Fiona confirmed that covid funding is paying for 80% of vacancies therefore it does not cost as much as it would have but agreed that those who are currently in care homes need to be reviewed and advised that currently a review of care packages is being undertaken which has identified some hours that can be brought back into the system that can be reused.</p> <p>Cllr Brett confirmed that the committee were aware and had discussed the issue.</p>	
7	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	No items submitted from linked committees.	
8	<p>ITEMS FOR ESCALATION</p> <p>Cllr Brett noted that Christina Cooper will be representing him at the IJB and it was agreed that the following would be escalated/highlighted:</p> <ul style="list-style-type: none"> • The Immunisation Papers, although these will be tabled at the IJB Meeting all agreed that the committee should commend the service. • Current Pressures facing the Services. • Update on the Mental Health Strategy and Delayed Discharges. 	CC
9	<p>AOCB</p> <p>No issues were raised under ACOB</p>	
10	<p>DATE OF NEXT MEETING</p> <p>Friday 12 November 2021 at 1000hrs MS Teams</p>	



Fife Health & Social Care Partnership

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CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 3 SEPTEMBER 2021 AT 2 PM VIA MICROSOFT TEAMS

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

Attending: Audrey Valente, Chief Finance Officer
Tracy Hogg, Partnership Finance Manager
Euan Reid, Lead Pharmacist Medicines Management
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Lynne Garvey, Head of Community Care Services
In attendance:
Carol Notman, Personal Assistant (Minutes)

Apologies for Absence: Nicky Connor, Director of Health & Social Care
Norma Aitken, Head of Corporate Service, Fife H&SCP
Helen Hellewell, Associate Medical Director
Bryan Davies, Head of Integrated Primary and Preventative Care Services

No.	Item	Action
1.	WELCOME AND APOLOGIES	
	The Chair welcomed everyone to the meeting. Please see above for attendees and apologies.	
2.	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3.	MINUTE OF PREVIOUS MEETINGS – 13 AUGUST 2021	
	The Minute from the meeting held on 13 August 2021 was approved.	
4.	MATTERS ARISING / ACTION LOG – 13 AUGUST 2021	
	Item 6 – Paper on Remobilisation, Fiona McKay assured the committee that the services has been working tremendously hard to get remobilised and further guidance update is expected to be published imminently from Scottish Government Health Department regarding care homes so anticipated that a paper would be available for the next meeting.	

	<p>Fiona confirmed the social work services that ceased during the pandemic, such as respite and day services, a toolkit has been developed to support them as they remobilise. Fiona wished to assure the committee that the Public Health Team is supporting the services to remobilise safely.</p>	
5.	FINANCE PAPER	
	<p>Audrey Valente spoke to her paper highlighting that the combined HSCP delegated and managed services are reporting a projected outturn overspend of £6.798m. Audrey confirmed that there had been no changes to costs associated with covid as they are reported quarterly.</p> <p>Cllr Graham noted that there were sections in the SBAR which were not fully completed but was aware that the templates were new, Audrey Valente confirmed that the SBARs would be reviewed and all sections completed fully as there were implications for NHS Fife and Fife Council associated with the risk share.</p> <p>Martin Black queried with regards the Risk Share Agreement and whether the reports were being considered by both parties. Audrey confirmed that the reports would be considered by both NHS Fife and Fife Council during September/October and once agreed it will be forwarded to the Scottish Government Health department for final approval and sign off.</p> <p>Cllr Graham noted that the recommendations within the SBAR was to ensure that the committee were aware and to approve the financial monitoring position which all agreed.</p>	
6.	TRANSFORMATION UPDATE	
	<p>Audrey Valente advised that this report provided an update on the IJBs Medium-Term Financial Strategy and PIDs that had been approved in March 2021.</p> <p>Cllr Graham noted surprise at the title of the report as it seemed to outline the unachieved savings, but he didn't see much relating to Transformation. Audrey Valente noted that many of the savings relate to transformation as they are linked to efficiencies and redesign and confirmed that the Bed Based Model is part of the Transformation Programme looking at the assets that we have as well as delivering care in a home or homely setting.</p> <p>Audrey confirmed that Transformation is now within her remit and offered to provide a presentation at the next committee meeting outlining the changes that were being put in place. Cllr Graham welcomed the presentation and asked that this was placed on the agenda for the next meeting.</p> <p>Rosemary Liewald queried with regards the supplementary staffing for locums and noted that she was aware that a working group that has been set up to review the difficulties and asked if there had been an update on the findings. Audrey confirmed that the working group is part of the next steps and Dr Hellewell will be taking this forward and setting up to review the issues identified with recruiting consultants to certain specialities.</p> <p>Martin Black queried with regards the bed-based model and how it noted difficulties with making savings due to covid, but yet the next steps is advising research into homely settings which seemed a contradiction? Audrey confirmed research is required to understand the difficulties the</p>	CN

	<p>services are experiencing in more detail around the models that are currently in place.</p> <p>Martin also queried with regards Total Mobile noting that it had been his understanding that it would be the answer to many problems, but now it seems that the Scottish Government are saying that IJBs are to continue to pay commissioned hours therefore impacting projected savings? Audrey advised that the costs are part of the sustainability payments, paying for vacancies and commissioned hours. She noted the situation was constantly evolving around the support that is being provided to our providers and whether this will continue going forward will require further clarity. Longer term the vision is to get back to paying the actual hours but the market is concerning at the moment so any changes will require to be managed appropriately.</p> <p>Fiona McKay confirmed that Total Mobile is still being used extensively internally and there are plans to introduce Liquid Logic which will result in an upgrade to Total Mobile to make it much easier for the external partners to use and hopefully it will be compatible for the external companies so that their staff will not require to double scan. Fiona confirmed that the Scottish Government is covering a lot of costs for care at home and care homes through sustainability payments.</p> <p>Cllr Graham noted concern with moving away from commissioned hours and whether issues will arise again where external providers will only pay for staff when they arrive at the house and not cover travelling costs which previously caused difficulty in getting packages arranged. Fiona advised that there is a Small Working Group looking at the impact of these changes.</p> <p>Cllr Graham noted that the recommendation outlined in the report was that the paper is discussed in relation to the non-achieved savings and that the committee were aware of the position and all agreed that regular updates are to be brought back to the committee.</p>	
<p>7.</p>	<p>CARE HOMES REPLACEMENT PROGRAMME</p>	
	<p>Fiona McKay provided an update on the Care Homes Replacement Programme comprising three Care Villages at Methil, Cupar and Anstruther. Fiona noted that work on the Care Village at Methil was well underway and was anticipated to be completed July 2022.</p> <p>Cupar Care Village is in planning phase and noted there had been a meeting with Cupar Community Council to discuss the path that goes around the building and there has been agreement that there will be restricted access during the building works. It is hoped that ground works will commence in January which will result in building works at Methil and Cupar running at the same time.</p> <p>Anstruther Care Village is in planning phase and due to the size of the site will be quite different with buildings being 3 storeys high.</p> <p>Cllr Graham wished to thank Fiona and her team for getting the projects to this stage and noted that he was delighted to see the progress in all 3 sites.</p>	

	<p>Cllr Liewald was delighted by the models shown in the paper and was impressed with how encompassing the villages were with a nursery and drop-in café.</p> <p>Fiona McKay advised that the buildings on completion will be handed over to Lynne Garvey.</p> <p>Cllr Graham noted that the recommendations noted that the report was for information, but he felt that further updates would be appropriate as the Care Villages progress.</p>	
8.	CARE AT HOME PRESSURES & CHALLENGES	
	<p>Fiona McKay advised that this paper has been written to provide a complete overview of the pressures within care at home.</p> <p>Cllr Graham noted concern that there has been rumours that for those waiting to come out of hospital were told that there will be a package organised imminently on discharge which is increasing the pressures on the Care at Home Service. Lynne Garvey advised that education has been provided to the staff within the Discharge Hub to ensure that unachieved expectations were not provided to patients.</p> <p>Cllr Liewald commended the paper as it stated clearly where the pressures are and outlined the issues for the committee. She noted that she was pleased that recruitment has taken place and is ongoing. Lynne Garvey noted that there had been concerns with the recruitment, that staff from external agencies would apply causing pressures further down the line but was pleased to note there has been less than 10% of the applicants from external agencies.</p> <p>Audrey Valente noted that although the recruitment was good news for the service, it will cause a financial impact for the Partnership as it will create a permanent pressure which potentially will impact on the risk shared agreement. Audrey Valente and Cllr Graham to discuss the pressures out with meeting, Rosemary Liewald asked to be included within this meeting.</p> <p>Martin Black noted concern that the Table on page 53 indicates that there is a disparity around where care packages have been put in with Kirkcaldy receiving 20% of the care packages within Fife. Fiona McKay noted that there are areas within Fife where people are living longer therefore more packages are required.</p> <p>Cllr Graham noted that the recommendations outlined that the paper is for information, however taking into consideration the pressures to the service it is felt that it would be appropriate to highlight the issue to the Board and all agreed.</p> <p>Fiona McKay wished to make the Committee aware that a similar paper was tabled at the Fife Council Scrutiny Committee and in addition Fife Council have been asked to answer a question in respect to shortages with carers.</p>	CN
9.	ESCALATION TO IJB	
	1 Item to be escalated to the IJB:	

	<ul style="list-style-type: none"> Pressures on Care at Home Service, but with a note confirming that the Service has actively addressed the situation with additional recruitment. 	
10.	AOCB	
	No items were raised under AOCB.	
11.	DATE OF NEXT MEETING:	
	7 October 2021 at 2.00pm via MS Teams	



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE THURSDAY 7 OCTOBER 2021 AT 2 PM VIA MICROSOFT TEAMS

Present: David Graham [Chair]
David Alexander
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
Tracy Hogg, Partnership Finance Manager
Euan Reid, Lead Pharmacist Medicines Management
Norma Aitken, Head of Corporate Service, Fife H&SCP

In attendance:
Carol Notman, Personal Assistant (Minutes)
Tim Bridle, Audit Scotland

Apologies for Absence: Helen Hellewell, Associate Medical Director
Bryan Davies, Head of Integrated Primary and Preventative Care Services
Lynne Garvey, Head of Community Care Services

No.	Item	Action
1.	WELCOME AND APOLOGIES Cllr Graham welcomed everyone to the meeting, apologies are noted above.	
2.	DECLARATIONS OF INTEREST No declaration of interests were made.	
3.	MINUTE OF PREVIOUS MEETINGS – 3 SEPT. 2021 Minutes of last meeting were agreed as an accurate record of discussions.	
4.	MATTERS ARISING / ACTION LOG – 3 SEPT. 2021 Cllr Graham noted that some dates within the action log had been revised due to current pressures. Audrey Valente noted that there has been work undertaken regarding the benchmarking exercise but noted that the information gathered to date has been inconclusive but was hopeful to bring a paper to a future	

	committee. Cllr Graham agreed to change the timeline to the January 2022 meeting.	CN
5.	<p>FINANCE PAPER</p> <p>Audrey Valente spoke to her paper highlighting that there has been movement since the reported July position and the overspend position is resulting in the Partnership requiring to set out a recovery plan as outlined within the Integration Scheme.</p> <p>Audrey advised that there is no change from previous month regarding covid costs as they are reported quarterly to the Scottish Government.</p> <p>Martin Black queried if a recovery plan is to be produced what the timeframes for this would be. Audrey confirmed that the Senior Leadership Team are reviewing all areas of expenditure, to ensure only necessary expenditure is incurred, to formulate a plan to bring the current projected overspend down significantly by the end of the financial year and advised that she will bring a report to a future committee meeting.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	
6.	<p>PERFORMANCE REPORT</p> <p>Fiona McKay noted that this was the usual formal report provided to the committee and wished to highlight that pg. 33 shows a downward trend for the use of nursing and residential care from August 2020 to this year but noted that the demand for care at home continues to increase.</p> <p>Fiona confirmed that the issue with Oracle continues, making it very difficult to get high level data on staff absences. She advised that she has been assured that this will be fixed soon. Cllr Graham noted his concern again, advising that it is difficult to scrutinise when there is no information provided and noted that this has been ongoing for some time.</p> <p>Rosemary Liewald acknowledged that there has been increased pressure on home care packages, noting from feedback received to her there isn't any delay with responses to enquires and there appears to be joined up communication and wanted her thanks to be passed on to the service as it is clear with the increase in pressure the teams have been working extremely hard to provide the best service for their clients.</p> <p>Martin Black noted that he too was unhappy with the delay in getting Oracle fixed and with the anticipated increased sickness and absence with staff self isolating etc. was their assurance that the service was safe as we can't tell how many people are off sick. Fiona McKay assured that services were safe and a record of those who are currently off is being held and managed by service managers.</p> <p>Nicky Connor advised that she shared the frustrations and confirmed that it is not within the powers of the Partnership to fix as it is a Fife</p>	

	<p>Council HR Electronic System but wished to assure the committee that the issue has been escalated to the Executive Team but will seek an update on the issue from Fife Council.</p> <p>Nicky Connor confirmed that the absence information is available at local team level but noted that a staff member has been seconded to the Partnership to work with local teams regarding health and wellbeing. They will be supporting managers on the front line to provide a person-centred workforce.</p> <p>Nicky noted to ensure and support services being safe, there is a huddle held each day where each service has the opportunity to highlight any issues, and this can include workforce shortages.</p> <p>Nicky advised there used to be a blanket closure within care homes when there was a positive result identified but now there is a risk assessment carried out each day with the Health Protection Team that has generated a quicker turnaround and she wished to commend the Public Health Team for the support they have provided as this has had an impact on the acute service related to delayed discharges. Nicky advised that a paper on delayed discharges had been tabled at the Clinical & Care Governance Committee on 1.10.21 which outlined the action that has been taken to enable people to be in their own homes while focussing on safety.</p> <p>Fiona McKay advised that the Fife Council Scrutiny Board have requested a workforce paper and agreed that this would be shared with this Committee.</p> <p>Nicky Connor advised that there had been very recent communication from Scottish Government with regards social care winter planning and which the team are reviewing and will be in a better position to update the committee at the next meeting.</p> <p>Cllr Graham confirmed that the committee had accepted the recommendation outlined within the paper.</p>	<p>NC</p> <p>FMcK</p>
<p>7.</p>	<p>TRANSFORMATION PRESENTATION</p> <p>Audrey Valente spoke to the Transformation Presentation</p> <p>Cllr Graham noted there were 4 areas mentioned and queried whether there was any input from the services that feed into the Partnership? Audrey confirmed that these were just initial thoughts that have been discussed with the Senior Leadership Team to date and was happy to take views and comments to help shape the transformation going forward. Cllr Graham noted he felt it was important that services are brought in.</p> <p>Cllr Graham queried with regards the proposed new Transformation Board and queried whether there would be involvement from the IJB and would this committee be seeing reports. Audrey confirmed that to</p>	

	<p>date nothing had been finalised, she hoped to have something in place by January 2022 and would be very happy for member of the IJB to be involved.</p> <p>Martin Black noted that he like how the presentation had been laid out, and asked what the implementation of transformation would eliminate? He queried whether it would be time limited development, and lastly would there be implications for staff. Audrey advised that the transformation programme was being put in place to formalise the reporting for all the transformation work that is taking place and noted that nothing would be eliminated in order for this to be put in place as the Transformation Programme would be adding value to what the Partnership does with a formal approach would ensure that projects are delivered within the timescales. In response to second question, Audrey advised that each of the projects, in their own right, would be time limited, however the Partnership will continually improve and transform therefore the formal Transformation Programme will be a permanent feature. With regard implications for staff, Audrey confirmed that there will be implications which the Partnership will work in conjunction with staff side to ensure smooth transitioning. Nicky Connor agreed but noted that the infrastructure required to be put in place first and the detail around what changes this will be for services is not known at this moment.</p> <p>Rosemary Liewald noted that she was delighted to see that the localities work is continuing in the transformation programme.</p>	
<p>8.</p>	<p>PERFORMANCE FRAMEWORK</p> <p>Fiona McKay noted following the recent organisational structure change, the performance management framework required to be updated as monitoring of performance is part of the governance arrangements for the HSCP.</p> <p>Martin Black queried pg. 67 as there did not seem to be any links to NHS Fife. Cllr Graham suggested a review of the meetings as Fife Council’s Policy & Coordination Committee had ceased</p> <p>Fiona McKay agreed that there should be lines linking to NHS Fife as the Partnership does table reports at their committee’s and agreed to review and update the chart prior to the paper being taken to the IJB Committee.</p> <p>Cllr Graham confirmed that the committee had been made aware of the revised framework.</p>	<p>FMcK</p>
<p>9.</p>	<p>PUBLIC SECTOR CLIMATE CHANGE DUTIES</p> <p>Audrey Valente advised that the IJB has a Statutory duty to submit a Climate Change Report to the Scottish Government by 30th November each year, this is the 5th report for Fife IJB which covers the period 2020-2021.</p> <p>The Scottish Government recognise the unique nature of IJB’s and does not expect IJB’s to address every aspect of the report as the local</p>	

	<p>authority and NHS have their part to play. The key focus for IJB section is to consider climate change, governance and management and strategy. During 2021 the service has been responding to the pandemic therefore progress for these areas has been limited and recommends that the priorities outlined in the previous year's report are retained.</p> <p>Cllr Graham asked for clarification regarding the last bullet for point on pg 89. Audrey advised historically there had been a section within papers that was never completed that looked at reducing carbon footprint and the suggestion is to revise and add this section back into papers.</p> <p>Martin Black queried whether there was any feedback received from previous reports sent to the Scottish Government. Fiona McKay advised that the Scottish Government did audit the returns and provide feedback.</p> <p>Martin Black queried while the Government recognised the unique nature of the IJB and how the delivery of climate change is driven by the NHS or Local Authority, whether the IJB was in a position to include a direction to the Partner Bodies to deliver a reduction in carbon footprint whilst delivering services on behalf of the Partnership. Both Nicky Connor and Audrey Valente felt that this was worth investigating and would take this question to the Senior Leadership Team.</p> <p>Rosemary Liewald noted that during the pandemic there has been a significant reduction in carbon footprint with the digital technology put in place which has resulted in less travel and printing.</p> <p>Cllr Graham confirmed that the committee was happy to agree with the recommendation outlined in the paper.</p>	NC/AV
<p>10.</p>	<p>STATEMENT OF INTENT FOR SUPPORT FOR UNPAID CARERS</p> <p>Fiona McKay advised that the Scottish Government have asked the Partnership to put forward a Statement of Intent to ensure that support is made available for unpaid carers.</p> <p>Rosemary Liewald noted that the report gives evidence of what we are doing for the carers on the despite the lockdown and noted that it would be good to hear more about what is being done with 'Time for Me'. Rosemary also noted the importance of what is being done for those who are transitioning from being a young carer to being an adult carer. Fiona McKay advised that there will be an opportunity at the end of the year to bring a report from the Carers Strategy.</p> <p>Martin Black noted that it was humbling to think that there were 35,000 unpaid carers living within Fife and recommended that there was some publication highlighting how important these carers are in Fife.</p> <p>Cllr Graham confirmed that all agreed to accept the recommendations within the report.</p>	FMcK

<p>11.</p>	<p>FIFE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL REPORT 2020-21 (DRAFT)</p> <p>Fiona McKay noted that this was the draft annual report which highlights all the work that has been taken forward throughout the pandemic and advised that the Partnership decided to go for a full report to promote all that that the services have achieved. Fiona advised that she welcomed any comments prior to the report being forwarded to the publishers who would be formatting the final pdf document.</p> <p>Rosemary Liewald agreed that the Partnership has taken the right approach and highlighted all that has been done throughout the pandemic including the restructuring.</p> <p>Nicky Connor welcomed any comments and feedback and whether the committee would like to challenge the services to help directive going forward.</p> <p>Martin Black queried with regards figures relating to 'The Wells'. Fiona McKay advised that The Wells had been significantly impacted by the pandemic and confirmed that work ongoing and referrals were now increasing.</p> <p>Cllr Graham confirmed with the committee that they were happy to accept the recommendations outlined in the report.</p>	
<p>12.</p>	<p>AOCB</p> <p>Funding Correspondence</p> <p>Audrey Valente advised that following receipt of email from David Alexander requesting for an update on the £300M allocation, she could advise that there are no firm answers yet. Audrey advised that there had been a meeting with Scottish Government Colleagues held on 6.10.21 to get clarity around the costings as there is reference to recurring and multi-year which mean different things. Cllr Graham noted that it would be helpful to get a more detailed update going forward.</p> <p>Frequency of Meetings</p> <p>Nicky Connor noted she welcomed the view of the committee with regards the frequency of meetings and asked that this be added to the agenda for the next meeting.</p> <p>Escalation to IJB</p> <p>Martin Black recommended that the 35,000 unpaid carers are brought to the attention of the IJB from this committee.</p>	<p>CN</p> <p>DG</p>
<p>13.</p>	<p>DATE OF NEXT MEETING:</p> <p>10 November 2021 at 10.00am via MS Teams</p>	



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTES OF THE AUDIT AND RISK COMMITTEE WEDNESDAY 15 SEPTEMBER 2021 - 10.00AM – VIRTUAL TEAMS MEETING

- Present:** Dave Dempsey (Chair), Fife Council
Christina Cooper, NHS Fife Board Member
David J Ross, Fife Council
Alastair Morris, NHS Fife Board Member (from 10.30am)
- Attending:** Audrey Valente, Chief Finance Officer (Fife H&SCP)
Tony Gaskin, Chief Internal Auditor (NHS Fife)
Avril Sweeney, Risk Compliance Manager (H&SCP)
- In Attendance:** Tim Bridle, Audit Scotland
Carol Notman, Personal Assistant (Minutes)
- Apologies:** Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Norma Aitken, Head of Corporate Services (Fife H&SCP)

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	The Chair welcomed everyone, with formal welcome and introductions being made when Alastair Morris joined the meeting at 10.30am	
2	DECLARATION OF INTEREST	
	There were no declarations of interest noted.	
3	DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 9 JULY 2021	
	Cllr Dempsey noted that there were some actions outlined on pg. 2 that required to be added to the action log and Tim Bridle advised that he had attended the meeting and asked that this be reflected. With these changes, the minutes were accepted as an accurate record of the meeting. The Action Log was noted.	

4	INTERNAL AUDIT OPERATIONAL PLAN AND AUDIT CHARTER 2021/22	
	<p>Cllr Dempsey invited Tony Gaskin to speak to the Internal Audit Operational Plan and Audit Charter paper.</p> <p>Tony Gaskin introduced himself as the Chief Internal Auditor for NHS Fife/Tayside and Forth Valley and following the handover of internal audit responsibility from Fife Council to NHS Fife, he was now responsible for the internal audit for the Partnership and talked through the operational plan.</p> <p>Cllr Ross note that he liked the report and approach that was being taken, he agreed that changes were required following the pandemic.</p> <p>There was discussion around the new risk register and the effect it will have on other committees who have their own risk registers. It was confirmed that a new risk register does not mean all the existing risks are removed, rather the risk register will be refreshed looking at the new challenges facing the services following the pandemic and the introduction of the new integration scheme.</p> <p>It was agreed that risk is an ever-moving picture depending on the internal and external influences and risks that have been on the register for some time may still be pertinent therefore will remain on the risk register.</p> <p>Alastair Morris advised that the challenge is relating the headlines in the risk register to the practicalities of the day to day and as all contact currently is virtual it makes it difficult for the Board Members to get a full picture of what is going on. Tony Gaskin advised that he had previously shared with Audrey Valente and Nicky Connor assurance principles for committee members to outline the appropriate level of assurance and agreed to share these with the committee.</p> <p>Cllr Dempsey noted within pg 12, paragraph 3.3.1 it notes ‘triple aim’ and queried what this was. Tony Gaskin advised that the document had initially been a health board paper and the triple aim was not relevant for the Integrated Joint Board and would remove this reference.</p> <p>Cllr Dempsey queried within Appendix 1 whether transformation should be included. Tony advised that transformation had been looked at in previous years and there were no plans to do an audit of transformation at this point. He advised that F01-22 (pg 14) embeds transformation within the commissioning plan. Audrey Valente confirmed that Fiona McKay is the lead for Strategic Planning and would be leading on this. Tony confirmed that he would be auditing the process that Fiona McKay was putting in place to ensure that there was participation and engagement etc.</p> <p>Tony Gaskin outlined the Charter noting that it was a legal requirement that sets out the way that the internal audits are required to work.</p> <p>Cllr Dempsey confirmed that as per recommendations that the plan and charter had been discussed and all approved the operational plan and charter.</p>	<p>TG</p> <p>TG</p>

5	TRANSFORMATION PROGRESS	
	<p>Audrey Valente noted that Transformation Progress was a standing item on the agenda and advised a member of staff has been seconded into the Partnership to provide a position statement on all change and transformation. Once this piece of work has been completed all transformation will be mapped to the strategic plan and interdependencies will be identified.</p> <p>Audrey advised that the service is currently recruiting 2 Project Managers to support the transformation team.</p> <p>Cllr Dempsey queried what the next big event regarding transformation and when will it happen.</p> <p>Audrey advised that a Transformation Board will be implemented and as part of this regular reports will be submitted to the Board that will give a progress update on all transformation that is happening within the Partnership. This will include financial and non-financial as not every piece of transformation will provide a financial saving. The update will be provided in a dashboard/summary report and it has not yet decided which committee will be the most appropriate for the report to be tabled at, whether it be the Finance & Performance or this Committee.</p> <p>Cllr Ross wished to ensure that the Transformation Board did not create an extra level of bureaucracy and asked whether the current state of the pandemic would slow the process down. Audrey Valente confirmed that the Transformation Board was not an additional level of bureaucracy as it is being set up to pull all the information together in one place. Advising that it will be part of the terms of reference for the Transformation Board, to review any obstacles to the delivery of the business case by the expected timescale. Audrey confirmed that she hoped that the progress will continue despite the pandemic but acknowledged that some savings have stalled but it is hoped that these will be able to remobilise again where possible.</p> <p>Christina Cooper asked if there will be a work plan that detailed priorities acknowledging that services may require to change direction following directive from Scottish Government. Audrey confirmed that there will be a work plan with milestones in place.</p>	
6	IJB STRATEGIC RISK REGISTER	
	<p>Avril Sweeney advised that this update on the IJB Strategic Risk Register was for awareness and did not include the usual appendices with the risk register as the register is currently being reviewed following the review of the integration scheme and feedback from the drop-in sessions.</p> <p>Avril advised that the Senior Leadership Team have discussed the strategic risks and have agreed the following</p> <ul style="list-style-type: none"> • Clarity of the risks to be included on the IJB Strategic Risk register 	

	<ul style="list-style-type: none"> • More formalised links to performance and the Performance Framework for the IJB Strategic Risks • Setting SMART management actions to mitigate the IJB Strategic risks <p>Avril confirmed that operational risks can still be reported on but will be separated out.</p> <p>Cllr Ross advised that he welcomed this approach with the SMART Management Action with associated timescales, as previously some risks had been on the register for years.</p> <p>Alastair Morris noted that it was important that all risks had SMART Objectives, with realistic timescales to ensure that they get the focus that is required.</p> <p>Cllr Ross queried whether Avril was confident that it will be ready for the next meeting. Avril noted that she hoped it would be but as Gold Command had just been reinstated this may change the situation but currently the service was on track to meet the timescale of next meeting.</p> <p>Cllr Dempsey noted that he would welcome a revised format for the risk register as he felt the previous big spreadsheet did not work.</p> <p>Cllr Dempsey confirmed that the committee had discussed the report and that the revised register will be reported at the next meeting and all agreed.</p>	
7	ITEMS FOR ESCALATION	
	The Committee agreed there were no items requiring escalation.	
8	AOCB	
	No issues were raised under AOCB.	
9	DATE OF NEXT MEETING	
	Friday 19 th November 2021 at 10.00 am	



Fife Health & Social Care Partnership

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UNCONFIRMED

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 22 SEPTEMBER 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Eleanor Haggett, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Annie-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Bryan Davies, Head of Primary & Preventative Care Services
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, HR Lead Officer, Fife Council
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer
Kenny Grieve, Fife Council Health & Safety Lead Officer
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropractors and Podiatrists
Mary Whyte, RCN
Susan Young, Human Resources, NHS Fife
Valerie Davis, RCN Representative
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Andrea Smith, Lead Pharmacist, NHS Fife
Craig Webster, NHS Fife Health & Safety Manager
Helen Hellewell, Associate Medical Director, H&SC
Rona Laskowski, Head of Complex & Critical Care Services
Susan Robertson, UNITE
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	
	As above. Simon welcomed Annie-Marie Marshall, Health & Safety Officer, NHS Fife to her first meeting.	
2	PREVIOUS MINUTES	
2.1	Minute from 11 August 2021	
	The Minute from the meeting held on 11 August 2021 was approved.	

NO	HEADING	ACTION
2.2	Action Log from 11 August 2021	
	The Action Log from the meeting held 9 June 2021 was approved.	
3	JOINT CHAIRS UPDATE	
	Debbie Thompson wanted to recognise the significant pressures that all staff across the partnership are currently working under and welcomed all and any strategies which would assist staff as we move into the winter period.	
4	WHISTLEBLOWING	
	Susan Young and Elaine Jordan ran through a presentation on how the new Whistleblowing regulations are dealt with in NHS Fife and Fife Council. The presentation had been circulated prior to the meeting.	
	Neither organisation had a system to monitor whistleblowing incidents, but both are now in the process of developing these.	
	Training modules are available from NHS Fife and Fife Council and members are encouraged to take time to undertake these.	
	Whistleblowing incidents will be reported back to the LPF, potentially via the Annual Report as numbers are relatively low.	
5	HEALTH AND SAFETY UPDATE	
	Kenny Grieve advised that a new Corporate Lead for Wellbeing had been appointed, Casey Fitzpatrick, who would take up post in the near future. An Alcohol Awareness briefing will be used in November 2021.	
	Annie-Marie updated on the staffing situation within the NHS Fife Health and Safety Team. The ligature risk assessment exercise has now been completed. Manual Handling training has restarted and work is ongoing to tackle the covid-19 backlog as well as train new staff.	
	Simon Fevre and Annie-Marie are going to discuss out with the meeting the expectation of the LPF for these updates.	
	Health & Safety Framework / Risk Profiling	
	Both of these have been finalised and now await Senior Leadership Team and Health & Safety Forum approval before being brought back to a future LPF meeting.	
	Kenny Grieve then shared information from PowerBI with LPF members. This system holds a rolling 2-years of data on health and safety incidents and is updated daily. Managers can be given access to this, once a license has been purchased and should contact Kenny for more information (kennyd.grieve@fife.gov.uk).	
	Health & Safety Forum	
	Simon Fevre confirmed that this is being re-established but no meetings have been set up.	

NO	HEADING	ACTION
5	<p>HEALTH AND SAFETY UPDATE (Cont)</p> <p>Health & Safety Forum (Cont)</p> <p>Kenny Grieve confirmed that some preliminary meetings have taken place with Bryan Davies and Rona Laskowski. Kenny will meet with Rona and Annie-Marie Marshall in the near future and meetings of the Forum will recommence.</p>	
6	<p>FINANCE UPDATE</p> <p>Audrey Valente had shared the July 2021 update with LPF members prior to the meeting. The current position is an improvement from the June 2021 position with a projected overspend on £5.7m. This has been possible through additional budget allocations and delivery of savings. Further progression on savings is planned. Still no confirmation from Scottish Government of whether or not they will cover the cost of unachieved savings. Audrey and the Senior Leadership Team continue to work on the Recovery Plan. There is no update on the current covid-19 financial situation as this is reported on a quarterly basis.</p> <p>Debbie Thompson enquired about potential funding on winter planning, Audrey confirm that an element of winter is included in the current report and this will be refined once the Winter Plan has been finalised.</p> <p>Simon Fevre asked about the impact on the budget of agency and bank staff spending. Currently costs for this are coded to Covid-19, Audrey can get a breakdown and bring this back to a future LPF meeting.</p>	
7	<p>WORKFORCE UPDATE</p> <p>Self-Isolation</p> <p>Susan Young advised that NHS Fife are working to the latest Scottish Government guidance which was issued on 9 August 2021. Staff have the option to no longer self-isolate following contact with a covid positive person if they are double vaccinated (over 14 days since second vaccination), show no symptoms and continue to test negative on a regular basis. Staff guidance has been updated and staff are still encouraged to follow guidance on social distancing and the use of PPE.</p> <p>Elaine Jordan advised that within Fife Council reports are now available on the staff testing include the number of staff who have tested positive and those who are self-isolating. Latest figures show these numbers have reduced.</p> <p>Debbie Thompson raised the issue of the risk to the organisation of allowing staff to return to work following contact with someone who has tested positive for Covid-19. Robust risk assessments take place to reduce the risk of onward transmission. It was agreed that Susan Young and Elaine Jordan would discuss this with their own HR colleagues and bring back to a later meeting.</p>	SY/EJ

7 WORKFORCE UPDATE (Cont)**Agile / Flexible Working**

Susan Young advised NHS Fife staff are following Scottish Government advice to work from home wherever possible. Although it is no longer law that physical distance should be maintained, staff are encouraged to maintain 2 metres distance wherever possible.

Elaine Jordan confirmed that Fife Council staff are working from home where possible. Information on blended workstyles is being circulated and support services will adopt these soon. Managers are currently speaking to staff to ensure they understand the principles, technology and health & safety requirements. Information is available on the employee app and intranet. HR and Finance are piloting the new blended approach within Fife House and capturing information on the employee experience. More advice to follow.

Current Workforce Pressures Update

Bryan Davies advised that the reinstated Silver meetings are taking place twice weekly and the group is receiving regular updates from all teams, who are now using a standardised template to ensure consistency.

Staff absence within Primary and Preventative Care Services is currently around 7.5% with Covid-19 accounting for around 29% of all absences.

Concerns have been raised about higher absence levels in Children's Services, Occupational Therapy and Dental Services.

Challenges also within Podiatry, Community Nursing, School Nursing and Sexual Health.

Lynne Garvey updated on behalf of herself and Rona Laskowski.

There are two main absence hotspots in Mental Health Inpatients and Community Care, these are not Covid-19 related. Care at Home has an average of 17% rate through all areas. Managers continue to support staff.

Simon Fevre highlighted the recent recruitment campaign for Care at Home staff. This has resulted in 65 new staff joining the partnership, many of them on part-time contracts. Work is ongoing with Fife Council staff to find staff to work additional hours and to lend support to handle an increase in complaints.

A meeting took place recently at the Jean Mackie Centre to update staff on the potential change of use for the Centre moving into winter. Debbie Thompson and Elaine Jordan met with staff and John Cooper, Service Manager. Debbie asked that her appreciation be passed to John on how well he handled the meeting. John had advised Lynne Garvey that Debbie Thompson had been extremely supporting during the meeting. An example of collaborative working in practice.

NO	HEADING	ACTION
8	COVID-19 POSITION	
	Current Position	
	<p>Nicky Connor advised that the situation is steady and no longer rising although modelling shows there will be more challenges in the coming months. During the next six months the partnership will continue to experience challenges from Covid-19, flu and winter pressures. Work continues to ensure reactive rather than proactive responses.</p>	
	Staff Testing	
	<p>Staff continue to test regularly.</p>	
	Vaccinations	
	<p>Bryan Davies updated on the changing position regarding flu and covid booster jabs. A National Booking portal has been launched and although there were initial teething problems, these have been resolved. Frontline H&SC staff are being encouraged to book appointments at one of the five clinics in Fife. These clinics are staffed by 219 Healthcare Support Workers and nursing staff. H&SC staff should be vaccinated within the next six weeks and Care Home will begin to receive vaccinations week commencing Monday 27 September 2021.</p>	
	<p>The link to the portal will have been sent to all eligible staff (internal and external) and it was agreed that the link would be included in Nicky's weekly brief and shared with Debbie Thompson, who would circulate it via Facebook on a staff group, Regular updates on uptake to be provided.</p>	HW/DT
	<p>There has been a significant increase in the number of 16-17 year olds coming forward for the Covid vaccine, up 16% from last week.</p>	
	<p>Assistance has been requested from the Military Aid Civilian Authority to provide support at vaccination clinics.</p>	
9	HEALTH & WELLBEING	
	Attendance Information	
	<p>NHS Attendance information had been shared prior to the meeting. Susan Young went through the document highlighting an average absence of 6.14% in July 2021 and 6.16% in August 2021. The average figure for NHS Fife was 6.03% for the month of July 2021 and 5.95% for the month of August 2021. This rate was highest in Community Care Services at 7.41%. There has been a reduction in short term absence and an increase in long term absence.</p>	
	<p>Elaine Jordan advised that managers can get some information on absence from Outlook, but the H&SC structure on the system is not accurate at present. Work is ongoing to update the structure to ensure manager receive accurate information for their own areas.</p>	

NO	HEADING	ACTION
9	HEALTH & WELLBEING (CONT)	
	Staff Health & Wellbeing	
	<p>Elizabeth Crighton, who joined the partnership in July 2021, has been working with managers and supervisors on improving wellbeing and attendance, looking at the types of absence and the impact these have on service delivery / other staff and the employee assistance programme (Counselling, Physiotherapy, Occupational Health). Referrals to these services are relatively low and Elizabeth is working with PAM, who provide this service to the Council, to increase referrals.</p> <p>Information sessions have been held for managers which were well attended and allowed for discussions on wellbeing and absence.</p> <p>Fife Council teams are now able to use an HSE tool to assist with stress prevention.</p>	
	GP Availability / Appointments	
	No update provided on this.	
10	iMATTER – SURVEY UPDATE	
	<p>The Survey closed on Monday 2021 with a mix of responses via e-mail, SMS and on paper which will take time to collate to get the final report.</p> <p>As at Friday 17 September 2021 the partnership had at 59% response rate, with a final push by senior staff to increase this number before the closing date. Nicky Connor expressed her thanks to everyone who championed the survey and ensured the higher response rate.</p> <p>The final report will be available towards the end of October 2021. Simon Fevre asked that comms be continued to update staff on the completion rate and timescales for publication of the final report.</p>	
11	ITEMS FOR BRIEFING STAFF	
	Via Directors Brief / Staff Meetings	
	<p>The main issues to be raised are:-</p> <ul style="list-style-type: none"> • Current workforce pressures • iMatter Survey – timescales for report, etc • Communications on the Bite Size lunchtime meetings which have been arranged for staff. Nicky Connor and Simon Fevre will also discuss further. 	
12	AOCB	
	Nothing was raised.	
13	DATE OF NEXT MEETING	
	Wednesday 3 November 2021 at 9.00 am	