



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
 FRIDAY 29 SEPTEMBER 2023 AT 10.00 AM
 THIS WILL BE A VIRTUAL MEETING AND JOINING
 INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
 Participants Are Asked to Join Ten Minutes
 Ahead of the Scheduled Start Time

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	Arlene Wood	-
2	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
3	MINUTES & ACTION NOTE FROM MEETING HELD ON 28 JULY 2023	Arlene Wood	3-12
4	CHIEF OFFICER UPDATE	Nicky Connor	-
5	STRATEGIC PLANNING & DELIVERY		
	5.1 Fife Health and Social Care Partnership (FHSCP) - Winter Planning 2023/24	Lynne Garvey	13-29
	5.2 Refreshed Performance Framework	Fiona McKay	30-77
	5.3 IJB/HSCP Resilience Assurance and Framework	Lynne Garvey	78-162
6	LIVED EXPERIENCE & WELLBEING		
	6.1 My Rehabilitation Journey	Lynn Barker / Lynne Garvey	-
7	INTEGRATED PERFORMANCE & QUALITY		
	7.1 Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2023	Audrey Valente	163-273
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	7.3 Reimagining Third Sector Commissioning Update	Fiona McKay	288-332

8	GOVERNANCE & OUTCOMES 8.1 Membership of Integration Joint Board 8.2 Records Management Annual Report 2023	Vanessa Salmond Audrey Valente	333-336 337-363
9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 9.1 Local Partnership Forum Annual Report 2022-2023	Simon Fevre / Eleanor Haggett / Nicky Connor	364-398
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Audit & Assurance Committee Confirmed Minute from 28 June 2023 Verbal Update from 13 September 2023 Finance, Performance & Scrutiny Committee Confirmed Minute from 6 July 2023 Verbal Update from 15 September 2023 Quality & Communities Committee Confirmed Minute from 30 June 2023 Verbal Update from 7 September 2023 Local Partnership Forum Unconfirmed Minute from 26 July 2023 Verbal Update from 27 September 2023 Strategic Planning Group Confirmed Minute from 17 May 2023 Verbal Update from 5 September 2023	Dave Dempsey Alistair Grant Sinead Braiden Simon Fevre / Nicky Connor Fiona McKay	399-437
11	AOCB	All	-
12	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – 27 OCTOBER 2023 INTEGRATION JOINT BOARD – 24 NOVEMBER 2023	All	-

Nicky Connor
 Director of Health & Social Care
 Fife House
 Glenrothes
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Copies of papers are available in alternative formats on request from Vanessa Salmond, Chief Finance Officer, 6th Floor, Fife House – e:mail Vanessa.Salmond@fife.gov.uk



UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 28 JULY 2023 AT 10.00 AM

- Present**
 - Arlene Wood (AW) (Chair)
 - David Graham (DG) (Vice-Chair)
 - Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS)
 - NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), Sinead Braiden (SB)
 - Chris McKenna (CM), Medical Director, NHS Fife
 - Janette Keenan (JK), Director of Nursing, NHS Fife
 - Wilma Brown (WB), Employee Director, NHS Fife
 - Amanda Wong (AW), Associate Director, AHP's, NHS Fife
 - Debbie Fyfe (DF), Joint TU Secretary, Fife Council
 - Kenny Murphy (KM), Third Sector Representative
 - Morna Fleming (MF), Carer Representative
 - Paul Dundas (PD), Independent Sector Representative
- Professional Advisers**
 - Audrey Valente (AV), Chief Finance Officer
 - Helen Hellewell (HH), Deputy Medical Director
 - Lynn Barker (LB), Director of Nursing
- Attending**
 - Lisa Cooper (LC), Head of Primary & Preventative Care
 - Lynne Garvey (LG), Head of Community Care Services
 - Rona Laskowski (RLas), Head of Complex & Critical Care Services
 - Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
 - Elizabeth Butters, Alcohol & Drug Partnership
 - Vanessa Salmond (VS), Head of Corporate Services
 - Hazel Williamson (HW), Communications Adviser
 - Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
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1 CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES

Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board and advised that this was a blended meeting with some members joining via Teams and others physically in Fife House.

Arlene Wood then went on to congratulate the following:-

Vicki Bennett who won The British Dietetic Association "Mary Turner" Award for Trade Union Representative of the Year 2023 in recognition of her Trade Union work across Fife

Simon Fevre who was recognised with a Fellowship, the British Diabetic Association's highest honour which was given in recognition of committed and inspirational service to the BDA and dietetic profession.

Claire Nisbet a Mental Health Officer Student who has passed her Mental Health Officer Award with Distinction at the University of Edinburgh

NO	TITLE	ACTION
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Apologies had been received from John Kemp, Simon Fevre, Eleanor Haggett, Ian Dall, Nicky Connor, Joy Tomlinson, Chris Moir and Jennifer Rezendes.

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

Members were advised that a recording pen was in use at the meeting to assist with Minute taking and that there was media attendance listening to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 26 MAY 2023

The Minute and Action Note were both approved as accurate records.

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Fiona McKay who provided an update whilst Nicky Connor takes a well-earned break. A Sway document had been circulated to IJB members the day before the Board meeting and included information on the NHS 75th birthday celebrations on 5 July 2023 at Queen Margaret Hospital (QMH) Dunfermline. Several members of the IJB were present at these celebrations.

As part of the 75th celebrations Lynn Barker and colleagues attended a parliamentary reception in Edinburgh where guests included a former nurse from Fife who was working in the children's ward in 1948.

The Sway also contained pictures from the Haven Garden at QMH which was previously only available to Palliative Care but is now open to all patients and visitors at QMH. Fiona also advised that Methilhaven Home residents moved into the new care home on 20 July. The move went well with residents and families impressed by their new home.

5 STRATEGIC PLANNING & DELIVERY

Prior to discussion of these items Arlene Wood advised that at the drop-in session for IJB members on Wednesday 26 July 2023 questions had been raised around Directions relating to Strategies. Audrey Valente and Vanessa Salmond have agreed to look at this in more detail and feedback to IJB members on the overall need and use of Directions.

5.1 Home First Strategy

This report had been discussed at the Quality & Communities Committee (Q&C) on 30 June 2023, the Finance, Performance & Scrutiny Committee (FP&S) on 6 July 2023 and the Strategic Planning Group (SPG) on 11 July 2023. Arlene Wood introduced Lynne Garvey who outlined the development of the strategy, which covers all adults over 18, into the final version presented today. The Delivery Plan outlines the actions identified by the sub-groups and the key objective is to set up single points of access to allow for triage and care co-ordination. Seven Locality Action Plans are being developed, each based on the particular needs of their locality to ensure there is no disadvantage or discrimination and services are flexible enough to cope with the changing demographic in Fife.

NO	TITLE	ACTION
5	STRATEGIC PLANNING & DELIVERY (CONT)	
	<p>Sinead Braiden, Chair of Q&C and Alastair Grant, Chair of FP&S were then asked to comment on discussions at their meeting before questions from Board members.</p>	
	<p>Sinead Braiden advised that Q&C members had questions around integrated IT, key performance indicators (KPI's) and the risk register, which they had received feedback on and they were content to remit the strategy to the IJB for approval.</p>	
	<p>Alastair Grant advised that FP&S members felt the report was exemplary, the KPI's had smart objectives and supported the strategy being approved by the IJB.</p>	
	<p>David Graham advised that the report was well received at the SPG meeting and they supported approval by the IJB.</p>	
	<p>Graeme Downie had raised questions in the recent drop-in session around technology and digital inclusion. Lynne Garvey agreed to pick these up with appropriate officers and feedback to IJB members.</p>	
	<p>The Board discussed and agreed the Home First Strategy and took assurance from the Home First Delivery Plan (Appendix 4) and Key Performance Indicators (Appendix 5) as the delivery arm of Home First which will form the basis for future reports to give updates on the delivery of the work. Members were also assured that the strategy has been reviewed from a performance and financial perspective through the Finance, Performance and Scrutiny Committee and that it has also been reviewed from a Quality and Communities perspective through the lens of delivering a quality service to the people of Fife.</p>	LG
	<p>The Chair advised the Directions policy is currently under review. At conclusion, members will be notified if a Direction is to be issued.</p>	VS
	5.2 Carers Strategy	
	<p>This report had been discussed at the Q&C Committee on 30 June, FP&S on 6 July and SPG on 11 July 2023. Arlene Wood introduced Fiona McKay who advised that a range of partners, including the Carers Strategy Group, have been actively involved in bringing this strategy together.</p>	
	<p>The updated strategy combines the previous youth and adult strategies which will assist when young carers transition to adult carers. The Community Chest Fund for Fife Carers is now open and a group has been set up to consider funding bids.</p>	
	<p>David Graham, Chair of SPG advised there was a good discussion of the report at the meeting and they were supportive of the strategy being approved by the IJB. Sinead Braiden, Chair of Q&C welcomed the priority work ongoing via The Well and participation and engagement to identify unpaid carers in Fife. The committee were supportive of the strategy.</p>	
	<p>Alastair Grant, Chair of FP&S advised they approved the level of risk in the strategy and were content to remit to the IJB for approval.</p>	
	<p>Discussion took place around the equalities assessment (EQIA) undertaken and the inequalities this highlighted. Fiona McKay advised that staff are working closely with appropriate organisations to address these.</p>	

NO	TITLE	ACTION
5	STRATEGIC PLANNING & DELIVERY (CONT)	
	5.2 Carers Strategy (Cont)	
	<p>The Chair advised the Directions policy is currently under review. At conclusion, members will be notified if a Direction is to be issued.</p> <p>The Board noted and approved the Carers Strategy 2023 to 2026.</p>	VS
	5.3 Primary Care Strategy	
	<p>This report had been discussed at Q&C Committee on 30 June 2023, FP&S on 6 July 2023 and SPG on 11 July 2023. Arlene Wood introduced Lisa Cooper who advised this is an ambitious report which is the first to be completed in Scotland. The strategy has been through the governance committees who have been supportive. Lisa Cooper outlined the strategy, which will support primary care services going forward, it is aligned to the Strategic Plan and Workforce Strategy, and will assist in the recovery of primary care services and reduce inequalities in Fife.</p>	
	<p>There is an overarching Delivery Plan which has a strategic focus. A performance and assurance framework is being developed which will contain both qualitative and quantitative measures.</p>	
	<p>Sinead Braiden, Chair of Q&C, Alastair Grant, Chair of FP&S and David Graham, Chair of SPG advised the report had been discussed in detail at their meetings and fully supported remitting the Strategy to the IJB for approval.</p>	
	<p>Discussion took place around ambitions to retain staff within Primary Care, the forms of consultation which had taken place to influence the final Strategy and issues around property and capital spend, which are both the remit of the NHS not the partnership.</p>	
	<p>Following discussion, the Board approved the Draft Primary Care Strategy, agreeing it will support delivery of the partnership's Strategic Plan 2023-26 and the ambition for the <i>people of Fife to live independent and healthier lives</i> as well as supporting the focus of the strategy on the recovery, quality and sustainability of primary care services to ensure a resilient and thriving primary care is at the heart of our integrated health and social care system.</p>	
	<p>The Chair advised the Directions policy is currently under review. At conclusion, members will be notified if a Direction is to be issued.</p>	VS
	<p>The Board noted that a performance and assurance framework is being developed to monitor implementation and will form the basis of future reports for assurance and decision making.</p>	
6	LIVED EXPERIENCE & WELLBEING	
	6.1 Lived Experience	
	<p>Arlene Wood handed over to Lynn Barker who introduced a video entitled My Home from Home along with Lynne Garvey and Paul Dundas.</p>	
	<p>Lynn Barker thanked everyone involved in the making of the video which gave a flavour of the superb care provided in Fife's Care Homes. The video is being used by staff in the partnership to help patients and their</p>	

NO	TITLE	ACTION
6	LIVED EXPERIENCE & WELLBEING (CONT)	
	6.1 Lived Experience (Cont)	
	<p>families overcome reservations about moves into a care home and also assist them in making the appropriate choices at a difficult time.</p> <p>Arlene Wood thanked Lynn Barker, Lynne Garvey, Paul Dundas and all of those involved in the video. The Board acknowledged and appreciated the work undertaken by all Teams in the provision of Care Home services.</p>	
7	INTEGRATED PERFORMANCE	
	7.1 Finance Update	
	<p>This report had been discussed at the FP&S Committee on 6 July 2023. Arlene Wood introduced Audrey Valente who advised that the financial position (provisional outturn) as at 31 May 2023 is currently a deficit of £4.751m. Key areas of overspend include Hospital & Long-Term Care, GP Prescribing, Family Health Services, Adult Placements and Homecare. These overspends are offset by the underspends in Community Services, Older People Nursing & Residential and Adults Supported Living. The variation in GP Prescribing is a result of a significant increase in the cost per item which has risen from £10.05 to £10.76. 67% of previously agreed savings are on track to be delivered on time, the remainder may require up to £7m to be utilised from reserves going forward. A Recovery Plan paper will be brought to the September IJB meeting.</p>	AV
	<p>Alastair Grant, Chair of FP&S advised his committee discussed the report in detail and were content for it to be remitted to the IJB for approval.</p>	
	<p>Discussion took place around prescribing costs, the Recovery Plan and possible variances in budgets.</p>	
	<p>The Board were assured that there is robust financial monitoring in place, approved the financial monitoring position as at May 2023 and the use of the reserves as at May 2023.</p>	
	7.2 Medium Term Financial Strategy – Progress Update	
	<p>This report had been discussed at the FP&S Committee on 6 July 2023. Arlene Wood introduced Audrey Valente who advised that the Senior Leadership Team (SLT) are meeting regularly to ensure a shared vision and leadership for this process. Business Cases will be brought to the November 2023 IJB meeting.</p>	AV
	<p>Alastair Grant, Chair of FP&S Committee advised the committee had seen an earlier iteration of this report and welcomed the final version which was being presented.</p>	
	<p>Audrey Valente advised that a new approach was being trialled, following an audit approach, on varying degrees of assurance being given in reports to committees and the Board.</p>	
	<p>Discussion took place around the timing of Business Cases, the level of confidence and capacity to progress savings and the need to invest to allow transformation to continue at pace.</p>	

7 INTEGRATED PERFORMANCE (CONT)

7.2 Medium Term Financial Strategy – Progress Update (Cont)

The Board were content that assurance is provided on the work to support transformation, change and efficiency is being proactively progressed and the projected savings (utilising approved earmarked reserves) is within the parameters approved at the Integration Joint Board in March 2023. The Board were also assured that there is clarity on the opportunities which are being led operationally by the Director with oversight and assurance being given to the IJB through financial updates and that those that are strategic transformational change programmes which will be presented to the Integration Board as business cases for approval and direction in November 2023 as defined in this report.

All opportunities will have key stakeholder engagement to support whole system working and fulfil clinical and care, financial and staff governance requirements.

8 GOVERNANCE & OUTCOMES

8.1 IJB – Risk Appetite Statement

This report had been discussed at the Audit & Assurance Committee (A&A) on 28 June 2023, Q&C Committee on 30 June 2023 and FP&S Committee on 6 July 2023 as well as being part of the IJB Development Session in February 2023. Arlene Wood introduced Audrey Valente who explained that risk had been classified as per the agreed appetite and tolerances applied to create this statement. High risks have been further broken down.

Dave Dempsey, Chair of A&A and Sinead Braiden, Chair of Q&C both advised that their committee was happy for this to be approved by the IJB. Alastair Grant, Chair of FP&S advised his meeting had raised some queries where were responded to.

The Board approved the IJB Risk Appetite Statement.

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

9.1 Annual Performance Report 2022 to 2023

This report had been discussed at the Q&C Committee on 30 June 2023, FP&S Committee on 6 July 2023, the SPG on 11 July 2023 and the LPF on 26 July 2023. Arlene Wood introduced Fiona McKay who advised that this report must be submitted to Scottish Government by 31 July 2023. There has been a relatively quick turnaround for this report as the 2021-2022 report was submitted in November 2022 (deadline moved due to covid). Detailed discussion has taken place at SLT meetings to shape this report. Committee feedback has resulted in abbreviations and acronyms being reduced and the Board were advised that an Easy Read version will be produced in the near future.

Sinead Braiden, Chair of Q&C Committee, Alastair Grant, Chair of FP&S Committee and David Graham, Chair of SPG confirmed that the feedback from their meetings had been taken onboard in the final report and all three

NO	TITLE	ACTION
9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)	
	9.1 Annual Performance Report 2022 to 2023 (Cont)	
	<p>groups were content to remit the report to the IJB for approval. Fiona McKay confirmed the LPF were happy to remit the report to the IJB.</p>	FM
	<p>The Board welcomed the report which was well presented and easy to follow. Discussion took place around progress with MSG Indicators. Fiona McKay advised that the Performance Framework would be brought to the IJB Development Session in August 2023.</p>	
	<p>The Board approved the Annual Performance Report 2022 to 2023 with no further suggested changes.</p>	
	9.2 Fife HSCP Whistleblowing Standards	
	<p>This report had been discussed at the Audit & Assurance Committee on 28 June 2023 and the LPF on 26 July 2023. Arlene Wood introduced Roy Lawrence who advised that corporate partners had been part of the working group which collated this report. Fife Council and NHS Fife both have their own whistleblowing standards in place although the Council are currently working on a new policy. Once this has been agreed, the working group will look again at this. Regular reports will be brought to SLT, A&A, LPF and the IJB in the future.</p>	
	<p>Dave Dempsey, Chair of A&A Committee confirmed they welcomed the approach being taken.</p>	
	<p>The Board noted the requirements of Part 8 of the whistleblowing standards and the expectations this places on IJBs, took assurance that following assessment of the current approaches by Fife Council and NHS Fife, where possible, there is alignment of approaches between the two employers that meet the requirements of Part 8 of the Whistleblowing Standards and that there are actions outlined within the assessment section of this report that will further strengthen delivery of Part 8 of the standards. The Board also welcomed proposed enhanced reporting through IJB governance with quarterly reports on whistleblowing activity and progress of the working group actions to the Local Partnership Forum (with minutes reporting to the IJB) and Annual Reports to the Integration Joint Board and took assurance that the steps outlined address the requirement of the Internal Audit report.</p>	
	9.3 Alcohol & Drug Partnership (ADP) Annual Report	
	<p>This report had been discussed at the FP&S Committee on 6 July 2023. Arlene Wood introduced Fiona McKay who advised this report was in two parts, the Annual Report for the ADP and the Scottish Government annual survey. The Annual Report updated on work undertaken in 2022-2023 where significant investment has been made in residential rehabilitation working with Fife Council and the 3rd Sector. Statistics on Drug Deaths will be produced in August 2023.</p>	
	<p>Alastair Grant, Chair of FP&S Committee updated on feedback from members of that committee, which included questions around the alcohol death information (from 2020), possible relaxation of the 1971 Drugs Act</p>	

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)

and drug death figures in Fife compared to other areas. Elizabeth Butters advised that alcohol deaths are reported on a 3-year rolling average, but this was not done for 2021. Scottish Government are discussing levels of decriminalisation in an effort to reduce drug deaths.

Sinead Braiden raised the question of this report being brought to the Q&C Committee in future. Fiona McKay will clarify this.

Discussion took place around the information in the report and how this compared to the Scottish average for areas such as drug and alcohol related hospital admissions. Elizabeth Butters updated on work being undertaken on hospital liaison involving Addiction Services, Pharmacy and the 3rd Sector as an outreach approach. This is encouraging engagement with these services and will be rolled out to other areas in the future.

Alastair Grant asked about the non-provision of a residential rehab centre in Fife and Fiona McKay updated on the current provision which is supported by a 3rd Sector organisation.

Arlene Wood thanked Fiona McKay and Elizabeth Butters for this report and the Board approved the Fife ADP Annual Report 2022-2023.

10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED

Audit & Assurance Committee

Dave Dempsey had nothing to escalate to the Board. Dave advised that Tony Gaskin, Internal Auditor at NHS Fife has retired and he wished to acknowledge Tony's contribution to the Board over previous years.

Finance, Performance & Scrutiny Committee

Alastair Grant had nothing to escalate to the Board.

Quality & Communities Committee

Sinead Braiden wished to escalate a presentation which had been made to the Q&C Committee on the work undertaken on the new Care Home in Methil. This presentation was shared with the IJB. Fiona McKay advised the Nursery on site has been open for a period of time and care home residents moved in on 20 July 2023, which went well. There will be an official opening in September 2023 and details would be shared with Board members in due course.

Local Partnership Forum (LPF)

Fiona McKay advised that there was nothing to escalate but the meeting earlier this week had a full agenda with good discussion on all items.

Strategic Planning Group

David Graham had nothing to escalate to the Board.

11 AOCB

The meeting was closed by the Chair confirming dates of the next meetings.

12 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 25 AUGUST 2023

INTEGRATION JOINT BOARD – FRIDAY 29 SEPTEMBER 2023

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 28 JULY 2023

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Home 1st Strategy - Graeme Downie had raised questions in the recent drop-in session around technology and digit inclusion. Lynne Garvey will pick these up with the appropriate officers and feed back to IJB members.	Lynne Garvey	29 September 2023	Work is progressing in relation to the Digital Strategy for the H&SC. A priority within that Strategy will be to address digital inclusion. The first draft of this Strategy will be available late November/ Early December - Complete
2	Home 1st Strategy / Carers Strategy / Primary Care Strategy - The Chair advised the Directions policy is currently under review. At conclusion, members will be notified if a Direction is to be issued.	Vanessa Salmond	December 2023	Review is currently ongoing
3	Finance Update – a Recovery Plan paper is to be brought to the September IJB meeting.	Audrey Valente	29 September 2023	Included in Finance Update - Complete
4	Medium Term Financial Strategy – Progress Update - Business Cases to be brought to the November 2023 IJB meeting.	Audrey Valente	24 November 2023	In workplan for November IJB Meeting – Complete
5	Annual Performance Report 2022 to 2023 – Performance Framework to be brought to IJB Development Session in August	Fiona McKay	25 August 2023	Was on IJB Dev Session Agenda for 25/08/23 - Complete

COMPLETED ACTIONS

<p>Budget 2023-2024 And Medium-Term Financial Strategy – a report to be brought to July IJB on the ongoing engagement and partnership working for our areas of transformation with the aim of supporting high-quality, person-centred care</p>	<p>Nicky Connor / Audrey Valente</p>	<p>28 July 2023</p>	<p>On agenda Completed</p>
<p>Palliative Care Transformation – Direction to be issued to NHS Fife</p>	<p>Vanessa Salmond</p>	<p>ASAP</p>	<p>Direction issued and has been presented to NHS Fife Board Completed</p>
<p>Performance Report - Executive Summary – to be discussed at a future IJB Development Session</p>	<p>Vanessa Salmond</p>	<p>TBC</p>	<p>Been added to workplan. Completed</p>
<p>AOCB - Dave Dempsey highlighted recent negative publicity about services at QMH. Nicky Connor undertook to work with the NHS Communications team to promote QMH and the services it provides.</p>	<p>Nicky Connor</p>	<p>28 July 2023</p>	<p>Nicky has met with the NHS CEO and Ass Dir of Comms. Press releases about QMH and the 75th Celebration was hosted there with local elected members invited. Completed</p>



Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2023
Agenda Item No:	5.1
Report Title:	Fife Health and Social Care Partnership (FHSCP) - Winter Planning 2023/24
Responsible Officer:	Nicky Connor, Director, HSCP
Report Author:	Lynne Garvey, Head of Community Care Services

1 Purpose

This Report is presented to the Committee for:

- Discussion and Assurance

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

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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:

- The key alignment is Wellbeing, however this paper describes actions that are attributable to Local, Sustainable, Outcomes and integration.

2 Route to the Meeting

- SLT Assurance - Monday 4th September 2023
- Quality & Communities - Thursday 7th September 2023
- Finance, Performance & Scrutiny - Friday 15th September 2023
- Local Partnership Forum – 27th September 2023

3 Report Summary

3.1 Situation

Winter planning, continuing to be agile and flex, and learning from work that has had positive impacts is fundamental to ensure our readiness and preparedness for the coming winter months.

This report will:

- Update on the actions that were agreed last winter and the associated performance.
- Describe further work that is being undertaken in Fife HSCP to prepare for winter 2023/24.

3.2 Background

Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of people are met in a timely and effective way across the winter months. Although demand for care can happen at any time of the year, in winter activity rises. There is increased risk of infection (Norovirus in particular), the weather conditions can be adverse, and influenza is more likely than at other times of the year and planning comes with additional challenges relating to Covid-19.

In Fife the HSCP along with key partners; NHS Fife and Fife Council have a shared responsibility to undertake effective planning to manage the impact of the winter demand and pressures across all health and social care.

The relationships and joint working with third sector, independent sector and Scottish Ambulance Service (SAS) are crucial to the success of planning for winter.

3.3 Assessment

Last winter and associated performance

Systems Pressures

The pressure on the health and care system intensified over the winter period and has not subsided in terms of capacity and flow since 2020.

The year 2022/2023 was one of the most highly pressured ever experienced across health and social care. To this end, the demand on our services was significant. There was an unprecedented rise in referrals to the Discharge Hub over the past 3 years with a referral increase from a pre covid average of 56 per week (winter 2019/2020) to the current average of 70 per week. This increase in activity is further evidenced by the fact that on 3 separate weekly occasions this year over 85 referrals have been received by the discharge hub, which is the highest number ever recorded from available data.

Despite the significant increase in demand for health and social care our team's performance has exceeded any other year. The next section of the report will focus on actions that were taken to respond to and manage the increasing demands.

Actions Taken

Discharge without Delay - use of Predicted Day of Discharge (PDD)

Planning for discharge by setting a Predicted Day of Discharge (PDD) as a united extended Multi-disciplinary team (MDT) ensures community teams are ready and able to support the transition of patients from hospital to home without delay. Adopting 'home first' as an ethos ensures patients stay in hospital is only as long as is clinically and functionally necessary.

Key elements of the approach in Fife are to prioritise early, whole-system planning, create tomorrow's capacity today and to discharge to assess as default. Key components of this approach are to:

- Ensure 'enhanced work-up' occurs at front door to ensure early identification of those who could be turned around quickly.
- A "home first" approach has been adopted, asking "why not home, why not now" at every point of a patient's journey through the development of clear communication.

Front Door Team

Previously, the approach to discharge involved the assessment of a patient from a clinician's perspective after medical treatment and plan on a discharge pathway based upon a person being clinically fit. Through the identification of a patient discharge pathway closer to the time of admission than being medically fit, the front door model has resulted in reduced length of stay in hospital and instances of delayed discharge through earlier assessment, ensuring patients meet their PDD.

Discharge to Assess

The Care at Home Service has based Assessment Practitioners directly into Fife hospitals. The Specialised Assessors ensure accurate reflection of someone's critical care needs for home without the requirement for multiple assessors entering hospital settings daily. The aim is to assess for care packages long before the discharge date, secure a package of care, and the patients can leave the hospital on the day they become medically fit.

Streamline processes for patients on the Adults with Incapacity (AWI) / Guardianship Pathway

Timelines for the various stages of pathways have been truncated to reduce/remove unwarranted delay where the HSCP is the responsible party.

Additional capacity has also been put in place to provide administration to progress actions with, for example, the Legal Aid Board to ensure information is as "live" as possible, and the system has robust oversight of real time situation.

Additional support for Care Homes to assess and admit timely

Bed flow coordinators within the private sector and in-house support timely discharges. The functions of the coordinators are to assess, co-ordinate and facilitate placements across designated Fife Care Homes to ensure that safe, effective and timely discharges and admissions are supported.

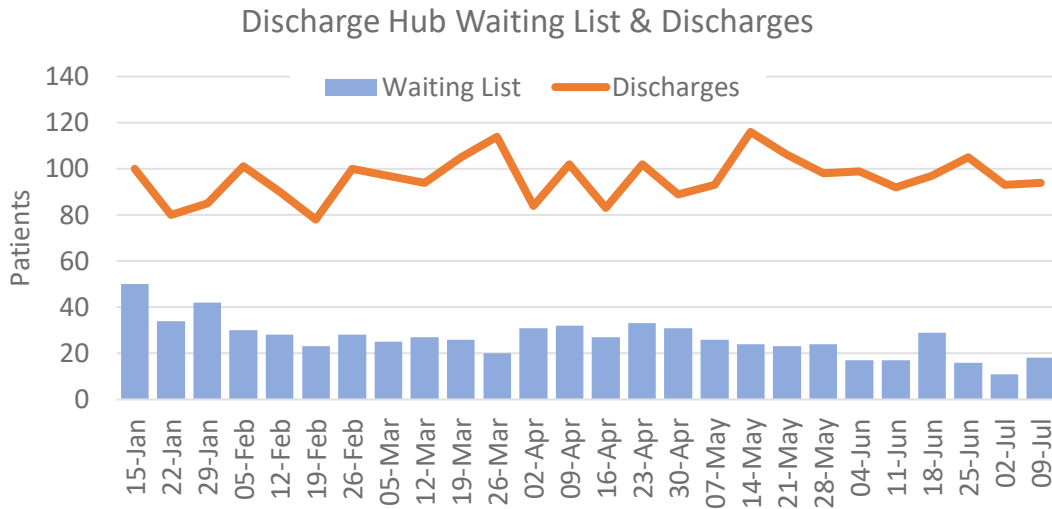
Performance

Local

Encouragingly, Fife HSCP services have flexed to ensure that discharges out of the acute setting have risen to meet the increased demand. A robust verification process continues to be in place to effectively manage timely discharges, with the highest number of weekly discharges in 5 years from the Acute hospital (117) occurring in March 2023. Graph 1 highlights that despite winter challenges, we have seen an improvement with Hub discharges being greater than referrals, essentially reducing the Victoria Hospital, Kirkcaldy waiting list. The average amount of discharges from the acute setting since January 2023 is 96 compared to an average 55 per week pre pandemic.

The % of bed days lost to 'standard' delays achieved target for the third month in a row in May recording an all-time low of 4.4%.

Graph 1

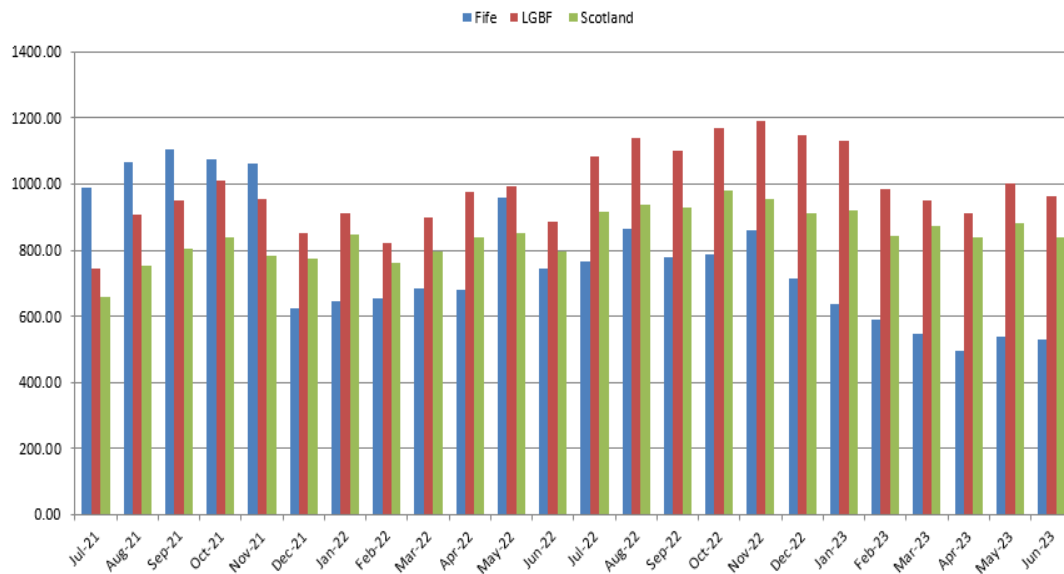


National Comparison

- In terms of standard delays Fife tracks well below the Scottish average and has sustained improvement since January 2021. Graph 2 shows that there has been a 33% improvement over this period and 55% improvement since peak. Fife’s HSCP is now performing better than national average and the LGBF comparator group - 41% below Scottish average and 46% below comparator group.

Graph 2

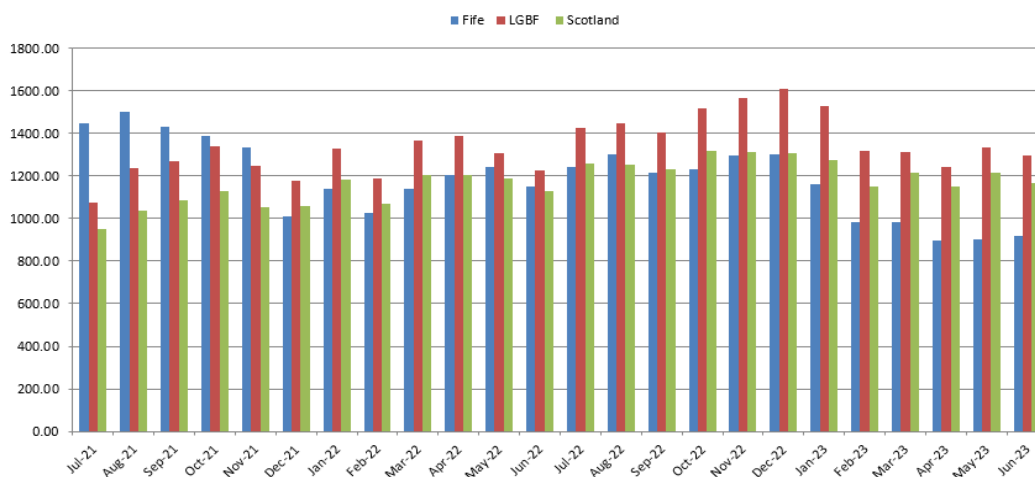
Delayed Discharge (Excluding Code 9) Occupied Bed Day Rate per 100,000 Population (18+): Fife Benchmarked with LGBF and Scotland
(Source Delayed Discharge Census & NRS Population Estimates 2021)



There has also been a sustainable improvement for all delays. Graph 3 shows sustained improvement since 2021 with a 24% improvement over period and 40% improvement since peak. Fife's HSCP is now performing better than national average and LGBF comparator group at 22% below Scottish average and 28% below comparator LGBF group.

Graph 3

Delayed Discharge All Delay Reasons Occupied Bed Day Rate per 100,000 Population (18+): Fife Benchmarked with LGBF and Scotland
(Source Delayed Discharge Census & NRS Population Estimates 2021)



Additional actions in preparation for Winter 2023/24

The Scottish Government has developed 10 recovery drivers which have been incorporated into Fife Annual Deliver Plan for 2023/24. Two of the drivers will be covered in this winter report;

1. Improved access to Primary and Community Care to enable earlier intervention and more care to be delivered in the community.
2. Access to Urgent and Unscheduled Care, including scaling of integrated frailty services to reduce admissions to hospital.

The next section of the report will focus on additional actions being undertaken in preparation for winter 2023/2024 including actions taken to respond to the 2 recovery drivers relevant to winter (Appendix 1).

Hospital at Home (HAH)

Commencing Hospital at Home assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community.

This will result in increased capacity and resilience across Hospital at Home and the wider system by:

- Identifying appropriate referrals for step-down for Hospital at Home.
- Increase capacity and caseloads as a result of more streamlined and efficient triage and assessment process, specific to Hospital at Home.
- Aim to offer 7-day a week in reach.
- Accepting later step-down admissions i.e., move from a 5 pm cut off to an 8 pm cut off as assessment and documentation will already have been completed. If no treatment is required admission can be at any time with

review the following day.

- Improving patient experience.
- Supporting the Front Door model.

The HAH service will also increase the capacity for IV antibiotics to be delivered in the community at a patient's home by diversifying the clinical services that can support the existing Hospital at Home service. This will ensure that we are able to stratify complexity appropriately amongst other services, e.g., community nursing, and increase the available options for people requiring this approach at home.

Telecare Service Redesign for Social Care

Fife HSCP currently provides an online option for people in Fife to complete a Self-Assessment using Smart Life in Fife. It is a simple online system that guides people through an easy step by step process to identify what solutions might be best for the person. It gives advice on exercise and aging well, links to local amenities and national assistive providers. It also has links to Fife Equipment Loan Store. People can use it themselves or a family member or carer can help them.

Fife HSCP plan to increase the scope of this online service by having an additional tool – the Life Curve. This would give people and practitioners the ability to see where people are on the Life Curve and what actions they can take to make choices and take control of their health and mobility at an earlier stage.

Focus on Reducing Admissions Due to Long Term Conditions

Further work to reduced unscheduled admissions remains a crucial part of winter planning and long-term condition teams are continually reviewing their model of care to meet the needs of people in Fife. Work is underway to enhance pathways between acute cardiac services and the community heart failure team, and new pathways are being considered and devised to utilise the expertise of this service with the wider community nursing team, with a view to preventing unnecessary admissions and promoting earlier, safe discharge.

The respiratory services are also focusing on making improvements in preparation for winter 23/24

- Increase of existing Community Respiratory staffing to include additional Specialist Nursing and Respiratory Physiotherapy to meet anticipate increase in demand by 20%.
- Development of joint working models with Acute and Community Respiratory Team with MDT case conferences to improve the pathway of care for patients and drive forward earlier discharge.
- Further training of Community Specialist Respiratory training to increase non-medical prescribing capacity to ensure acute respiratory exacerbations can be managed at home to prevent unnecessary admissions.
- Development of a direct referral pathway from the SAS to the Community Respiratory Service to reduce unnecessary acute admissions after initial home assessment by ambulance staff.
- Review and redesign of Assessment and Rehabilitation Centre model to achieve better outcomes for people, early intervention, and prevention to

manage those at most risk of admissions, use resources more efficiently and effectively, increase capacity and provide a more flexible service.

- All Fife Care Homes residents will have an anticipatory care plan (ACP) in place. The ACP will be shared with MDT including GPs to anticipate any decompensation in long term condition and pro-actively manage symptoms and offer support to avoid admission to hospital. Advanced Nurse Practitioners (ANP) are in the process of being recruited and be aligned to locality care homes to facilitate a first point of contact for care home staff to redirect and offer support to avoid admission.

Flow and Navigation Centre (FNC)

Access will be continually improved through the ongoing development and optimisation of pathways, scheduling and virtual capacity to deliver care closer to home and provide the right care in the right place.

A key success factor is the creation and implementation of an FNC model which includes access to a Medical Senior Clinical Decision Maker support and is in line with NHS Fife's financial plan. We will also continue our progression to further develop our virtual triage (RTU) and scheduling to Minor Injury Units (MIU) including paediatrics, with a review of resource and capacity across the three sites, in addition to testing a scheduling model to our Rapid Triage Unit (RTU).

Many pathways are established to support care navigation to the right place including ambulatory care, general practice and community pharmacy and FNC is accessible to a wide range of professionals and disciplines including Scottish Ambulance Service, Primary Care Medical Services and Social Services.

To reduce unscheduled admissions and keep care closer to home, work is also underway to review and develop further pathways in social care, respiratory, heart failure and mental health and increase scheduling processes and models of delivery to enhance access to support care in the right place and reduce risk of admission.

Reducing Delayed Discharges

Although significant work has been undertaken in the HSCP to reduce delayed discharges additional operational actions described below should strengthen the work further.

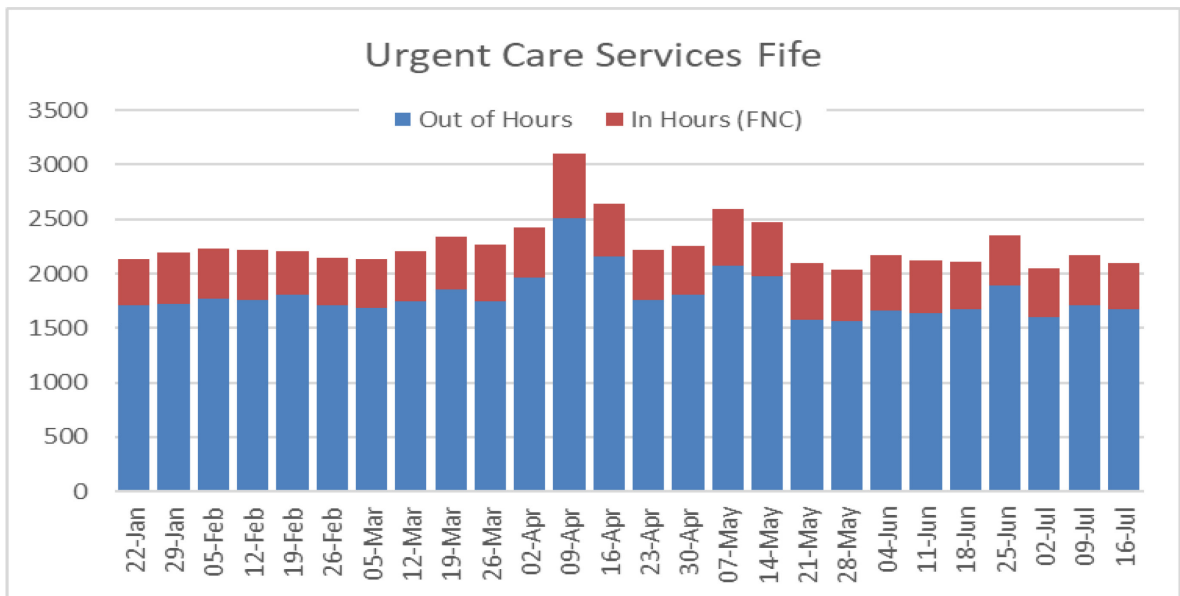
- Reduce the need for double up packages of care whilst utilising a variety of techniques and equipment to achieve better outcomes for people, to use resources more efficiently and effectively, reduce delays, release capacity, and improve flow, provide a more flexible service.
- Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner.
- 7 Day Pharmacy Provision of clinical and supply services across hospital care settings.
- Support and embed a criteria led discharge model to reduce boarding and improve flow.
- Further embed the front door model, continuing to work over 7-days, to enable early intervention and assessment resulting in discharge planning commencing as soon as the individual presents to hospital.

Urgent Care Services Fife (USCF) (Primary Care Out of Hours)

A full MDT is established to support a sustainable and accessible service in the out of hours period to ensure a responsive and agile service. The service will continue to ensure access to telephone consultation, assessment using Near me, direct consultation across the 3 urgent care centres in Fife and home visits from the MDT when appropriate. Work will continue to build resource and capacity including the following:

- Direct access to UCSF for care homes ensuring prompt clinical triage to reduce or prevent admission and support care in the right place
- Professional to professional access for a wide range of disciplines across health and social care including SAS, Social work and social care, community pharmacy, Police Scotland
- Clinical redirection from acute front door with application of agreed clinical protocols
- Direct access for family and carers to the palliative care district nurse support line ensuring direct and responsive care for people who require care at the end of their life
- Ongoing expansion of the care closer to home, work further enabling ANPs within care homes in all localities across Fife supporting both reactive and proactive approaches to care impacting positively and reducing attendance and admission to acute hospital.

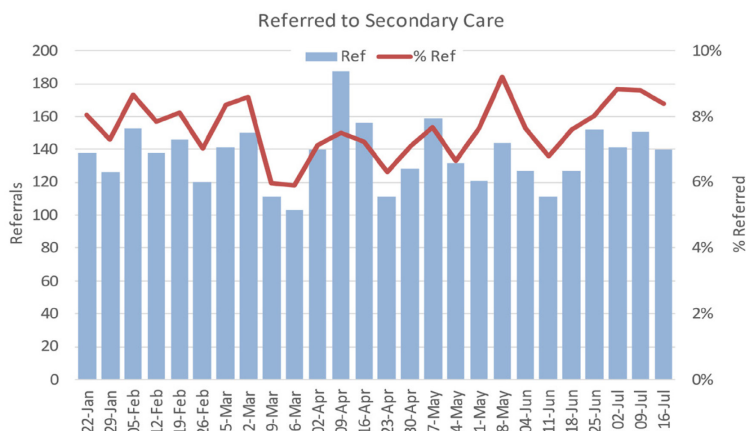
Graph 4



Graph 4 shows all activity managed by UCSF in the out of hours period.

Graph 5

Referred to Secondary Care



Graph 5 shows the percentage of all UCSF activity referred to secondary care from UCSF which demonstrates the volume of patient activity supported to remain at home or in a homely setting.

3.3.1 Quality / Customer Care

Quality of patient care and safety are at the heart of all of the HSCP actions that are being progressed. Increasing capacity within the workforce across a number of areas of service delivery and in particular within areas experience pressures will have a positive impact on the quality-of-service delivery and the experience of those in receipt of services.

Increased capacity will enable improvement in access to services as well as other waiting times and ensure that people are supported at the right time in the right place by the right intervention and also help to ensure that wherever possible this support is provided at home or closer to home within a homely setting.

Within this document the PDD is highlighted and agreed with the patient and their next of kin (NOK), along with 'what matters to them' during their admission. Further, potential barriers to discharge are identified at a much earlier stage in order to reduce their impact. Our focus is on the patients' needs and journey and not bed management, ensuring they have a clear understanding of the treatment, procedures and outcomes that are required to take place in the acute environment.

3.3.2 Workforce

In 2022, Fife HSCP published our Workforce Strategy & Plan 2022-25, which was designed to align with the National Workforce Strategy's five pillars of Plan, Attract, Employ, Train & Nurture. To set out our delivery ambitions for 2022-23 we created our Year 1 Workforce Action Plan, which described a range of SMART actions to ensure we are providing

a wide range of supports to our existing staff to support their learning and career development, wellbeing, and leadership.

We also have a focus on innovative ways to recruit new staff, induct them well and support them to stay with the Partnership.

This work has prepared a strong base from which to build our support for the workforce over the forthcoming winter period and we will continue to provide practical, pastoral and development support to our staff throughout.

We learned from the previous winter that support from Scottish Government to enable further support for wellbeing was very successful and would welcome a similar approach for winter 23/34. Our return to Scottish Government on the implementation of these funds demonstrated the wide range of supports put in place and the positive response to those. This work was co-designed across the whole system, with colleagues from Trade Unions & staff side, the Local Partnership Forum, professional bodies and practitioners to provide the right support in the right place for our workforce is crucial to our capacity to meet the challenges of winter and this approach continues to be a priority for Fife HSCP.

3.3.3 Financial

There has been significant investment by the Scottish Government in recent years ensuring both sustainability and growth in the market, and the ability to continually improve service delivery in advance of winter.

Some of this funding has been made available on a recurring basis and this has allowed the HSCP to sustainably respond to the current delay situation and plan effectively for the Winter but has also allowed us to move forward with our strategic objective of delivering care in a home or homely setting.

As part of developing the Medium-Term Financial Strategy the estimated costs associated with Winter Planning have been recognised and captured in arriving at a balanced budget position. There will be regular monitoring of the financial position throughout the financial year through the appropriate governance routes as well as robust scrutiny by SLT.

3.3.4 Risk / Legal / Management

Risk Assessment and mitigation against the risks are contained within the Integrated Joint Board (IJB) risk registers.

There are risks associated with recruiting an expanded workforce in the current climate. It will be important to coordinate recruitment campaigns in order to ensure that recruiting to one area of service delivery doesn't create pressures elsewhere in the system. There will therefore be close liaison with all service delivery areas across NHS Fife, Fife Council, Fife HSCP and the third and independent sectors in order to achieve synergies around recruitment and to optimise recruitment campaigns to achieve system wide benefit.

3.3.5 Equality and Diversity, including Health Inequalities

An equality and diversity impact assessment has been undertaken for the home first strategic programme and is available on request.

Engagement has taken place with the Fife Carers Centre, Independent Private Sector, 3rd Sector via Fife Voluntary Action, Fife Equalities Forum, Fife Centre for Equalities, ESOL Group and (People First) People with Learning Disabilities. Engagement will also be co-ordinated with appropriate community groups representing LGBT and BAME interests.

Involving key stakeholders will help to: Build public understanding of why this change has occurred and how care can be delivered differently.

The delivery of the actions proposed will ensure that all of Fife residents will have access to services no matter where they live. Locality Action Plans are currently being developed for each of the seven localities in Fife to ensure the equality of opportunity is achieved and the service redesign will reflect that specific locality's needs based on residents requirements.

The Home First approach will ensure that people of all ages are supported to make decisions and be involved in the planning and processes for discharge. Advocacy and access to legal support and advice will be provided to those individuals who require it.

Patients and their families will be supported to make informed decisions about the most appropriate discharge / homely setting, which will aid, support and promote recovery.

3.3.6 Environmental / Climate Change

By creating a centre of excellence for scheduling there will be opportunities to join up care more therefore reducing the need for multiple staff travelling to the same place. In effect, this will have impact on carbon footprint.

3.3.7 Other Impact.

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of winter planning. A robust consultation exercise was undertaken to develop the strategy of which all of the actions to address winter are included in the delivery plan.

4 Recommendation

- **Assurance:** The Integration Joint Board are invited to consider that assurance is provided that actions that are being taken to address the predicted forthcoming predicted winter pressures and note last winter's performance despite significant pressures.

- **Note:** that the paper has been approved from a Finance, Performance and Scrutiny Committee in terms of them being assured that the services can deliver improved performance and outcomes within the financial envelope supporting best practice.
- **Note:** that the actions proposed to address winter this year has been approved by the Quality and Communities Committee in terms of the committee agreed the actions supports quality clinical care whether in a hospital or homely setting and noted that a lot of the actions to address winter sit under the home first agenda which has been informed through engagement with staff, people and the wider public.

5 List of Appendices

Appendix 1: Annual Delivery Plan

6 Implications for Fife Council

N/A

7 Implications for NHS Fife

N/A

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

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

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

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Recovery Driver <i>Please select from the drop down list:</i>	Deliverable	Milestones	Outcome
1. Primary and Community Care	Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty	<p>Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics (Dec23)</p> <p>Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home. (Dec23)</p> <p>To build the capacity of the existing MCN service to include an MCN for Frailty (Dec23)</p> <p>To increase direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of chronic respiratory conditions to reduce unnecessary admissions to acute hospitals (Dec23)</p> <p>Review and redesign of Assessment and Rehabilitation Centre model. (Dec23)</p>	<p>Fewer patients will require hospital admission for IV antibiotics and those in hospital requiring IV Abx therapy can be discharged earlier and cared for at home by Community Nursing. Hospital @ Home will be able to increase their own capacity and ensure complex care can be delivered in a person's home.</p> <p>Increased Service capacity.</p> <p>Reduced requirement for multiple visits.</p> <p>Reduce Service closures.</p> <p>Increased staff resilience and job satisfaction.</p> <p>Ensure that people with frailty in the community can be cared for utilising recognised national approaches and placed into a local framework.</p>

<p>2. Urgent and Unscheduled Care</p>	<p>Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix</p>	<p>Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to identify and assess early those requiring support from Care at Home to return to their own home, ensuring PDD's are met (Oct23)</p> <p>Transformation of Community Nursing roles to meet the needs of the community: increase number of ANPs (role in identifying and treating frailty) and unregistered B4; fully utilising B2&3 and working closely with Care at Home to support where possible and reduce footfall (Dec23)</p> <p>Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner. This critical service will support timely hospital discharge and prevention of admission to hospital or long-term care whilst meeting the current demands (Nov23) move to DvD on first driver. (Nov 23)</p> <p>Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach (Dec23)</p>	<p>Ensure that the people who have had a hospital stay and require a care package to return home do so without unnecessary delays being built in and meet their PDD.</p> <p>Fewer patients delayed with discharge due to the lack of basic care packages.</p> <p>Fewer unnecessary admissions for frailty issues with ANP staff in Community Nursing identifying and caring for those at the highest risk of readmission.</p> <p>Increased capacity for registrants to provide more complex nursing care due to release of time offered by Band 4 recruitment.</p> <p>Increase capacity within FELS.</p> <p>Enhance the provision of equipment that's fitted by FELS.</p> <p>Reduce the number of hand-offs between services.</p> <p>Provide a more streamlined and timely service.</p>
<p>2. Urgent and Unscheduled Care</p>	<p>Digital / Scheduling: create a centre of excellence for scheduling across community services</p>	<p>Improve the efficiency of scheduling to reduce inefficient travel and time between visits, and maximise care of people in their home environment (Dec24)</p>	<p>Increased capacity through improved scheduling• Ensure service mobility maximised utilising digital scheduling to improve geographical cluster visiting.</p>

			Ensure a sustainable, flexible model that adapts to the changing need of the Fife population
2. Urgent and Unscheduled Care	Delivery of Care at Home /Commissioning: Maximise capacity and commission and deliver care at home to meet locality needs	<p>Reduce the needs for double up packages of care whilst utilising a variety of techniques and different equipment; ICASS collaboration ToC (Dec23)</p> <p>To reduce the unit cost of a Care at Home service: commissioning (Dec24)</p> <p>To maintain/reduce the unmet need within the community setting: care at home collaborative (Dec23)</p> <p>Undertake strategic needs assessment across all localities to understand what is required in terms of commissioning. (Mar 24)</p> <p>Further enhance care at home collaborative to join up internal/external provision therefore maximising capacity. (Mar 24)</p> <p>Develop a centre of excellence for scheduling to reduce footfall into people's houses and maximise resource across all care at home (Mar 24)</p>	<p>Achieve better outcomes for people.</p> <p>Resources will be used more efficiently and effectively.</p> <p>Reduce delays, release capacity and improve flow.</p> <p>Provide a more flexible service.</p> <p>Measured value of a unit cost reduces through 23/24. We will develop a fit for purpose, tailored operating model that best suits the service user who is at heart of everything we do.</p> <p>Number of people awaiting a package of support at home doesn't increase in volume.</p>
	Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting	Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife. (Dec24)	<ul style="list-style-type: none"> • Improves outcomes for people and is person centred. • Ensure we can respond to people's needs and respects their human rights. • Enable people to be supported and cared for at home or in a homely setting for as long as possible.

			<ul style="list-style-type: none"> Ensure a sustainable, flexible model that adapts to the changing need of the Fife population.
2. Urgent and Unscheduled Care	Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	<p>Life Curve App to be further developed and rolled out across Fife (Oct23)</p> <p>Utilise digital systems and applications to create a single point of access and build capacity in communities to embed a new model of care (Dec23)</p> <p>Utilise digital systems and applications to enable relevant multiagency access to a single Anticipatory Care Plan (Dec24)</p>	<p>All people who are at risk of admission to hospital will have an electronic ACP in place.</p> <p>A SPOA will be developed in community care services which will reduce footfall in people home ensuring that people are triaged via a SPOA to the right person on the right place.</p>
2. Urgent and Unscheduled Care	Home First: people of Fife will live long healthier lives at home or in a homely setting	<p>Continue to build the SPOA model within Specialist Palliative Care Services, working with the ambulance service to prevent unnecessary admission to hospital for end of life patients (Oct23)</p> <p>Enhance integration and collaboration with Hospital at Home and Acute Services to ensure early supported discharge of step down referrals are facilitated in a timely manner. (Dec23)</p> <p>Implement measurement and reporting tool for the successful implementation of the Home First vision (Dec-23)</p> <p>Look at frequent admission patients and explore reasons for failed admission to strengthen discharge planning (Dec-23)</p> <p>Enable Prevention and Early Intervention through creation of new pathways and single point of access to coordinate care in the community. (Dec24)</p>	<p>Fewer patients admitted to hospital at end of life resulting in acute bed day savings.</p> <p>The specialist service will continue to offer expert advice to over 150 new patients each month via SPOA with an individualised, joined up plan of care developed for every patient referred.</p> <p>Streamline virtual ward rounds.</p> <p>Enhance pathways and communication between Hospital at Home and Community Nursing.</p> <p>Improve Patient Outcome and satisfaction.</p> <p>Increase resilience across the teams.</p> <p>Increase job satisfaction and sustainability of nursing roles.</p>

			<p>Increase Hospital at Home capacity.</p> <p>There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.</p>
<p>2. Urgent and Unscheduled Care</p>	<p>Enhance integration and collaboration with Hospital at Home and Community Nursing Services</p>	<p>Review current pathways between services to identify 1) gaps in provision and 2) overlap in resource (Sept 23)</p> <p>Develop Multi-service 'Huddle' to encourage complex case discussion and resource allocation amongst H@H, Community Nursing and Specialist Services. (Sept 23)</p> <p>Develop referral pathways between services to ensure increase & decrease of input level dependent on need to prevent readmissions to acute services. (Oct 23)</p> <p>Enhance integration and collaboration with Hospital at Home and Community Nursing Services including District Nursing and Specialist Services to ensure Patients are seen by the right team at the right time within their home environment. (Dec23)</p>	<p>Streamline virtual ward rounds.</p> <p>Enhance pathways and communication between Hospital at Home and Community Nursing.</p> <p>Improve Patient Outcome and satisfaction.</p> <p>Increase resilience across the teams.</p> <p>Increase job satisfaction and sustainability of nursing roles.</p> <p>Increase Hospital at Home capacity.</p>



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2023
Agenda Item No:	5.2
Report Title:	Refreshed Performance Framework
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance and Commissioning
Report Author:	William Penrice, Service Manager (Performance Management & Quality Assurance)

1 Purpose

This Report is presented to the Committee for:

- Approval.

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

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

- Their key alignment is Sustainable, however the Framework also connects to Local, Outcomes, Wellbeing and Integrated.

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
- IJB – Development Session, August 2023
- Finance, Performance & Scrutiny Committee, 15th September 2023

3 Report Summary

3.1 Situation

There is a wider aspiration and a requirement (stemming from Inspection and audit) to make greater practical use of performance information based on the significant available data asset.

Some preliminary work has been undertaken to consider how best to refresh the Performance Framework with several intended changes –

- Focusing on and defining strategic outcomes.
- Developing Key Performance Indicators.
- Develop a balanced scorecard approach.
- Introducing self-assessment methodology for quality improvement.
- Establishing activity monitoring (e.g. delivery plans).
- Connecting performance metrics to activity.
- Integrating data used for performance across the Partnership.
- Using performance data alongside context information to develop greater practical insight for decision making.
- Improving the efficiency of performance reporting.
- Developing a 'performance culture'.

3.2 Background

The Joint Inspection of Adult Services (November 2022) Improvement Plan identified the need for a revised Performance Framework with robust outcome data to be in place by November 2023. The current Performance Framework, with some updating, has been in place for some years.

The Performance Framework provides a framework which encompasses or touches upon a wide range of ongoing work, including development of the Quality Matters Assurance Group (QMAG) which is the subject of a separate SBAR and performance elements of the Strategic Plan; the Delivery Plan; Clinical and Care Governance Framework; the Risk Management Policy and Strategy; and the Governance Manual. All of this governance is either in development or recently refreshed. The Performance Framework 'glues' much of this together into a coherent framework while defining the overarching performance system; identifying how to more efficiently use our data assets for management; and defining how to make better use of enhanced performance analysis to improve outcomes.

3.3 Assessment

The framework presented here (appendix 1) builds on the current performance framework to address the challenges of delivering the Strategic Plan (2023-26). Monitoring performance and the delivery of activity designed to improve performance is critical if the vision of the Strategic Plan is to be achieved.

This is a significant refresh of the previous framework, it reflects the need to efficiently and effectively drive service improvement, in particular –

- make best use of new technology and streamline reporting arrangements.
- provide deeper insight into our service delivery.
- underpin and drive service improvement.
- introduce quality management self-assessment tools.

Much greater detail of the benefits of the refreshed framework are presented in the Framework itself.

3.3.1 Quality / Customer Care

The Performance Framework provides the framework for understanding quality and the customer experience to develop insight for improvement.

3.3.2 Workforce

The framework will include workforce monitoring, both key workforce metrics and qualitative feedback. This is an important aspect of improving; looking after; and managing the workforce. Any impact on the Partnership's workforce will be managed through the Workforce Strategy.

3.3.3 Financial

There may be some financial implications for implementing the framework, notably the purchase of software licenses for data integration; automation; and deeper analytics. All financial activities will be managed in accordance with the Medium-Term Financial Strategy.

3.3.4 Risk / Legal / Management

The framework will help reduce risk as a whole

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed because the document is in development. It will directly seek to create greater understanding of equalities and diversity and how we might improve equality and seek to reduce health inequality

3.3.6 Environmental / Climate Change

The framework is likely to have a neutral impact in regard to environmental or climate change issues. Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

No communication or engagement has been undertaken, this will be considered when the framework is more developed. In particular there may be a need for briefing sessions or development workshops of some kind.

4 Recommendation

The Integration Joint Board are invited to approve the draft Performance Framework at detailed in full at Appendix 1.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Draft of Performance Framework, 2023

6 Implications for Fife Council

None.

7 Implications for NHS Fife

None.

8 Implications for Third Sector

There is likely to be enhanced monitoring of third sector activity on behalf of the HSCP.

9 Implications for Independent Sector

There is likely to be enhanced monitoring of independent sector activity on behalf of the HSCP.

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

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

Report Contact

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DRAFT

**Fife Health
& Social Care
Partnership**



Performance Framework

2023- 2025

1. Introduction

Fife Health and Social Care Partnership has the strategic vision to improve the health and wellbeing of the people of Fife. This is the purpose of integrating health and social care. Our refreshed Strategic Plan (2023-26) sets out the challenges, but also our ambition to stay focused on our priorities and to continue improving. Making sure we achieve this requires that we carefully monitor what we are doing and the impact it is having. That is the purpose of this performance framework. It means using our data and other information to create rich pictures and stories about what we do, how we do it and how it is experienced by the people who rely on health and social care services in Fife. This goes well beyond reporting and providing statistics, although this is important. We will develop reporting styles that help convey key information and insights, while developing the system to create this information more efficiently and effectively.

It is recognised that a great deal of technical language is used in discussing performance. We have attempted to minimise this in this document, acronyms are avoided (though provided in brackets or used to aid readability in the same paragraph) and a comprehensive glossary is appended. A summarised, 'easy read' version is also available containing the key messages.

This framework replaces the previous Performance Framework, albeit by building upon it. It is significantly different in that it sets out actions to improve how we manage performance. There is therefore an accompanying improvement plan. This includes developing an updated set of Key Performance Indicators we will use and testing how these work in practice. This will require significant development over time and involvement of stakeholders and we will continue to report on the current indicators until that work is completed.

The highest levels of performance are demonstrated through improvements in key measures of success and service user feedback. This is achieved through high quality management of service delivery. The framework therefore introduces a focus on how we manage our systems and processes through the use of self-assessment. Developing greater self awareness of how we design and deliver our services is key to ensuring the best quality of services possible and demonstrating commitment to continual improvement.

Our approach to managing, accessing, and delivering performance information needs to be flexible, accurate and efficient. Different parts of our organisation have different requirements for performance information and each may have different requirements at different times. This ranges from strategic insight based reporting via committees to the Integrated Joint Board (IJB); Senior Managers and others; to up to the minute reporting for operational management. There is also a duty to make information available to the general public, partner organisations and others. We also need to look at performance from different perspectives, such as by locality; by management portfolio; by sections of the community; by themes; etc. These requirements drive a need not only to be able to report performance statistics but also to analyse them in different ways. Combining our performance information with context data, such as demographics (population information), and information about peoples lived experience, helps build richer and more insightful pictures of what we are achieving and what needs to be done to improve. This richer performance landscape provides a basis to better understand services, those who use them, change that may be required and how we might improve our service delivery.

This is a significant refresh of the previous framework, it reflects the need to efficiently and effectively drive service improvement, in particular -

- make best use of new technology and streamline reporting arrangements
- provide deeper insight into our service delivery
- underpin and drive service improvement
- introduce quality management self-assessment tools

2. What does Performance Management Include?

Almost everything we do as an organisation will touch on performance management in some way. This is because every part of our organisation is about delivering quality services and improvements for our service users, and performance management is about demonstrating and evidencing that.

Generally, organisations use some form of indicator to measure the performance of something important. These are usually numeric (metrics), allowing change to be measured easily; for them to be compared; and for change over time to be visualised. These metrics are chosen to give the closest indication of what is happening in a service or function, but may only provide a part of the picture, i.e. an indication. A fuller picture is created by adding further metrics or other context such as information collected about peoples lived experience; wider population measures (demographics); and geographic information (where the function is delivered).

In an organisation as large as the Health and Social Care Partnership (HSCP), with over 500 teams delivering many hundreds of services, there is a potential for the number of indicators to exceed what can be reasonably managed. For this reason, almost all organisations identify those key performance indicators (KPIs) which are most important for them to monitor. Usually these relate to key strategic objectives, priorities and often indicators which are set nationally, some of these will have a legal basis or be directed nationally e.g. from Scottish Government. Priority is given to these key performance indicators, but there is still a requirement for teams to be able to look at more detailed performance information relating to them and their client group. This detailed information sometimes becomes important to 'drill down' into, when for instance exploring what is happening with a key performance indicator (KPI).

Collecting and understanding all of these indicators is a major challenge in managing and handling data. This can lead to a risk where the 'data' is the focus of the performance management rather than the impacts in communities and on service users. The Health and Social Care Partnership (HSCP) has the added complexity of requiring to obtain data from multiple systems across several partner organisations, usually these are systems managing sensitive client information. Safely bringing this information together in order to be used for performance, but also for providing data returns (e.g. to Scottish Government) is a key part of this refreshed framework. Good data management is a cornerstone of good performance management.

Identifying the full set of Key Performance Indicators we will need to manage services in Fife will be a key aspect of improving our performance approach. This performance framework sets out the broad requirements for these indicators, how we will use them and manage them, using a refreshed approach to data management and improvement. How we identify these indicators will be a key part of the improvement planning for taking this framework forward.

Once indicators are identified and data obtained, it is necessary to analyse what the information is telling us. Generally, indicators are viewed over time and changes looked for. Most indicators will show some sort of variation, this can be seasonal (such as the number of people who are recorded

as having a fall during the winter season or may seem completely random. It is important that these variations are not misinterpreted and to avoid this, some sort of method to allow for this variation should be built in. Comparison against targets for improvement or for minimum acceptable standards can also be used or benchmarking with other organisations. At operational level, anomalies in data are important for identifying quality issues for instance with individual cases. Sometimes sophisticated statistical analysis is used to understand what is happening with an indicator if needed.

An important aspect of analysing an indicator is determining if it can provide assurance that not only is the performance well managed, but that the indicator shows that the service level is above acceptable levels or improving as intended. Often, as is the case in this framework, a Red- Amber – Green (RAG) traffic light approach is taken. Further detail of criteria for these categorisations are provided in section 6.3.

- **green** meaning all is well and we could tell if it was not (i.e. performance data is available and can be compared to targets and trends identified), this is the evidence needed to provide assurance (i.e. certainty) that this indicator is well managed and performing as intended;
- **amber** means that some risk is apparent but managers can be reassured (based on trust, opinion or professional expertise) that this will be remedied; and
- **red** where there is an issue that needs to be remedied through some form of improvement action, this is usually referred to as escalation, as it will be escalated to a more senior group for consideration.

The final part of this performance picture is reporting. In some instance a simple report containing the KPIs is all that is required, at other times a well written report with case studies and context to set the indicators alongside is important.

3. Governance and Oversight

There is a significant body of important legal (statutory) and national and local governance at the heart of performance management. This provides assurance that the Partnership is managed well and that we are doing the right things in the right way. This assurance is given not only to decision makers within our own Partnership but also our external partners; national bodies; such as the Scottish Government; and regulators, such as the Care Inspectorate and others. The legal duty to deliver Best Value underpins this, requiring that we can clearly demonstrate we are delivering the right services which gives the best value for the public funds we use and that we are making a positive impact in improving the lives of vulnerable people in Fife.

The 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. This is set out in the HSCP Governance Manual of which this framework forms a part.

External scrutiny is provided by –

- The Care Inspectorate;
- The Health & Safety Executive (HSE) and;
- The Mental Welfare Commission who inspect and support improvement of adult social work and social care.

Our approach to improving the quality of the services we deliver goes well beyond the statutory minimum requirements. However, it is crucial that we fulfil our duty to provide such assurance and that we can do this efficiently.

In Fife the Integrated Joint Board is supported in carrying out its duties by three committees and the Strategic Planning Group. These committees will be provided with regular Performance reports as set out in section 6.2. The committees are:

- Audit & Assurance Committee
- Quality & Communities Committee
- Finance, Performance & Scrutiny Committee

4. Our Performance Principles

We will place 7 principles at the heart of our approach to performance.

1. We will manage our performance information to improve outcomes for those who rely on our services.
2. We will go beyond minimum statutory requirements (such as data returns) to ensure our performance system works for us, for instance the use of locality performance measures.
3. We will maintain a safe environment to raise performance issues.
4. Our performance process and our measures are transparent and we will share these publicly.
5. We use objective criteria to interpret our performance measures based on trends, benchmarks and targets.
6. Where performance is compromised, a timely improvement plan will be prepared.
7. We will seek to understand our performance in terms of our service users and the communities they live in to gain deeper insight.

5. The Performance Framework

As set out in the Integration Scheme for Fife, 'Local Operational Delivery Arrangements' the Integrated Joint Board is responsible for monitoring and reporting in relation to the delivery of the integrated services on behalf of NHS Fife and Fife Council. The framework (figure 1) is based on better integration of our data assets and builds on recent work improving information collection and management and the use of clinical and care governance quality assurance through the Quality Matters Assurance Groups (QMAG) which use similar indicators to the performance framework.

It is recognised that to create a high quality performance framework will require development of the measures we use and how we use them, in particular this will need wider involvement from a range of stakeholders to ensure we are capturing the right things. It would not be possible to put this in place immediately as it requires consideration and development. This is reflected in the sections below and in the accompanying Performance Framework Delivery Plan.

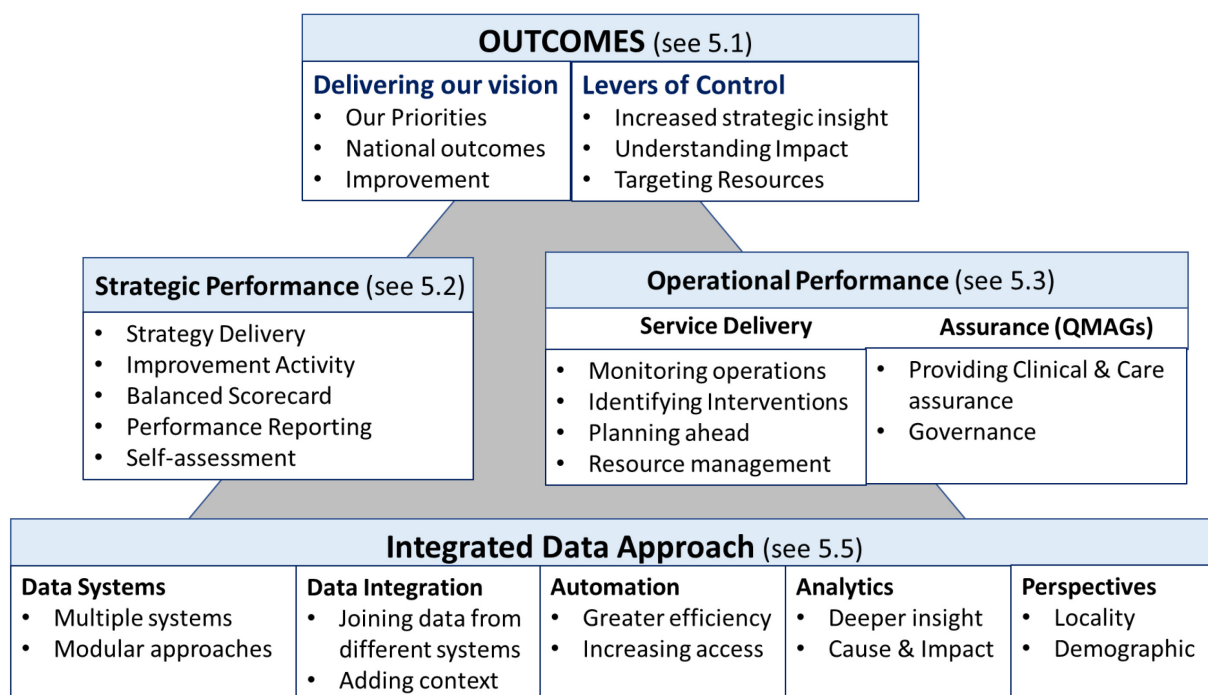


Figure 1. Outline of the Performance Framework

5.1 Outcomes

Outcome Measures relate to our vision “*To enable the people of Fife to live independent and healthier lives*”. These measures will gauge our progress in achieving this vision. This provides a check on whether our strategies are achieving the vision as intended.

These will be based initially on the National Health and Wellbeing Outcome Measures, which provide a framework for capturing the lived experience of people in receipt of care and support (appendix 1). To make best use of this approach, we will also **develop ways to collect information more often than is available nationally with the aim of providing measures annually for these outcomes**. The outcomes are shown in figure 2.

Not everything we do necessarily fits into our vision or the National Health and Wellbeing Outcome Measures, for instance important work under protective legislation. Therefore it will be important in developing our local outcome measures to ensure that critical service outcomes are included.

A key challenge in delivering these outcomes will be in reducing the need for services (prevention) or in reducing the duration of that need. Need is a combination of service delivered, those waiting for a service and unmet need (i.e. a requirement for a service which for whatever reason is not identified or requested). Simply measuring service activity levels will therefore not necessarily allow us to assure that we are achieving our objectives. **We will therefore, where possible, develop and add measures for assessing the total need, including unmet need, and our success in addressing it.**

We will look at the performance of the outcomes we seek alongside other strategic and operational performance information and in the context of demographics, place and other factors. This builds

insight into, for instance, where services are needed, drivers (causes) of the issues we see, what works in improving service delivery, where resources are focussed, etc. This gives key information on the levers of control at our disposal. Levers of control are things we can do to effect better outcomes. These levers can include better alignment of resources, targeting of specific groups of people with new or existing services, providing protection to those who need it, changes to existing service delivery, better knowledge of what works in practice and the ability to plan for future events.

National Health and Wellbeing Outcomes for Health and Social Care

NW01	People are able to look after and improve their own health and wellbeing and live in good health
NW02	People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
NW03	People who use health and social care services have positive experiences of those services, and have their dignity respected.
NW04	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
NW05	Health and social care services contribute to reducing health inequalities.
NW06	People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring roles on their own health and well-being.
NW07	People using health and social care services are safe from harm.
NW08	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
NW09	Resources are used effectively and efficiently in the provision of health and social care services.

Figure 2. National Health & Wellbeing Outcomes.

5.2 Strategic Performance

To achieve our vision we continue to update and develop a range of strategies and plans. These allow us to consider what is needed to achieve our vision, the activity required, the resources needed and how we will know if we are on track. Delivery of our vision is therefore dependent on our strategies being effective. Therefore a key aspect of the performance framework is to track delivery of these strategies. How well we deliver our strategies is our strategic performance.

Our Strategic Performance will be measured in an Annual Strategy Overview report through –

- The Strategic objectives under each of our 5 strategic priorities outlined in the Strategic Plan. These will be measured as Red-Amber-Green (RAG) status for each objective.
- Key Performance Measures collated from each of the Strategic Action Plans supporting our Strategies. These will map to our 5 strategic priorities (appendix 3).
- Progress against key activity required to deliver the strategies, maintained in an activity monitor and Red-Amber-Green (RAG) coded.

These performance measures will also be used as a basis for reviewing strategies when they are refreshed.

Tracking delivery of activity within strategies and plans is covered further in section 4.6

5.3 Operational Performance

We deliver a wide range of often complex services at often high volume to all parts of Fife including harder to reach rural locations. Performance monitoring is vital to ensure these services are as good as they can be and to ensure we are achieving our aspiration to continually improve. Operational performance will be measured through a set of key performance indicators which we will term “Delivery Indicators” in our balanced scorecard (section 6.1).

Operational Performance will be managed through -

Key Performance Indicators (KPI's)

Monitoring service delivery is undertaken through Key Performance Indicators (KPI's). Due to the range of services, there will be a considerable number of these, organised across sets of indicators based on portfolios, operational expedience and legislative functions. These Indicators will be maintained and updated as required and used below. Table 3 shows the main principles which will be used to understand performance against these indicators.

Generally, managing and reporting on these areas of performance will be the responsibility of services and teams, making use of self-service information. However, escalation of key areas where performance is lower will be part of this process (section 6.3).

Day to day management within teams and portfolios

This is strongly reliant on access to individual records and efficient access to current information on performance. We will develop a self-service approach to this, this will be improved through the integrated data approach described below. Information will be available through a range of data exploration dashboards (e.g. Microsoft Power BI, MicroStrategy etc) and automated reporting.

Clinical and Care Governance arrangements

Clinical and Care Governance is an important function closely allied to Performance, but is not covered in the current document other than to stress the close links between Clinical and Care Governance and Performance. There is a separate Framework – The Health and Social Care Partnership (HSCP) Clinical and Care Governance Framework, which defines approaches and reporting. Some of the improvements to data management proposed in the framework will assist in delivering that framework more efficiently also.

The Quality Matters Assurance Groups (QMAG), a key part of the Health and Social Care Partnership (HSCP) Clinical and Care Governance Framework, will be the vehicle for providing operational assurance and these are being rolled out across all operational settings. This approach includes close inspection of Key Performance

Indicators (KPIs) on a weekly basis, including current trends and outliers and improvement interventions are identified as required.

Quality Matters Assurance Groups (QMAGs) are focussed on giving assurance that clinical and care practices are effective. As part of this there is close regular examination of operational performance data, which is the reason these are a key part of the performance framework. There is an overarching QMAG supported by QMAGs in each portfolio.

Management of services we have commissioned

Commissioned services via the third and independent sectors is a significant and important part of our service delivery. Therefore it is important to have access to performance information about these services.

The Health and Social Care Partnership (HSCP) carries out quality assurance and contract monitoring of care services for adults and older people. Commissioned services via grant awarded funding to third sector providers are subject to monitoring in line with Fife Council's Monitoring and Evaluation Framework whilst our contracted providers are subject to contract monitoring via our contractual terms and conditions. Our contract monitoring ensures organisations have good governance and control systems, ensures that there is a mechanism in place to measure how well organisations are meeting their agreed objectives and provides the Partnership with a framework to demonstrate that public money is being spent efficiently and effectively.

A set of Key Performance Indicators will be developed to allow inclusion of this key delivery in our suite of performance monitoring.

Management Measures

Key performance information covering –

- Workforce capacity (vacancies, absence etc)
- Workforce Development (mandatory training)
- Financial (outturn, unit costs etc)

5.4 Stakeholders and Performance

A critical test of how we are performing is the experience of those we deliver services to and the views of key stakeholders and partners. The Partnership has invested in participation and engagement to facilitate conversations with these key groups. Ensuring we capture key information and build this into our performance arrangements as KPIs is an important aspect of this framework.

This approach to capturing stakeholder views will be developed to create a set of key perception indicators for use across the Health and Social Care Partnership (HSCP) services, in line with the National Health and Social Care Standards (appendix 1) . This is likely to involve the use of the Partnership Peoples Panel (a panel of those with experience of using our services) and other

approaches e.g. to cover protective work. The setting up of these engagement approaches are in the early stages and so this will be an improvement activity.

Information about protected characteristics (equalities) is a key measure of how well we are reaching people of all groups. KPIs relating to the experience of people with protected characteristics will be included in this set of indicators. This data will be subject to all proper data protection considerations.

5.5 Integrated Data Approach

The refresh of our Performance Framework is heavily reliant upon an integrated approach to managing, using and understanding our data. This is because driving performance is most efficiently achieved based on a sound understanding of the systems and processes involved. Analysing our data alongside listening to our service users and other stakeholders provides the best way to do that and provides advantage in planning change, deploying preventative approaches, evidencing our functions under legislation and driving process and cost efficiency.

Using our significant data assets more effectively allows us to –

- Develop self-service information for service delivery units and portfolios, allowing rapid access to records, descriptive data (such as plotting data on charts or tables) and a range of analysis.
- Develop automated reporting. This removes the manual aspects of pulling data together and producing reports in template form, this therefore reduces potential for error while making the process more efficient.
- Strategic Insights, where certain triggers can initiate intervention events; future trends can be predicted; services can be more efficiently targeted; data can be seen in context of other factors such as location or demographics; and simulations and models can be constructed to understand the effects of planned changes.
- Use the same data easily to look at information from different perspectives e.g. localities, demographic groups and services.

Due to the nature of the Partnership the data we require to report performance and analyse is held across systems in NHS Fife, Fife Council, National datasets and a collection of smaller datasets across a range of partners. Within single organisations this can also involve multiple systems. This leads to challenges in pulling information together and making the reporting processes as efficient as possible. Therefore **we will procure and develop a data integrating system**. This will give the ability to look at all of this information in a single place but leaving it in the systems it normally resides in. This will simplify automating appropriate reports and make it easier to create self-service dashboards using other tools (e.g. Microsoft BI or MicroStrategy). Critically it will also allow a much deeper level of analysis using standard tools, including geographic analysis.

As part of wider, mainly national, performance management we are required to provide a number of statutory performance data returns. It is intended through use of greater automation to improve the efficiency of this where we can. While these returns are important, with some exceptions they are not always a critical part of how we manage performance of our own services as such and are therefore a data provision function rather than performance management.

5.6 Monitoring Activity for Performance

Improvement requires that we undertake and monitor a range of activities. Increasingly this is required by the Scottish Government (e.g The Annual Delivery Plan). However, it is important intelligence to understand the roll out of activities relating to change which should in turn be reflected as improved performance.

- We have a range of activity monitors, including –
- Strategic Plan Delivery Plan
- Annual Delivery Plan
- Individual Strategy Delivery Plans
- Winter Programme
- Transformational Projects

We will set up an overarching Activity Monitor to supersede these separate approaches. The use of tags will allow the currently required activity monitors to be replicated, but also to be linked to specific improvement measures. This will create an overview of partnership delivery linked to performance.

Activities will be coded for current status and this will be used as the basis for higher level performance measures. These codings are explained in the section 'Performance in Practice' below.

5.7 Locality Performance

We are committed to delivering many of our services locally and there is variation across communities between localities and within them. We will seek wherever possible to break performance metrics down to localities to provide Locality Performance reporting and greater insight into the whole Fife picture. This allows us to understand performance as close to the locations of the people and communities we serve as possible. This enables more targeted approaches and increased intelligence led locality planning.

5.8 Self Assessment for Business Excellence

We require assurance that we are creating the right conditions to drive a high performing, improving environment. This goes beyond reporting on performance and implies a culture which is capable of proactively driving high performance. Quality management frameworks are a useful tool for organisations to reflect on how they create the right conditions to drive excellence; to provide assurance that they are on track to do this; and to identify gaps which require improvement. Usually, these tools are developed around the concept of self-awareness. The duty of Best Value is heavily reliant on quality management approaches and demonstrating self awareness.

The Scottish Improvement Service have adapted their Public Sector Improvement Framework (PSIF) for use to allow Integrated Joint Boards (IJBs) and Health and Social Care Partnerships (HSCPs) to assess their performance at partnership or service level against the expectations of the Public Bodies (Joint Working)(Scotland) Act (the legal instrument which created the integrated approach to Health and Social Care). These are externally facilitated giving additional assurance regarding the findings.

Use of the Public Sector Improvement Framework (PSIF) is helpful because -

- It allows the Integrated Joint Board (IJB) and Health and Social Care Partnership (HSCP) to assess their own performance against the expectations of the Public Bodies (Joint Working) (Scotland) Act
- It is mapped to frameworks used by Audit, Inspection and Regulatory Bodies
- It focusses on continuous improvement and performance
- It demonstrates organisational self awareness
- It can if required provide external recognition

We will therefore undertake to use the PSIF Health and Social Care Self-assessment as part of our performance improvement approach.

We will initially undertake assessment at Health and Social Care Partnership (HSCP) level and Integrated Joint Board (IJB) level (2 separate assessment products) with a view to moving towards portfolio assessments in time.

6. Performance in Practice

In putting our performance framework into practical use, there is a need to manage the detail of all of the different indicators, identify reporting arrangements and decide how we will identify areas of performance that require further attention or improvement.

6.1 Planning and Performance Board

A board comprising members of the Senior Leadership Team (SLT) and others as required will be set up to oversee all practical aspects of the delivery of Planning and Performance across the HSCP. This includes this framework. It will recognise the need for continual improvement with regard to the planning and performance system within HSCP. Terms of Reference will be developed for the group which will include all aspects of performance delivery in the HSCP; development of all strategic plans, service plans and similar; advising on systems to deliver performance information; and overseeing performance across the HSCP.

6.2 Balanced Scorecard

It is helpful when managing larger numbers of performance measures to arrange them into broad management themes. This helps to develop a higher level of all of the detail contained in the individual measures and is useful in creating themed conversations about broader areas of management.

A balanced scorecard is an established way to group performance measure to focus on an organisation as a system of interconnected parts. Such an approach reduces the risk that gaps in measures arise and helps focus performance discussions on wider management systems and approaches rather than solely on the detail of one particular indicator.

Our scorecard comprises 4 areas of interest, or sections, (table 1), each broken down in a series of important sub-sections for measurement. Individual metrics sit within these areas.

Table 1. Structure of the Balanced scorecard

Section	Sub-sections	Types of measure
Outcomes	National Outcomes	National Health and Wellbeing Outcome Indicators
	Local Outcomes	Local more frequent measures used as proxies for longer term national outcomes and legislative and policy drivers
Delivery	Strategy Measures	The indicators within the Health and Social Care Partnership (HSCP) Strategies
	Service Measures	Service Key Performance Indicators
	Activity Measures	Progress against key activities (Activity Monitor)
	Third and Independent sector measures	Measures of external provision
Management Indicators	Finance	Key financial indicators
	Workforce	Key workforce indicators
Stakeholders	Service User Feedback	Perceptions measures from service users
	Staff Feedback	Perception measures from workforce
	Society Perception	Perception measures for wider society

6.3 Performance Reporting

Performance reporting is the most visible part of an organisations performance arrangements. This is the mechanism by which we present performance information, explain context and submit performance information for scrutiny. This scrutiny includes internal management structures, our boards and committees, partner organisations, service users and the general public. We have well defined legal duties to provide performance reports for such scrutiny, particularly through the Annual Performance Reporting arrangements.

Table 2 shows the main reporting products and the cycles involved. This will involve discussion and development. The key pathways in the performance framework are shown in figure 3.

Table 2. Performance Management Reporting and cycles

WHEN	WHAT	HOW	Where
Two Yearly	Self Assessment Integrated Joint Board (IJB) and Health and Social Care Partnership (HSCP) (to be trialled)	Public Sector Improvement Framework Health and Social Care Partnership (HSCP) Self Assessment approach (delivered externally by Improvement Service)	Senior Leadership Team (SLT) / IJB
Annually	Annual Performance Report	Written report highlighting performance across the year, including achievements and feedback from clients	Public (statutory Duty) IJB/SLT/Committees Strategic Planning Group 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 Committees
	Annual Strategic Overview	Report on the balanced scorecard and key context information with assessment of whether the strategies will deliver and progress against the vision.	IJB/SLT/Committees
	Chief Social Work Officers Annual Report	Annual assurance report by the chief social work officer	IJB/SLT/Committees
	Quarterly Key Performance Report	Narrated report highlighting actions for monthly key performance measure exceptions	SLT/ IJB/Committees
Quarterly	Adult & Older Adult Social Work and Social Care Quality and Performance Report	Narrated report highlighting actions for monthly key performance measure exceptions	SLT/ IJB/Committees
	Clinical Quality Report Performance & Accountability Framework (included here for completeness)	Narrated report highlighting actions for monthly key performance measure exceptions	SLT/ IJB/Committees
	Strategy Flash Reports	Minimum reporting timeframe Written report on progress of Strategies. Includes RAG reporting under strategic performance above	IJB/SLT/Committees Strategic Planning Group
	Locality Reports	Narrated report for each locality highlighting actions for monthly key performance measure exceptions	SLT/ IJB/Committees Localities
	Monthly Key Performance Measures Report	Fully automated report without narrative, indicating exceptions etc	Senior Managers (SLT/Extended Leadership Team or ELT)
Monthly	Quality Assurance of key clinical and care operations	Self service via automated reports focussed on run charts and exceptions with manual data exploration	Quality Matters Assurance Groups (QMAG) and Huddles (QMASH)
Weekly	Operational reports and access to records	Self-service dashboard reporting and direct access to systems	Individual Managers & Teams

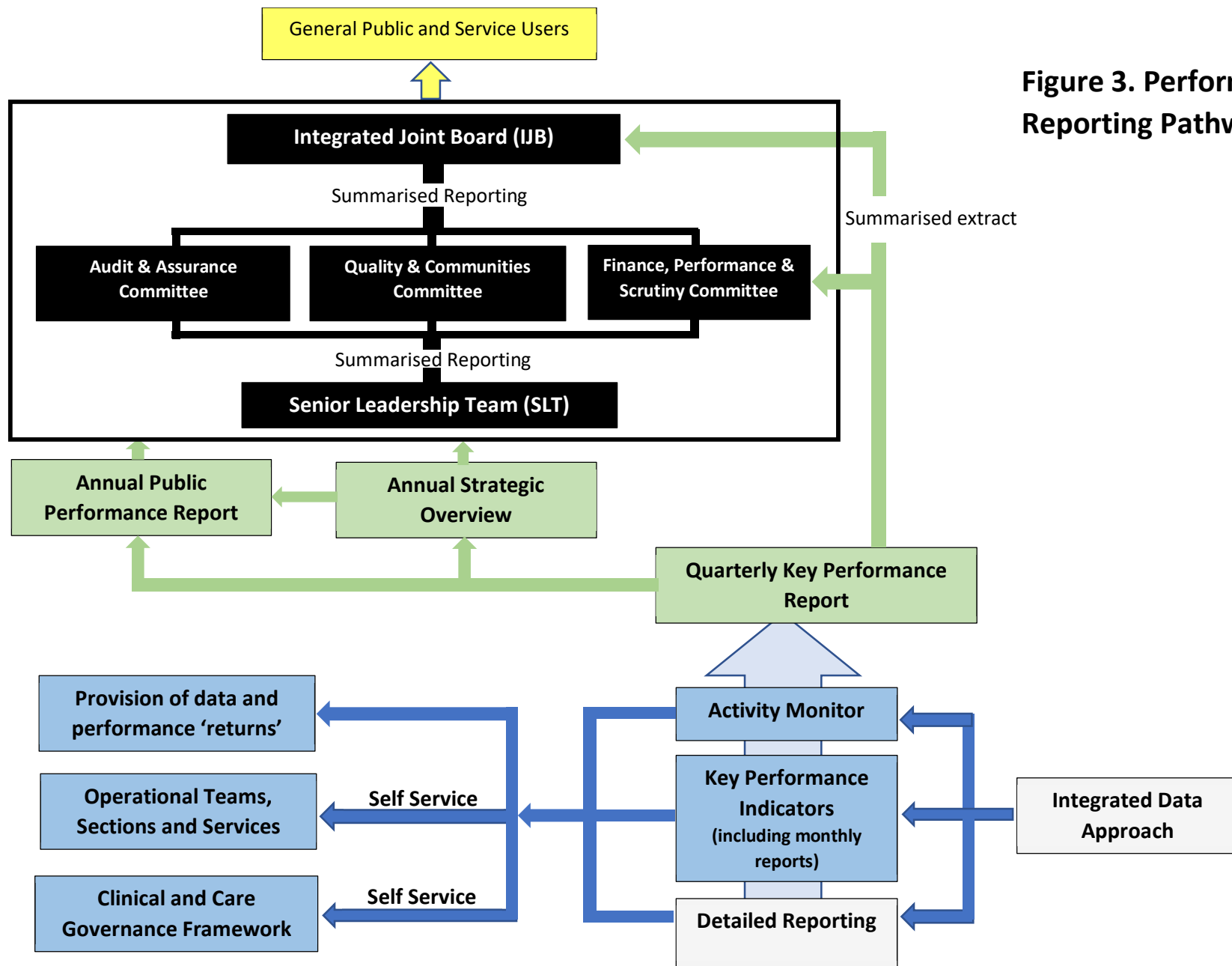


Figure 3. Performance Reporting Pathways

6.4 Interpreting Performance Indicators

Key to looking at performance measures is how these will be interpreted in a practical way. Normal random variation along with seasonal variation means that measures will go up and down on a monthly basis without cause for particular concern. While a lot of variation in a specific services may indicate a lack of process control, generally this type of change is best managed within operation teams. The QMAG groups are also well placed to explore short term variation and take corrective action if required, providing a rigorous approach to managing and assuring this type of change. However, even at a more strategic level, we must be sure that performance of indicators has been properly interpreted and that we are not simply reacting to short term variation or random variation.

Assurance will be required for indicators that they are showing progress as intended such as improving, being on target and properly performance managed to allow change to be detected and interpreted. These are presented in table 3 below.

Table 3 Criteria for assurance regarding specific indicators

	Criteria	Risks to performance
1	Performance is being managed	<ul style="list-style-type: none"> • Information is reported appropriate to indicator • Targets are in place • Appropriate granularity is available, notably – <ul style="list-style-type: none"> ○ Split by locality ○ Split by key demographics ○ Split by protected characteristic's such as ethnicity and others
2	Improvement is occurring	<ul style="list-style-type: none"> • Long term (1 year plus) improvement trend is seen and/or • Improvement trend indicating an indicator will be back on target by a specified date
3	Nothing unexpected is happening with the indicator	<ul style="list-style-type: none"> • Any short term changes (up to 3 months) are within expected variation for this indicator, including normal variation, seasonal variation or there are no unusual events anticipated • The cause of changes can be identified including improvement activity we have undertaken, changes in policies or other changes in society

We will use a simple Red – Amber – Green (RAG) status to summarise how performance indicators are being managed. These categories are defined in table 4

Table 4. RAG Status definition for Performance Indicators

	RAG	Definition	Action
	Green	No obvious risks to performance management are evident based on criteria in table 3	None
	Amber	Risks to performance management are evident but appropriately mitigated. This may include Red status indicators where appropriate mitigation has been put in place (it does not return to green until it has been shown to improve at least short term performance)	Performance Improvement Plan followed by continued vigilance
	Red	Risks to performance management are present and not mitigated sufficiently to give assurance that the issues will be resolved	Immediate new Performance Improvement Plan or amend an existing one

The method of mitigating a risk for performance measures will be through a Performance Improvement Plan (table 5) which will be triggered on an indicator turning amber or red. A plan will therefore be in place for any indicator with a RAG status anything but Green. These plans will be regularly reviewed and particularly where improvement does not occur as intended. Only once all risks to performance are removed can an indicator return to green status. E.g. for an indicator requiring to improve performance, there will need to be evidence of the performance beginning to improve, which will mean the short term trend improving, this could naturally take several months. This means simply having a Performance Improvement Plan is not enough to return to Green status, although it can reduce risks from Red to Amber status.

Table 5. Content of Performance Improvement Plan

	CONTENTS
1	Details of the indicator
2	Reason the indicator is flagged as amber or red
3	Is this a new risk for this indicator? If not, explain
4	What is proposed to mitigate risks?
5	Who will be responsible for risk mitigation?
6	When will the risk be removed and the indicator return to green status?
7	When the Improvement Plan will be reviewed.

APPENDIX 1. 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.

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 –

- Percentage of carers who agree that their services and support had an impact in improving or maintaining their quality of life.
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 - Percentage of carers who agree that they are treated well by services and their needs as a carer are recognised.
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 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.

Ministerial Steering Group (MSG) Indicators

Six national indicators have been identified as priority by Scottish Government Ministers:

6. Balance of care: Percentage of population in community or institutional settings
 - 1a. Number of Emergency Admissions
 - 2a. Number of unscheduled hospital bed days
 - 3a. A & E Attendances
4. Delayed Discharge Bed Days
- 5a. Percentage of last six months of life by setting

APPENDIX 3. Local Strategic Priorities

The Fife IJB Local Strategic Priorities are set out in the Strategic Plan 2023-26, these are –

Local – A Fife where we will enable people and communities to thrive

Sustainable – A Fife where we will ensure services are inclusive and viable

Wellbeing – A Fife where we will support early intervention and prevention

Outcomes – A Fife where we will promote dignity, equality and independence

Integration – A Fife where we will strengthen collaboration and encourage continuous improvement



GLOSSARY

Activity Monitor	In the current context, a dataset of all important activities across our Strategies and Programmes
Annual Delivery Plan	A data return for the Scottish Government containing information on activity to be carried out across the coming year.
Annual Public Performance Report	A report outlining performance for the previous year, this is a statutory report and guidance exists regarding how it is composed.
Assurance	Where good quality evidence is used to provide a degree of certainty that what is being reported to be the case, is in fact the case.
Automated Reporting	Where a digital system creates reports with no or limited input from people.
Balanced Scorecard	A well established way to track and manage performance across a range of important management areas of an organisation. It effectively produces a set of performance measures from the organisations strategy including the outcomes it seeks, the views of stakeholders and resource considerations such as workforce and finance.
Benchmarking	Comparing performance indicators to other similarly collected indicators, for instance comparing Fife to other regions of Scotland.
Best Value	A legal obligation on public bodies that they can demonstrate the best performance possible for the money they spend. In practice this often involves a trade off between the funding available and the performance and range of services available.
Business Excellence	A term mostly associated with Quality Management Frameworks such as the European Foundation for Quality Management (EFQM) which is the basis of or similar to many quality based frameworks in the public sector. The goal being to demonstrate excellence in delivering the business of the organisation.
Clinical & Care Assurance	The use of evidence, often including patient or client records, to provide a level of certainty that standards of practice are adequate and usually better.
Commissioned Service	A service obtained from an external organisation or service.
cross-sector	Work which spans the boundaries of quite different activities, examples of sectors include the public sector more generally but also health, education etc.
Culture	All of the behaviours, attitudes and views of the people in an organisation.
Dashboard	A way of displaying a range of performance information in one place. Usually now this means a digital system and allows the information to be explored further through a user interface.
Data	A broad range of information gathered into one place. This can include patient records; official statistics; financial information or text written by people making comments.
Data Assets	All of the available information, data, records, data systems, data and statistical tools, reports or similar.

Data Returns	All of the data and other information which we are required to provide to external bodies such as the Scottish Government, much of this has a statutory basis.
Demographics	Information about populations of people, the groups within the population and where they are located.
Drivers (causes)	The causes of what is being seen in performance data. Often the drivers are causes which might not be immediately obvious.
Escalation	A process where a risk or poor performance can be taken to a more senior group or body in order for decisions to be made and actions planned to remedy the situation.
Extended Leadership Team	A senior management team including the Senior Leadership Team and all Service Managers
Fife Health and Social Care Partnership	One of 31 Health and Social Care Partnerships in Scotland, designed to improve care and support for service users and their families by managing a range of care services previously managed by NHS Boards and Local Councils.
Flash Report	See Strategy Flash Report
Geographic Information	Any information which can be attached to a location, such as addresses, postcodes, localities, regions etc
Governance	The way in which organisations ensure things are done according to their policies and frameworks. This can include written procedures about how things should be done and rules about who can make decisions and how.
Granularity	The information which goes to make up a result reported as a performance indicator. In effect it means the ability to breakdown a result into component parts such as location, demographic, time of day/year etc
Impact	The measured change achieved as a result of doing something.
Improvement Plan	Any plan where the intention is to improve something requiring improvement. These are not restricted to where performance is poor and relate equally to efforts to achieve service excellence.
Indicator	A measure of some kind which can give a good overview of how a function is performing. It does not necessarily cover everything within that function and may not be perfect but is as close as possible to something that allows the performance to be measured over time and compared.
Insight	Anything which leads to better understanding of a situation. Often this involves bringing several strands of information together and putting these into context.
Integrated Data	Where different data is joined together to make it more useful. In practice this is a trade off between benefits of integrating data and consideration of the complexity of systems and data protection issues such as personal privacy.
Integrated Services	Where service functions link together in such a way to seem as if part of the same service or system. This can often bring greater efficiency and be easier for service users to navigate.
Interventions	In performance management this is where actions are planned to change a performance level, usually to bring it back on target or plan against a risk that has emerged.
Key Activity	An activity which has some priority for monitoring.

Key measures	An metric used to measure how a function is performing, key measures are those deemed to have some level of importance and may be used as Key Performance Indicators or similar.
Key Performance Indicator	One of a set of indicators considered to be the highest priority for monitoring an organisation, part of it or a function.
KPI	See Key Performance Indicator
Levers of Control	These are things which managers can do which will effect change. These may be different things at different times. It comes from the idea that a lever is pulled and something happens.
Lived experience	Information captured from people with direct first hand experience of something, for instance hearing directly from a service user.
Locality	One of seven defined areas of Fife, allowing more localised services to be provided.
Locality Performance	The performance arrangements to allow us to monitor performance in each of our 7 Localities, to be set up as part of this framework
Measures	Any numeric measurement of a function, such as waiting times, numbers of users or anything measurable. While these include Key Performance Measures, they may also be measures not used for performance purposes normally, but which might be looked at in order to understand what is happening to another key measure or they may be an input to a calculation for another measure.
Modular approaches	Breaking large systems or functions down into manageable portions or modules.
National Health and Wellbeing Outcome	A set of Scottish Government performance indicators used to monitor health and social care
Outcome	In performance this is the impact resulting from the work being done in an organisation or part of one. Outcomes do not necessarily directly match the work done. For instance an outcome may be a population with is healthier in some way, but this may be achieved though focus on something non-health sector related (such as quality of housing).
Perception Indicators	Indicators which measure how people feel about things or their experiences. For instance this can include customer views of the service received.
Performance	How well a function is being delivered. Usually measured in some way over time and analysed in a variety of ways including against targets and other organisations delivering similar functions.
Portfolio	One of the highest level organisational structures in Health and Social Care, these are managed by a Head of Service and spans a number of high level services and functions.
Priorities	The things that an organisation identifies it must accomplish even if at the expense of delivering other lower priority activity
Process Control	The ability to manage a process or function to ensure that consistent, high quality results are produced in an efficient, cost effective way.
Processes	A set of actions which are carried out to achieve something. These actions can be carried out one after the other or more normally, various decisions within the process will change the required actions e.g. when assessing someone for care or treatment , the actions taken next will depend on the assessment.
PSIF	See Public Sector Improvement Framework

Public Sector Improvement Framework	A Quality Management Framework managed by the Scottish Improvement Service which has versions relevant to the HSCP (abbreviated to PSIF).
QMAG	See Quality Matters Assurance Group
QMASH	See Quality Matters Assurance Huddle
Quality	Used to define the standard a function is required to operate at or to evidence how the function is doing in relation to these standards.
Quality Management	The way in which everything in an organisation or parts of it are managed to ensure that objectives are achieved efficiently and to a high level (often described as 'excellent'). There are many quality management frameworks which assist in this from whole organisation management to individual functions.
Quality Matters Assurance Group	The key governance group for Clinical and Care Assurance.
Quality Matters Assurance Huddle	Informal groups which look at Clinical and care data in detail and report findings to the Quality matters Assurance Groups (QMAG)
RAG	The res-amber-green traffic light colour coding system for indicators, with red suggesting some action is needed to improve it, amber that there is a risk arising and green is where no issues are apparent.
Run chart	Data displayed in chart form over time, allowing changes over time to be observed and analysed in various ways.
Seasonal Variation	A general term describing variation in results caused by the different seasons, most notably due to the impact of weather and its implications for health and travel, but also can include holiday periods. Weekday, weekend and time of day variations could be viewed as a shorter term version of this.
Self-assessment	A process where an organisation evaluates itself, usually using tools which aid in making sure the results are objective and not accidentally biased.
Self-awareness	The ability of an organisation and the people in it to look at what they do, how they do it and what they achieve in an informed, honest and unbiased way across everything the organisation does.
Senior Leadership Team	The top leadership team of the HSCP comprising Heads of Service and chaired by the Director of the HSCP.
Service User	Anyone using any of our services. Sometimes this will be expanded to include Service Users and their families where this is appropriate.
SLT	See Senior Leadership Team
Statistical Analysis	Using mathematical methods to explore and understand data in a way which minimises problems arising from random variation or other factors.
Statutory	Having some form of legal regulation
Strategic Plan	A document defining the long term and often broad ranging objectives of an organisation and the outline of the approach it will take to achieve these. In large organisations (such as the HSCP) more detailed supplementary planning will often be required to deliver the strategic plan.
Strategy Flash Reports	Short reports providing key information relating to the progress of our Strategies

Systems	Groups of related functions which are dependent on each other. For instance providing care involves many interlinked functions to deliver, including training of carers, providing the care, paying carers, managing rotas etc. The HSCP itself is a very large system of linked functions.
Targets	A level or standard which has been set and the expectation is that a performance indicator will achieve this. These can be maximum or minimum levels or a band between two values.
Transformational Project	Any project designed to change how we do something in a significant way
Trend	The change seen in a result over time
Triggers	A set of conditions which are used to start an action. An example may be performance dropping below a target, which would trigger improvement action to occur.
Variation	All measurements are subject to a range of random factors which will influence them over relatively short periods. This can include influences of the weather, seasons, unpredictable events or genuinely random variation. Mathematical (statistics) methods are used to look at the influence of variation on performance measures as required.
Wellbeing	A general term relating to people living the most healthy, happy, comfortable lives possible for them. It can also be used more specifically, such as in mental wellbeing.
Winter Programme	A programme of activity to prepare for winter pressure on services and to manage pressures throughout the winter
Workforce	The employees of an organisation
Workforce Capacity	The ability of the employees of an organisation to do work, the capacity includes factors such as number of people, the number trained for the job, absence levels and focus on priorities.

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**Fife Health
& Social Care
Partnership**



Monitoring our Service

A Quick Guide to our Performance
Framework 2023-2025

1. Introduction

Improving the health and wellbeing of the people of Fife is the purpose of Fife Health and Social Care Partnership (HSCP). To do this we deliver a wide range of services which are familiar parts of day to day life for everyone in Fife. These include GP's, Urgent Care, Dentistry, Home Care, Community Hospitals, Adult Protection, Mental Health and many others.

To do this we employ around 6,000 staff in over 500 teams and have a budget of over £500 million. Given the importance of these services and the public expenditure involved, it is critical that we are able to demonstrate value for money and that our services are delivering what we need. To do this we monitor what we are doing and how well we do it. This allows us to improve services where necessary. We also make our results available to provide information on how our services are doing and for the results to be scrutinised. All of this is termed Performance and this framework sets out how we will do that in Fife.

This new framework marks a significant change in how we manage performance in the Fife Health and Social Care Partnership. It is ambitious and designed to support our aspiration to be among the top performing Partnerships. It will provide the vehicle for us to identify our important measures of success and to monitor and report on them efficiently.

2. Monitoring our Services

Almost everything we do as an organisation will touch on performance management in some way. This is because every part of our organisation is about delivering quality services and improvements for our service users. Performance management is about demonstrating that.

Organisations use some form of indicator to measure the performance of something important. These are chosen to give the closest indication of what is happening in a service or function, but may only provide a part of the picture, i.e. an indication. A fuller picture is created by adding further information, such as about local populations or the experiences of people using services.

In an organisation as large as the Health and Social Care Partnership (HSCP), there is a potential for the number of indicators to exceed what can be reasonably managed. For this reason, as with almost all organisations, key performance indicators (KPIs) are identified. These are indicators of the most important activities for them to monitor.

Collecting and understanding all of these indicators is a major challenge in managing and handling data. Good data management is a cornerstone of good performance management. It is for this reason that our performance framework places an emphasis on improving data management for performance.

We will place seven principles at the heart of our approach to performance.

1. We will manage our performance information to improve outcomes for those who rely on our services.
2. We will go beyond minimum statutory requirements (such as data returns) to ensure our performance system works for us, for instance the use of locality performance measures.
3. We will maintain a safe environment to raise performance issues.
4. Our performance process and our measures are transparent, and we will share these publicly.
5. We use objective criteria to interpret our performance measures based on trends, benchmarks and targets.
6. Where performance is compromised, an improvement plan will be prepared.
7. We will seek to understand our performance in terms of our service users and the communities they live in to gain deeper insight.

3. The Performance Framework

The main pathways in the Performance Framework are set out in figure 1. At its heart is a method of bringing large quantities of data together efficiently – our integrated data approach. This will allow for more information to be pulled together more often and broken down by localities and in other ways. This data will be used to create a range of performance indicators, these will be reviewed as part of the plan for implementing this framework.

The indicators will be used for a variety of tasks, including quarterly, annual and other performance reporting and scrutiny by senior leaders, committees and the public.

Currently our indicators are based on the nationally set indicators, notably the National Health and Wellbeing Outcomes and the Ministerial Steering Group Indicators (Appendix). We will develop further, local indicators to monitor the full range of services we deliver. We will develop our indicators in a balanced scorecard arrangement.

The indicators will cover –

Section	Sub-sections	Types of measure
Outcomes	National Outcomes	National Health and Wellbeing Outcome Indicators
	Local Outcomes	Local more frequent measures used as proxies for longer term national outcomes and legislative and policy drivers

Delivery	Strategy Measures	The indicators within the Health and Social Care Partnership (HSCP) Strategies
	Service Measures	Service Key Performance Indicators
	Activity Measures	Progress against key activities (Activity Monitor)
	Third and Independent sector measures	Measures of external provision
Management Indicators	Finance	Key financial indicators
	Workforce	Key workforce indicators
Stakeholders	Service User Feedback	Perceptions measures from service users
	Staff Feedback	Perception measures from workforce
	Society Perception	Perception measures for wider society

An important introduction to the performance framework is a process for improvement planning for indicators which do not appear to be doing as well as they should. This will help to ensure we have everything in place to improve performance wherever this is needed and that scrutiny of progress will occur.

How we manage our services is an important part of achieving good results. To ensure we have the best possible arrangements in place we will introduce externally facilitated self-assessment. Working with the Scottish Improvement Service, we will check how we work against the principles used to set up Health and Social Care Partnerships. These self assessment tools are based on quality management frameworks adapted for use by Scottish HSCP's.

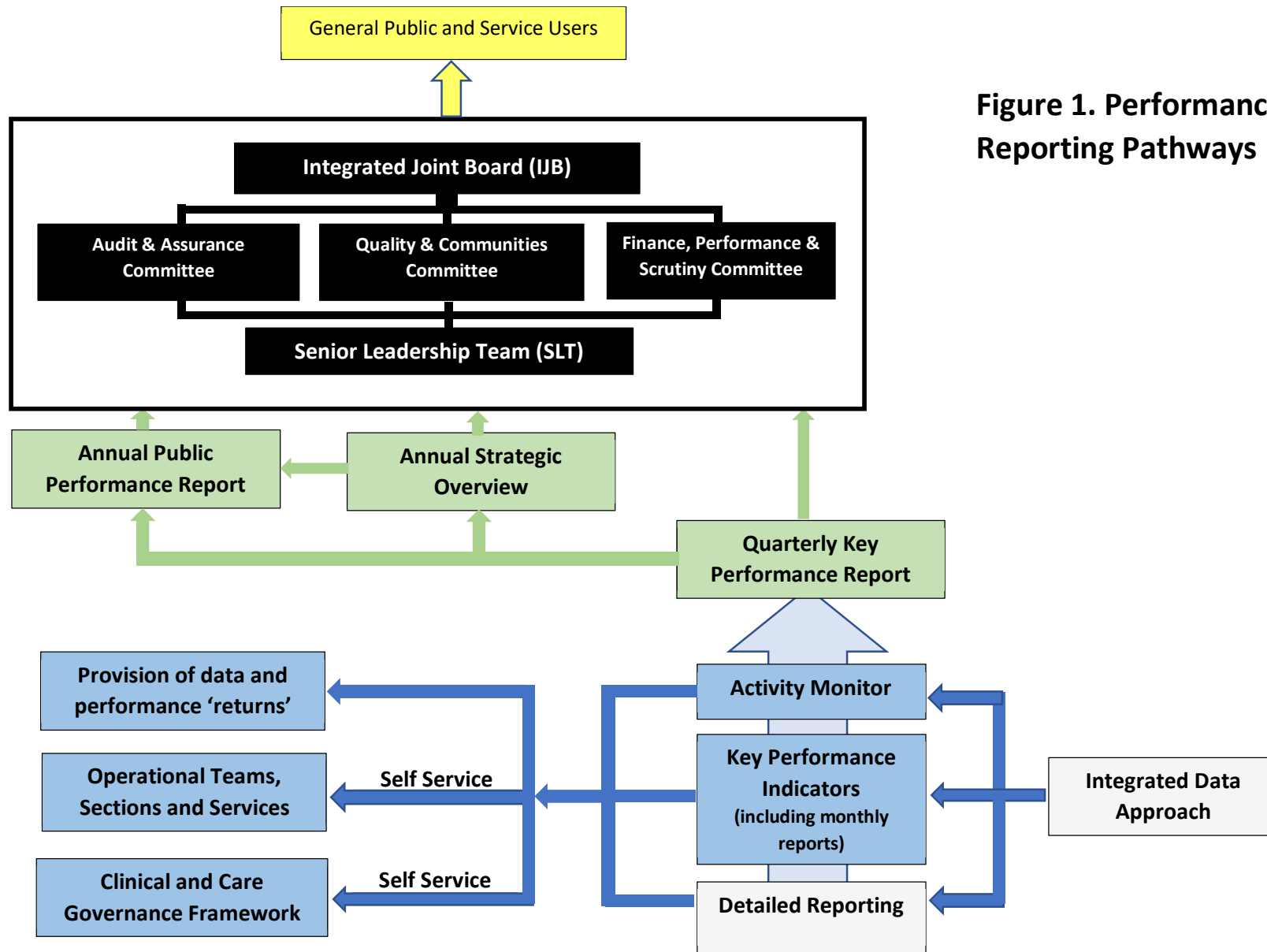


Figure 1. Performance Reporting Pathways

4. Our Reports

We have a duty to provide reports on our performance at a variety of levels and for different purposes (table 2). As part of this framework we have used the principles that –

- Data automation will improve efficiency of reporting.
- Most of the operational or day to day reports should be automated and self service for those using them.
- Reporting will be available at locality level and below wherever reasonably possible.
- We will increase the level of service user feedback within our performance measures

TABLE 2. Our Core Performance reports

WHEN	WHAT	HOW	Where
Two Yearly	Self Assessment Integrated Joint Board (IJB) and Health and Social Care Partnership (HSCP) (to be trialled)	Public Sector Improvement Framework Health and Social Care Partnership (HSCP) Self Assessment approach (delivered externally by Improvement Service)	Senior Leadership Team (SLT) / IJB
Annually	Annual Performance Report	Written report highlighting performance across the year, including achievements and feedback from clients	Public (statutory Duty) IJB/SLT/Committees Strategic Planning Group 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 Committees
	Annual Strategic Overview	Report on the balanced scorecard and key context information with assessment of whether the strategies will deliver and progress against the vision.	IJB/SLT/Committees
	Chief Social Work Officers Annual Report	Annual assurance report by the chief social work officer	IJB/SLT/Committees
	Quarterly Key Performance Report	Narrated report highlighting actions for monthly key performance measure exceptions	SLT/ IJB/Committees

Quarterly	Adult & Older Adult Social Work and Social Care Quality and Performance Report	Narrated report highlighting actions for monthly key performance measure exceptions	SLT/ IJB/Committees
	Clinical Quality Report Performance & Accountability Framework (included here for completeness)	Narrated report highlighting actions for monthly key performance measure exceptions	SLT/ IJB/Committees
	Strategy Flash Reports	Minimum reporting timeframe Written report on progress of Strategies. Includes RAG reporting under strategic performance above	IJB/SLT/Committees Strategic Planning Group
	Locality Reports	Narrated report for each locality highlighting actions for monthly key performance measure exceptions	SLT/ IJB/Committees Localities
	Monthly Key Performance Measures Report	Fully automated report without narrative, indicating exceptions etc	Senior Managers (SLT/Extended Leadership Team or ELT)
Monthly	Quality Assurance of key clinical and care operations	Self service via automated reports focussed on run charts and exceptions with manual data exploration	Quality Matters Assurance Groups (QMAG) and Huddles (QMASH)
Weekly	Operational reports and access to records	Self-service dashboard reporting and direct access to systems	Individual Managers & Teams
Daily			

5. Making Sense of Indicators

The framework introduces how we will look at and report our performance against these (table 3). This will inform the indicators we choose as they must be capable of being measured in the way we need. These criteria allow us to determine if we are managing an indicator properly and that the performance it is measuring is as expected.

Table 3. How we will assess performance of an indicator

	Criteria	Risks to performance
1	Performance is being managed	<ul style="list-style-type: none"> • Information is reported appropriate to indicator • Targets are in place • Appropriate granularity is available, notably – <ul style="list-style-type: none"> ○ Split by locality ○ Split by key demographics ○ Split by protected characteristic's such as ethnicity and others

2	Improvement is occurring	<ul style="list-style-type: none"> • Long term (1 year plus) improvement trend is seen and/or • Improvement trend indicating an indicator will be back on target by a specified date
3	Nothing unexpected is happening with the indicator	<ul style="list-style-type: none"> • Any short term changes (up to 3 months) are within expected variation for this indicator, including normal variation, seasonal variation or there are no unusual events anticipated • The cause of changes can be identified including improvement activity we have undertaken, changes in policies or other changes in society

Using the criteria in table 3, we will assess indicators against a simple Red-Amber-Green (RAG) status. The colour tags meaning –

Table 4. Meaning of Red-Amber-Green Status

	RAG	Definition	Action
	Green	All is well	None
	Amber	Issues exist and the situation is being monitored	Performance Improvement Plan followed by continued vigilance
	Red	There is something which needs to be corrected	Immediate new Performance Improvement Plan or amend an existing one

6. Oversight of Performance

Oversight of performance in the HSCP is performed by the Integrated Joint Board and its committees. To compliment this and the normal role of the Senior Leadership Team, a board comprising members of the Senior Leadership Team (SLT) and others as required will be set up to oversee all practical aspects of the delivery of Planning and Performance across the HSCP. This includes this framework. It will recognise the need for continual improvement with regard to the planning and performance system within HSCP. Terms of Reference will be developed for the group which will include all aspects of performance delivery in the HSCP; development of all strategic plans, service plans and similar; advising on systems to deliver performance information; and overseeing performance across the HSCP.

Appendix

National Health and Social Care Standards

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| 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.
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& Social Care
Partnership**



**Performance Framework
DELIVERY PLAN
2023- 2025**

1. Introduction

The new HSCP Performance Framework 2023-25 is to a large degree a target framework. It is designed to improve on the work developing the previous framework and the significant progress made in many parts of the HSCP in terms of data management and using performance information in the past few years.

Set out below are the actions required to deploy the revised framework, setting up infrastructure, rolling out the wider use of quality based approaches to operational performance and refreshing the way reporting is undertaken.

There is no doubt this is a challenging proposition, but our aim is to develop an approach which will allow us to demonstrate that we are among the best performing Partnerships by 2025 (Mission 25).

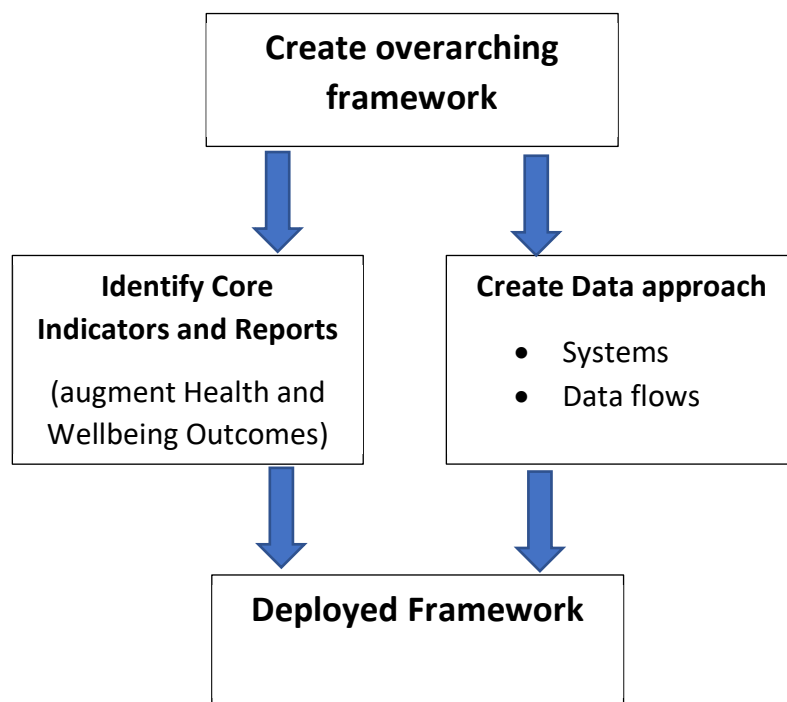


Figure 1. Overview of the approach to improve the Performance Arrangements in Fife HSCP

2. Deliverables

1	Install and test Alteryx software	Alteryx is the integration software we are considering obtaining, alongside NHS Fife. We have been offered significant support and 6 months free licencing to look at how we might best use this.
2	Alteryx pilot data integration - Alcohol & Drugs Partnership	Pilot project to look at how we integrate the ADP data and turn this to intelligence and formal reporting, including required prediction of RAG status
3	Establish Alteryx link to Liquid Logic	Liquid Logic is the new care case management system for Care. We will look at integrating this into the performance system. It already has significant reporting capability which will be part of the self service capability of the framework
4	Establish Alteryx link to NHS data	Look at linking to NHS data and systems, we will work closely with NHS as our key partner in this
5	Establish Alteryx link to key open national datasets	Many national data sets have API interfaces which would allow us to automate the information being pulled into our system for further use
6	Alteryx pilot data integration - Clinical QMAG	The clinical QMAG approach is already operational. This would seek to automate the process and add value through deeper analytics available in alteryx and by developing analytical approaches
7	Develop indicator exception reporting (RAG)	Developing automated approaches using rules to trigger the 3 RAG statuses, making the process more objective and focussed on performance management and improvement
8	Develop Performance Improvement Plan process	Where an indicator is flagged as amber/red then a short rapid improvement plan will be put in place, a template and approach will be developed.
9	Develop Monthly reporting in Alteryx as reporting pilot	Current monthly reports on KPIs are produced and then every third one becomes the quarterly report. We will automate the monthly report and RAG status and split off the quarterly

		reporting to be an analysis of these including improvement actions.
10	Identify sets of KPIs	Complete ongoing work to identify indicator sets across the Partnership for use at operational and strategic level.
11	Develop Care QMAG via Alteryx	Replicate the Clinical QMAG approach for the Care KPIs
12	Self Service Dashboards (Alteryx/Liquid Logic/BI/MicroStrategy)	Ongoing development of dashboards across Partnership
13	Develop local collection of national measures	It is recommended that Partnerships develop local collection arrangements for national outcome measures as these are often only available every 2 years. We require more regular information on progress towards outcomes
14	Map and cross reference KPIs and Outcomes	Mapping indicators to strategies and outcomes will allow us to understand the performance metrics as part of our improvement and transformation system
15	Set up activity monitor	Monitor of all key activities across the partnership, it will be able to produce key outputs such as the winter programme and SG ADP reporting output compatible with NHS approach
16	Develop unmet need indicators	Producing key metrics around our reach and total demand for services. These metrics will need to be proxies for real measures and will be challenging to put in place
17	Develop external provision (3rd & Independent) KPIs	Following on from Commissioning Strategy and Re-imagining of 3rd sector delivery we will develop key metrics to understand performance of what is delivered on our behalf. We will work closely with e.g. FVA
18	Develop stakeholder perception measures	Develop a set of information relating to how our service users, key stakeholders and wider society view us
19	Develop management Indicators - workforce & workforce development	Refresh our workforce indicators for use in balanced scorecard

20	Develop management Indicators - Financial	Refresh our financial indicators for use in balanced scorecard
21	Develop Equalities indicators	Develop equalities indicators for use in balanced scorecard
22	Develop deep insight analytical case studies	Consider how best to make maximum use of our data assets and tools to build deeper intelligence about targeting services, understanding our users and best use of our own resources
23	Develop demographic targeting tools	Analytical tools to target and understand the people using our services
24	Develop location and locality targeting tools	Analytical tools to target and understand where we deliver services
25	Self Assessment - IJB	Externally facilitated (Improvement Service) self assessment of the IJB against the integration principles
26	Self Assessment - HSCP	Externally facilitated (Improvement Service) self assessment of the HSCP against the integration principles
27	Self Assessment - Consider Portfolio approach	Consider whether, based on experience of self assessment of HSCP, whether portfolio self assessment would be valuable
28	Set up Planning and Performance Board	A board at Senior Leadership Team Level to oversee planning and performance matters across the partnership

3. Deliverable Timing

									2024/25								
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
1	Install and test Alteryx software																
2	Alteryx pilot data integration - Alcohol & Drugs Partnership																
3	Establish Alteryx link to Liquid Logic																
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27	Self Assessment - Consider Portfolio approach															



Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2023
Agenda Item No:	5.3
Report Title:	IJB/HSCP Resilience Assurance and Framework
Responsible Officer:	Nicky Connor, Chief Officer/Director of Health and Social Care
Report Author:	Lynne Garvey, Head of Community Care Services Avril Sweeney, HSCP Risk Compliance Manager

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion

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

- People who use health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

- The key alignment is Integration.

2 Route to the Meeting

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

- SLT Assurance - 4th September 2023
- Quality & Communities Committee – 5th September 2023
- Finance, Performance & Scrutiny - 15th September 2023
- Local Partnership Forum – 27th September 2023

3 Report Summary

3.1 Situation

In March 2021, the Civil Contingencies Act 2004 (CCA) was amended to include Integration Joint Boards as a category 1 responder under the Act. The CCA now lists Integration Joint Boards, NHS Boards and Local Authorities as Category 1 responders, amongst others, and places specific duties on these organisations.

The Health and Social Care Partnership (HSCP) Resilience Assurance Group was set up with the aim of ensuring, through the principles of Integrated Emergency Management, that the Health and Social Care Partnership supports compliance with the duties of the CCA for the IJB, NHS Fife and Fife Council and seeks and provides assurance that the Partnership effectively prepares for, responds to and recovers from, civil emergencies and business continuity disruptions impacting on Fife's Communities and the delivery of Health and Social Care Services.

The Group is led by the Head of Community Care Services, as Senior Leadership Team (SLT) Lead for Resilience within the Partnership.

3.2 Background

The Civil Contingencies Act 2004 forms the legal basis for emergency preparedness in Scotland and the UK. The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 provides more detail on the application of the Act in Scotland including the roles and duties of responders.

Two categories of responders are identified in the Act, and specific roles and duties are assigned to each of these. Category 1 responders now include the emergency services, local authorities, NHS Health Boards and Integration Joint Boards; whilst Category 2 responders include a range of utility and transport providers, as well as NHS National Services Scotland.

The following requirements are listed for Category 1 responders:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.
- Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only)

Prior to March 2021, IJBs did share responsibility for developing local emergency and resilience plans with Health Boards and local authorities, so there was already an expectation that the IJB Chief Officer and their team would work alongside Health Board and Local Authority colleagues when

carrying out the duties relevant to the Civil Contingencies Act 2004. Whilst Chief Officers were previously contributing to local emergency and resilience planning, they did so formally through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their accountable officer status within the Integration Joint Boards. Including IJBs as Category 1 responders has formalised the Chief Officer's role, which helps to ensure that formal co-ordinated and appropriate arrangements are in place in the event of emergencies that impact on IJB delegated functions.

At the time of the change, the Scottish Government, in the consultation document, stated that it did not envisage that including IJBs as Category 1 responders under the Civil Contingencies Act 2004 would cause significant additional burden to them. Although the Act sets out a number of requirements, the main addition is the formal inclusion of IJB Chief Officers in emergency planning, not just in their role as a director within a Health Board or Local Authority, but also in their role as the accountable officer of the IJB. In order to meet these requirements, the Chief Officer will draw on resources from their integrated teams, many of whom are already involved in this work as Health Board and Local Authority staff.

In Fife, prior to the inclusion of IJB's as Category one responders, there were already close links, through the Fife Local Resilience Partnership (LRP) and the East of Scotland Regional Resilience Partnership (EoSRRP), with the resilience community and Scottish Government Resilience Division.

The Partnerships key priorities are to ensure that critical services delegated to the IJB are maintained to ensure the safety and well-being of patients and service users and the wider Fife community. It is essential that decisions taken are co-ordinated and well thought through to minimise impacts across the system. The work of the HSCP Resilience Assurance Group ensures the duties of the IJB are being met.

3.3 Assessment

The HSCP Resilience Assurance Group has now been in place since March 2022, with the Group meeting every six to eight weeks. An action plan was developed to ensure the HSCP/IJB is able to meet the statutory requirements of the CCA. Short life working groups have been set up to address a number of important areas of work. The key elements completed this year are highlighted below.

HSCP Resilience Framework

A Resilience Framework for the IJB/HSCP has been developed (Appendix 1). This framework document covers all services within Fife Health & Social Care Partnership, and sets out the roles, responsibilities and actions to be taken by individual services and wider H&SCP management structures to ensure that the Partnership can plan, respond and recover from any incidents that impact on Fife's communities, and that its critical activities are maintained in the event of an incident. This document has been informed by lessons learned during the Covid pandemic.

Key sections within the Framework which may be of most interest to IJB members include:

- Legislative Duties of Category 1 responders – Section 1.1 page 3. This section then highlights the corresponding section in the Framework where the relevant information relating to a particular duty is held.

- Activation and Escalation – Section 4.1 page 13
Including the Internal Escalation diagram shown on page 14 and the Integrated H&SCP Services Governance structure on page 17.
- Specific Roles and Responsibilities for Members of the Fife IJB – Section 6.1, page 30
- Assurance – Section 8, page 34

Training

The Resilience Assurance Group held a virtual event on 13 June 2023 relating to a power outage at Cameron Hospital. This was attended by over 40 staff from various services who are based at Cameron.

The event was focused on raising staff awareness of business continuity and what their role would be in an incident. Feedback from the event has been gathered and analysed and will be used to inform future events (Appendix 2).

Quarterly PREVENT training figures are presented to the Resilience Assurance Group and compliance monitored via mandatory training reports to SLT as part of the work of the Health & Safety Assurance Group.

Multi-Agency Exercises and Workshops

HSCP colleagues have participated in a number of multi-agency exercises over the last year, looking at plans and preparations for potential emergency incidents or events. These exercises allow for any gaps in capabilities of the relevant agencies to respond to be highlighted and addressed. Following events, a debrief is undertaken and shared with all agencies to allow lessons learned to be factored in to plans at regional and local levels.

Review of Business Continuity Plans

In order to provide assurance to the IJB that the Partnership has effective processes in place to prepare, respond and recover from incidents and business continuity disruptions, a programme to quality assure all HSCP service business continuity plans continues. These reviews help provide assurance and supportive conversations around the robustness of plans.

A self-assessment audit checklist was developed to support this process and ensure a consistent approach is applied to all plans being brought for assurance. Virtual meetings are held with each team / service where further clarity or assurance is sought against the checklist criteria. Feedback has been very positive with teams / services reporting improved understanding of business continuity planning and wider considerations of potential impacts and mitigations.

Following final approval of service / team Business Continuity Plans (including Business Impact Analyses and Risk Assessments), all relevant documents are shared with NHS Fife Resilience where they are uploaded to the central repository.

Formal testing and exercising of plans is in conjunction with NHS Fife and Fife Council processes.

Persons at Risk (Fife Council)

A Persons at Risk working group is undertaking work to firm up current Council processes for the sharing of information of known vulnerable service users in Fife in the event of an emergency situation. A DPIA (Data Protection Impact Assessment) is in final stages and the Council Emergency

Resilience team are working to produce a vulnerability assessment framework which seeks to highlight vulnerable groups and where relevant information may be held to identify and provide support to these groups.

The working group is also scoping potential new advanced and robust processes utilising existing available digital tools, for example, Resilience Direct. Resilience Direct is a UK wide system that is used to support resilience work within various sectors and could potentially support the work of timely access to vulnerable people / persons at risk.

Loss of Power

A short life working group has produced a matrix of key systems and equipment which is likely to be impacted in the event of a sustained loss of power. This was in response to the potential energy supplier rota disconnection risk. The risks around the loss of these systems/equipment have been identified and an initial risk scoring has been applied. Mitigations have been set out for the highest scoring risks. A guidance note has also been developed for staff to support preventative actions that can be taken in advance of any incident and also highlight actions required following an incident. These documents will be used to strengthen business continuity plans.

3.3.1 Quality / Customer Care

The RAG will assist in promoting resilience to support delivery of health and wellbeing outcomes.

3.3.2 Workforce

Business Continuity awareness for wider staff is discussed as part of assurance reviews and awareness raising events (both described above at section 3). All teams involved in the reviews of business continuity plans are feeling very supported and much more prepared should they be involved in an adverse event.

3.3.3 Financial

There are no direct financial impacts in relation to this report.

3.3.4 Risk / Legal / Management

There are two strategic risks that are resilience related on the IJB Strategic Risk Register as follows:

- 1) **Resilience** - There is a risk that the IJB is unable to fulfil its statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and link appropriately with partner bodies and multi-agency partners to ensure the ability to maintain critical HSCP services and provide support to the wider Fife Community. Key mitigations include:
 - Working with Local Resilience Partnerships and Regional Resilience Partners
 - Development of the HSCP Resilience Framework
 - Resilience Assurance Group Work Plan to ensure compliance with CCA responsibilities.

- 2) **Contractual /Market Capacity** - There is a risk of significant

partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures and cost of living and fuel cost pressures. Key mitigations include:

- Ongoing robust market and relationship management with the 3rd and independent sector and their representative groups
- Market facilitation programme and contract monitoring process
- Commissioning Strategy
- Care at Home Collaborative up and running and supported by Scottish Care

These strategic risks are also assigned to relevant IJB Governance Committees for scrutiny.

Key operational resilience risks are included within the business continuity plans for services (see section 3 above at page 5 for further information regarding assurance of business continuity plans).

Risk preparedness assessment is also undertaken at the East of Scotland Regional Resilience Partnership level every two years and colleagues from Fife HSCP are actively involved in this work, using information from the UK National Security Risk Assessment and the Scottish Risk Assessment. This exercise seeks to identify the key risks for the East of Scotland and the potential impact of these and also identify the current capabilities of partners to respond to these risks.

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 Environmental / Climate Change

There are no direct environmental / climate change impacts relating to this report.

Climate change has been recognised as having an impact on the risk highlighted within the Scottish Risk Assessment undertaken by the Scottish Government earlier this year. Scotland's climate has already changed and our nation is projected to be warmer, wetter and also to suffer greater extremes of weather. This will mean we are likely to see changes in the incidences or impacts of major weather events such as flooding, storms or potentially drought. This means that extreme weather events may be more common and this will impact our responses in the future.

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

Consultation has taken place with the Senior Leadership Team.

4 Recommendation

IJB Members are asked to discuss and be assured of the significant steps which have been undertaken by the Health and Social Care Partnership to ensure that the IJB can fulfil their duties as Category 1 responders.

Members are also asked to approve the Resilience Framework presented at Appendix 1.

5 List of Appendices

Appendix 1 – HSCP Resilience Framework

Appendix 2 - FIFE HSCP Business Continuity Scenario Event – Evaluation Report

6 Implications for Fife Council

N/A

7 Implications for NHS Fife

N/A

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

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

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

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FIFE HEALTH AND SOCIAL CARE PARTNERSHIP

RESILIENCE FRAMEWORK

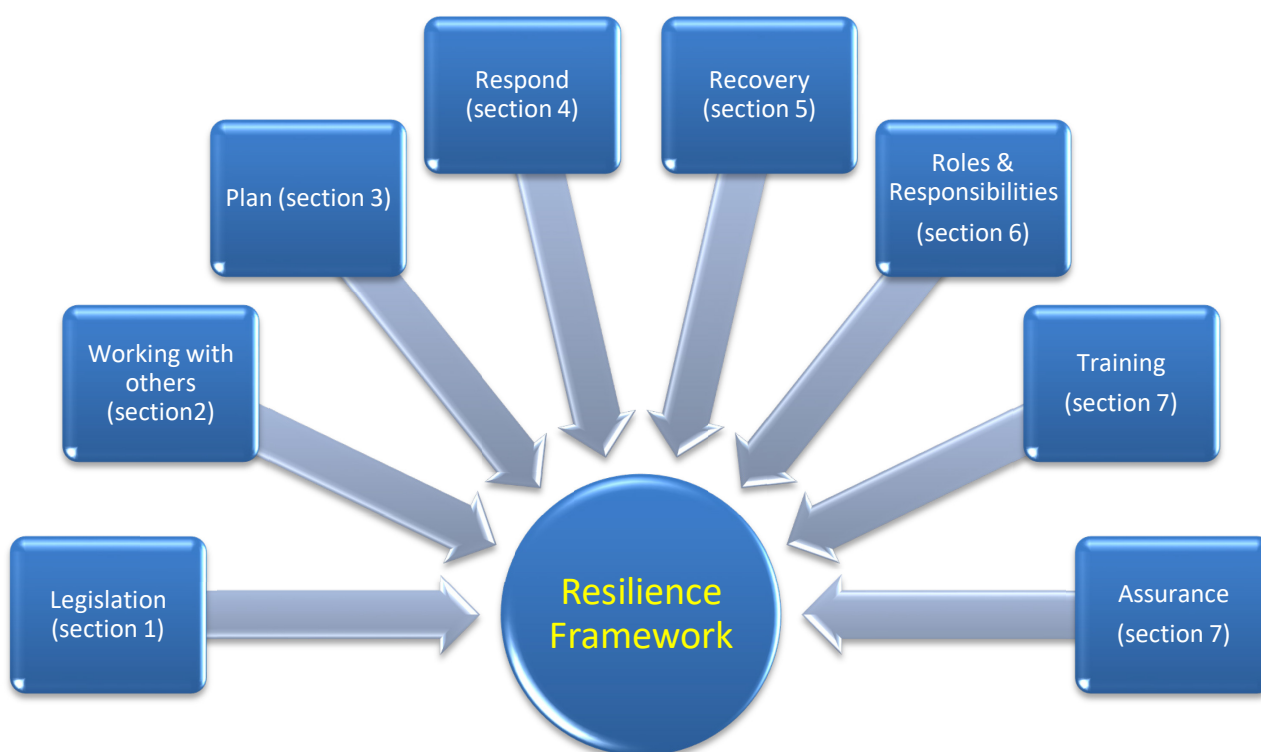
INTRODUCTION

Fife Health & Social Care Partnership (H&SCP) needs to be sufficiently resilient to deal with the consequences of incidents, which includes all emergencies and business continuity disruptions, (hereafter referred to in this document as incidents) that may put the Partnership under pressure, while maintaining safe patient and service user care, and continued service delivery.

Organisational resilience is defined by the British Standard BS65000 as “the ability of an organisation to anticipate, prepare for, respond and adapt to incremental change and sudden disruptions in order to survive and prosper.”¹

Fife Health & Social Care Partnership Resilience Framework (this document) acts as single reference document, setting out the approach to planning, responding, and recovering from incidents occurring within or impacting on the delivery of health and social care services in Fife. Diagram 1 (below) is built on the principles of good governance, with specific focus given to each section within this document.

Diagram 1



There are many different types of incidents and business continuity disruptions. Some are predictable and allow for a planning phase e.g., severe weather, industrial action, fuel shortage, pandemic influenza, but others can be as a result of critical IT failure, fires, flash floods, which by their nature are unpredictable.

The scope of this framework covers all services within Fife Health & Social Care Partnership, and sets out the roles, responsibilities and actions to be taken by individual services and wider H&SCP management structures, to ensure that the Partnership can plan, respond and recover from any incidents that impacts on Fife’s communities, and that its critical activities are maintained in the event of an incident.

¹ [BS65000](#)

1. LEGISLATION

The Civil Contingencies Act (2004) requires local authorities and NHS bodies to prepare for events and incidents. It forms the legal basis and framework for emergency preparedness in Scotland and the UK. It defines two different categories of responder and the duties that they are required to perform².

Category 1 Responders

Local Authorities
Police
Fire
Ambulance
Health Boards
Scottish Environment Protection Agency (SEPA)
Maritime and Coastguard Agency
IJBs (from 17/03/2021)

Category 2 Responders

Electricity Operators
Gas Suppliers
Scottish Water
Communications Providers
Railway Operators
Airport Operators
Harbour Authorities
NHS National Services Scotland
Health & Safety Executive

In March 2021, the Civil Contingencies Act 2004 (CCA) was amended to include Integration Joint Boards as a Category 1 responder under the Act. The CCA now lists Integration Joint Boards, NHS Boards and Local Authorities, amongst others, as Category 1 responders and places specific legislative duties on these organisations (see section 1.1 below).

The Act requires Category 1 responders to fulfil a full set of duties around assessing and planning for incidents. Collectively, these duties facilitate emergency preparedness between organisations at a local level by ensuring access to shared knowledge and plans, opening communication channels both between the organisations and with the public, and placing clear legal responsibility upon organisations to assess, risk and plan for the outcomes of the risks that have been assessed².

Fife Integration Joint Board (IJB) will work collaboratively with its partner organisations (NHS Fife and Fife Council) to enact the duties of a Category 1 responder through the Fife H&SCP, with our key multiagency responsibility being that of 'care for people'.

1.1 Legislative Duties of Category 1 Responders

- Duty to assess the risk of emergencies occurring and use this to inform contingency planning (Plan – section 3.2.1)
- Duty to put in place and maintain emergency plans (Plan –section 3.2.2)
- Duty to put in place and maintain business continuity management arrangements (Plan – section 3.2.3)
- Duty to put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency (Working with Others –section 2.1.1)
- Duty to share information with other local responders to enhance co-ordination (Working with Others –section 2.1.2)
- Duty to cooperate with other local responders to enhance co-ordination and efficiency (Working with Others –section 2.1.3)
- Duty to provide advice and assistance to business and voluntary organisations about business continuity management (Local Authorities only)

² [Cabinet Office Civil Contingencies Act, Post-Implementation Review 2022](#)

1.2 Role of Fife Health & Social Care Partnership in Resilience Assurance

The legislation which amended the list of Category 1 responders to include Integration Joint Boards (IJB's), focussed on the formal inclusion of IJB Chief Officers in emergency planning, not just in their role as a director within a Health Board or Local Authority, but also in their role as the accountable officer of the IJB. In order to meet these requirements, it is expected the Chief Officer will draw on resources from their integrated teams, many of whom will already be involved in this work as Health Board and Local Authority staff

2. WORKING WITH OTHERS

Fife Integration Joint Board (IJB) are not alone in their duties as Category 1 responders. We have a key role working in collaboration with our partner organisations - NHS Fife and Fife Council - in their own roles as Category 1 responders, as well as supporting our voluntary organisations.

The development of resilience in Scotland is based on the principles of integrated emergency management (IEM). The aim of IEM is to develop flexible and adaptable arrangements for dealing with emergencies, whether foreseen or unforeseen.

Integrated emergency management recognises that no single agency can resolve the problem posed by large-scale incidents, and that effective inter-agency co-operation is essential to success.

Integrated emergency management is based on a multi-agency approach and the effective co-ordination of those organisations, including independent and third sector providers, in the event of an incident. It is underpinned by the following five activities:

Assessment	Carried out locally through multi-agency liaison as local responders and organisations have an understanding of the hazards and threats for which they should prepare.
Prevention	Pro-active action should be taken to prevent or reduce the impact of an incident
Preparedness	This includes planning, training, exercising and informing people
Response	Plans and procedures include mechanisms for calling out and deploying staff and resources
Recovery	A key objective of responders is to restore normality to the affected community as soon as possible

2.1 Legislative Duties

2.1.1 Duty to put in place arrangements to make information available to the public

The HSCP/IJB will co-ordinate with Fife Council and NHS Fife to fulfil their duties to communicate with the public under the CCA.

Warning and Informing

There are three distinct aspects of communicating with the public:

- i. Raising public awareness before an incident, i.e informing and educating the public about risks and preparedness.
- ii. Providing public warning at the time of an incident, i.e alerting members of the public whose safety may be at risk

iii. Informing and advising the public about the nature of a continuing incident and:

- the actions being taken by responders to minimise the effects on human or animal health and welfare, the environment or property
- the actions being taken by responders to assist recovery
- the actions people can take to minimise the impact of the incident

Arrangements for warning and informing the public must ensure that the communications arrangements are appropriate to the message and the audience.

Communication Officers need to be part of any Incident Management Team formed to respond and manage incidents.

2.1.2 Duty to share information with other local responders to enhance co-ordination

Information sharing across different organisations is essential during the response to and recovery from an incident. Any sharing of personal information must be in compliance with the Data Protection Act 2018, and supporting legislation, the Human Rights Act 1998 and the common law duty of confidentiality. It is best practice to document data sharing arrangements in a formal agreement, known as an Information Sharing Protocol (ISP).

2.1.3 Duty to cooperate with other local responders to enhance coordination and efficiency

As incidents impact on the internal operations of an organisation, agreed responses will be co-ordinated internally within the H&SCP or in liaison with NHS Fife and/or Fife Council, following existing governance and reporting structures.

In terms of multi-agency incidents, the agency leading the response (e.g Police, Fire, SAS) will depend on the nature of the incident. Liaison with all appropriate local responders will be coordinated centrally through the Local Resilience Partnership (described below).

2.2 Local Resilience Partnership

The Fife Local Resilience Partnership (LRP) is a multi-agency key stakeholder forum that meets approximately three times per year to discuss routine resilience business; however any of the LRP partners can request the LRP be convened to assist and support at any point during an incident. Scottish Government Regional Resilience Coordinators provide coordination support to Local Resilience Partnerships.

2.3 East of Scotland Regional Resilience Partnership

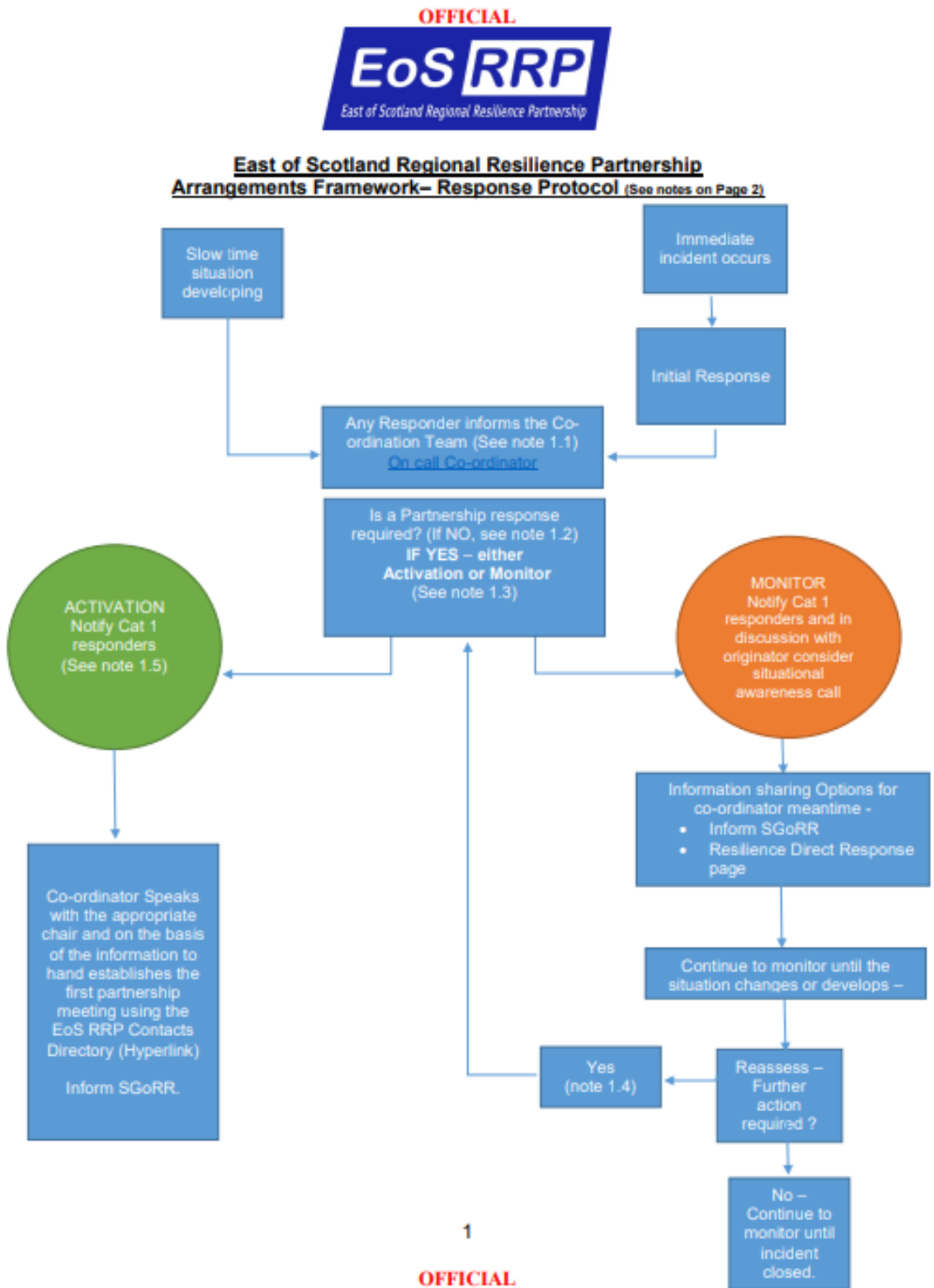
The East of Scotland Regional Resilience Partnership (EoSRRP) is one of three Scottish Government teams (aligned to East, West and North) created by the Civil Contingencies Act 2004, and provide support to Local Resilience Partnerships by way of Regional Resilience Coordinators.

Regional Resilience Coordinators facilitate relationship building amongst partners / key stakeholders, and can maintain crucial Scottish Government liaison during times of incident response (Diagram 2). Contact with Regional Resilience Coordinators will be through agreed internal escalation procedures (Diagram 3, section 4.1).

Regional Resilience Partnerships work with Local Resilience Partnerships to assess risks within their regions and their levels of preparedness to deal with the consequences of any identified risks – known as the Risk Preparedness Assessment³

³ Ready Scotland, Preparing Scotland, Regional Resilience Partnerships' Risk Preparedness Assessment Guidance [Purpose of the Regional Resilience Partnerships' Risk Preparedness Assessment Guidance | Ready Scotland](#)

Diagram 2: East of Scotland Regional Resilience Partnership Response Protocol





1. Guidance Notes

1.1 The EoS RRP Co-ordination Team are [on call on a 24/7 basis](#) and partners are encouraged to connect with them at the earliest opportunity to help monitor and develop supporting arrangements if required.

1.2 Even where a partnership is not yet required there is much that can be done by Resilience Co-ordinators to support. This includes, but is not limited to, raising wider awareness with partners not engaged in the incident, informing SGoRR and preparing/establishing a Resilience Direct Response Page. Some of these actions will also help to step up the response more readily if required.

1.3 In the event of the partnership monitoring or activating, the default position will be that all Cat 1 responders will be informed by telephone. This will extend to other agencies as agreed with the chair if not already engaged in the initial response.

1.4 The cycle of monitoring and information sharing will be continual until such times as the situation is resolved or escalates to activation.

1.5 Activation will be the point where a partnership sets an Agenda and Strategy; employing the [EoS RRP activation templates](#).

3. PLAN

3.1 Operational Objectives

The objective of resilience planning within Fife Health & Social Care Partnership is to ensure that:

- i. the HSCP can respond on behalf of the IJB effectively to any incident(s)
- ii. disruption to HSCP critical activities (including external services / partner activities) is minimised;
- iii. disrupted HSCP critical activities are maintained in a structured way within reasonable timescales during an incident
- iv. during an incident, staff, public and media are communicated with appropriately
- v. the HSCP (as delegated by the Integration Joint Board) works collaboratively with partner organisations to ensure duties under the Civil Contingencies Act 2004 and current best practice are complied with.

3.2 Legislative Duties

3.2.1 Duty to assess the risk(s)

At a local level, teams and services will identify potential risks as part of the business continuity management process.

At a higher level, the HSCP will contribute to wider Emergency Preparedness, Resilience & Response and Winter Planning risk and preparedness assessment frameworks:

- Emergency Preparedness, Resilience & Response: sets out scenarios about the way resources would be managed in adverse circumstances, with the ability to adapt to sudden changes and enhancing the robustness of health and care services. The risk register developed by the East of Scotland Regional Resilience Partnership in response to this will be reviewed to ensure all the risks relevant to the HSCP are considered and managed.
- Winter planning: NHS Fife and HSCP produce a high level yearly winter plan, which is continually reviewed and updated based on risk and internal and external influencing factors, e.g., COVID, flu, staffing.

Together, these frameworks allow Fife HSCP, in conjunction with multi-agency partners, to identify new or changing hazards or threats, assess the likelihood of such events taking place and the potential impact upon Fife Communities.

To assess levels of preparedness in responding to risks, the HSCP will identify current capabilities and capacity to highlight if there are any gaps in being able to respond effectively. Working with stakeholders and partners, the results of this gap analysis will inform reviews of plans and arrangements, training requirements and exercising of plans.

3.2.2 Duty to put in place and maintain emergency plans

Based upon the risk assessment process, business continuity plans will be prepared detailing how individual teams / services (at a local level) and the wider HSCP responds to incidents. These plans will be flexible and adaptable; they can be specific or generic in nature as well as being single or multi-agency.

3.2.3 Duty to put in place and maintain business continuity management arrangements

Service specific Business Continuity Plans are core functions of Fife HSCP services, and help guide teams when disruption to normal service delivery and / or interdependencies occurs. The plans allow teams and services to map out their everyday critical functions, processes and any interdependencies.

Business Continuity planning and management

Business Continuity Management enables teams and services to plan for and respond to incidents and / or disruptions in order to continue to provide an agreed (reduced) level of service, depending on the scale or impact of the disruption. The process allows for identification of hazards / risks which might cause interruption to service delivery. Business Continuity is an ongoing cycle of:

1. Business Impact Analysis: this is the part where you analyse what your team / service does, who does what, who you depend upon for delivering services, what IT, communication and other internal and external dependencies you rely on. Based on identified critical activities and functions, key contingencies can be identified with timeframes for response and recovery.
2. Risk Assessment: as above at 3.1, the risk assessment template is used to identify the potential impact(s) of hazards / scenarios on critical activities and functions giving each a risk rating and identifying proactive and reactive strategies to help mitigate against the business impact. Hazards include significant loss of staff, loss of equipment / IT / telecommunications, loss of utilities (e.g. power, hot or cold water), loss of access to buildings, and loss of or disruption to supply chains.
3. Business Continuity Plan: these ensure that services can continue to provide critical healthcare services / activities / functions for the community in case of disruption or interruption. It is a requirement under the Civil Contingencies Act 2004 that all Category 1 responders must maintain plans to ensure they can continue *to exercise their activities in the event of a disruptive event so far as is reasonably practicable*.

The purpose of Business Continuity Plans is to provide the internal framework to prepare for, respond to and recover from business and service disruption irrespective of the cause. It can be invoked in response to an incident or service disruption.

Business Continuity Plans set out critical activities, triggers, incident escalations, communications, recovery, contacts and actions in one document.

All teams / services within Fife HSCP are required to have Business Continuity Plans which are exercised and updated annually to assist with the continued delivery of critical activities within their day to day functions in times of undue pressure. An expert team has undertaken a programme of assurance reviews to quality assure all HSCP business continuity plans. These reviews help provide assurance and supportive conversations around the robustness of plans. A self assessment audit checklist (Appendix 1) supports this process and ensures a consistent approach is applied to all plans.

Business Continuity Management (links to documents)

NHS (Health)

[Blink \(joinblink.com\)](https://joinblink.com)

Social Work / Social Care

[Fife Council Intranet page](#) or contact Fife Council
Emergency Resilience Team
emergency.planning@fife.gov.uk

Support is available from corporate Resilience Teams (Fife Council & NHS Fife) with the writing and exercising of business continuity plans.

- NHS Fife Resilience Team: fife.resilience@nhs.scot // Emergency Preparedness, Resilience and Response ([Stafflink](#))
- Fife Council Emergency Resilience Team: emergency.planning@fife.gov.uk // 01592 583544

3.2.4 Business Continuity Disruptions

Depending on the scale and impact of any level of business continuity disruption there may not be an immediate 'return to normal' due to a number of factors. This will be further explored later in section 5 – RECOVERY.

The appropriate Incident Management Team (IMT) will develop a recovery strategy to ensure that the 'return to normal' is appropriately managed, co-ordinated, resourced and communicated in order to continue to manage stakeholder expectations. See Section 4 below for further information around Incident Management Teams.

3.3 Corporate Guidance

When completing or reviewing local business continuity plans, services should also consider wider events which may impact on their ability to continue to deliver and maintain essential functions and activities. Two such events are Lockdown and Black-outs.

3.3.1 NHS Fife Lockdown Guidance

NHS Fife Resilience Team have recently drafted a new document entitled Lockdown Guidance. This will be available on the [Emergency Preparedness, Resilience & Response \(EPRR\)](#) section on Blink once approved.

3.3.2 HSCP Black-out

HSCP Resilience Assurance Group worked with Partnership-wide services to inform a risk assessed Black-Out matrix (Appendix 2), allowing for mitigations, contingencies and actions to be identified across a variety of considerations should there be an area or region-wide black-out (energy provider rota disconnections). A guidance note (Appendix 3) is also available to accompany and inform service business continuity plans and risk assessments in relation to energy dependent care provision and in-home equipment.

3.3.3 Winter Planning

The Winter Planning Process is a continually evolving process that focuses on the arrangements to cope with increased demand on health services over the winter period. The priority is to ensure that the needs of vulnerable and unwell people are met in a timely and effective manner despite increases in demand. The plan (Appendix 4) is supported by a discharge model, performance measures, a risk matrix and an escalation process. A winter review workshop, involving key stakeholders, is held to anticipate the key challenges, learn the lessons from previous winters and significant events such as COVID, and consider what changes and priorities should be considered for the coming year.

4. RESPOND (including response to a major incident)

This section sets out how Fife HSCP will respond to incidents that impact on the Partnership, its activities and interdependencies. It sets out the arrangements to ensure that the response to an incident is proportionate to its scale or potential impact as well as the activation procedures.

Incidents can range from those that are small scale and short term to being significant with widespread impact over a protracted period of time. Some are predictable and allow for a planning phase, e.g., severe weather and fuel shortage, whilst others give no notice and require immediate support e.g., fires, explosions, critical IT failure, pandemics.

4.1 Activation and Escalation

Business continuity plans will be activated when there is an incident impacting on, or potential or actual disruption to critical activities carried out by services on behalf of Fife HSCP.

Small scale / minor disruptions can be activated at local service levels by staff or managers in line with service specific business continuity plans. Small scale localised Incident Management Teams (section 4.2.1) may be formed to help support and coordinate relevant responses.

Plans may be activated in silo or in conjunction with other plans, for example:

- Corporate Fife Council Plans
- Corporate NHS Fife Plans
- HSCP/NHS/FC Winter Plan
- External Provider held plans
- LRP Plans including 'Fife Care for People' response arrangements

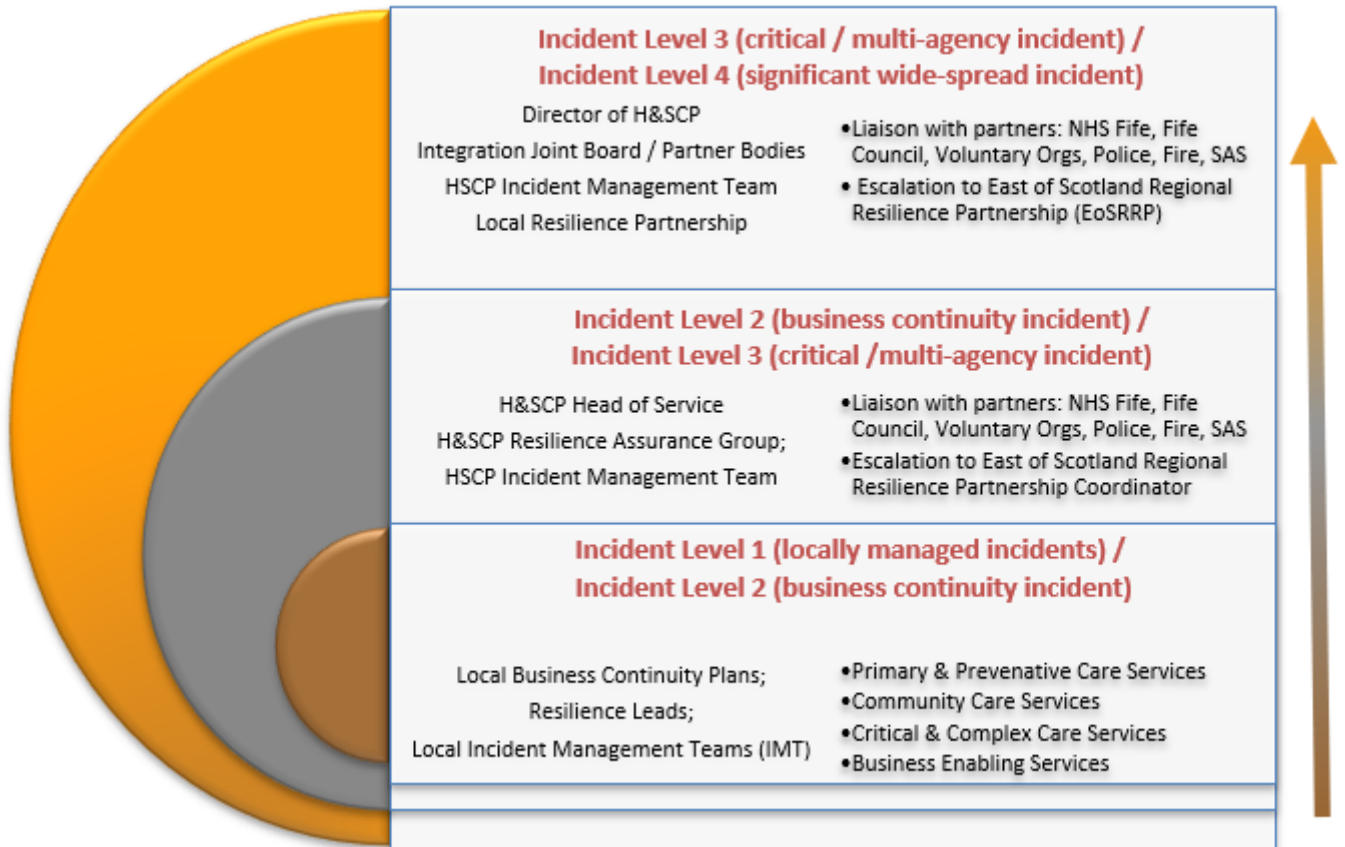
For more significant disruptions or increase in intensity of minor disruptions, further escalation can be invoked in line with Diagram 3. Significant incidents / disruptions should be escalated via the most senior manager or resilience lead in the first instance, who will arrange activation of wider HSCP resilience arrangements and will put in place the HSCP Incident Management Team.

Should the incident response require further escalation for advice and additional support and / or resources from the Local Resilience Partnership, this would be requested via Fife HSCP Incident Management Team at level 3.

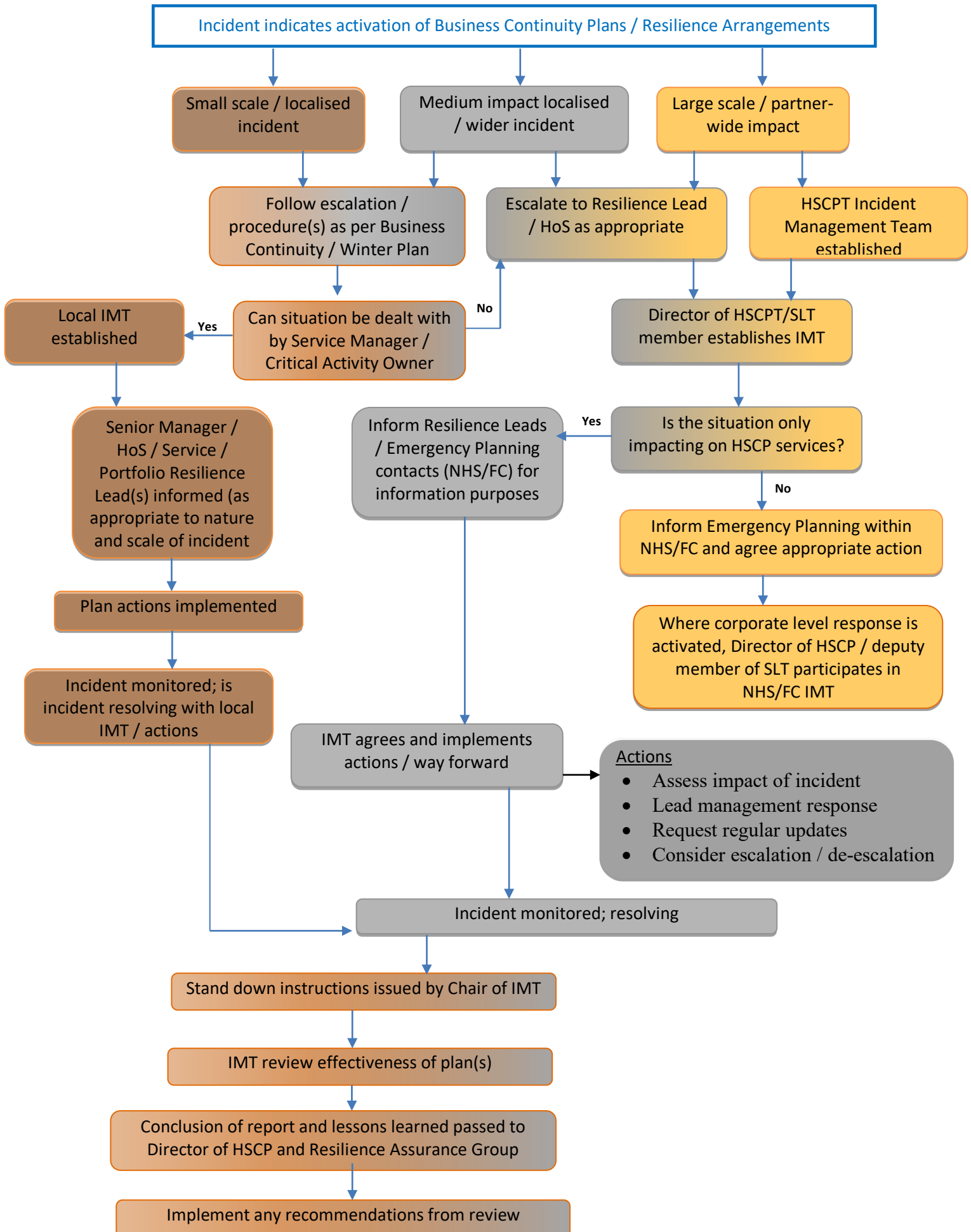
Diagram 4 provides an overview of activation and escalation flow for the in-hours and out of hours period.

The governance for HSCP escalation is via the HSCP Senior Leadership Team (SLT). When decisions require to be escalated to Executive Directors Group (EDG) / GOLD, the director of HSCP will be responsible for this action and has leadership and oversight. (Figure 1)

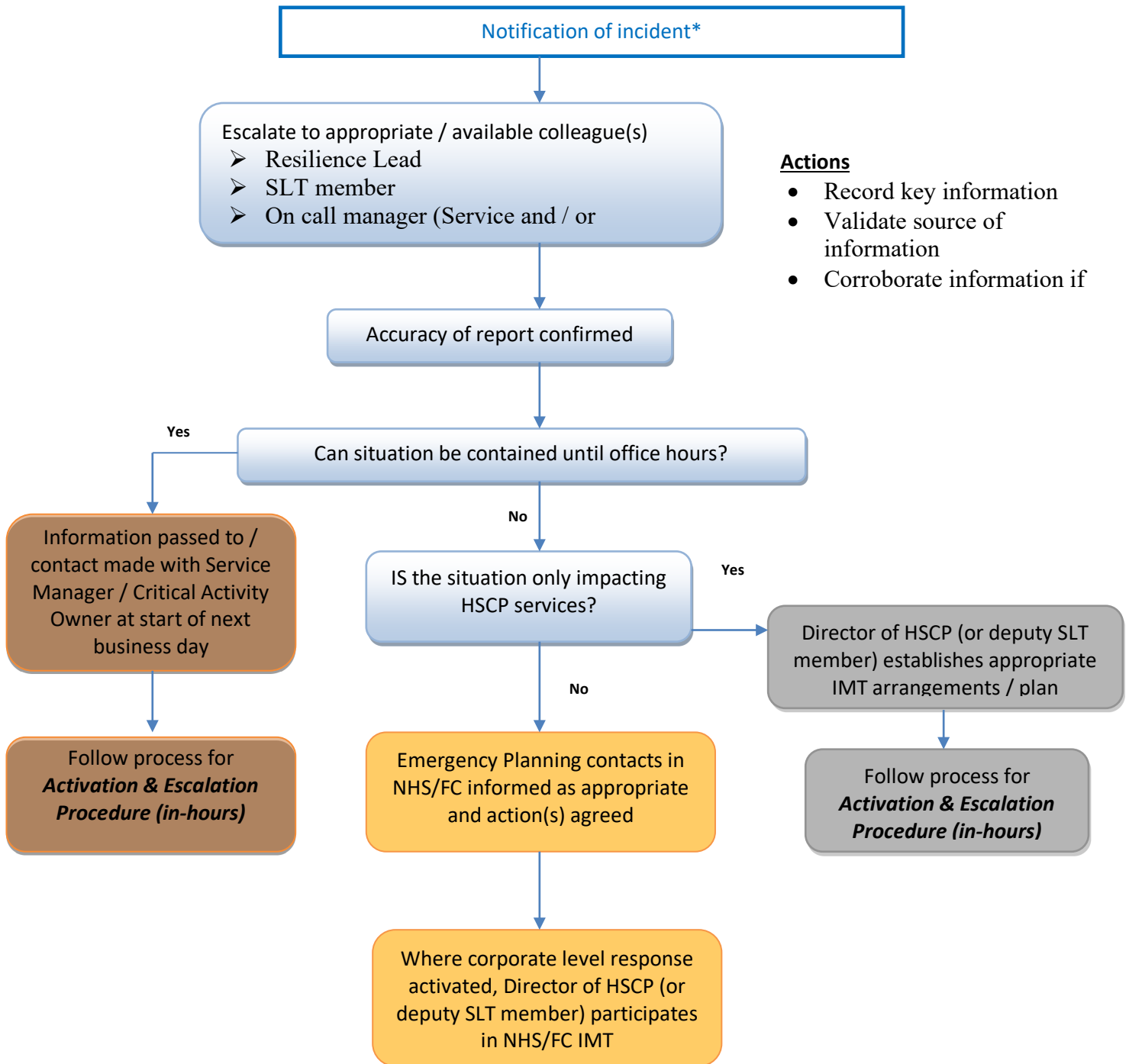
Diagram 3: Internal Escalation Process



ACTIVATION & ESCALATION PROCEDURE (in-hours)



ACTIVATION & ESCALATION PROCEDURE (out-of-hours)



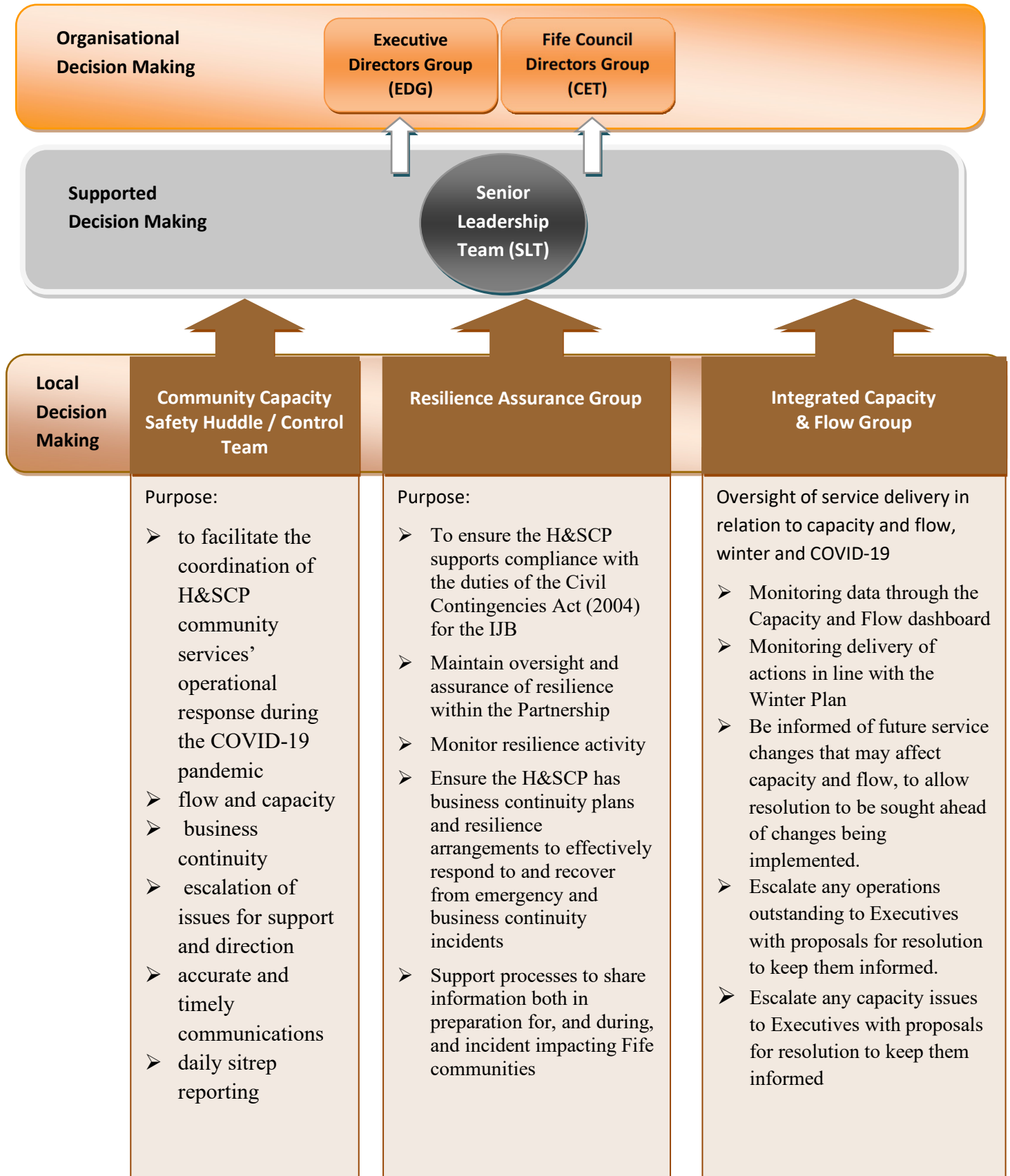
Actions

- Record key information
- Validate source of information
- Corroborate information if

*The ways that incidents will be made known out-with office hours will vary. Whilst the most easily envisaged scenarios will be notification via NHS switchboard / FC contact centre; it is also possible for local staff to be made aware without switchboard / contact centre intervention. The activation procedure will be flexible to take account of variations across the Partnership.

Figure 1

INTEGRATED H&SCP SERVICES GOVERNANCE (COVID-19)



4.2 Major Incidents

A major incident (incident level 4) from either within the Partnership or by multi-agency partners is defined as any occurrence that presents a serious high-risk threat to the health of the community or causes such numbers or types of casualties as to require specialist arrangements to be implemented.

A notification of a major incident will be in the form of a (M)ETHANE report, as the preferred model for sharing information to promote shared situational awareness for all responders.

M	MAJOR INCIDENT	Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message)
E	EXACT LOCATION	What is the exact location or geographical area of the incident?
T	TYPE OF INCIDENT	What kind of incident is it?
H	HAZARDS	What hazards or potential hazards can be identified?
A	ACCESS	What are the best routes for access and egress?
N	NUMBER OF CASUALTIES	How many casualties are there, and what condition are they in?
E	EMERGENCY SERVICES	Which and how many, emergency responder assets/personnel are required or are already on-scene?

The (M)ETHANE model is an established reporting framework which provides a common structure for responders and control rooms to share incident information. The (M)ETHANE report can also be used for non-major incidents and becomes an ETHANE message. (Template 3)

Action Cards to support timely management and coordination of major incidents are available:

- HSPC Director (Appendix 5)
- HSCP SLT Member (Appendix 6)
- HSCP ELT Member (Appendix 7)

4.3 Psycho-Social Response

Preparing Scotland – Responding to the Mental Health Needs of People Affected by Emergencies (2013)⁴ sets out considerations with regards to the design and coordination of a response to meet the psychosocial and mental health needs of all relevant stakeholders impacted as part of a major incident. This model of care should promote the resilience and psychosocial wellbeing of key stakeholders including survivors, bereaved, staff, those affected indirectly, and the wider community.

⁴ [Responding to the Psychosocial and Mental Health Needs of People Affected by Emergencies | Ready Scotland](#)

Although the more serious psychological and mental health impacts should be managed by healthcare specialists, the guidance outlines responders from all agencies can influence the mental wellbeing of those affected – and accordingly – it is expected that all first responders and all other relevant staff receive training in psychological first aid.

Furthermore, it outlines Care for People Teams (section 6.2) should identify senior mental health and social care professionals to give real-time advice to responders during both the emergency response and recovery phase. Advice should be available to all levels of responders and coordinated with other specialist support. Care for People Teams should include people with lived experience of disasters / emergencies.

4.4 Incident Management

The way in which the HSCP manages, co-ordinates and escalates its response to incidents is determined by the scale and impact of the incident (Table 1).

Table 1:

Scale and Impact	Level of Response
<u>Level 1:</u> A small-scale, short term incident with one or more HSCP services	Able to be managed locally by Service/Team Managers (Service/Team IMT activated) keeping HSCP resilience leads and the Council/NHS Emergency Resilience Manager informed
<u>Level 2:</u> An incident impacting on a number of HSCP critical activities, services / service users across the HSCP	Managed at a senior level within the HSCP (SLT) Council/NHS emergency planning may also be activated and Council/NHS Incident Management Teams set up with representation from HSCP and link to HSCP IMT.
<u>Level 3:</u> A significant incident affecting several critical activities across the HSCP and key partners	HSCP IMT activated Council and/or NHS emergency planning Managed by Council/NHS IMT – with representation from HSCP and/or link to HSCP IMT
<u>Level 4:</u> A significant incident with widespread impact on communities and resources necessitating multi-agency co-ordination	Fife Local Resilience Partnership / East of Scotland Regional Resilience Partnership activated Appropriate HSCP involvement in any relevant Incident Management Team(s)

There needs to be an ongoing assessment of the impact(s) and consideration given to escalating the level of response, where appropriate.

To ensure an effective joined up response to, and limit the impact from, any incident or business continuity disruption on Fife’s communities, it is essential that individual actions are not taken in isolation but as part of a co-ordinated approach.

Responses to all levels of incidents will follow four key stages:

- Notification and Initial response
- Activating the response
- Co-ordinating and managing the response, including stand down
- Recovery – return to normal strategy

4.5 Incident Management Teams

An Incident Management Team (IMT) should be established to manage any level of incident at either service / team or Partnership level. Frequency of meetings will be determined by the scale and impact of the incident. There may be occasions where HSCP IMTs may need to meet out with office hours to ensure continued management of the incident. The membership and formality of the Incident Management Team will be proportionate to the level of the incident, as will the generic and specific Roles and Responsibilities (Appendix 8).

➤ **Service/Team Incident Management Team**

For small-scale, short term incidents impacting one or more Fife HSCP services, or minor disruptions to a critical activity at a team level, a Local Incident Management Team will be activated and led by the Team Leader/Service Manager/critical activity owner (as outlined in Business Continuity Plans escalation processes). This may be very small scale, perhaps even just two people, depending on the scale of the incident. The incident / disruption to normal service deliver should be recorded on incident reporting tools (i.e. DATIX for health services and either locally held records (for small scale incidents) or formal Incident Record (Fife Council Emergency Resilience Team) for social care services).

All actions and decisions taken during the response and recovery phases should be recorded within the Action Log section within Business Continuity Plans, and a debrief to include lessons learned should be provided. Any lessons learned, where relevant, should also be recorded within Business Continuity Plans.

At this level of IMT, the critical activity owner will co-ordinate and manage the response to the incident / disruption and assess the need to escalate the response.

➤ **HSCP Incident Management Team**

For significant incidents impacting on a number of Fife HSCP services/service users or a significant disruption to several critical activities across the Partnership, the Fife HSCP Incident Management Team (IMT) will be activated and led by a member of the Senior Leadership Team (SLT). The Fife HSCP IMT will co-ordinate and manage the response to the incident, assessing the need to escalate the response to partners / multi-agency partners. There may be a requirement for sub-groups of the Fife HSCP IMT, for example, staffing, communications or transportation.

Similarly, for significant incidents with widespread impact on communities and / or resources necessitating multi-agency co-ordination, or a significant disruption affecting several critical HSCP activities, including key partners, the HSCP Incident Management Team (IMT) will be activated and led by a member of the Senior Leadership Team (SLT). The HSCP IMT will coordinate appropriate links to any relevant Council, NHS, Local Resilience Partnership (LPR), or East of Scotland Regional Resilience Partnership (EoSRRP) incident management arrangements, including any involvement in sub-groups.

The HSCP Incident Management team will ensure all actions, decisions and lessons learned during the response and recovery phase are recorded and shared as part of debrief procedures. The following templates are available to support this

- Incident Management Team Meeting Agenda (Template 1)
- Incident Log (Template 2)
- Situation (METHANE) Report (Template 3)
- Action Log (Template 4)
- Incident Debrief & Lessons Learned (Template 5)

**Fife Health & Social Care Partnership
INCIDENT MANAGEMENT TEAM
AGENDA (template)**

Date / Time / Venue of meeting

	ACTION
1.	<p>Confirm membership (first meeting)</p> <ul style="list-style-type: none"> ➤ Chairperson ➤ Minute taker ➤ Team members / deputies <p>Confirm all required members / deputies are present and have copies of any relevant emergency or business continuity plans</p>
2.	<p>Situation / Background (overall summary report including nature and extent of the disruption and summary of key events since last meeting)</p>
3	<p>Situation Reports</p> <ul style="list-style-type: none"> ➤ Critical activities affected ➤ Impact on service users / patients ➤ Building damage assessment ➤ IT / telephone availability ➤ Number of employees affected ➤ Impact on suppliers / contractors / partners affected ➤ Imminent risks ➤ Media interest and public relations
4.	<p>Assess effect / impact of the situation on HSCP and decide on future actions / priorities</p> <ul style="list-style-type: none"> ➤ Critical activities: <ul style="list-style-type: none"> • What critical activities are affected? • What are the current priorities? • What are we able to do? ➤ Service Users / Patients <ul style="list-style-type: none"> • Are services users / patients affected? • What is the likely impact on these service users / patients? • What is the vulnerability, demographics, locations of these service users / patients? ➤ Accommodation <ul style="list-style-type: none"> • What premises have been affected? • Anything key stored in those building(s)? • Alternative premises? ➤ IT / telephony <ul style="list-style-type: none"> • Has IT / telephony been affected? • Is IT / telephony critical to the Partnership / Service? • How long might the loss of IT / telephony be?

	<ul style="list-style-type: none"> ➤ <u>Employees</u> <ul style="list-style-type: none"> • Are employees affected? • Consider requirement and needs of vulnerable employees • Agree which employees are required immediately or their ability to be available • Plan what to do with employees not immediately required • Ensure all employees are contactable and verify contact details ➤ <u>Suppliers/contractors/partners</u> <ul style="list-style-type: none"> • Are key suppliers, contractors, partners affected by the disruption? • Are there alternatives available to use? ➤ <u>Legal Obligations</u> <ul style="list-style-type: none"> • Does the HSCP, or partners, have any legal obligations ➤ Health and welfare issues
5.	Assess if there is a need to escalate the level of response Do we need to have sub-groups e.g staffing, transportation?
6.	Information/communication: <ul style="list-style-type: none"> • Key messages • Media relations • Service User/Patient direct-mail • Public information drops • Manager briefings • Elected member briefings • All employee information • Partner providers • Other stakeholders
7.	RECOVERY
8.	Any other business
9.	Chairperson to: <ul style="list-style-type: none"> • summarise and re-affirm priorities/actions • decide if and when next meeting is required

INCIDENT LOG

Incident:	
Location:	
Impacted services:	

Date / Time	
From / To:	
Action:	
Other info	

Date / Time	
From / To:	
Action:	
Other info	

Date / Time	
From / To:	
Action:	
Other info	

Date / Time	
From / To:	
Action:	
Other info	

Signature.....

Date.....

(Template used to detail the up-to-date position of the incident for submission to the Incident Management Team and any onward escalation)

SITUATION (METHANE) REPORT

Report No:		Time:		Date:	
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Incident reported by:	(name)		(service)	
Incident recorded by:	(name)		(service)	

<u>M</u>	Major Incident	Has a Major Incident been declared? YES/NO (if no, the complete ETHANE message)	
<u>E</u>	Exact location	What is the exact location or geographical area of incident?	
<u>I</u>	Type of Incident	What kind of incident is it?	
<u>H</u>	Hazards	What hazards or potential hazards can be identified?	
<u>A</u>	Access	What are the best routes for access and egress?	
<u>N</u>	Number of Casualties	How many casualties are there and what condition are they in	
<u>E</u>	Emergency Services	Which and how many emergency responder assets / personnel are required or are already on-scene?	

Signature.....

Template 4

(Template used to record actions agreed by the Incident Management Team)

ACTION LOG

Description of emergency/business continuity incident	
--	--

Date	Time	Information, decisions and actions to be taken	Action assigned to	Action Status	Comments

INCIDENT DEBRIEF AND LESSONS LEARNED REPORT

Date of debrief	
Location of debrief	
Debrief attendees	

Incident Details (complete where relevant)	
Date if incident	
Description of incident	
Service(s) and critical activities affected	

Key areas discussed

Report contact	
Date	
Tel	
Email	

Areas of Good Practice			
Date of exercise / incident		Description of incident	
		Exercise name	

No	Areas of good practice	Date passed to Resilience Lead

Lessons Identified – Action Plan			
Date of exercise / incident		Description of incident	
		Exercise name	

No	Lesson Identified	Responsible Service/Officer	Action to be taken	Target date for implementation	Date Actioned

4.6 Stand down

Stand down

The Incident Management Team (IMT) will regularly review the incident and determine when it is suitable to issue stand down instructions

The Chair of the IMT is responsible for issuing the stand down instructions and ensuring that all relevant parties are informed.

5. RECOVERY

Recovery is a co-ordinated process of rebuilding, restoring, rehabilitating and, perhaps, regenerating communities following an incident.

Depending on the scale and impact of the incident there may not be an immediate 'return to normal' due to a number of factors, including the need to process information gathered during the incident. Planning for recovery can also be one of the areas included in IMT / response stage. However, it is at the recovery stage that a full recovery strategy should be implemented.

Coordinated recovery strategies will be developed and controlled by the relevant level of IMT. In a major multi agency incident, recovery is led by the Local Authority. A number of impacts should be considered when developing a recovery strategy, including but not limited to:

- iv. Physical impacts (including individuals health, housing, financial needs)
- v. Psychological impacts (personal and community)
- vi. Deaths
- vii. Community displacement
- viii. Community cohesion
- ix. Economic and business impacts
- x. Employment
- xi. Disruption to daily life (educational establishments, welfare services, transport system)
 - Disruption to utilities/services
 - Damage to residential, industrial and public property and security of
 - Empty buildings

Costs of recovery should also be recorded so that the full impact of the incident can be captured.

5.1 Recovery debrief

In all circumstances where an IMT has been activated it is essential to capture lessons learned by a process of incident debriefing and review of appropriate Business Continuity Plan(s). This debrief will be proportionate to the scale of the incident.

Following any incident or activation of any plans an initial debrief session should take place within 14 days and lessons learned from the event should be shared widely within one month to improve processes going forward.

An Action Plan should be drawn up to progress recommendations identified at the debrief session. Where recommendations require a revision of the Business Continuity Plan(s), the Resilience Leads / Service Managers will ensure these are updated accordingly.

5.2 Lessons Learned

Any lessons learned as part of activation of business continuity plans should be recorded within individual service business continuity plans.

6. ROLES & RESPONSIBILITIES

6.1 Specific Roles and Responsibilities:

Members of Fife Integration Joint Board (IJB)

- Have an awareness of the IJB's responsibilities under the Civil Contingencies Act (CCA) 2004
- Have an awareness of the responsibilities of Fife Council, NHS Fife and Fife HSCP in preparing for, responding to, and recovering from incidents
- Advocate resilience training across the Fife HSCP
- Advocate exercising of Fife HSCP recovery / business continuity plans
- Approve and endorse the Fife HSCP Framework (this document)
- Approve and endorse the Resilience Assurance Group annual report, providing assurance on the resilience arrangements in place across Fife HSCP.

Director of Fife Health & Social Care Partnership / Chief Officer Fife IJB

- Responsible for the implementation of the Fife HSCP Resilience Framework (this document) across the partnership and on behalf of the IJB
- Responsible (in conjunction with Fife Council Chief Social Worker) for managing Care for People response, including the activation of the Fife Care for People Response Arrangements
- Approve / lead an appropriate level of incident management response to any incident
- Represent Fife HSCP / IJB at the Fife LRP
- Ensure that the Fife HSCP has appropriate resilience related plans in place and can effectively respond to any incident both during and out-with office hours
- Appoint a Resilience Lead for the Fife HSCP / IJB who will chair the Fife HSCP Resilience Assurance Group and ensure all actions are implemented
- Ensure appropriate attendance at the NHS Fife Resilience Forum

Heads of Service / Senior Leadership Team

- Ensure that services can effectively respond to incidents both during and out-with office hours
- Ensure that services have appropriate resilience related plans in place to respond to incidents
- Ensure that staff within their services have access to an appropriate level of awareness and training to allow them to carry out their role during an incident
- Activate and manage an appropriate level of response to any incidents
- Deputise for the Director of Fife Health & Social Care Partnership as necessary
- Attend the Fife Resilience Assurance Group

Fife HSCP Resilience Leads

- Support the Senior Leadership Team in the development and embedding of incident management processes across the Partnership
- Participate in the development of resilience and business continuity plans
- Participate in training and exercising of plans as appropriate
- Share and receive best practice in emergency resilience and business continuity
- Promote and provide resilience advice within the Partnership
- Support the Senior Leadership Team in the co-ordination of the response to, and recovery from, an incident affecting the partnership.
- Ensure HSCP policy, strategy and processes align with the FC/NHS arrangements

Fife Council / NHS Resilience Teams

- In partnership provide professional advice and assistance to the HSCP
- Ensure that FC/NHS Fife response is co-ordinated with that of Fife HSCP
- Work in partnership to provide specific Emergency Preparedness, Resilience & Response (EPRR) assistance to the HSCP
- Work in partnership to provide PREVENT framework advice
- Work in partnership to provide Emergency Preparedness, Resilience and Response (NHS Fife) framework guidance

Extended Leadership Team

- Responsible for ensuring that the business continuity management process is embedded in their area of responsibility in line with partner policies and framework
- Ensure that critical activity business continuity plans are developed, regularly reviewed and tested
- Ensure employees within their area of responsibility have received an appropriate level of awareness and training on the business continuity management process
- Activate and manage an appropriate level of response to and recovery from any business continuity disruption which has the potential to disrupt the critical activities provided in their area of responsibility

All Fife HSCP Staff

- Have an awareness of, and understand their role during incidents
- Participate in training and exercises, as necessary
- Support the response to and recovery from any incident, as required.

6.2 Care for People

Care for People covers activities that are aimed at providing support to meet people's practical and emotional needs during or after an incident. Support may be required for weeks, months or years following an incident. The direct impact on people's mental health and wellbeing may be less obvious and are often hidden.

Helping people to cope with the immediate and longer-term personal impact of incidents is a vitally important part of effective resilience response and recovery processes. Incidents can affect people in many different ways. Survivors and evacuees can have specific immediate needs as do the family and friends of people who have been affected by incidents. The HSCP will have a key role to play in the Multi-Agency Care for People arrangements.

Jointly led by the Director of Fife HSCP / Chief Officer Fife Integration Joint Board, and the Chief Social Work Officer, Fife's Care for People arrangements incorporate learning from previous events and include:

- The support provided for individuals' personal, physical, practical and health needs
- Direct intervention to assist groups and individuals, including responders
- Sustaining and, if necessary, contributing to the regeneration of communities as part of the recovery process.

Initial care for people considerations may include: current situation; is an evacuation required; is there a need to identify potential 'person's at risk'; is an emergency centre required; and type of support required by those affected.

Fife Care for People Response Arrangements (January 2022) details the arrangement that have been developed to ensure that, as part of the wider multi-agency response to an incident, there is a co-ordinated and effective multi-agency approach to meeting the needs of those who have been affected by an incident. The document forms part of the Fife Local Resilience Partnership suite of resilience plans.

7. RESILIENCE TRAINING & EXERCISING OF PLANS

7.1 Resilience Training

The Senior Leadership Team (SLT) will be responsible for encouraging up-take of resilience training proportionate to level of posts within areas of responsibility.

Training includes e-learning awareness modules and, where available and appropriate, attendance at multi-agency and specific training and briefing events.

Training / learning currently available within the HSCP includes:

- | Health / NHS Fife | Social Work / Fife Council |
|---|--|
| <ul style="list-style-type: none">• Business Continuity Bitesize Training• Digital Resilience Training• PREVENT• Scottish Resilience Development Service (ScoRDS)• CBRN / Hazmat• STAC• MET Office• Lockdown | <ul style="list-style-type: none">• ACT Training (elearning)• Emergency Resilience (elearning)• PREVENT• Scottish Resilience Development Service (ScoRDS) |

The HSCP, in conjunction with Fife Council and NHS Fife will develop protocols and procedures to implement the UK government's counter-terrorism strategy, CONTEST

7.2 Exercising of plans

To ensure resilience / incident / business continuity plans are effective, they should be exercised regularly and updated in line with lessons learned.

All staff with a role to play in responding to an emergency or business continuity disruption should be involved in such exercises.

Senior Leadership Team, via the Resilience Leads, will be responsible for ensuring that critical activity business continuity plans are regularly tested on an annual basis or following an incident. A record of all tests or exercises will be maintained within service Business Continuity Plans.

Support is available from corporate Resilience Teams (Fife Council & NHS Fife) with training, exercising and testing of plans.

Lessons learned as part of testing and exercising should be recorded within Business Continuity Plans.

8 ASSURANCE

8.1 Role of Fife Health & Social Care Partnership in Resilience Assurance

The legislation which amended the list of category 1 responders to include IJB's focussed on the formal inclusion of IJB Chief Officers in emergency planning, not just in their role as a director within a Health Board or Local Authority, but also in their role as the accountable officer of the IJB. In order to meet these requirements, it is expected the Chief Officer will draw on resources from their integrated teams, many of whom will already be involved in this work as Health Board and Local Authority staff.

The Health and Social Care Partnership (HSCP) Resilience Assurance Group (Appendix 10) has been set up with the aim of ensuring, through the principles of Integrated Emergency Management, that the Health and Social Care Partnership supports compliance with the duties of the Civil Contingencies Act (2004) for the IJB, NHS Fife and Fife Council, and seeks and provides assurance that the Partnership effectively prepares for, responds to and recovers from, civil emergencies and business continuity disruptions impacting on Fife's communities and the delivery of health and social care services.

The Fife HSCP Resilience Assurance Group will maintain oversight and assurance of resilience within the Partnership, and will monitor resilience activity, including the resilience group action plan, for the HSCP throughout the year.

The Resilience Assurance Group will provide assurance to the IJB that the Partnership has effective processes in place to prepare, respond and recover from incidents and business continuity disruptions which may affect the delivery of health and social care services in Fife. This assurance will be through the sharing of this document and a programme of Business Continuity Plans quality assurance visits. These visits will be supportive conversations around the robustness of plans and will help guide and support service managers to quality assure their own business continuity plans by a process of self assessment (audit checklist) and thorough review of plans, helpful guidance and best practice examples.

The Resilience Assurance Group will also provide regular progress updates to the HSCP Senior Leadership Team (SLT) Assurance and, through the SLT, will formally report progress to the Integration Joint Board on an annual basis.

Appendices

Fife Health and Social Care Partnership**ASSURANCE CHECKLIST – Business Continuity Plans**

Assurance element	Yes/No	Comments	Any Action Required	Action to be completed:	
				By who	When (date)
Do the plans follow the relevant guidance/templates of the partner Bodies (NHS Fife or Fife Council)					
Have you assessed the risks to the delivery of your service (Risk assessment) and noted the impact each risk could have on the ability to continue to deliver your business (Business Impact Analysis)?					
Are appropriate risks documented in service / department risk registers if necessary					
Does your plan include an incident escalation process / flow?					
Do your plans identify (and prioritise) your critical activities?					
Do your plans set out the Maximum time you could tolerate a disruption for critical activities and how soon you would hope to recover?					

Do your plans consider long term disruption – such as that experienced during Covid 19?				
Do your plans take into account any disruption arising from potential industrial action among NHS staffing cohorts?				
Do your plans highlight activities which could be scaled down or suspended in order to provide resource to critical activities, if necessary?				
Do your plans set out the resources you need to continue to deliver critical services, e.g people (redeployment of staff from closed or scaled down services; shift call offs), buildings, IT, information (access to keys, passwords, contact lists), suppliers etc				
Do your plans include the scenario where a building or part of a building may need to be locked down or extended loss of access to buildings e.g., alternative venue?				
Do your plans have a range of <u>realistic</u> options for continued service delivery?				
Have you checked that options are actually available to you and carried out any preparatory work needed in advance?				
Have you notified the relevant people who you will rely on to support the various options? e.g procurement/suppliers				

Does your plan set out specific Business Continuity Actions and by whom				
Do your plans take into account any learning gathered from the following recent incidents?				
• Covid 19				
• Severe weather - Snow				
• Severe weather - Flooding				
• Severe weather – storms, including loss of power				
Is there evidence of regular review of plans?				
Do all staff have an awareness of the BCP and know where / how to access?				
Do all staff know the role they need to play in the BC arrangements and are trained and confident to carry out these roles?				
Are all contact details up to date?				
Have you ever tested your BC plan (or parts of it) to see if it would work in an incident? Are the lessons learned documented / plan updated as a result.				
Is there agreed succession training, so people know what the work of their line manager or people below them entails				

HSCP Resilience: Blackout SLWG
MATRIX - Equipment

Item	Impact / Concern	Consequences / Affects	Likelihood (RA)	Consequence (RA)	Risk Rating	Mitigation	Contingency
Dynamic Mattresses	Will deflate after an hour; Patients left lying on bed frames; discomfort and pressure risk; patient unable to use bed	Pressure ulcers, pain, risk of infection, calls to specialist teams e.g. District Nursing, Community Childrens Services	Possible	Major	MR (12)	Replace dynamic mattresses with hybrid mattresses (though lower spec than dynamic) [Info from manufacturer - The dynamic air mattresses can be capped so they remain inflated for 24 hours. If power outage is known in advance carers, relatives, neighbours, DNs etc can be asked to do this therefore reducing the need for hybrid mattresses]	Hybrid mattresses can be delivered by FELS in advance if power outage times are known. Capping mattresses reduces the need for hybrids therefore no requirement for large volumes to be purchased
Syringe Drivers	Nil operates on battery	Nil	N/A			Syringe Drivers are battery powered	
Adult: Home Oxygen (concentrators)	Patient will become short of O2; Hypoxia; supplementary oxygen dependent - patient will have no access to oxygen; Reduced O2 saturations; Hypoxic; Patients family anxiety; Risk of hospital admission.	999 call / hospital admission / possible death; Morbidity / mortality	Possible	Major	MR (12)	Can additional concentrator bottles to be provided and pre-filled in advance?	Patients have back up cylinders which can be refilled once power back on for further back up; Patients will be advised to register with the Priority Services Register and staff will advise patients to ensure cylinders are kept topped up in the case of homefill and contact Dolby for back up large cylinders. Staff will prioritise support and welfare visits for those patients in need.

Paediatric: Home Oxygen (concentrators)	Reduced O2 saturations	Supplimentary Oxygen dependant pt have no access to oxygen	Remote (with mitigation)	Major	LR (4)	Patients have back up cylinders which can be refilled once power back on for further back up	
Adult: Suction Machines	Patient will not receive required airway clearance; Airway obstructed with excessive secretions	Discomfort, choking, aspiration pneumonia, hospital admission; Pneumonia or death; Distress for patient and family	Possible (with mitigation)	Major	MR (12)	Machines have batteries installed.	Patients reminded to maintain charge.
Paediatric: Suction Machines	Patient will not receive required airway clearance;	Airway obstructed with excessive secretions	Possible / remote in homecare/residential	Major	MR (12)	All machines have batteries installed. Pts reminded to maintain charge - dependant users with airway adjuncts also have spare machine available. All homecare and residential children have nursing staff who ensure machines are charged at all times	All homecare & residential children have nursing staff who ensure machines are charged at all times. Dependent users with airway adjuncts also have spare machine available (children's services).
Through floor lifts	Patient will be unable to use;	Unable to go up or downstairs to access facilities, e.g. Toilet, bed Health, wellbeing and dignity	Almost certain	Moderate (depending on length of outage)	HR (15)	Service user will know when planned power cut will occur. Residential charge (? Number of lifts). Manufacturers user manual	Service users to be on priority service register where appropriate.
Stair lifts	Patient will be unable to use;	Patient will remain on lower floor; Potential no access to toilet, bed, health & wellbeing; patient and family anxiety.	Almost certain	Minor (with mitigations)	MR (10)	Service user will know when planned power cut will occur. All stair lifts have back up battery which returns to the chair to the ground position - but only goes down not up; use of commodes	Contact relative / neighbour/ carer to assist with food and drink; Service users to be on priority service register where appropriate.

Hoists / tracking hoists	Unable to move patient or provide personal care; patient will be unable to use if residual charge runs out. Cannot recharge battery	Possible pressure sores if no power for extended period; poorer personal hygiene; increased moving & handling for care, safety and comfort; Infection / deterioration of pressure ulcers or new pressure ulcers.	Possible	Moderate (depending on length of outage)	MR (9)	Hoists have spare battery; Preserve battery by using only when necessary.	Remind patients to keep these fully charged; unless power cut is for more than one day, hoists should not be affected due to residual charge
PEG feed	Would not operate; Patient diet not delivered	Patient will not get adequate nutrition	Possible (depending on length of outage)	Moderate (depending on ability to manually syringe)	MR (9)	Can run on battery until battery stops. Manually syringe	Patient education to keep battery charged
Ventilators	Patient become very quickly unwell	Death	Almost certain	Extreme	HR (25)	Back up generator (wards only)	Priority service register

<p>Paediatric invasive BiPap Ventilators and associated humidifiers</p>	<p>Ventilators not charged resulting in manual BVM intervention to maintain respiratory function</p>	<p>Urgent transfer to VHK would be required -</p>	<p>Remote (with mitigation)</p>	<p>Major</p>	<p>LR (4)</p>	<p>Nursing staff provided in home setting to support pt and equipment checks and ensuring all charged happens daily. All bipap ventilators for invasive ventilation have battery back up to 6-8 hrs use and can run without humidification without issue - changes to circuits from wet to dry and ventilation prescription required. All pts have spare ventilator that is fully charged at all times.. Risk assessment in place and shared with staff</p>	<p>Access to spare equipment is also available. Transfer to VHK children's ward would be required if power outage longer than 6-8 hours</p>
<p>Paediatric: Non-invasive ventilation (NiV) CPAP / BI-PAP with associated humidifiers - non-dependent /nocturnal pts</p>	<p>Unable to use ventilation support overnight; Hypoxic</p>	<p>Patient may have poorer sleep / less sleep; Irritable / headache / unwell</p>	<p>Likely</p>	<p>Minor</p>	<p>MR (8)</p>	<p>Back up battery capacity for some. RA completed and shared with staff to inform patients to keep machines charged where they have this ability.</p>	<p>Pts can delay going on machine until power reinstated with minimal adverse outcome. Humidifiers would not work, however, no adverse outcomes</p>

<p>Adult: Non-invasive ventilation (NiV) CPAP / BI-PAP</p>	<p>No internal batteries. Would not operate; Unable to use ventilation support overnight; Hypoxic</p>	<p>Patient may have poorer sleep / less sleep; Irritable / headache / unwell / affect ability to drive</p>	<p>Possible</p>	<p>Minor (with mitigations)</p>	<p>LR (6)</p>	<p>External batteries can be purchased from Res-Med by patient. Re-charged (4hrs) via mains. Run time depends on device and decreases again if humidifier is added. Est run time 14 hrs. Community Nursing: Hard copy of those patients on this intervention will be kept in base and co- ordination with secondary care who have full list of all machines. These machines have a battery back up and are not life supporting. (not according to acute RNS)</p>	<p>Patients not ventilator dependent, so most important is reassuring patients; for devices issued by Fife no external I battery is explained at time of issue. All patients issued with RNS contact details for any questions / queries and reviewed annually. RNS in process of developing a patient information booklet and may include advice re battery / power cuts here. Patients to consider altering sleep times if known power cut is due to be through the night.</p>
<p>Paediatric: Saturation monitors</p>	<p>No access to continual HR and O2sat readings</p>		<p>Remote (with mitigation)</p>	<p>Minor</p>	<p>VLR(2)</p>	<p>Battery back up and are normally plugged in and fully charged at all times. Risk assessment completed and shared with staff to inform pts to keep equipment charged where they have this ability.</p>	
<p>Paediatric: Feeding pumps</p>	<p>Pump not charged and unable to deliver enteral feeds</p>		<p>Remote (with mitigation)</p>	<p>Minor</p>	<p>VLR(2)</p>	<p>Battery back up. Risk assessment completed and shared with staff to inform pts to keep machines charged where they have this ability.</p>	


Paediatric: Nebulisers	Unable to deliver prescribed medications	pt. does not receive medication on time or in an emergency	Possible	Moderate (depending on ability to manually syringe)	MR (9)	Have some battery back up. Risk assessment completed and shared with staff to inform pts to keep machines charged where they have this ability.	
Paediatric: Profiling beds	Patient will be unable to use profiling and height adjustment .	Moving and handling for care, safety and comfort. Health, wellbeing and dignity	Almost certain	Major	HR(20)	Service user to know when power cuts are to occur. Residual charge. Manufacturers user manual	Service users to be on priority service register where appropriate. Check residual charge
Paediatric: Electric wheelchairs	Patient will be unable to recharge chair during power cut	Could restrict patients mobility Health, wellbeing and dignity	Remote	Minor (with mitigations)	VLR(2)	Residual charge.	All powered wheelchair users should have manual chair as a back up.
Paediatric: Powered seating systems	Patient will be unable to recharge chair during power cut	Functional ability and access to daily activities health, wellbeing and dignity	Remote	Minor (with mitigations)	VLR(2)	Service user to know when power cuts are to occur. Residual charge. Manufacturers user manual	Service users to be on priority service register where appropriate. Check residual charge
Item	Impact / Concern	Consequences / Affects	Likelihood (RA)	Consequence (RA)	RA Rating	Mitigation	Contingency
VAC machine	Would not operate. Wound deterioration	Infection, wound deterioration, increase DN visits	Likely	Moderate	MR (12)	Back up normal dressings	Distric Nurse would visit to remove VAC
Vac wound therapy	If not charged the therapy will not work. Delayed wound healing, wound may deteriorate	Infection, admission to acute care, possible limb loss	Possible	Moderate	MR(9)	Use of alternative dressing, ensure patient is aware of need for pump to be charged in advance	
Dialysis	Renal failure		TBC	TBC	TBC	Patients would have to attend hospital for treatment	

LIBRE	Patients using CGM flash glucose testing wont be able to access Libre view system or use device if battery runs out our no systems access.	No alerts for hypos in vulnerable patients. Difficulty reviewing insulin doses treatment changes.	Possible	Minor (with mitigations)	LR (6)	Resume glucometer testing; all patients should already have backup supply strips / lancets / batteries.	
Defibrillators	Unable to utilise life saving equipment	Death	Likely	Extreme	HR (20)	Staff to check defibs and have spare battery; Not applicable in care homes (DNACPR in place)	SAS have list of all defib locations across Fife
Communication Devices	Need charged daily	Patients left without essential communication methods; Detrimental to psychological health as no access to appropriate communication method. Could have impact on physical needs.	Possible	Minor	LR (6)	Some patients have access to low tech resources	
Ipads for therapy use	Need regular charging	Loss of therapy tools which could impact on rehabilitation	Possible	Minor	LR (6)	Where possible, replace with paper based materials	
Radiological equipment used for videofluoroscopy	Cancellation of patient appointments at VF clinics	Reduced access to objective assessment of dysphagia	Possible	Minor	LR (6)	Reliance on subjective assessment of dysphagia	
Video laryngoscopic equipment	Cancellation of joint ENT/SLT clinic	Reduced access to laryngological investigation	Possible	Minor	LR (6)	Patients would have delayed access to clinical investigation	

Area	Impact / Concern	Consequences / Affects	Likelihood (RA)	Consequence (RA)	Risk Rating	Mitigation	Contingency
Loss of Phone signals	S/U: unable to contact family / services / emergency services	Isolation / unmet care or health needs	Possible	(Potential) Major	MR (12)	Paediatric: In homecare - corded landlines provided Advice given to all CCN patients to ensure corded landline available. SN Service would use landlines in health centres which are not affected by blackout or would use mobile phones if possible. Staff would be encouraged to ensure phone was charged prior to blackout	Paediatrics: Travel to nearest Health Centre not impacted by blackout or contact staff in these areas and request they make contact. Adult: Travel to patients home
	Staff: unable to contact patients; unable to contact colleagues / managers; unable to view visits / schedules / care information on phone	Visits not made / unable to notify visits won't be made; loss of contact regarding contingencies and updates of situation; personal safety (lone working)	Possible	Moderate	MR (9)	Paediatric: All staff to report to a NHS building and use landlines. Adult: Paper copy of scheduled patient care kept at base all staff meet at base and work coordinated from there. Return to base regularly to maintain communications	Travel to base Refer to BCPs
Alarms / Telecare	S/U: unable to request assistance	Unmet care or health need; Missed medication, falls, epilepsy etc; Patients who have falling lying in pain unable to get up . Broken bones injuries	Possible	(Potential) Major	MR (12)	S/u mobile phone - ensure fully charged; would link with Community Alarm service mitigation / RA; family connections key; approx 1/4 of users within sheltered accommodation and may have local contingencies in place. Some users have alarms not because of needs assessment (criticality) but own decision - paid for service - need to manage expectations of these users for back-up	Call 999 if emergency; ensure registered with priority services register. Patients to Call 999 if emergency.

Lack of heat / light / electricity	S/U: cold homes; unable to heat up food or make warm drinks	Detrimental to health if core body temp unable to be sustained / children who have difficulty self regulating / maintaining body temperature. Hypothermia / increased hospital admissions pressure ulcers. Unmet care needs	Possible	Moderate	MR (9)	All children who have difficulty maintaining body temperature / or are immobile have been supplied with space blanket and advice regarding extra blanket and sharing body heat. Full risk assessment written. Community hubs / Fife forum for signposting Use mobiles to coordinate with all services and avoid duplication visits. Highest priority patients visited for welfare check.	For Glenmar plan agreed with acute to transfer residents to ward if required. Ensure patients are registered with priority services register.
	S/U: inability to use communication devices.	Detrimental to psychological health as no access to appropriate communication method. Could have impact on physical needs.	Possible	Minor	LR (6)	Some patients will have low tech resources.	
	Inability to modify food textures using electrical equipment	Ineffective management of dysphagia	Possible	Moderate	MR (9)		
	School closures / inability to charge electric cars	Staff with children may face child care issues as schools send them home. Staff with electric cars may not be able to get to work if unable to charge vehicle.	Possible	Moderate	LR (6)	Advise staff to keep cars efficiently charged.	As per BCPs

	Babies Bottles	Sterilisation of bottles, making up of formula feeds correctly	Possible	Minor (with mitigation)	LR (6)		
	Lifts	Lifts in high rise flats for access - carrying equipment / baby scales	Possible	Minor (with mitigation)	LR (6)	Change home viist for another day / time	
	Refridgerated medication	How long would specific meds last before deemed in-effective; controlled drugs for palliation?	Likely	Moderate	MR (12)	Patients advised to keep fridge door closed as much as possible; residual temp may be enough to maintain efficacy of medication	Ice packs / cool boxes (for Care Homes)
Loss of lights	Dark homes: Injury	Risk of falls; Trips / falls / injury to patients and staff, increased pressure on A&E depts, SAS and hospital admission.	Possible	Moderate	LR (6)	Advise patients to ensure they have torches (head / hat with built in torches or regular torches) and batteries. Educating patients to be careful mobilising and clear any clutter in the home; flasks of hot drinks, snacks near them and commode to reduce risk off all forms mobilising in dark.	
	Staff: dark streets (walking carers)	Risk of falls and related absence; personal safety; providing / administering care in darkness; operating medical machinery in darkness. Unmet care needs	Possible	Moderate	LR (6)	Phones charged / back up secondary batteries for power Torches and batteries. Aware of personal safety and surroundings. All Care at Home staff have head torches	Staff to have torch / hi-vis jackets / first aid kits

	Dark homes: Unable to adequately assess patients	Misdiagnosis. Not being able to carry out specific treatments due to safety (i.e debridement of wounds). Cancellation of patients. Potential for deterioration of wounds - infection, delayed wound healing, admission to acute care, amputation. Increased waiting times to access services.	Possible	Moderate	LR (6)	Offer appointments earlier in the day to make use of natural lighting. Possible battery powered lighting. All Care at Home and Childrens Services staff have head torches	
	Buildings: unable to provide adequate care	Unmet health care needs; Generators may not power everything e.g. lifts. Increase waiting times for procedures. Deterioration of health.	Possible	Moderate	LR (6)	Back up generators in hospitals. Care prioritised and some care cancelled.  List of generators-back up time	
Meals on wheels / meal provision	S/U: sustained time without food & nutrition; or unable to re-heat if delivery is made	Hunger; unable to take certain meds on empty stomach; insulin /hypoglaecemia. patient unwell. Hypos, increased burden on A&E departments, general physical deterioration in frail elderly.	Likely	Moderate	MR (12)	Encourage patients to ensure they have plenty fluids and non perishable snacks that don't require heating available, glucotabs sugary drinks etc. Poverty - stock of food for vulnerable families/impact on staff referring to foodbanks	Check with other services involved looking after patients if none, do welfare check.
Gas implications	linked to above re heat; no access to hot water	Personal hygiene; infection control, maintaining core body temp. Potential for gas to be left on unlit - risk	Possible	Moderate	LR (6)	Blankets Wet wipes keep as clean as possible given circumstances.	Check with other services involved looking after patients if none, do welfare check. Patients to register with

		of explosion.					priority services if appropriate
Fuel pumps	Lack of fuel for cars / buses / trains; Staff unable to get to work or see patients Carers/ relatives unable to get to work or visit patients	Unmet care needs. Staff may be unable to travel to work or have fuel to do community visits	Possible	Moderate	LR (6)	RAG system in place for prioritised critical activities Staff to walk/cycle / go to nearest base to help. Would NHS staff be given priority access to fuel pumps in the hours they are working? Similar has been put in place in previous fuel shortages?	BCPs / essential visits patients visits will be prioritised according to RAG
Water pumps	High rise buildings	No water	TBC	TBC	TBC	Multi-agency meetings taking place	
Generators	Not all sites have generators / 24/7 back-up; fuel generated? Links to fuel pumps and availability of fuel / tankers	Unmet health care needs; Generators may not power everything e.g. lifts. Increase waiting times for procedures. Deterioration of health. Patients health deteriorates / isolation / increased confusion.	Possible	Moderate	LR (6)	Back up generators in hospitals. Care prioritised and some care cancelled.	
Vulnerable patients	Need to consider not just health / social care vulnerability but also e.g cognitive impairment (dementia), sensory loss / impairment	Increase waiting times for procedures. Deterioration of health. Patients health deteriorates / isolation / increased confusion. Increased hospital admissions. Patients not getting medication or treatment / prompts to eat etc Staff or relatives/ carers not able to visit patients	Possible	Minor	LR (6)	Services / access to lists of vulnerable patients Individual team to RAG patients on their caseload for identification. Printed off and held securely at base. Carers relatives may be able to support more and will be aware of vulnerable people.	Co-ordinate with other services and welfare check for those not under teams.



	<p>Children on Child Protection Register and vulnerable children on additional caseload</p>		<p>Possible</p>	<p>Minor (with mitigation)</p>	<p>LR (6)</p>	<p>Access to lists of vulnerable patients Health Visiting Service do not have access to an at-risk register of all vulnerable children on caseloads across Fife; Criminality to be considered for theft & fraud to vulnerable people; IRDs - being able to conduct these in a timely manner should immediate child protection concerns be present</p>	<p>Understanding of vulnerability Ensuring premature babies are kept warm at home - additional blankets would require to be provided. SN service would travel to a Health Centre in an area unaffected by the blackout or contact staff from the other area and request they complete the IRD</p>
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HSCP Resilience: Blackout SLWG
 MATRIX
 - Digital

Area	Impact / Concern	Consequences / Affects	Likelihood	Consequence	Risk Rating	Mitigation	Contingency
Phone signals	S/U: unable to contact family / services / emergency services	Isolation / unmet care or health needs Will not be able to coordinate care with other services if desk phones and mobiles down . Unable to contact emergency services	Likely	Major	HR (16)	Travel to patients home Staff meet at base arrange welfare checks home visits to priority vulnerable patients . Paper copy of scheduled care for week kept securely at base with patients addresses etc.	Visits / critical activities planned as per BCPs. Pre-agreed service muster points / key base
	Staff: unable to contact colleagues / managers; unable to view visits / schedules / care information on phone	Visits not made / unable to notify visits won't be made; loss of contact regarding contingencies and updates of situation; personal safety (lone working) Will not be able to coordinate care with other services if desk phones and mobiles down. Unable to contact emergency services. Loss of contact regarding contingencies and updates of situation. Loss of peer / specialist or medic support & escalation process - e.g. when staff member unsure how to proceed in a situation. Visits and care packages missed or duplicated, unable to notify patients cancelled visits. Difficulty coordinating with team or wider teams. Loss of communication with senior management unable to follow lone working policy by updating team as to location or safety. General physical /mental deterioration	Likely	Moderate	MR (12)	Will need to make best judgement call if unable to access peer support . (Mobile phones can be used if desk phones down) If mobiles down visits required. Lone working for Children's Services implement "Safe & Together" guidance which we adhere to (only if we have a mobile signal). SN service would use landlines in health centres which are not affected by blackout or would use mobile phones if possible. Staff would be encouraged to ensure phone was charged prior to blackout	Travel to health centre in area unaffected by blackout, or contact SN staff in another area. As per BCPS

		<p>of patients if visits missed. Increased mortality if unable to contact emergency services. Public and patient frustration at unmet care needs.</p>					
	<p>Staff: unable to provide immediate advice via advice or enquiry lines or conduct initial conversations with patients and families.</p>	<p>Reduced access to immediate advice and support for self-management. Reduced access to services</p>	Possible	Moderate	LR (6)		
	<p>No access to telephone referral systems and processes</p>	<p>Reduced access to service and impact on waiting times. Risk that referrals are missed and therefore unmet need. NHS24 systems may be affected.</p>	Possible	Moderate	LR (6)		

Fife HSCP Resilience Guidance Note for Power Outage

1. Awareness of Emergency Information

There is a significant amount of information from utility companies on what to do in the event of a power cut. This should be made available, or signposted to staff, partners and service users, as appropriate, and included in business continuity and incident/evacuation plans, where relevant.

Service users / patients and properties where services are delivered, including care homes, group homes and respite units should be registered, or encouraged to register, with their service provider as a Priority Customer.

For SPEN (Scottish Power Energy Network), people can join SP Energy Networks Priority Services Register if they are;

- Over the age of 60
- Have a special communication need
- Depend on electricity for home or medical care
- Have a child under 5 years of age
- Have chronic illness
- Or just feel they need a little extra help.

People can also register with SP Energy Networks if they feel they need support for a short period of time e.g. if they are recovering from an operation, if they are pregnant, or if they are recently bereaved.

Being on the register won't necessarily mean they can restore their power more quickly, but SP Energy Networks will try to proactively contact and support people on the register if they know of a problem in that person's area.

Other providers also offer a similar service, e.g., SSEN (Scottish and Southern Electricity Networks). See links below.

2. Awareness of essential equipment/systems – actions prior to a power outage

Services should be aware of the essential equipment and systems needed to provide services and these should be noted within business continuity plans. Refer to the Blackout Matrix (accompanying this guidance) for identified mitigations, considerations and risk ratings.

Emergency mobile telephones should be fully charged at all times, and location of phone should be known to staff. Essential staff contacts / essential telephone numbers should be kept up to date at all times.

For IT systems, power should be available in locations with generator/uninterrupted power supply back up. The information we have currently highlights the generator / uninterrupted power supply provision as per below.

The provision available at the different locations is variable in terms of time, and coverage, i.e., it may not power everything, and is reliant on the provision of fuel. If in doubt, please contact relevant Estates personnel.

Sites with back up generators and / or uninterrupted power supply:

Site	Emergency Generator length of time (approx. based on general electricity usage)	Capacity to supply all electrical requirements on site?
Adamson Hospital	2.3 days	Yes
Cameron Hospital	3-4 days	Yes
Glenrothes Hospital	3-5 days	Yes
Lynebank Hospital	6-7 days	TBC
Queen Margaret Hospital	3-4 days	Essential electrical services only (includes lifts, doors)
Randolph Wemyss Hospital	4-6 days	Yes
Stratheden Hospital	4-5 days	Yes
Whyteman's Brae Hospital	5-7 days	Essential electrical services only
Victoria Hospital	10-11 days	TBC
St Andrews Hospital	2-3 days	TBC
Fife Council Contact (data) Centre	Uninterrupted power supply	

The provision of uninterrupted power supply at Victoria Hospital and Fife Council Data Centre should allow for IT systems with their servers based there to remain unaffected. If you are unaware where your main IT system server is based, please contact Digital & Information Resilience (NHS Fife).

Where equipment is in service users / patients homes the service should ensure they have a record of this; it should be recorded in care plans, as necessary, and the service should ensure the service user / patient has the following information where appropriate:

- Guidance from the provider/supplier on how to use the equipment
- Battery back-up system, where appropriate, and provider/supplier guidance on how to use this and how to check the batteries are functioning
- If there is no local back up system, the service user/patient should be made aware of this and either advised of an alternative or that we may be unable to do anything further or continue to provide the service if the power should go down e.g., Community Alarms which are provided by an external source.

3. Actions during / following a power outage

- Activate any relevant mitigations highlighted in business continuity plans / risk assessments / Blackout Matrix.
- Ensure all equipment / systems are working when power comes back on
- Check to see if replacement batteries are required – this may be highlighted in supplier / provider guidance.

Useful Links

- Priority Services Register SPEN - [Priority Services Register - SP Energy Networks](#)
- Power Cut Information - [UK Power Cut Call 105 Free| Find Your Electricity Provider \(powercut105.com\)](#)
- Priority Services Register SSEN - [Power cuts & safety - SSEN](#)

WINTER CONTINUITY PROFORMA

Name:		Designation:	
Normal Base:		Nearest NHS Base:	
Days & Hours of work:		Mobile Number: Email address	
Do you anticipate any issues over winter potentially impacting on you ability to attend work?			Yes / No
If yes, what are these issues?	(a) Adverse weather impacting on ability to travel to work (b) Carers needs (c) Other (please detail)		
Is there anything that we can do to support you with your personal continuity plans to enable you to attend for duty?	(a) No, you already have personal continuity plans in place (b) You would like to consider flexible working e.g. working evenings or weekends (c) Other (please detail)		
NHS Fife policy allows for a maximum of 3 days off due to adverse weather impacting on ability to travel to work. If adverse weather impacts on your ability for longer than this time then do you plan:	(a) To use annual leave (b) Use annual leave but with further discuss having unpaid leave later in the year (c) Other proposal (please specify)		
If we were experiencing challenges covering particular times within the service would you be willing to be contacted to consider flexible working to meet service needs e.g. to identify if you may be free to work a weekend or evening?			Yes / No
We may need to consider how we support business continuity and deployment of staff across NHS Fife. If it is identified that your nearest base is not your usual workplace and you are unable to travel to your usual workplace; we may need to share your details (Name/Designation/Hours of work and work mobile number) with the relevant team leader in that area to ensure that they are			

expecting you when you report to your nearest base and to enable appropriate allocation of workload.

Please indicate if you wish to have further discussion with your team leader regarding this.

Yes / No

During adverse weather priority will be placed on sustaining essential services only. This will require setting priorities within services and potentially redeploying staff to work in other teams or departments to undertake alternative roles that are within your level of knowledge, skill and professional competence.

Are there any particular skills that you would like to highlight or any concerns or limitations that you wish to bring to our attention? please detail:

As part of our review of plans last winter; staff identified that they would find it valuable to be buddied up with people locally who are not experiencing difficulties travelling to work so that they can travel together. (Eg they have a 4 x 4 vehicle or live further down the same estate). Are you happy for us to share your name and work mobile number to enable you to make contact/or be contacted to support transportation.

Are there any other issues that you would wish to bring to our attention?

Signature: _____ Date: _____

Please return the completed form by:

Incident Level 4 Action Card – Director of FHSCP (Gold Command)				
	Version	Ratified Date	Review Date	Date Published
Fife Health & Social Care Partnership	V01.0	29/08/2023	31/01/2024	
Location	Incident Management Team: PRIMARY Meeting Space: Virtual Control Room / HSCP Headquarters, Fife House, Glenrothes SECONDARY Location: Control Room, Lynebank Hospital ALTERNATIVE Location: Bankhead Depot, Glenrothes or Cameron Hospital Training Centre, Windygates			
Role Description	To consider the wider impact of the incident on Fife Health & Social Care Partnership services for the immediate & long-term future to enable a recovery plan to be developed			
Key Contacts:				
HSCP Communications	Tel: TBC Email: fifehscpcommssupport@fife.gov.uk Out-of-hours contact Switchboard of partner bodies: <ul style="list-style-type: none"> ➤ NHS Fife: 01592 643355 ➤ Fife Council Contact Centre: 0345 1 55 00 99 ➤ Fife Council Resilience Team: 01592 583544 In the event of a major incident, Police Scotland, as lead agency, will initiate communication through agreed channels.			
Scot Gov Health EPRR Contact Tel Numbers:	0131 244 2429: Weekday working hours (08:30 to 17:00) 07623 909981: (Out of hours Emergency pager)			
GATHER INFORMATION AND INTELLIGENCE				

- Assume** the role of **Gold Commander** for partnership related **major incidents**. Commence **Incident Decision Log** to ensure decisions made and / or actions taken are documented.
- Emails:** If during working hours and of significant scale, instruct PA to monitor emails and inform you immediately of any significant ones relating to the incident.
- Base yourself in the Fife HSCP Headquarters** (where practicable); this is to ensure you maintain a strategic Partnership-wide perspective. If a major incident occurs within NHS Fife or Fife Council then initiate Silver Control within Fife HSCP
- Establish** the Fife HSCP IMT and maintain close liaison with SLT Members and Silver / Bronze Controllers (if applicable) for Partnership related major incidents. For multi-agency / partner major incidents, maintain close liaison with partner IMTs. If comms systems are down, consider nominating a runner to relay messages.

ASSESS RISKS AND DEVELOP A WORKING STRATEGY

- Receive** regular updates from the Incident Control Team of the situation
 - What? – So What? – Now What?**
 - Details will be communicated and logged using the (M)ETHANE Acronym.
 - M:** Has a major incident been declared, by whom & what type?
 - E:** Exact location of incident
 - T:** Type & details of the incident
 - H:** Hazards present or suspected
 - A:** Access routes that are safe to use
 - N:** Number & Types of casualties
 - E:** Emergency service present or requested
- Discuss** with Public Health Executive regarding a Scientific & Technical Advisory Cell (STAC)
- Consider**, alongside Fife Council and partners, standing up a Care for People Group
- Consider** the requirement to inform NHS Fife Board Chief Executive / NHS Fife Acute / NHS Fife Resilience Team / Fife Council Chief Executive / Fife Council Resilience Team
- Consider** the requirement to escalate to the Fife Local Resilience Partnership and the East of Scotland Regional Resilience Partnership
- Consider** the requirement to escalate to Scottish Government Health EPRR through the **EPRR Sitrep**
- Other CEs:** When appropriate, establish contact with CEs of local partners and stakeholders. Provide information on the Partnership's response when necessary.
- Comms/Media:** Maintain close links with the Comms Team; ensure that you are available (when required) to give media statements that you and the Partnership Comms Team have prepared, with input from NHS Fife & Fife Council Comms Teams and Police Scotland where necessary.

CONSIDER POWERS, POLICIES AND PROCEDURES

- Ensure** incident-specific plans are being implemented.
- Two Hourly Major Incident briefing:** Maintain awareness of 2-hourly Major Incident briefing within the Incident Control Team and prepare to be briefed by exception by Gold / Silver / Bronze command

IDENTIFY OPTIONS AND CONTINGENCIES

- Relief:** If it is a prolonged incident assess need to call in a Deputy Director to take over from you after 6-8 hours or when necessary. Conduct a full Handover/Takeover (HOTO).

STAND DOWN, RECOVER AND REVIEW

- Recovery:** Begin to consider the wider impact of the incident on the Partnership services for the immediate & longer-term future. Oversee the Partnership recovery and return to 'normal' service.
- Stand down:** The decision to stand down must be made in liaison with the Incident Management Team (Strategic/Gold) having performed a full assessment of the continuing impact of the incident on the Partnership. Ensure Incident declaration update is communicated ("**Major Incident – STAND DOWN, or Major Incident – CANCELLED**") to all staff and any external agencies initially informed.
- Post incident:** Consider the post incident requirements, such as business continuity issues, finance, VIP visit, media etc.
- Debrief:** Attend the 'hot' debrief immediately after the incident.
- Sitrep:** Ensure details of the incident are included as required in Sitrep reports.

Incident Level 4 Action Card – Senior Leadership Team (Silver Command)				
	Version	Ratified Date	Review Date	Date Published
Fife Health & Social Care Partnership	V01.0	29/08/2023	31/01/2024	
Location	Incident Management Team: PRIMARY Meeting Space: Virtual Control Room (MS Teams) SECONDARY Location: Fife HSCP Headquarters, Fife House, Glenrothes ALTERNATIVE Location: Bankhead Depot, Glenrothes or Cameron Hospital Training Centre, Windygates All locations will have Major Incident folders with copies of all relevant plans, procedures and actions cards.			
Role Description	To lead Fife HSCP’s strategic response to a Level 4 Major Incident, set the aim and support decision making. Lead the Partnership’s activity and formulate the Silver / tactical plan to achieve the strategic aim set by the Strategic (Gold) Command Responsible for analysing the overall impact of the incident on staff, patients & services, and planning the return to regular service delivery.			
Key Contacts:				
HSCP Communications	Tel: TBC (Monday-Friday 9am-5pm) Email: fifehscpcommssupport@fife.gov.uk Out-of-hours contact Switchboard of partner bodies: <ul style="list-style-type: none"> ➤ NHS Fife: 01592 643355 ➤ Fife Council Contact Centre: 0345 1 55 00 99 ➤ Fife Council Resilience Team: 01592 583544 In the event of a major incident, Police Scotland, as lead agency, will initiate communication through agreed channels.			
Scot Gov Health EPRR Contact Tel Numbers:	0131 244 2429: Weekday working hours (08:30 to 17:00) 07623 909981: (Out of hours Emergency pager)			
GATHER INFORMATION AND INTELLIGENCE				

- Assume the role of Silver Commander.** Commence **Incident Decision Log** to ensure you document decisions made and/or actions taken.
- For incidents where physical presence is required, base yourself in the HSCP Director’s Office** (where practicable); this is to ensure you maintain a strategic Partnership-wide perspective. Keep in regular contact with the On-Call Manager. If comms systems are down, consider a team of runners to relay messages.
- Check details** of incident & current situation with Incident Manager (manager of affected area who instigated escalation / or multi-agency MACC)
- Notify:** The HSCP Director and Senior Leadership Team
- Establish Incident situation:** Obtain a Rereport from affected service if available. If unavailable, known details should be logged using the (M)ETHANE Acronym:

- **M**: Has a major incident been declared, by whom & what type?
- **E**: Exact location of incident
- **T**: Type & details of the incident
- **H**: Hazards present or suspected
- **A**: Access routes that are safe to use
- **N**: Number & Types of casualties
- **E**: Emergency service present or requested

Log this in the **Incident Decision Log** and display this in the central Control Room

- For incident-specific guidance** refer to HSCP Resilience Framework
- Ensure** all above standby actions have been taken and are logged (templates within major incident folder / HSCP Resilience Framework)

ASSESS RISKS AND DEVELOP A WORKING STRATEGY

- Formulate the Strategy**: Formulate a written strategy & identify the Partnership's aims and objectives to drive the resolution of the incident.
- Establish Incident Management Teams** as required and convene initial meeting (refer to HSCP Resilience Framework)
- Ensure Airwave Radios** as contingency against loss of normal comms. IBIS (Airwave) radios, provided by Police Scotland for Major Incidents, should then be used to contact all multi-agency partners
- Contact other agencies**: Ensure that contact has been made with NHS Fife, Fife Council, Police Scotland, Scottish Fire & Rescue, Scottish Ambulance Service control rooms, neighbouring Boards and Local Authorities if necessary and mutual aid requested through LRP if needed
- Consider** requirement to contact NHS24 to redirect patients/reduce site footfall
- Consider** the requirement to escalate to the East of Scotland Regional Resilience Partnership (EOSRRP); and advise / request escalation via HSCP Director / HSCP IMT
- Consider** the requirement to escalate to Scottish Government Health EPRR through the **EPRR Sitrep** via HSCP Director / HSCP IMT
- Comms**: Ensure that the Comms Team and Senior Leadership Team inform all staff of the incident & nature of the Partnership's response. HSCP Comms Team will work with NHS Fife, Fife Council and Police Scotland on messages out to the public for multi-agency major incidents.
- Support** the Duty/Service Manager/Silver's decision making as necessary during the incident
- Estates and Security**: Consider Site lock down with Facilities & Security

CONSIDER POWERS, POLICIES AND PROCEDURES

- Invoke** incident-specific plans and ensure actions within those plans are implemented.
- Consider** the need to allocate staff to relieve those allocated earlier.
- Consider the psychological impact** of the incident on staff within these areas
- Two Hourly Major Incident briefing**: Establish & Chair 1 to 2-hourly Major Incident briefings within the Incident Control Team (Silver), documenting updates & actions for completion. Brief by exception the HSCP Director

IDENTIFY OPTIONS AND CONTINGENCIES

- Relief**: If it is a prolonged incident assess need to call in another Senior Leader to take over from you & within the Incident Control Team after 6-8 hours or when necessary. Conduct a full Handover/Takeover (HOTO).
- Identify a Recovery Lead** and ensure they are developing plans for incident recovery (in liaison with wider Senior Leadership Team / HSCP Resilience Lead)

STAND DOWN, RECOVER AND REVIEW

- Recovery:** Start to consider the longer-term recovery issues & the need to enact part/all of the Business Continuity Plans. If it is a prolonged incident or a large impact on Partnership operations is expected, a Recovery Team will need to begin this process early
- Recovery:** Oversee the Partnership's recovery and return to 'normal' service. Following a sustained incident, there may be a requirement to set up a Recovery Team.
- Stand down:** The decision to stand down must be made by the Incident Management Team (Strategic/Gold) having performed a full assessment of the continuing impact of the incident on the Partnership. Ensure Incident declaration update is communicated ("**Major Incident – STAND DOWN**, or **Major Incident – CANCELLED**") to all staff and any external agencies initially informed.
- Post-incident:** Consider the post-incident requirements, such as Business Continuity issues, finance, VIP visit, media etc.
- Debrief:** Attend the 'hot' debrief immediately after the incident.
- Sitrep:** Ensure details of the incident are included as required in Sitrep reports.
- Documentation:** Complete any documentation created during the incident, and file in agreement with HSCP Director

Incident Level 4 Action Card – Extended Leadership Team (Bronze Command)				
	Version	Ratified Date	Review Date	Date Published
Fife Health & Social Care Partnership	V01.0	29/08/2023	31/01/2024	
Location	Incident Management Team: PRIMARY Meeting Space: Virtual Control Room (MS Teams) SECONDARY Location: Control Room, Lynebank Hospital ALTERNATIVE Location: Depending on location of incident All locations will have Major Incident folders with copies of all relevant plans, procedures and actions cards.			
Role Description	Major Incident Declared: Lead the Partnership’s activity and formulate the Bronze plan to achieve the strategic aim set by the Silver & Gold Command. Determine priorities in obtaining and allocating resources as required, planning & coordinating tasks.			
Key Contacts:				
HSCP Communications	Tel: TBC (Monday-Friday 9am-5pm) Email: fifehscpcommssupport@fife.gov.uk Out-of-hours contact Switchboard of partner bodies: <ul style="list-style-type: none"> ➤ NHS Fife: 01592 643355 ➤ Fife Council Contact Centre: 0345 1 55 00 99 ➤ Fife Council Resilience Team: 01592 583544 In the event of a major incident, Police Scotland, as lead agency, will initiate communication through agreed channels.			
Scot Gov Health EPRR Contact Tel Numbers:	0131 244 2429: Weekday working hours (08:30 to 17:00) 07623 909981: (Out of hours Emergency pager)			

GATHER INFORMATION AND INTELLIGENCE

- Proceed to the Secondary location (Control Room, Lynebank). **Ensure it is set up** & control access to those with specific roles.
- Commence **Incident Decision Log** to ensure you document decisions made and/or actions taken.
- Establish Incident situation:** Obtain a (M)ETHANE report from affected service if available. If unavailable, known details should be logged using the (M)ETHANE Acronym.
 - **M:** Has a major incident been declared, by whom & what type?
 - **E:** Exact location of incident
 - **T:** Type & details of the incident
 - **H:** Hazards present or suspected
 - **A:** Access routes that are safe to use
 - **N:** Number & Types of casualties
 - **E:** Emergency service present or requested

Log this in the **Incident Decision Log** and display this in the central Control Room

- Establish Partnership situation:** Establish current situation within the Partnership relating to capacity, staffing & anything else that may affect the Partnership's ability to deliver critical services and display in the Incident Control Room.
- Brief Heads of Service:** brief on current situation and actions
- Consider** the need to call in specific staff now prior to a declaration of a major incident. If Staff don't need to come in yet create a list of the staff you might need to call in at Declared Status & ensure you have their contact details to hand

ASSESS RISKS AND DEVELOP A WORKING STRATEGY

- Awareness of the Strategy:** Obtain the written strategy from SLT (Silver Command) / HSCP Resilience Lead
- Capacity:** Liaise with the Clinical / Service Managers for current service positions aligned to OPEL Framework guidance
- Liaise** with Mortuary Manager/Department in Mass Casualty incidents (where applicable)
- Partnership-wide activity:** Decisions may have to be taken concerning ceasing of non-critical activities (liaise with SLT (Silver Command) and refer to the HSCP Remobilisation Plan). This info must be relayed to all appropriate clinical / service managers
- Staffing:** In conjunction with the Heads of Services / Service Managers / Heads of Nursing deploy nursing & support staff to relevant areas (if required)
- Ensure** wellbeing of all staff groups during what may be very distressing times and ensure Pastoral Care / peer support is available
- Ensure** all media enquiries are directed to relevant Comms department via agreed channels

CONSIDER POWERS, POLICIES AND PROCEDURES

- Security:** Consider Site lock down with Facilities & Security
- Consider** the need to allocate staff to relieve those allocated earlier.
- Consider the psychological impact** of the incident on staff within affected areas.
- Two-Hourly Major Incident briefing:** Attend 2-hourly Major Incident briefings within the Incident Control Team chaired by Gold (Strategic) Controller. Ensure an update is sent out to all relevant staff / services

IDENTIFY OPTIONS AND CONTINGENCIES

- Relief:** If it is likely to be a prolonged incident assess need to call in another Manager to take over from you after 6-8 hours or when necessary. Conduct a full Handover/Takeover (HOTO).

STAND DOWN, RECOVER AND REVIEW

- Stand down:.**
 - The decision to stand down must be made by the HSCP Director (Gold Command) having performed a full assessment of the continuing impact of the incident on the Partnership.
 - Inform the Comms Team & the Heads of Service when the decision to Stand down has been made to allow them to communicate this to all areas. This will be achieved through the Comms Team (all staff emails/Blink/NHS Fife Website etc) & via Heads of Service and Heads of Nursing
 - Notify all external agencies previously notified of the stand down declaration
- Recovery:** Together with the HSCP Director or Senior Leadership Team consider the business continuity implications caused by the incident & work with the Recovery Team (which HSCP IMT will set up) & prepare a plan to address them.
- Post-incident:** Consider, with Gold Command, the post-incident requirements, such as business continuity issues, finance, VIP visit, media etc.

- **Establish a 'hot' debrief** for staff that responded to the incident. Ensure ALL staff involved are aware.
- **Maintain IMT:** Ensure that the Incident Management Team remains established – with phones connected & staff present, for 1-2 hours after stand-down.
- **Documentation:** Complete any documentation created during the incident, and file in agreement with HSCP Director.

Appendix 8

INCIDENT MANAGEMENT TEAM (IMT): Generic Roles and Responsibilities		
	Local IMT (Small scale incident)	HSCPT IMT (Medium/large scale / major incident)
Assessing what has happened and the impact to the Team / Service / Partnership	✓	✓
Providing a service-wide / Partnership coordinated response, taking into account changing circumstances	✓	✓
Assessing if there is a need to escalate the level of response	✓	✓
Liaising with and providing updates to Fife Council / NHS Fife corporate incident management teams		✓
Escalation to Fife Local Resilience Partnership (LRP) or East of Scotland Regional Resilience Partnership		✓
Receiving updates and delegating tasks to operational teams	✓	✓
Ensuring the prioritisation and continuity of critical activities affected by the disruption, including considering the need to cease non-critical activities	✓	✓
Ensuring clinical safety is prioritised, where necessary, following advice from professional clinical leads and the Chief Social Work Officer	✓	✓
Ensuring relevant <i>Care for People</i> actions are considered, including the need to escalate	✓	✓
Coordinate the re-deployment of staff and other resources within the service	✓	✓
Developing the communications strategy in liaison with the Communications Programme Manager, ensuring the response is communicated consistently to staff, IJB Board Members, Fife community partners, media and other stakeholders		✓
Linking with LRP and any associated sub groups, as appropriate to the level of the incident		✓
Identifying and taking any HR decisions, in conjunction with advice from Fife Council and NHS Fife as required		✓
Develop the recovery strategy for returning to normal business	✓	✓
Once critical activities are re-established, agree / activate the action plan for recovery of non-critical activities	✓	✓
Issuing 'stand down' instructions	✓	✓
Making arrangements for the debrief of the incident(s)	✓	✓
Protecting the reputation of the HSCP	✓	✓

Appendix 9

INCIDENT MANGEMENT TEAM: Specific Roles and Responsibilities					
Key Tasks	Director of H&SCP; Social Care / Senior Leadership Team	Service Manager / Team Manager / critical activity BCP owners	Communications Representative	Resilience / Business Continuity Leads	Admin / Business Support
Approve appropriate level of response	✔	✔			
Establish arrangements for relevant level of IMT	✔	✔			
Member of HSCP / Service IMT		✔	✔	✔	
Record the actions and decisions taken by the HSCP / Service IMT					✔
Monitor the progress of actions					✔
Provide advice to the IMT on communications issues			✔		
Arrange for internal and external communication, as directed by IMT			✔		
Linking with Local Resilience Partnership (LRP) and LRP Sub Groups	✔				
Liaise with communications representatives on Council or NHS corporate IMT(s), if formed			✔		
Provide regular updates to senior management		✔			
Provide advice, assistance and support				✔	
Liaise with Fife Council and NHS 'Resilience Teams'				✔	
Issue stand down instructions	✔	✔			
Lead de-brief on the response to the incident and identify / action lessons learned	✔	✔			
Lead the recovery process	✔	✔			

Fife Health & Social Care Partnership

RESILIENCE ASSURANCE GROUP

TERMS OF REFERENCE

1. INTRODUCTION

1.1 The Civil Contingencies Act 2004 lists the Integration Joint Board (IJB), NHS Boards and Local Authorities as Category 1 responders, and as such, places specific duties on these organisations as follows:

- Assess the risk of emergencies occurring and use this to inform contingency planning;
- Put in place emergency and business continuity plans and arrangements and a resilience training and exercising programme;
- Maintain arrangements to warn, inform and advise staff and the public in the event of an emergency and/or business continuity incident
- Share information with other local responders to enhance co-ordination; and
- Co-operate with other local responders, supporting the local and regional resilience partnerships

2. AIM

The aim of the Fife Health & Social Care Partnership Resilience Assurance Group is to ensure, through the principles of Integrated Emergency Management that the Health and Social Care Partnership supports compliance with the duties of the Civil Contingencies Act for the IJB, NHS Fife and Fife Council, and seeks and provides assurance that the Partnership effectively prepares for, responds to and recovers from, civil emergencies and business continuity disruptions impacting on Fife's Communities and the delivery of Health and Social Care services

3. REMIT

3.1 The FH&SCP Resilience Assurance Group's remit is detailed below:

- Develop, support, implement and promote the H&SCP resilience agenda, including caring for people affected by emergencies;
- Regularly assess the local health and social care resilience related risks and priorities
- Ensure the H&SCP has resilience plans and arrangements to effectively respond to and recover from emergency and business continuity incidents
- In conjunction with Fife Council and NHS Fife, identify, develop and implement a resilience training and exercising programme for the H&SCP
- Support processes to share information both in preparation for, and during, an incident impacting on Fife communities
- Develop and implement a process to ensure the H&SCP co-operates with other local responders both in preparation for, and during, an incident impacting on Fife communities
- Develop and implement a H&SCP resilience communications strategy

- Agree, implement and monitor progress of an approved H&SCP resilience work plan
- Facilitate the sharing of information, best practice and learning across partners

4. MEMBERSHIP

4.1 Core Membership

<u>Core Membership</u>	
Designation / Area Representing	Member Name
Chair / Head of Service Community Care Services	Lynne Garvey
H&SC Resilience Lead / Co Chair	Avril Sweeney
Business Manager, Community Care Services	Lorraine King
Director of Nursing	Lynn Barker
Principal Social Work Officer	Jennifer Rezendes
Clinical Director	Dr Helen Hellewell
Resilience Lead, NHS Fife	Susan Cameron
Head of Service Primary & Preventative Care	Lisa Cooper
Service Manager, Critical & Complex Care Services	Jamie Kirby
Service Manager, Planning & Performance	Alan Adamson
Communications	Vanessa Salmond
Directorate Solutions Manager, Fife Council	Craig Blyth
Information Governance / Security, NHS Fife	Scott McFarlane / Peter Donaldson
HR Business Partner, Fife Council	Elaine Jordan
HR Team Leader, NHS Fife	Karen Laird / Judith Lindsay
NHS Emergency Planning Officer	Craig Burns
FC Emergency Resilience Manager	Shona Robertson
FC Emergency Resilience Officer	Emma Palmer
FC LPF Officer	Eleanor Haggett / Debbie Thompson
NHS LPF Officer	Simon Fevre
Deputy Director of Pharmacy & Medicines	Fiona Forrest
Head of Facilities, Estates & Facilities, NHS Fife	Jim Rotheram
Senior Manager, Property Services, Fife Council	Alan Paul
Scottish Care, Third Sector	Paul Dundas
Fife Voluntary Action, Third Sector	Kenny Murphy

The expertise of any other service representation will be invited to a meeting as and when required.

5. REGULARITY OF MEETINGS

5.1 The F&HSCP Resilience Assurance Group will meet 6-weekly.

6. GOVERNANCE

6.1 The FH&SCP Resilience Assurance Group will provide progress updates to the H&SCP Senior Leadership Team (SLT) Assurance and, through the SLT, will formally report progress to relevant committees and the Integration Joint Board on an annual basis.

6.2 The Resilience Group will maintain links with existing NHS Fife and Fife Council resilience arrangements.

7. REGULARITY OF TERMS OF REFERENCE REVIEW

7.1 This Terms of Reference will be reviewed by the FH&SCP Resilience Assurance Group annually or as and when changes are required.

9. Useful Links, Resources and References

	Email / Phone	Online
Contacts		
NHS Fife Resilience Team Fife Council Emergency Resilience Team East of Scotland Regional Resilience Partnership (EoSRRP)	fife.resilience@nhs.scot emergency.planning@fife.gov.uk / 01592 583544 (via IMT to Regional Coordinator)	EPRR
Resources / Useful documents		
Civil Contingencies Act (2004)		Civil Contingencies Act 2004 (legislation.gov.uk)
Emergency Response & Recover		Emergency response and recovery - GOV.UK (www.gov.uk)
NHS Fife Lockdown Guidance		(link once available / ratified)
Fife HSCP Blackout Guidance Fife HSCP Care for People Response Arrangements		(link once available) (linked document at page 30)
References		
1	BS650000	
2	Cabinet Office Civil Contingencies Act, Post-Implementation Review 2022	
3	Ready Scotland, Preparing Scotland, Regional Resilience Partnerships' Risk Preparedness Assessment Guidance Purpose of the Regional Resilience Partnerships' Risk Preparedness Assessment Guidance Ready Scotland	

FIFE HSCP BUSINESS CONTINUITY SCENARIO EVENT: INFORMATION & AWARENESS 13/06/2023

EVALUATION REPORT

INTRODUCTION

HSCP Resilience Assurance Group (via a short life working group) planned and delivered a virtual event on 13th June 2023. This first event focussed on the Cameron Hospital site. All staff working from / within Cameron Hospital were invited the session to provide an awareness of business continuity and what it means for their own role and wider services should an incident occur. In particular: For this session, the scenario of *loss of power* was used

- Awareness of impact(s) of incident(s) on wider services within the site
- Individual roles in emergency incident(s)
- Identify further learning / training
- Do staff know their service has a business continuity plan (BCP) / where to access / part they plan in the plan

For this session, the scenario used was *loss of power*.

ATTENDANCE

A total of 40 participants from across various services / specialties attended the online session. Following the session, a copy of the presentation and link to the online evaluation feedback form (MS Forms) were emailed to all participants.

EVALUATION (MS FORMS)

A total of 23 responses were submitted.

Respondents were asked:

1. Identify which service or team they belonged to.

(21 respondents answered this question)



2. What is your job role?

- ❖ out of the 21 responses to this question, the majority of respondents were from an admin-based role

● Clinical (ward based)	1
● Clinical (non ward based)	4
● Non-clinical e.g. AHP	2
● Admin	12
● Other	2



3. What was your motivation for joining today's session?

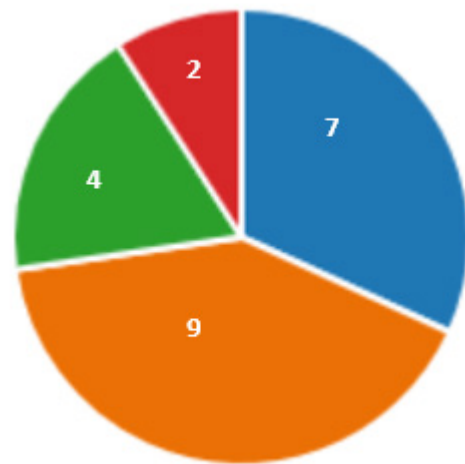
- ❖ all 23 respondents provided an answer to this question; responses included

Interested to ascertain the BCP across the Cameron site
Overall responsibility for development of BCPs in my portfolio
Improve and strengthen current business continuity plans
I was not aware of the business continuity process
Based at Cameron, I also do the BC for my admin staff
To find out how I can contribute to business continuity plans at Cameron Hospital site.
Better understanding
to learn more about BCP
To help me understand what BCP is and what my duties are as a NHS fife employee
Line Manager signed the team up to attend
As a new employee, I wanted to ensure I had an awareness of the BCPs in place, what it means to me and the team and also be able to contribute to our own MCN BCP which is due for renewal.
to gain an understanding as we support HSCP as well as acute
Better Awareness
Learning more about how Business Continuity arrangements within the H&SCP
Requirement of role to be aware of BCP
to have better understanding of the BCP for the other depts within cameron
To update my knowledge and understanding
To increase my knowledge around BCP's
Asked to join course
Team Manager advised participation was required.
Service based at Haig House and important for me to understand impact of BC for the site and my team
Understand more about Business Continuity
to ensure that my BCP was fit for purpose

4. Was this your first experience of Business Continuity?

❖ Out of the 22 responses to this question

● Yes	7
● No (have been involved in preparing BCPs)	9
● No (have discussed BCPs with Team meetings)	4
● Other (involved in creating incident framework guidance / adverse event actions; and aware of but not directly involved)	2



5. Did the presentation content provide you with enough basic knowledge about Business Continuity and the duties of a Category 1 responder?

❖ Encouragingly out of the 23 responses 91% replied 'Yes' and no-one disagreed

● Yes	21
● No	0
● Don't know	2



6. Did you feel able to participate in the breakout sessions?

❖ All 23 respondents felt able to participate

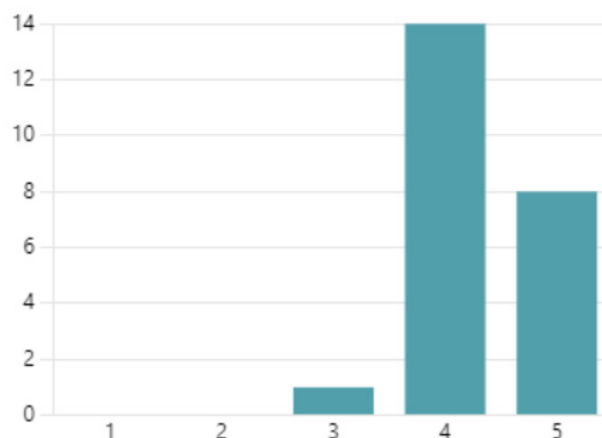


7. If no, it would be helpful if you could let us know why

❖ No one indicated they did not feel able to participate

8. How well do you feel the session achieved its objective to provide an awareness of the need for plans to prepare for and respond to a disruption to normal service activity, and how you as a staff member fit into this.

Respondents were asked to rate their answer on a scale of 1-5 with 1 being 'not achieved' and 5 being 'fully achieved'



9. Having attended today's session, will you be able to transfer some of your learning into your day to day practice?

- ❖ Again, 91% agreed 'yes' they would be able to transfer learning (21 out of 23 responses to this question)
- ❖ No-one disagreed
- ❖ Two were unsure

10. How will you do this?

- ❖ 21 respondents answered this question

Checking the ward BCP and update if required. Discuss at the team meeting too.

Routine meetings and huddles

I shall carry out a review of current BC plans and develop flow charts for different scenarios

Ensure I know who to escalate business continuity in the event of an incident.

I hope to be able to contribute to reviewing our own team BCP which is due for renewal.

Consider how I can assist my colleagues and those we care for on site as required (contingency planning).

Awareness, education

be able to look at department BCP & have better understanding of what needs to be included

Not sure at this stage actually. Its just good to be able to know or have a basic knowledge about Business Continuity. And our team needs to plan / prepare for any issues / disruptions that might happen at work. We need to identify what we need to do, who to contact or where to escalate issues when needed. Its also good to know that as a non critical service we could support the other critical teams but we need something in place to advice us on where or how we could support.

REVIEW OUR ON BCP

Being more informative to other departments/staff

Discuss at Team meetings to learn more about my department's BC plan.

Ensure BCP are accessible to all team staff and that all staff have a basic understanding of this should they need to use it

Be more aware of the correct steps to take should incidents happen

Sharing information with colleagues and encouraging awareness

Abel to share the knowledge/facts I did learn with my colleagues

By making myself and staff aware of how/who to contact if an incident was to occur

Firstly, I need to find out how to access our teams BCP, I will also request that our Services BCP be discussed in detail at our next team.

Already spoken to senior manager regarding capacity for key people to be available if needed on Cameron Hsp Site - we are able to agile work as a service to keep clinics running - I have placed BC on our team meeting agenda as a attending item so that all staff are aware of changes and ongoing plans

review my plan

Planning to look at teams BPC and update

11. Is there anyway this learning could be improved or supported?

❖ 13 respondents answered this question

No, was just right

More scenarios (perhaps which do no involve estates)

It was good as it was, thanks.

It would be good to have seen a template of the business continuity plan

I think the session went really great and really helped me understand BCP.

It was somewhat difficult with wards staff and admin staff as their approaches to BCP are so different, but was interesting to get the perspective of both.

NONE

By continuing to encourage all departments to discuss their BC plans at Team meetings to raise awareness and involve all staff.

Team specific sessions prior to a mix of staff teams

talk more about not only the patient care side of things

Well presented and delivered. Nil that comes to mind.

More information for non clinical staff that may be effected by event taking place at Cameron Hsp or wide fife IT outage (for example)

need further clarity on escalation process's across different community sites when there are multiple staff groups in the same building

BREAKOUT SESSIONS

Prior to the session participants were allocated into breakout groups / rooms, of which there were three, with each group having a facilitator and scribe.

Scenario: Loss of Power; participants were asked to consider, in their groups to consider

- What would you do / would you know what to do?
- Who would you tell?
- What would you expect to see happen?

Feedback from the groups included:

- Contacting Estates for situation report and how long power is expected to be off (contact via phone not MICAD due to urgency of situation); enquire about generators; informing line manager; discuss with adjacent areas – site or localised e.g., ward, issue ensure contingency mobiles used (fully charged and everyone knows where / how to access); identify at risk patients; ascertain battery back of patient care equipment; offer of support from non-clinical to clinical areas / deployment of staff; admin staff consider work from home
- Internal service escalation for decision making

Information was then shared with regards to generators on the Cameron Hospital site, and an overview of inpatient critical activities was outlined.

Participants went back into their breakout groups for a second time to consider actions and how non-critical services / teams could assist critical activity services if the generator failed and it would be a number of hours before power could be restored. Feedback included:

- Pausing non-critical meetings; communicating with others e.g. care homes / acute hospitals in terms of transfers and discharges; patients on modified diets - meals to be brought in.

SUMMARY

In summary, the session was well attended and positive, encouraging feedback received. We will use the feedback, particularly the feedback in relation to 'how could this learning be improved', to inform future iterations of these sessions.

It was extremely encouraging to see that those who attended felt the objectives of the session were met and would be able to take learning back in terms of reviewing BCPs and sharing knowledge with colleagues. In particular with regards to sharing service / department / ward mobile numbers with other dependencies to allow for two-way communication.

There was also a couple of suggestions with regards to deployment / volunteering of staff to assist in critical areas which included a SOP and muster point similar to Fire drills, where non-critical staff who are able to assist could gather to wait for further instruction.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2022
Agenda Item No:	7.1
Report Title:	Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2023
Responsible Officer:	Nicky Connor, Director Fife Health & Social Care Partnership
Report Author:	Audrey Valente, Fife HSCP Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- Finance Governance Board, 12 September 2023.
- Senior Leadership Team
- Audit and Assurance Committee, 13 September 2023

3 Report Summary

3.1 Situation

The attached report is the draft audited annual accounts to financial year end 31st March 2023.

The 2022/23 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information. The Annual Accounts provide an overview of financial performance in 2022/23 for the IJB.

3.2 Background

The attached document provides the draft provisional outturn, which has been audited, of the delegated and managed services of Health & Social Care Partnership.

3.3 Assessment

The outturn position as at 31 March 2023 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	648,001	669,588	21,587	3.3
Set Aside Acute Services	46,168	46,168	0	0.0

The IJB reported total income of £694.169m for the financial year 2022/23, which was made up of £648.001m integrated budget and £46.168m relating to set aside.

The IJB reported total expenditure for the financial year 2022/23 of £715.756m, which comprised of £669.588m spend on integrated services and £46.168m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £5.275m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £46.168m and there is a break-even position. Progress on the implementation of MSG indicators was reported to the Integration Joint Board in January 2023. In relation to integrated Finances and Financial Planning the report stated "There are 4 indicators partially established and 2 indicators established. In agreement with the Chief Executives and Directors of NHS Fife and Fife Council the key area that has not been progressed is the delegated hospital budgets. There is further work to be scoped to understand any potential implications of the National Care Service to inform next steps. This position will be clearer by Summer 2023. The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland." The current position regarding the national care service is an extended timeline till Jan 2024 for stage 1 of the Bill with completion of stage 2 by summer 2024. This was discussed with the Chief Officer and Chief Executives in August 2023 and agreed there will be no further change to set aside arrangements in Fife till there is this national clarity on any pending reform. For assurance however there continues to be strong team working and collaboration across

NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity and flow.

Our reserves balance at the start of 2022/23 was £79.212m. Scottish Government (SG) requested that earmarked reserves for areas such as Primary Care and Mental Health were utilised in year before any further allocations were provided, this reduced our earmarked balance by £18m. We held Covid-19 earmarked reserves of £35.993m, we were fully funded for all Covid-19 expenditure incurred and a net £20.405m was returned to SG for alternative use. Additional funding for specific purposes was received towards the end of the financial year of circa £6m and this was carried forward to earmarked reserves. The core position for the HSCP was an underspend of £8.463m, which was mainly due to vacancies and difficulties in recruitment. Due to the income being lower than expenditure and the use of reserves being required, a £21.587m deficit was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2023.

There was no requirement to implement the risk share agreement during 2022/23 due to the planned use of the reserves.

In addition a draft Annual Governance statement is included within the Draft Annual Accounts. The Annual Governance Statement explains the Integration Joint Board's (IJB) governance and internal control arrangements and how the IJB complies with the CIPFA and SOLACE framework "Delivering Good Governance in Local Government", which details the requirement for an Annual Governance Statement. The IJB's governance framework places reliance on the Codes of Corporate Governance of Fife Council and NHS Fife in addition to having its own Code of Corporate Governance.

3.3.1 Quality / Customer Care

There are no quality/customer care implications to this report.

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

As per 3.1 above, a deficit of £21.587m was reported in the comprehensive income and expenditure statement as at 31 March 2023. This was mainly due to the return of Covid-19 funding to the Scottish Government. There was no requirement to implement the risk share agreement during 2022/23.

3.3.4 Risk / Legal / Management

There are no Legal implications for this report although the Statement of Annual Accounts is a formal requirement of the IJB as a legal entity.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no environmental/climate change impacts associated to this report.

3.3.7 Other Impact

No other impacts anticipated from this report.

3.3.8 Communication, Involvement, Engagement and Consultation

There has been regular dialogue with Director of Finance for Fife Council and NHS Fife and their teams in development of these unaudited annual accounts.

4.4 Recommendation

- **Assurance:** The Integration Joint Board are asked to be assured that the Audited Annual Accounts and the External Audit Annual Audit Report have been reviewed, discussed, and endorsed by the Audit and Assurance Committee.
- **Discussion:** The Integration Joint Board as asked to note and discuss the draft Annual Accounts and External Audit Annual Audit Report.
- **Decision:** The Integration Joint Board and asked to approve the Audited Annual Accounts for signature.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Integration Joint Board Audited Annual Accounts for the Financial Year to March 2023

Appendix 2 – Fife Integration Joint Board 2022/23 Annual Audit Report

6 Implications for Fife Council

Fife Council are currently holding reserves on behalf of the IJB.

7 Implications for NHS Fife

No implications for NHS Fife.

8 Implications for Third Sector

No implications for the Third Sector.

9 Implications for Independent Sector

No implications for the Independent Sector.

10 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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**Fife Health
& Social Care
Partnership**

Fife Integration Joint Board Audited Annual Accounts

For the Financial Year to 31 March 2023

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MANAGEMENT COMMENTARY

Introduction

This commentary provides an overview of progress against the objectives and strategy of the Fife Integration Joint Board (IJB). It considers our Financial Performance for the year ended 31st March 2023 and provides an indication of risks and issues which may impact upon finances in the future.

The Coronavirus (Covid-19) pandemic continued to have an impact on service delivery. The financial position was monitored via the Local Mobilisation Plan and the Scottish Government funded the additional costs of Covid-19 in 2022/23. Covid-19 specific funding ceased at the end of 2022/23 and all expenditure incurred, apart from vaccination costs, will become business as usual. Sustainability payments have now ended. However, there are still ongoing costs of staffing for wards open due to Covid-19, PPE costs, staff cover for those who have contracted Covid-19 and increased cleaning. It is essential that we continue to manage these costs to ensure the impact on the outturn position is minimised. Adherence to governance and strong financial management will be key.

The increased cost of living has also had an impact on services and providers, increased costs of energy, pay, inflation, fuel, and food costs have caused difficulties in remaining sustainable for some providers and we have provided some assistance across our third and voluntary sectors. A depleting workforce has also impacted on performance and ability to deliver services.

Role and Remit

Fife IJB was established as a body corporate by order of Scottish Ministers in October 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. Fife IJB is responsible for the planning and operational oversight of a range of integrated services of Fife Council and Fife NHS, striving to fulfil the vision to enable the people of Fife to live independent and healthier lives.

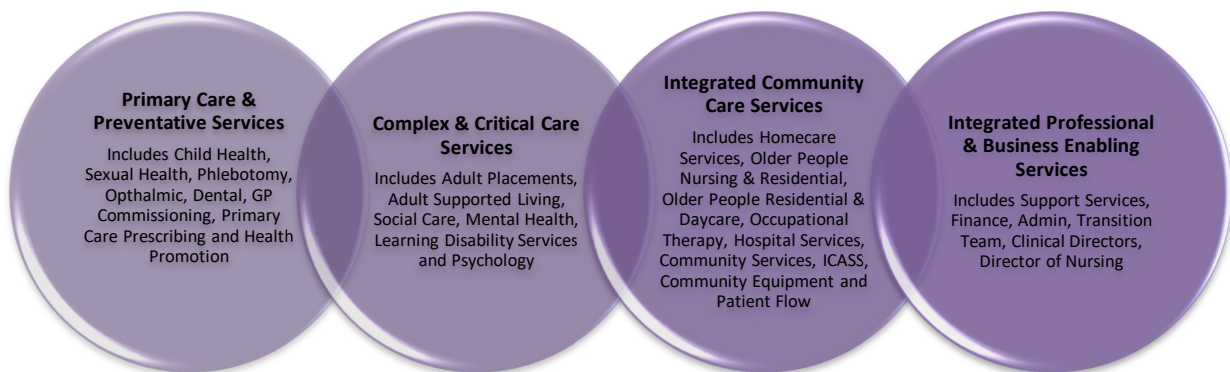
The IJB is the decision-making body that meets regularly to discuss, plan, and agree how health and social care services are delivered in Fife. It is responsible for overseeing the development and preparation of the Strategic Plan for services delegated to it, allocating resources in accordance with the plan and ensuring that the national and local Health and Wellbeing Outcomes are met. Fife Health and Social Care Partnership (HSCP) is directed to deliver based on decisions made by the IJB. The directions govern the delivery as they outline what the partners are required to do, the budget allocated, and how the delivery will be monitored. The scope of services delegated to the IJB is outlined in the Integration Scheme.

Purpose and Objectives

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes established by the Scottish Ministers, and Fife Council and NHS Fife are committed to working jointly and have entered into the agreement to achieve these aims and outcomes. The 9 National Outcomes are:



We are responsible for planning the future direction of, and overseeing the operational delivery of, integrated health and social care services for the people of Fife. These services are delegated to Fife IJB by NHS Fife and Fife Council and are mostly delivered by Fife HSCP, in conjunction with our partners in the Third and Independent Sector. The services are structured in a manner which seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services.



These services are provided in a way which, so far as possible:

- Is integrated from the point of view of service-users.
- Takes account of the needs of service-users in different parts of Fife and takes account of the characteristics, and circumstances of different service-users.
- Respects the rights of service-users.
- Takes account of the dignity of service-users.
- Takes account of the participation by service-users in the community in which service-users live.
- Protects and improves the safety of service-users.

- Improves the quality of the service and is planned and led locally in a way which is engaged with the community (including, service-users; those who look after service-users, and those who are involved in the provision of health or social care).
- Best anticipates needs and prevents them arising.
- Makes the best use of the available facilities, people, and other resources.

'Mission 25' describes the Partnership's ambition to be one of the best performing Health and Social Care partnerships in Scotland by 2025. This ambition is underpinned by a belief that every staff member has a part to play in us achieving our mission, because when we work collectively with the people of Fife at the centre of our service delivery we will achieve the best outcomes for our people, the most efficient use of our resources and build the capacity and capability to transform our services for the future.

Systems leadership continues to be a priority for us, and we want to create the conditions where all of our leaders work together towards a common vision by focussing on relationships; building trust and putting people at the centre of everything we do. We have 16 staff across the partnership participating in a Systems Leadership course which will help roll out of the systems leadership ethos across the partnership.

We created an Extended Leadership Team in 2020 initially via Teams, which has now been moved to face to face. This protected time meeting allows the senior leadership team to work with the next management tier, to network, collaborate, to share a clear vision, ensure consistent messaging and share experiences. It has been deemed so effective by those staff who attend, that we rolled out the Integrated Leadership team and extended this style of collaborative working to the next level of management. The first event was a great success and will be held bi-annually, relationship building and whole system working is key.

There is also a need to understand what impact the National Care Service will have on future models of care and the associated cost implications. The National Care Service Bill was published in June 2022, the Bill will make Scottish Ministers accountable for adult social care in Scotland, with services designed and delivered locally.

Strategy

The Strategic Plan has been refreshed for 2023-26 with a vision 'To enable the people of Fife to live independent and healthier lives' and a Mission 'to deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes'. The Values of the plan are Person-focused, Integrity, Caring, Respectful, Inclusive, Empowering, and Kindness.

An important part of Fife Health and Social Care Integration was the creation of localities, bringing decision making about health and social care local priorities closer to communities. Localities provide one route, under integration, for communities and professionals (including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists, and others) to take an active role in, and provide leadership for, local planning of health and social care service provision. Locality plans are refreshed annually for each of the seven local areas within the HSCP to ensure that services respond to local priorities, needs and issues of communities. The HSCP works with around 300 organisations across the voluntary and independent sectors, and they are a vital part of the Partnership in delivering high quality services which are person-focused and inclusive.

The Strategic Plan is the blueprint for change and sets out the IJB's priorities for 2023-26. (https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0021/453144/Fife-Strategic-Plan-2023-to-2026.pdf) The Plan is driven by law, national and local policy, and aims to meet the needs of people now and in the future. It aims to make better use of new technology and working within available financial and workforce resources to tackle inequalities and offer early interventions. The Strategic Plan has five key priorities as follows:



The plan was developed, consulted upon, and agreed with health, social care, voluntary and independent sectors along with the public prior to being approved by the IJB. The Plan is a live document, and we will continue to engage with all those interested in health and social care to deliver the outcomes as described.

Over the last few years, the coronavirus pandemic has had a substantial impact on the health and wellbeing of individuals and their communities. It has also increased the demand for social care services, highlighted high levels of inequalities in the health of the population, and changed the way that we all live our lives. The past few years have been incredibly difficult for the people that we care for, and for the employees and other individuals involved in delivering that care. The ongoing impact of the pandemic, and unprecedented demand over the winter period, has created increased demand for health and social care services and reduced options through both ward and care home closures, and challenges in community care capacity. These factors have produced unprecedented pressures on our workforce. Despite the challenges on services of the ongoing pandemic, we have adapted the way we work internally, as well as with partner organisations. We have shown how important integration is and what can be achieved by working together with a common goal of providing the best person-centred care and support we can for our communities ensuring that we continue to strive to meet our five key priorities.

The Strategic Plan 2023-2026 is supported by nine transformational strategies which describe some of the work that the Partnership will carry out over the next three years to deliver our vision of enabling the people of Fife to live independent and healthier lives. The Strategic Plan also has 7 enabling strategies.

Digital

During 2022/23 hybrid working continued, where appropriate, with a mix of office and home working. This helps to support staff wellbeing and provide a good work life balance. Microsoft Teams has continued to develop and has improved connectivity across partner agencies.

The use of digital technology has been at the forefront of plans and Near Me was rolled out in Fife, following a pilot in early 2022. Joint funding for 12 months was agreed with the

Scottish Government and the project team was formed in September 2022. A commitment was made to enable all teams across Fife Social Work Services (Adults, Older People, Hospital Discharge and Mental Health) to make use of the Near Me video consultation technology. Work is also underway with the with care home and hospital discharge teams to ensure they also have the capability to make and receive Near Me video calls as required. By March 2023, 157 practitioners had received training. The use of Near Me will provide savings from avoided travel, shorten discharge timescales, and improve outcomes from situations where family members, or other colleagues such as care providers, advocates, or health practitioners, have joined the video call for a more rounded discussion.

The eRostering scheduling tool is being rolled out as part of a national framework. We hope to see benefits from this system which will allow us to design and plan rosters around the number of and clinical needs of patients and give real time visibility of staffing levels and demand for temporary staff. It will allow us to deliver workforce efficiencies through reductions in agency spend, it will reduce the need for duplicate data entry, improve and simplify the absence management process and enable shift swaps.

Morse was introduced in August 2021 and is now in the final stages of roll out to users. Morse is a 'real time' clinical and administrative record, accessible by partners in primary and secondary care, has brought many benefits, including clinical assessments for patients in the community being accessible on the same day and all calls being received on a single point of access meaning that further advice can be given with knowledge of previous calls, this is positive for patient safety, efficiency, and continuity of care.

Implementation of our new social care case management recording system Liquidlogic has been a transformational project as the biggest technology change in two decades. Our chosen replacement, Liquidlogic Adult System (LAS) went live in early April 2023. LAS offers us a clear focus on the supported person and their outcomes, giving a visible chronology of all key aspects of their journey and allowing this to be shared with relevant partnership staff. It provides a central source to record information once and eliminates the need for duplication of data entry. It also includes the ContrOCC Finance element which is being implemented in a phased approach and is integrating with our corporate finance system Oracle. Social care services are now requested, assessed, planned, approved and with payments authorised for release to ORACLE for payment via a system automated approach. Social care managers now have full oversight for each stage for all Nursing and Residential Care services and the phased implementation is progressing for Direct Payments and Care at Home service provision.

Home First

Our Home First Strategy has been developed and sets out the transformational initiatives relevant to the three critical elements of the strategy: early intervention and prevention, person centred at the heart of all care decisions and a whole systems approach. The strategy outlines Fife's commitment to transform the discharge process, by integrating health and social care and maximising the collaborative working that exists in Fife. The vision of the Strategy is that "everyone in Fife is able to live longer healthier lives at home or in a homely setting". The focus of this transformational programme of works is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise this vision. There will be an emphasis on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/ developed so they are flexible to growing and changing demands, as well as being sustainable. A key objective is to have a single point of access, across all community settings.

Ensuring people flow from hospital to a homely setting remains a priority; in 2023 we continue to embed the Planned Date of Discharge without Delay (DWD) outcomes across Fife. Discharge without Delay Programme aims to improve the patient journey, from the initial point of a hospital stay preventing any delays through early and effective planning. A key outcome is to reduce prolonged hospital stay to what is clinically and functionally essential, getting patients to return home or to a homely setting at the earliest and crucially safest opportunity. This initiative is based on an improved system of working, with smoother, more seamless integrated working between NHS and Social Care Teams. DWD puts the patients at the centre of planning for discharge, preventing delay where at all possible.

During 2022/23 Interim care home beds continued to be used to allow individuals to leave hospital, and receive enablement support in a homely setting, allowing them to build confidence and maintain daily living skills to support a return home and a suitable care package being available. Funding was provided by SG to allow us to pay an additional 25% on top of the rate, to enable us to secure beds, this funding was short term from January to year end.

Despite the pandemic increasing the costs of construction and limitations on site, the Methil Care Village replacement project has continued and is planned to be ready for residents to move in during June 2023. The project has been a joint initiative with Fife Council Children and Families - Early Years, and Housing Services. The end product will be an integrated nursery and residential care home as part of a wider care village. The achievement this year has been the integrated approach to developing practice between the Early Years and Care Home staff - developing an integrated approach to caring for children and older people.

Six months prior to the Covid-19 pandemic, we reconfigured resources to offer a professional-to-professional telephone hotline to ensure immediate access for all professionals in Fife to specialist advice and clinical assessments and enabled efficient oversight and coordination of our resources for palliative care. By April 2020, and in direct response to the emerging pandemic, many more people expressed a preference for home-based rather than in-patient care, resulting in under-utilised specialist in-patient hospice beds. In parallel, demand for community specialist palliative care rose significantly. In response to the expressed needs of patients, families, and carers, we reduced the number of specialist in-patient hospice beds and aligned the staffing resource to establish an agile, multidisciplinary FSPCS Community Outreach Team, equipped to deliver high quality specialist palliative care across all care and residential settings 7 days a week. This model is aligned to National and Local Strategy, specifically addressing the Scottish Government Strategic Framework for Action on Palliative and End of Life Care which set out the aim that “by 2021, everyone in Scotland who needs palliative care will have access to it”. This innovative model has been in place, delivering an enhanced clinical service over the past three years, and will be presented to the IJB in May, to request support to make the model permanent. It has resulted in improved service performance and corresponding improvement in patient and carer experience, increasing from a previous daily maximum of 19 patients receiving specialist multidisciplinary care in the hospice to a community caseload of 60-70 patients and families and our waiting list time has more than halved. Electronic health records on MORSE, enable better joined up care for shared patients.

Mental Health

Mental Health remains a priority and work is ongoing on an updated Mental Health Strategy. Link Life Fife is a non-clinical community led support service provided by the Partnership for anyone aged 18 and over in Fife who is reaching out to their GP or other

health professional within Primary Care for support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being. LLF received 1045 referrals in 2022/23 with an overall engagement rate of 72%. Most of the support provided is by a combination of telephone and face-to-face contact. Support given by Link Workers includes referring, signposting, connecting people to self-directed support; mental health support; social community groups; befriending, foodbanks; welfare support and family groups.

Prevention & Early Intervention

The Prevention and Early Intervention strategy is being developed as one of nine key strategies defined in the HSCP Strategic Plan 2023-26. This Strategy has a framework to support prevention and early intervention approaches being embedded in routine practice in the services they deliver and commission. Building on the capacity of individuals, families, and communities to secure the best outcomes for themselves will be key. Moving from intervening when a crisis happens, towards building resilience and providing the right level of support before problems arise.

Further support is provided by The Well, where the public can drop-in, both in the community and online and find out information and receive general advice to help stay well and independent within the local community. During 2022/23 1192 individuals engaged with The Well.

Plan for Fife

The Fife Council Plan for Fife 2021-24 Update (Recovery and Renewal) has an aim that Fife should be a place where communities really matter, where people set the agenda and contribute to how change is being delivered. With fairness at the heart of everything, the aim is for Fife to be a place of healthy connected communities, where people thrive, have enough money, and contribute to a sustainable and attractive environment.

- Recover from the pandemic: taking immediate action to support our children and young people, those people who have been most affected, and our business community
- Renew our public services through a new commitment to work in partnership with our communities, with a focus on place
- Re-align our strategies, plans and ways of working to make this happen and deliver our ambitions

The Plan commits to tackling poverty and preventing crisis, leading economic recovery, and addressing the climate emergency.

Public Health

The NHS Fife Director of Public Health Annual Report has adopted the priorities of Scottish Government and wants to see:

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

The ambitions directly impact our health and wellbeing and the services we require to provide. Achieving these priorities would ensure that our community has the access to the services they require and prevent crisis from occurring.

Operational Performance 2022/23

During 2022/23 Services continued to work within government guidelines and restrictions and the continued effects of the coronavirus pandemic (Covid-19). Demand on services continues and we have had to respond to these challenges by looking at new ways of working and increased use of technology to ensure the health and social care needs of the most vulnerable people in our communities are met.

Since March 2020 ways of working changed; mobile and home working have proven to be very efficient and will continue. A hybrid of home, office and mobile working affords our workforce a better work life balance, whilst still maintaining social care services to the people of Fife.

During 2022/23, regular meetings continued between the Chief Officer and Chief Executives of both NHS Fife and Fife Council, these meetings have supported whole system working and partner engagement in all the key decisions taken within the Health and Social Care Partnership. Through professional structures, there has been close working with the Medical Director, Nurse Director, and Chief Social Worker to support the clinical and care governance aspects of the key decisions taken. The actions taken throughout this pandemic have supported integrated working. Integrated and whole system working remain key.

Rising demographics and people with complex needs living longer continue to put pressure on our systems. The longer- term effects of Covid-19 / Long Covid are not yet known, and Mental Health related illness is also expected to increase.



374,130 People living in Fife (growth rate 0.2%)
62% aged 16-64 years, 12% aged 65-74 and
21% aged over 75 years (Under 65's expected to fall
by 2028, whereas 65-74's are expected to increase by
10% and over 75's by 31% by 2028)



Life expectancy is 81.4 years for females and 77.2
years for males in Fife
Healthy life expectancy is 59.0 years for females and
57.4 years for males in Fife



Depression is the 2nd largest cause of ill health,
anxiety disorders is 4th
The pandemic has been associated with increased
loneliness, anxiety, depression and stress

Going forward it is extremely clear that we must respond to changing needs and wants and services must be modernised. This includes greater use of technology, and we must continue to provide new and innovative methods of service delivery as we have proven through the pandemic years that we can 'get things done'. Transformational change business cases are being developed to improve the way we work and Early Intervention is a key strategy to focus where funding requires to be allocated, with an aim to reduce further spend in future.

Key Performance Indicators

The performance relating to Partnership service includes both national and local performance as well as management performance targets. Many of these measures are already regularly included and referenced in reports to NHS Fife and Health & Social Care Partnership Committees.

The Ministerial Strategic Group for Health and Community Care (MSG) have identified indicators which require to be tracked by Integration Joint Boards, there are 14 indicators within the following categories:

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

The indicators are reviewed on a rolling annual basis.

The performance picture across the Partnership continues to be variable and reflects the complex mix of services, seasonal variation and the current challenging national landscape for health and social care.

The National MSG Indicators (Ministerial Strategic Group for Health and Community Care) show improvements in Emergency Admissions, Number of unscheduled hospital bed days and Delayed Discharge bed days. The proportion of the last 6 months of life spent at home or in a community setting has remained static with just a 0.1% reduction, however A&E attendances have increased in year.

Length of stay prior to discharge from hospital has reduced from 79 days in 2021/22 to 58 in 2022/23, this increased from 48 days in February 2023 and exceeds our service target of 42 days. The rate fluctuates mostly due to lack of capacity in the service users' home of choice which impacts on the wait time. We continue to monitor this and use interim beds in care homes to step down from hospital, as well as growing care at home packages externally to minimise the length of stay.

Demand for care at home services has improved significantly and has reduced from 396 people waiting in March 2022, to 133 in March 2023 (based on commissioning information at a point in time). The 133 people equates to 1156.7 hours of care per week. The average number of care hours per package was 9 hours per week in 2022/23. This is partly due to payments to service users for self-directed support, which is funding utilised to employ PA services. Additionally, there has been an overall increase in packages delivered to service users. External hours have increased from 16,206 hours (2021/22) to 21,271 (2022/23) hours for older people. The Care at Home Collaborative, supported by Scottish Care, started in November 2021, bringing together 15 care at home providers to work better together, to maximise resources and capacity to help service users return to their own home, following a period in an interim care home placement. This has been one of the main reasons in being able to increase our external hours commissioned and although there is now an overspend this will be monitored on a continuing basis to ensure the spend is brought back in line with the budget. Internal hours have a corresponding reduction from 11,318 hours In March 2022 to 10,704 hours in March 2023.

Other key challenges include the additional demand for mental health services, a CAMHS (Child and Adolescent Mental Health Service) wait time indicator states that at least 90% of clients will wait no longer than 18 weeks from referral to treatment. At March 2023, no children or adolescents have waited more than 35 weeks for initial treatment and 89% have waited less than 18 weeks. The list has however increased towards year end (albeit it is half of what it was a year ago). Although the data suggests excellent progress in this area, Fife sits just below the Scottish average. CAMHS continue to attempt to recruit workforce.

Recruitment difficulties are being faced in Psychological Therapies, as is the case nationally. A creative approach to recruitment whereby lower grades of staff are working with patients with less complex problems which in turn creates capacity with other more skilled staff to take on more complex presentations, has been introduced with a view to clearing the waiting times. Information will continue to be monitored but currently the wait list has increased to 2500, but with a reduction in numbers who have had to wait longer than 18 weeks.

Moving forward we are focusing on remobilisation and recovery, being mindful of the learning gained during the pandemic as well as considering the impact from other external factors including the cost-of-living crisis, climate change, and issues with workforce recruitment.

The Partnership will continue to work with partner agencies on our new strategies and transformation programmes underway will support innovation and improvement. National Indicators show Fife's performance compared to the Scotland rate, and we continue to work to improve against the Scottish average, this will help us meet our aim of becoming the most improved Health and Social Care partnership by 2025.

For example, our new Carers Strategy 2023 to 2026 will deliver improvements directly linked to the National Indicator 8. Indicator 8 'the percentage of carers who feel supported to continue in their caring role' where Fife is currently slightly below the Scottish indicator.

The new Strategy includes a statement of intent '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'. Our focus in this strategy is on what we will do in Fife to expand the range and types of support that will be available to carers, including short break support, based on what they have told us they need.

Indicator 2 'percentage of adults supported at home who agree that they are supported to live as independently as possible' has increased and is now close to the Scottish Average. A test of change within the Hospital at Home Service facilitates the implementation of in-reach Nurse Practitioner's to commence Hospital at Home step down assessments within the acute setting. By testing this model of care, the service aims to facilitate timely and safe discharge to the Hospital at Home service, with clear intervention plans. The test aims to increase capacity and caseloads as a result of more streamlined and efficient triage and assessment process and aims to offer seven day a week in reach. It is hoped this will improve patient experience. Funding for the test of change, secured from Health Improvement Scotland has also enable essential pieces of additional equipment to be purchased that will allow appropriate activity to be carried out on one visit by an individual clinician.

We have also reduced the number of days that older adults spend in hospital after they are ready to be discharged home (Indicator 19). This links to our Home First Strategy and Discharge without Delay programmes. A key outcome is to reduce prolonged hospital stay to what is clinically and functionally essential, getting patients to return home or to a homely setting at the earliest and crucially safest opportunity. The data from Public Health Scotland shows the national target of 5% 'Hospital Bed Days Lost to Standard Delays' has been met during the months of December 2022 and

January 2023. Bed Days Lost remains below average and has significantly fallen in 2022, compared to 2021 and continues on this trend into 2023.

In Fife we have established 7 locality groups which are aligned to the Fife Council local area committees. The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes. The locality core groups were remobilised in May 2022. To ensure the quality of localities' they must function with the direct involvement and leadership of health and social care Senior Leadership Team, health and social care professionals, housing sector, representatives of the third and independent sector and community planning partners. Each locality has identified short life working groups to take forward the thematic priorities which include: Supporting unpaid carers, Improving mental health & wellbeing, Supporting people affected by Drug / Alcohol Harm and Death, Home First, Living well with long term conditions

Tests of change were identified by locality core groups in 2022 and will be tested from May/June 2023.

One of these is within the Levenmouth Locality. “Public Health Policing” - Police Scotland raised a concern at the Levenmouth Locality group meeting in June 2022 regarding the number mental health (non-criminal) calls received. A short life working group concluded that funding be sought to test a mental health triage car in Levenmouth locality. The aims of the test of change are to provide an enhanced experience for individuals who contact services with a mental health need through timely access to specialist mental health care and assessment in the community, avoiding unnecessary conveyance to Accident and Emergency (A&E) where appropriate and identify potential benefits and limitations of mental health triage car. This links to indicator 12 – Emergency admission rate (per 100,000 population) where Fife’s performance is below expected levels for Scotland but is showing improving against previous figures for Fife. The test for change is an excellent example of how we are working collaboratively to improve services for the people of Fife.

We appointed a new Service Manager for Strategy and Performance Management in April 2023 and will be developing a new performance framework. This will build on the current arrangements by creating better integration of performance related data across the partnership; more clearly linking performance to strategy and related activity; developing a wider set of indicators using a balanced scorecard approach; and generating greater insight from our rich data assets

Financial Performance 2022/23

The outturn position as at 31 March 2023 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	648,001	669,588	21,587	3.3
Set Aside Acute Services	46,168	46,168	0	0.0

The IJB reported total income of £694.169m for the financial year 2022/23, which was made up of £648.001m integrated budget and £46.168m relating to set aside.

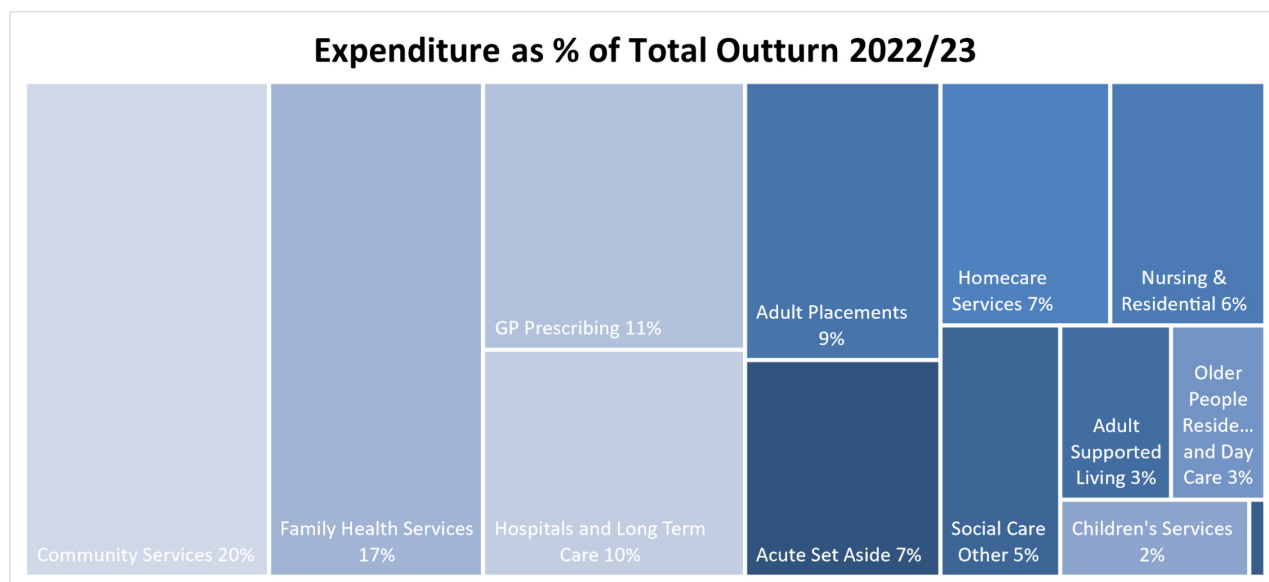
The IJB reported total expenditure for the financial year 2022/23 of £715.756m, which comprised of £669.588m spend on integrated services and £46.168m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £5.275m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £46.168m and there is a break-even position. Progress on the implementation of MSG indicators was reported to the Integration Joint Board in January 2023. In relation to integrated Finances and Financial Planning the report stated “There are 4 indicators partially established and 2 indicators established. In agreement with the Chief Executives and Directors of NHS Fife and Fife Council the key area that has not been progressed is the delegated hospital budgets. There is further work to be scoped to understand any

potential implications of the National Care Service to inform next steps. This position will be clearer by Summer 2023. The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland.” The current position regarding the national care service is an extended timeline till Jan 2024 for stage 1 of the Bill with completion of stage 2 by summer 2024. This was discussed with the Chief Officer and Chief Executives in August 2023 and agreed there will be no further change to set aside arrangements in Fife till there is this national clarity on any pending reform. For assurance however there continues to be strong team working and collaboration across NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity and flow.

Our reserves balance at the start of 2022/23 was £79.212m. Scottish Government (SG) requested that earmarked reserves for areas such as Primary Care and Mental Health were utilised in year before any further allocations were provided, this reduced our earmarked balance by £18m. We held Covid-19 earmarked reserves of £35.993m, we were fully funded for all Covid-19 expenditure incurred and a net £20.405m was returned to SG for alternative use. Additional funding for specific purposes was received towards the end of the financial year of circa £6m and this was carried forward to earmarked reserves. The core position for the HSCP was an underspend of £8.463m, which was mainly due to vacancies and difficulties in recruitment. Due to the income being lower than expenditure and the use of reserves being required, a £21.587m deficit was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2023.

There was no requirement to implement the risk share agreement during 2022/23 due to the planned use of the reserves.



Within the deficit position of £21.587m, the core underspend is £8.463m. The main areas of underspend within the Delegated and Managed Services are Community Services £7.776m, Older People Nursing & Residential £3.061m, Adults Fife Wide £2.779m, Adults Supported Living £4.745m, and Social Care Fieldwork Teams £0.614m. These are partially negated by overspends on Hospital and Long-Term Care £5.614m, GP Prescribing £0.756m, Homecare Services £0.558m and Adult Placements £3.682m.

Underspends in core areas are mostly attributable to staffing vacancies, many of which continue to be difficult to recruit to, especially for specialist roles. Work is ongoing to review the skill mix in a bid to successfully recruit to vacant posts.

The overspends in hospital and long-term care are mainly due to the use of agency staff and locums to cover vacancies. GP Prescribing is overspent due to an increase in the price per unit for drugs prescribed. An increase in direct payments and packages of care is the main reason for Homecare services has an overspend, a backdated pay award higher than anticipated in Social Care Other and an increase in the number of packages to meet demands results in an overspend in Adult Placements.

The IJB commenced 2022/23 with an uncertain and challenging financial position as the effects of the pandemic continued. Hospitals were under immense pressure, discharges were delayed, and the workforce continued to adapt to meet service needs and react to the pandemic.

The IJB approved budget was set predicated on implementing an approved saving plan to deliver £3.794m of savings which were brought forward from 2021/22. A report to IJB in March 2022, sought and gained approval for reserves to be utilised to fund two savings initiatives (£1.150m) for one year temporary, reserves were required to be used due to delays in the benefits from new systems being implemented.

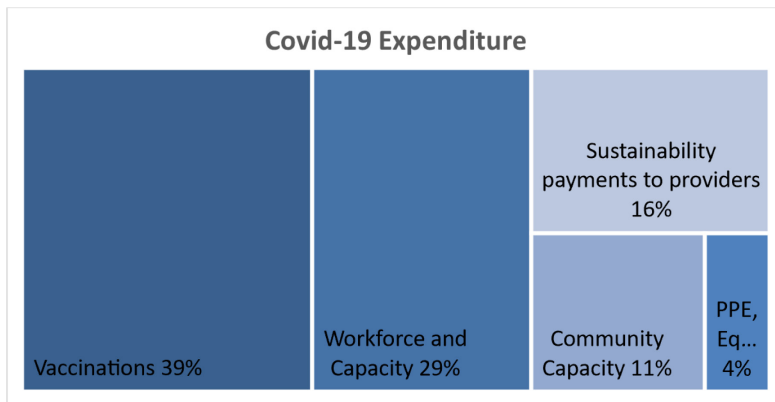
Savings of £2.513m were met in 2022/23 by services, however £1.281m was not met on a recurring basis and will require to be met on a recurring basis or using substitutes to ensure a balanced budget position.

Key pressures within the 2022/23 accounts have been:

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

Covid-19 Expenditure

Actual spend on Covid-19 in 2022/23 was £15.588m. This was fully funded by reserves. £35.993m was held in an earmarked reserve for Covid-19 expenditure in 2022/23. The Local Mobilisation Plan continued throughout 2022/23. At November SG requested that the balance not required should be returned for alternative use. Fife HSCP returned £21.487m, leaving a balance of £14.506m. Our LMP in month 12 required further funding to meet our costs of £15.588m. The additional £1.082m of funding was provided by SG.



Reserves

The Fife Integration Scheme (updated at March 2022), states that a planned underspend position for delegated and managed services will be held by the Integration Joint Board to be carried forward as a reserve.

The opening reserves balance at April 2022 was £79.212m. This included £35.993m for Covid-19 related expenditure. £15.588m was passed to services and a net £20.405m was returned to SG from Covid-19 reserves, leaving a minimal balance of £8k. In year allocations of £17.937m were allocated from earmarked reserves as instructed by SG.. £2.428m was allocated from uncommitted reserves, leaving a total balance of £23.362m remaining. Further to this, late funding received from Scottish Government of £5.894m was received and carried forward to reserves, and the underspend of £8.463m giving a total reserve of £37.719m at March 2023. The uncommitted balance represents 3% of total budget and is slightly higher than the recommended 2% in our Reserves policy.

	Balance B/fwd	Transfers out	Transfers in	Balance to C/fwd
Total Earmarked incl Covid-19	64.260	(53.922)	5.894	16.232
Uncommitted	15.452	(2.428)	8.463	21.487
Total Reserves	79.712	(56.350)	14.357	37.719

At March 2023, earmarked reserves total £16.232m and it is expected that this balance will be utilised in full during 2023/24. The remainder of the reserve, £21.487m as at March 2023, is available for use. Commitments of £6.136m were approved by IJB in 2022/23 and only £2.428m of this was utilised in year, the balance of £3.708m is required in 2023/24. Further to this the IJB approved the use of circa £10m for 2023/24 budgets savings,

should it be required. Use of the balance of uncommitted reserves requires approval at Committee as per the Reserve Policy Governance.

Value for Money

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

Financial Outlook

2022/23 has been another difficult year with the effects of Covid-19 continuing throughout the year, and the cost-of-living crisis. Moving forward there is significant financial reduction in contributions from Fife Council and NHS Fife along with an increase in costs across the economy on inflation, energy, supplies, pressure on pay costs and an ageing demographic. This will be a significant challenge and a savings package of £21m will require to be delivered in 2023/24 rising to over £35m by 2025/26.

The tables below detail the savings year on year and also provide the projects approved by IJB in March that will be progressed as part of the Medium-Term Financial Strategy.

	2023/24	2024/25	2025/26
	£m	£m	£m
Cost of Continuing	666.977	682.205	697.793
Pressures	3.000	6.000	9.000
Funding Available	649.041	660.503	672.089
Total GAP	20.936	27.702	34.704

Opportunity	Type	2023/2024
		£M
Modernising Administration Services	Transformation	0.500
Bed Based Model Transformation	Transformation	1.000
Integrated Management Teams	Transformation	0.500
Digital Sensor Technology- Transforming Overnight Care	Transformation	3.000
Transforming Centralised Scheduling	Transformation	0.087
Re-imagining the Voluntary Sector	Transformation	0.000
Home First Commissioning (External & Internal Care at Home, Care Homes)	Service Redesign	1.000
Community Service Redesign	Service Redesign	1.000
Day Service Redesign (older people)	Service Redesign	0.500
Implementation of Payment Cards	Service Redesign	1.000

Securing a sustainable medical workforce and reducing locum spend	Efficiency	0.500
Medicines Efficiencies programme 2023-2025	Efficiency	3.650
Use of Underspends	Efficiency	5.000
Maximising Core Budget (Alcohol and Drugs)	Efficiency	0.300
Supported Living Rents Income Maximisation	Efficiency	1.000
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	Efficiency	0.400
Nurse Supplementary Staffing	Efficiency	2.000
TOTAL		21.437

Reserves of £10m have been agreed to be earmarked to cushion the savings required in year, as many require detailed plans and business cases to be developed at pace over the coming months before the savings will come to fruition. Use of reserves is not a sustainable solution, as it only provides a short-term one-off funding, and we require transformational change to ensure we remain sustainable. Senior Leadership Team will provide regular updates during 2023/24 to provide assurance that these savings targets are on course to be met on a recurring basis.

Over the past 3 years services have shown they can adapt, work together, and get things done and the Transformation Team/Project Management Office will be integral to progressing whole system change going forward.

Finance will work closely with the Transformation Team to ensure savings, benefits and investments are captured and monitored. A robust governance model has been created that will inform future financial modelling.

It has become clear that the impact of the pandemic, Brexit and the increasing cost of living will remain for years to come and there will be pressure on services and core budgets. We need to adapt the way we work to allow us to provide essential services to the most vulnerable people.

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

Strong financial management will be key and close monitoring will be a priority. The HSCP will continue to contain or reduce costs wherever possible and to use all funding streams available to them in order to mitigate the new financial pressures that they face. The HSCP are committed to reviewing all areas of expenditure and identify all possible corrective action that can be taken as an immediate measure to reduce costs wherever possible in order to deal with the new pressures and the challenges arising. It is imperative that every effort is made to control costs within the overall budget.

The medium-term financial strategy will be refreshed in 2023/24 and it will address the various new and additional pressures that will face the Health and Social Care Partnership over next financial year and also into future years.

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

- the economic crisis – the cost of inflation, energy and pay costs;
 - the ageing population leading to increased demand and increased complexity of demand for services alongside reducing resources;
 - Long Covid and the impact on the economy;
 - continuing difficulties in recruitment leading to the use of higher cost locums and agency;
 - the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
 - workforce sustainability both internally in health and social care and with our external care partners.
-
- Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
 - Prescribing -Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
 - Variability - Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.

During 2023/24 the review of the acute set- aside will be progressed and steps made towards transferring this to the Health and Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

Conclusion

2022/23 has been another exceptional year and the partnership has continued to deliver care, adapt to new ways of working, and support integration whilst dealing with challenges and complex issues. Achieving what we have has been dependent on the significant

contribution of our staff and we would like to recognise this and acknowledge our employees have worked tirelessly to ensure critical services are sustained in these unprecedented times.

.....

Nicky Connor
Chief Officer

Date.....

.....

Arlene Wood
Chair of the IJB

Date.....

.....

Audrey Valente
Chief Finance Officer

Date.....

STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Chief Finance Officer, as the IJB's Section 95 Officer, for the Annual Accounts.

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure that the Annual Accounts are prepared in accordance with legislation (The Local Authority (Scotland) Regulations 2014) and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003, as amended by the Coronavirus (Scotland) Act 2020.)
- Approve the Annual Accounts for signature.

I confirm that these Audited Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 29 September 2023.

Signed on behalf of the Fife Integration Joint Board

.....

Arlene Wood

Chair of the IJB

Date

Responsibilities of the Chief Finance Officer

The Chief Finance Officer, as the S95 Officer, is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (The Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and applied them consistently.
- Made judgements and estimates that are reasonable and prudent.
- Complied with legislation.
- Complied with the Local Authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which are up to date.
- Taken reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board including prevention and detection of fraud and other irregularities.

Statement of Accounts

I certify that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2023, and the transactions for the year then ended.

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Audrey Valente CPFA
Chief Finance Officer

Date

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by NHS Fife and Fife Council. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative. The Chair is Arlene Wood, Non-Executive Director of the Fife NHS Board and the Vice Chair is Councillor David Graham of Fife Council.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses or remuneration paid to the Chair or Vice Chair in 2022/23 or prior years.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff. All Partnership officers are employed by either NHS Fife or Fife Council, and remuneration for senior staff is reported through the employing organisation. Specific post-holding officers are non-voting members of the Board.

The IJB approved the appointment of the current Chief Officer in 2019. The Chief Officer was appointed by the IJB in consultation with NHS Fife and Fife Council. The remuneration of the Chief Officer was set by NHS Fife and Fife Council. The Chief Officer is employed by NHS Fife and is seconded to the Integration Joint Board in accordance with section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Chief Finance Officer is employed by Fife Council.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total (£) 2021/22	Senior Employees Salary, Fees & Allowances	Total (£) 2022/23
88,898	N Connor Chief Officer	93,207
81,119	A Valente Chief Finance Officer	84,446
170,017	Total	177,653

There were no payments to officers in 2022/23 or prior years in relation to bonus payments, taxable expenses, or compensation for loss of office. The amounts in the above table do include Thank You Payments from SG offered, if accepted.

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

However, the IJB has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits.

Pension Benefits for Fife Council

Pension benefits for employees are provided through the Local Government Pension Scheme (LGPS), a funded scheme made up of contributions from employees and councillors and the employer. The LGPS in Scotland changed on 1 April 2015 from a final salary scheme to a career average revalued earnings (CARE) scheme. The scheme year runs from 1 April to 31 March. and all members, both employee and councillor, now build up a pension based on 1/49th of pensionable pay received in each scheme year. The normal pension age of the new scheme is linked to State Pension Age but with a minimum age of 65.

Pension benefits for employee members built up before 1 April 2015 are protected which means that membership built up to that date will continue to be based on final salary when the member retires or leaves.

From 1 April 2009 a five tier contribution system was introduced with contributions from scheme members based on how much pay falls into each tier. It is designed to give more equality between costs and benefits of scheme membership. Prior to 2009 contribution rates were set at 6% for all non-manual employees. From 1 April 2015, part time members' contribution rates are now based on actual pensionable pay as opposed to whole time pay.

Actual Pay 2022-23	Contribution Rate 2022-23	Actual Pay 2021-22	Contribution Rate 2021-22
Up to and including £23,000	5.50%	Up to and including £22,300	5.50%
Above £23,001 and up to £28,100	7.25%	Above £22,301 and up to £27,300	7.25%

Above £28,101 and up to £38,600	8.50%	Above £27,301 and up to £37,400	8.50%
Above £38,601 and up to £51,400	9.50%	Above £37,401 and up to £49,900	9.50%
Above £51,401	12.00%	Above £49,901	12.00%

Pension Benefits for NHS

The NHS Board participates in the NHS Pension Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a funding valuation undertaken by the scheme actuary. The last four-yearly valuation was undertaken as at 31 March 2016. This valuation informed an employer contribution rate from 1 April 2019 of 20.9% of pensionable pay and an anticipated yield of 9.6% employees contributions.

NHS Board has no liability for other employers' obligations to the multi-employer scheme

In 2022-23 members paid tiered contribution rates ranging from 5.2% to 14.7% of pensionable earnings.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/22	For Year to 31/03/23		Difference from 31/03/22	As at 31/03/23
	£	£		£	£
N Connor Chief Officer	18,580	19,480	Pension Lump Sum	4,384 0	6,819
A Valente Chief Finance Officer	19,752	20,689	Pension Lump Sum	37,000 60,000	41,000
Total	38,332	40,169	Pension Lump Sum	41,384 60,000	47,819 63,000

Note: A Valente amounts based on all LGPS membership not just current employment.

Exit Packages

There were no exit packages paid in 2022/23 (2021/22, none).

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Nicky Connor
Chief Officer

Date

.....

Arlene Wood
Chair of the IJB

Date

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement explains the Integration Joint Board's (IJB) governance and internal control arrangements and how the IJB complies with the CIPFA and SOLACE framework "*Delivering Good Governance in Local Government*", which details the requirement for an Annual Governance Statement. The IJB's governance framework places reliance on the Codes of Corporate Governance of Fife Council and NHS Fife in addition to having its own Code of Corporate Governance.

Scope of Responsibility

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards; that public money is safeguarded; properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

The IJB Vision is to enable the people of Fife to live independent and healthier lives. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value. The Integration Scheme delegated Health and Social Care functions to the IJB and the IJB is responsible for strategic direction and operational oversight of the Integrated Services. A Directions Policy sets out the process for formulating, approving, issuing and reviewing Directions from the IJB to the partner organisations, NHS Fife and Fife Council.

In discharging operational delivery responsibilities, the Chief Officer places reliance on the NHS Fife and Fife Council's Codes of Corporate Governance and systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB. Any issues arising from operations are brought to the attention of the IJB by the Chief Officer.

2022/23 Governance Framework and System of Internal Control

The Board of the IJB comprises 16 voting members, nominated by either Fife Council or NHS Fife, as well as non-voting members including a Chief Officer appointed by the Board.

The IJB has 3 Committees supporting the Board: -

The Audit and Assurance Committee chaired by a member of the IJB and comprising 5 further IJB members, provides assurance to the IJB that it is fulfilling its statutory requirements. During 2022-23 the Audit and Assurance Committee met 6 times.

The Quality and Communities Committee (QCC) provides assurance to the IJB on the quality and safety of services as defined in the integration scheme. The QCC met on 6 times during the financial year.

The Finance, Performance and Scrutiny Committee reviews the financial position and monitors performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme. The FP&S Committee met on 6 occasions during 2022-23.

The main features of the governance framework in existence during 2022/23 were:

- Revision of Governance Manual and associated documentation such as the code of corporate governance, standing orders, scheme of delegation, model code of conduct etc.
- Bi-monthly meetings of the IJB and redesigned Governance Committees together with Development Sessions for IJB members.
- Code of Conduct and Register of Interests for all IJB members
- Revised Strategic Leadership Team Meetings including Strategic, Business and Assurance
- Bi-monthly Local Partnership Forum
- Chief Officer in post for the duration of 2022-23
- Chief Finance Officer (CFO) in post for the duration of 2022-23
- Liaison between IJB internal audit and Fife Council and NHS Fife internal audit functions.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision, and delegation. During 2022/23 this included the following:

- Approval of refresh of the Strategic Plan including review of equality outcomes
- Approval of a new IJB Risk Management Strategy and Policy
- Provision of regular financial reports to the IJB
- Provision of regular performance reports to the IJB
- Approval and adoption of Annual Internal Audit Plan
- Implementation of Participation and Engagement Team
- Refresh of Workforce and Organisational Development Strategy and Action Plan

Overview of Areas for Improvement and Development during 2022-23

Areas for improvement to further strengthen the IJB's governance arrangements and systems of internal control were identified within the IJB Annual Accounts for 2021-22. A progress update on these actions is detailed below:-

Improvement Area	Action Undertaken
Development and implementation of approved Risk Strategy, risk appetite and robust Risk Management reporting. Regular risk reporting does occur. A session on risk appetite is planned for the coming year 2022/23.	<i>Complete</i> The IJB Risk Management Policy and Strategy was approved on 31 March 2023. There were two risk appetite sessions held for IJB members in 2022/23 and the Risk Appetite Statement is now in draft.
Further refinement of the Board skills matrix and Board self-assessment framework.	<i>Ongoing</i> Due to changes in Governance structures and personnel a more formal approach will be progressed during 2023-24. Member Development Sessions are continually reviewed to ensure relevant topics are discussed to strengthen member knowledge and understanding.
Formal adoption and implementation of self-assessment governance review to provide focus on key areas of development. Further work will be required to refine	
Further work continues in relation to the Ministerial Steering Group report.	<i>Ongoing</i> Constant review of any actions arising.
Development of statutory guidance regarding set aside services in collaboration with NHS Fife.	<i>Paused</i> Partner agreement has been reached to pause this work whilst awaiting further clarity in relation to national developments.
Develop a Board Induction Programme in conjunction with NHS Education for Scotland (NES).	<i>Ongoing</i> Established member induction programme in place, however seeking to continually review in best light of best practice.

Overview of Areas for Improvement and Development for 2023-24

Following consideration of the adequacy and effectiveness of the IJB governance arrangements, in addition to the ongoing continuous improvement actions from 2022-23, further actions will be progressed in 2023-24 to strengthen the good governance controls. These actions are detailed in the table below:-

Key Actions for 2023-24
<ul style="list-style-type: none">• Review of Directions policy• Creation of new HSCP Website• Refresh of publication scheme• Continuation of review of all strategies which support the Strategic Plan• Refresh of Performance Framework• Review of information flow from SLT to Governance Committee/IJB• Roll out of Care Opinion

Roles and Responsibilities

The IJB complies with the CIPFA Statement on “The Role of the Chief Financial Officer in Local Government 2016”. The IJB’s Chief Finance Officer has overall responsibility for the IJB’s financial arrangements and is professionally qualified and suitably experienced to lead the IJB’s finance function and to direct finance staff.

Reliance is placed on the existing counter fraud and anti-corruption arrangements in place within each partner which have been developed and are maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).

The IJB Internal Auditors, the NHS Fife Internal Audit Team as appointed by the Audit and Risk Committee, comply with the “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operate in accordance with “Public Sector Internal Audit Standards” (PSIAS). The NHS Fife Chief Internal Auditor reports directly to the Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit and Assurance Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit and Assurance Committee.

The Audit and Assurance Committee performs a scrutiny role and monitors the performance of the Internal Audit services to the IJB. The functions of the Audit and Assurance Committee are undertaken as identified in Audit Committees: Practical Guidance for Local Authorities. The IJB’s Chief Internal Auditor has responsibility to review independently and report to the Audit and Risk Committee annually, to provide assurance on the governance arrangements including internal controls within the IJB. In addition, the Internal Audit sections of Fife Council and NHS Fife are subject to an independent external assessment of compliance with the PSIAS at least once every 5 years.

Review of Adequacy and Effectiveness

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review was informed by the IJB's risk management framework, the IJB Assurance Statement, and internal and external audit reports. Any significant issues relating to the partner bodies are brought to the attention of the IJB. In the current year, the Annual Governance Statements of NHS Fife and Fife Council show that no such issues have been identified.

Fife IJB Internal Audit Service, in their Internal Audit Annual Report 2022/2023 on 28 June 2023 have noted that

Reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2022/23.

The IJB has confirmed that adequate and effective governance arrangements are in place and there are no major control weaknesses nor significant governance issues that require to be reported for 2022-23.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance, subject to the matters noted above, can be placed upon the adequacy and effectiveness of the Fife Integration Joint Board's systems of governance.

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Nicky Connor
Chief Officer

Arlene Wood
Chair of the IJB

Date **Date**

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services commissioned for the year in accordance with the integration scheme.

2021/22				2022/23		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
56,500	-	56,500	Hospital	64,717	-	64,717
111,296	-	111,296	Community Healthcare	126,620	-	126,620
181,978	-	181,978	Family Health Services & Prescribing	191,891	-	191,891
17,496	-	17,496	Children's Services	15,789	-	15,789
245,721	-	245,721	Social Care	268,973	-	268,973
885	-	885	Housing Services	1,329	-	1,329
258	-	258	IJB Operational Costs	269	-	269
40,227	-	40,227	Acute Set Aside	46,168	-	46,168
654,361	-	654,361	Cost of Services	715,756	-	715,756
	(704,430)	(704,430)	Taxation and Non-Specific Grant Income		(694,169)	(694,169)
0	0	(50,069)	(Surplus) or Deficit	0	0	21,587
		(50,069)	Total Comprehensive Income and Expenditure			21,587

There are no statutory or presentation adjustments which affect the IJB's application of the funding received by NHS Fife and Fife Council. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement presents the movement during the year on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund Balance will be separately identified from the movements due to accounting practices, if required.

Movements in Reserves During 2022/23	General Fund Balance £000	Total Reserves £000
Opening Balance at 31st March 2022, brought forward	(79,712)	(79,712)
Returned Covid to Scottish Government	20,405	20,405
Adjusted Balance at 31st March 2022	(59,307)	(59,307)
(Surplus)/ Deficit on provision of services	21,587	21,587
Total Comprehensive Income and Expenditure	21,587	21,587
Balance as at 31 March 2023, carried forward	(37,719)	(37,719)
Movements in Reserves During 2021/22	General Fund Balance £000	Total Reserves £000
Opening Balance at 31st March 2021	(29,643)	(29,643)
(Surplus)/ Deficit on provision of services	(50,069)	(50,069)
Total Comprehensive Income and Expenditure	(50,069)	(50,069)
Balance as at 31 March 2022, carried forward	(79,712)	(79,712)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2023. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2022		Notes	31 March 2023
£000			£000
79,721	Short term Debtors	6	42,605
79,721	Current Assets		42,605
9	Short-term Creditors	7	4,886
9	Current Liabilities		4,886
79,712	Net Assets		37,719
79,712	Usable Reserve: General Fund	8	37,719
79,712	Total Reserves		37,719

The Statement of Accounts present a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2023 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 30 June 2023 and the audited accounts were authorised for issue on 29 September 2023

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Audrey Valente - CPFA
Chief Finance Officer

Date

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the Integration Joint Board's transactions for the 2022/23 financial year and its position at the year-end of 31 March 2023.

The Fife Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Joint Venture between Fife Council and NHS Fife. The IJB is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS).

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income and receipt of the income is probable.
- Where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The Fife IJB is primarily funded through funding contributions from the statutory funding partners, Fife Council and NHS Fife. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Fife IJB area.

This funding was reported on a net expenditure basis from NHS Fife and Fife Council.

1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. All monies held on behalf of IJB were held by partners, the reserves balance is held by Fife Council on behalf of the IJB.

1.5 Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. The Chief Finance Officer is a non-voting board member. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. The Chief Officer's and Chief Finance Officer's absence entitlement as at 31 March have not been accrued as it is not deemed to be material.

There are no further charges from funding partners for other staff and these costs have remained with the funding partners.

1.6 Material Items of Income and Expenditure

The cost to the IJB in 2022/23 relating to the Covid-19 pandemic was £15.588m. This comprised of additional expenditure for vaccinations, staff cover, additional capacity in the community, and sustainability payments to care homes.

1.7 VAT

The Integration Joint Board is a non-taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where Fife Council is the provider, income and expenditure exclude any amounts related to VAT, as all VAT collected is payable to H.M. Revenue and Customs and all VAT paid is recoverable from it. Fife Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where NHS Fife is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the IJB.

2. Critical Judgements in Applying Accounting Policies & Uncertainty about future events

In applying the accounting policies, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. Critical judgements are as follows:

2.1 Set Aside

The funding contribution from NHS Fife includes £46.168m in respect of 'set aside' resources relating to acute hospital and other resources. The IJB has responsibility for the consumption of, and level of demand placed on, these resources, however the responsibility for managing the costs of providing the services remain with NHS Fife. Therefore, the overspend incurred by the service has not been included in these accounts and is borne by NHS Fife.

2.2 Public Sector Funding

There is a high degree of uncertainty about future levels of funding for Local Government and the NHS and this will directly impact on the IJB.

Funding from partners has reduced significantly and it is anticipated that this will continue in the coming years. Savings proposals have been developed for the next 3 years and work is ongoing to ensure that these are delivered at pace.

3. Events After the Reporting Period

The Chief Finance Officer issued the draft accounts on 28th June 2023. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2023, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Expenditure and Income Analysis by Nature

2021/22 £000		2022/23 £000
246,606	Services commissioned from Fife Council	270,302

407,497	Services commissioned from Fife NHS Board	445,185
230	Other IJB Operating Expenditure	241
28	Auditor Fee: External Audit Work	28
(704,430)	Partners Funding Contributions & Non-Specific Grant Income	(694,169)
(50,069)	(Surplus) or Deficit	(21,587)

5. Taxation and Non-Specific Grant Income

2021/22 £000		2022/23 £000
(521,950)	Funding Contribution from NHS Fife	(481,647)
(182,480)	Funding Contribution from Fife Council	(212,522)
(704,430)	Taxation and Non-specific Grant Income	(694,169)

The funding contribution from NHS Fife shown above includes £46.168m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Fife which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources. There are no other non-ringfenced grants and contributions.

6. Debtors

31 March 2022 £000		31 March 2023 £000
43,477	NHS Fife	14
36,244	Fife Council	42,591
79,721	Debtors	42,605

7. Creditors

31 March 2022 £000		31 March 2023 £000
-	NHS Fife	4,858
-	Fife Council	-
9	External Audit Fee	28
9	Creditors	4,886

8. Usable Reserve: General Fund

The IJB could hold a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

2021/22		2022/23				
*Re-stated Balance at 31 March 2022		Net Covid return to SG	Transfers Out 2022/23	Transfers in 2022/23	Movement in Reserves MIRS)	Balance at 31 March 2023
£000		£000	£000	£000	£000	£000
(6,585)	Primary Care Improvement Fund	-	5,448	(113)	-	(1,251)
(6,603)	Mental Health (including Action 15 and Psychological Therapy Action 15	-	5,535	-	-	(1,068)
-	District Nurses	-	-	(103)	-	(316)
(18)	Fluenz	-	18	-	-	-
(1,700)	Alcohol and Drugs Partnerships	-	81	-	-	(1,619)
(1,339)	Community Living Change Plan	-	-	-	-	(1,339)
(35,993)	Covid-19	-	15,580	-	-	(20,412)
-	Covid-19 returned to SG	20,405	-	-	-	20,405
(950)	Urgent Care	-	447	-	-	(503)
(817)	Care Homes - Nursing support	-	699	(683)	-	(800)
-	Mental Health Recovery & Renewal	-	-	(387)	-	(387)
(213)	Budival	-	110	-	-	(103)
(23)	Child Healthy Weight	-	23	(9)	-	(9)
(300)	Acceleration of 22/23 MDT recruitment	-	-	-	-	(300)
(1,384)	Multi Disciplinary Teams	-	53	(835)	-	(2,166)
(430)	GP Premises	-	559	(615)	-	(486)
(47)	Afghan Refugees	-	-	-	-	(47)
(669)	Dental Ventilation	-	410	-	-	(259)
(170)	Interface Care	-	64	-	-	(106)
(3,345)	Care at Home	-	3,345	-	-	0
(2,320)	Interim beds	-	1,032	-	-	(1,288)
(69)	Telecare Fire Safety	-	-	-	-	(69)
(417)	Self Directed Support (SDS)	-	10	-	-	(407)
(196)	Workforce Wellbeing Funding	-	103	-	-	(93)
(146)	School Nurse	-	-	-	-	(146)
(313)	Remobilisation of Dental Services	-	-	-	-	(313)
-	Near Me	-	-	(112)	-	(112)
-	Learning Disability Health Checks	-	-	(69)	-	(69)
-	Family Nurse Partnership	-	-	(100)	-	(100)
-	Development of Hospital at home	-	-	(279)	-	(279)
-	Breast Feeding	-	-	(20)	-	(20)
-	Delayed Without Discharge	-	-	(25)	-	(25)
-	Long Covid	-	-	(125)	-	(125)
-	Navigation Flow Hub	-	-	(2,420)	-	(2,420)
(64,260)	Total Earmarked & Covid-19	20,405	33,517	(5,895)	48,028	(16,232)
(15,452)	Contingency/ Uncommitted	-	2,428	(8,463)	(6,035)	(21,487)
(79,712)	General Fund Reserve Total	20,405	35,945	(14,358)	41,993	(37,719)

*Prior year balance restatements – Earmarked amounts of £1.500m and £0.500m were reclassified from earmarked to uncommitted reserves, these reclassifications were approved at IJB Committee on November 2022 and January 2023 respectively.

9. Related Party Transactions

The IJB has related party relationships with NHS Fife and Fife Council. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships and directions to partners.

Transactions with NHS Fife

2021/22 £000		2022/23 £000
(521,950)	Funding Contributions received from NHS Fife	(481,647)
407,498	Expenditure on Services Provided by NHS Fife	445,185
114	Key Management Personnel: Non-Voting Board Members	120
14	External Audit Fee	14
(114,324)	Net Transactions with NHS Fife	(36,328)

Key Management Personnel: The non-voting Board members directly employed by NHS Fife and recharged to the IJB are the Chief Officer and the Chief Finance Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with NHS Fife

31 March 2022 £000		31 March 2023 £000
43,472	Debtor balances: Amounts due from NHS Fife	14
-	Creditor balances: Amounts due to NHS Fife	4,858
43,472	Net Balance with NHS Fife	4,872

Transactions with Fife Council

2021/22 £000		2022/23 £000
(182,480)	Funding Contributions received from Fife Council	(212,522)
246,606	Expenditure on Services Provided by the Fife Council	270,303
115	Key Management Personnel: Non-Voting Board Members	121
14	External Audit Fee	14
64,255	Net Transactions with Fife Council	57,916

Key Management Personnel: The Non-Voting Board members employed by Fife Council and recharged to the IJB is the Chief Finance Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with Fife Council

31 March 2022 £000		31 March 2023 £000
36,240	Debtor balances: Amounts due from Fife Council	42,577
-	Creditor balances: Amounts due to Fife Council	-
36,240	Net Balance with Fife Council	42,577

Support services were not delegated to the IJB and are provided by NHS Fife and Fife Council free of charge. Support services provided mainly comprised: provision of financial management; human resources; legal; committee services; ICT; payroll; internal audit, and the provision of the Chief Internal Auditor.

10. External Audit Fee

The IJB has incurred costs of £34,470 in respect of fees payable to Azets with regard to external audit services carried out in 2022/23 (2021/22 paid to Audit Scotland in £28,000).

11. Contingent Assets and Liabilities

The IJB is not aware of any material contingent asset or liability as at 31 March 2023.

The IJB is a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) established by the Scottish Government which reimburses costs to members where negligence is established.

All amounts in respect of claims or reimbursement by CNORIS, which may arise under the CNORIS scheme are reported in NHS Fife Accounts.

Independent auditor's report to the members of Fife Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Fife Integration Joint Board as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of Fife Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to Fife Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Fife Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on Fife Integration Joint Board's current or future financial sustainability. However, we report on Fife Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and Fife Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing Fife Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue Fife Integration Joint Board's operations.

Fife Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of Fife Integration Joint Board;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of Fife Integration Joint Board;
- inquiring of the Chief Financial Officer concerning Fife Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Fife

Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have innot been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Chris Brown, for and on behalf of Azets Audit Services
Exchange Place 3
Semple Street
Edinburgh
EH3 8BL

Date:

Fife Integration Joint Board

2022/23 Annual Audit Report to the Members of the Fife Integration Joint Board and the Controller of Audit

September 2023



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Key messages

Financial statements audit

Audit opinion	<p>Our draft independent auditor's report is unqualified and there are no matters which we are required to report by exception.</p>
Key audit findings	<p>We have obtained adequate evidence in relation to the key audit risks identified in our audit plan.</p> <p>We are satisfied with the appropriateness of the accounting estimates and judgements used in the preparation of the financial statements.</p> <p>The accounting policies used to prepare the financial statements are in line with the Code of Practice on Local Government Accounting (the Code) and are considered appropriate.</p> <p>All material disclosures required by relevant legislation and applicable accounting standards have been made appropriately.</p> <p>The IJB had appropriate administrative processes in place to prepare the annual accounts and the required supporting working papers.</p>
Audit adjustments	<p>We are pleased to report that there were no material adjustments or unadjusted differences to the unaudited annual accounts.</p> <p>We identified some disclosure and presentational adjustments during our audit. These have been reflected in the final set of financial statements.</p>
Accounting systems and internal controls	<p>We have applied a risk-based methodology to the audit. This approach requires us to document, evaluate and assess the IJB's processes and internal controls relating to the financial reporting process.</p> <p>Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we include these in this report. No material weaknesses or significant deficiencies were noted.</p>

Wider scope audit

	Auditor judgement Risks exist to achievement of operational objectives 
Financial Management Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.	<p>The IJB has appropriate arrangements in place for financial management which incorporate a collaborative approach with partner bodies.</p> <p>The IJB reported a deficit of £21.587million in 2022/23, largely as a result of a significant reduction in additional funding being made available by the Scottish Government to cover COVID-19 expenditure. Savings of £2.513million of the £3.794million savings target were delivered in 2022/23 and the savings not delivered will need to be achieved in 2023/24.</p> <p>We identified no significant weaknesses in accounting and internal control systems during our audit.</p>

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Financial Sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services and the way in which they should be delivered.

Auditor judgement

Significant unmitigated risks affect achievement of corporate objectives



The IJB has appropriate arrangements in place for short and medium term financial planning. The IJB continues to work towards the achievement of a long term sustainable financial position.

The IJB is forecasting a cumulative budget gap of £34.704million over the period 2023/24 to 2025/26. This budget gap is set alongside the delivery of a savings target of £21.437million in 2023/24, rising to £34.900million in 2025/26.

The IJB will continue to face challenges over the next few years in achieving a balanced financial position due to risk and uncertainty in relation to funding levels, delivery of savings targets and more general pressures on the health and social care service. The IJB's ability to develop and maintain its core services and new initiatives in a sustainable manner remains a significant risk and requires continuing careful management and oversight.

Vision, Leadership and Governance

Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Auditor judgement

Effective and appropriate arrangements are in place



Governance arrangements throughout the year were found to be satisfactory and appropriate. We are satisfied that the IJB continued to receive sufficient and appropriate information throughout the period to support effective and timely scrutiny and challenge.

Our assessment has been informed by a review of the corporate governance arrangements in place and the information provided to the Board and Committees.

The IJB's Strategic Plan for Fife 2023-2026 was approved by the Board in January 2023. Appropriate arrangements are in place to oversee the delivery of the strategy and the IJB has committed to develop performance metrics for the delivery plan to measure progress alongside the refreshed performance framework.

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Use of Resources to Improve Outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

Auditor judgement

Risks exist to achievement of operational objectives



Whilst an established and appropriate performance management framework is in place at the IJB, the pandemic has exacerbated what were already tough core service delivery challenges.

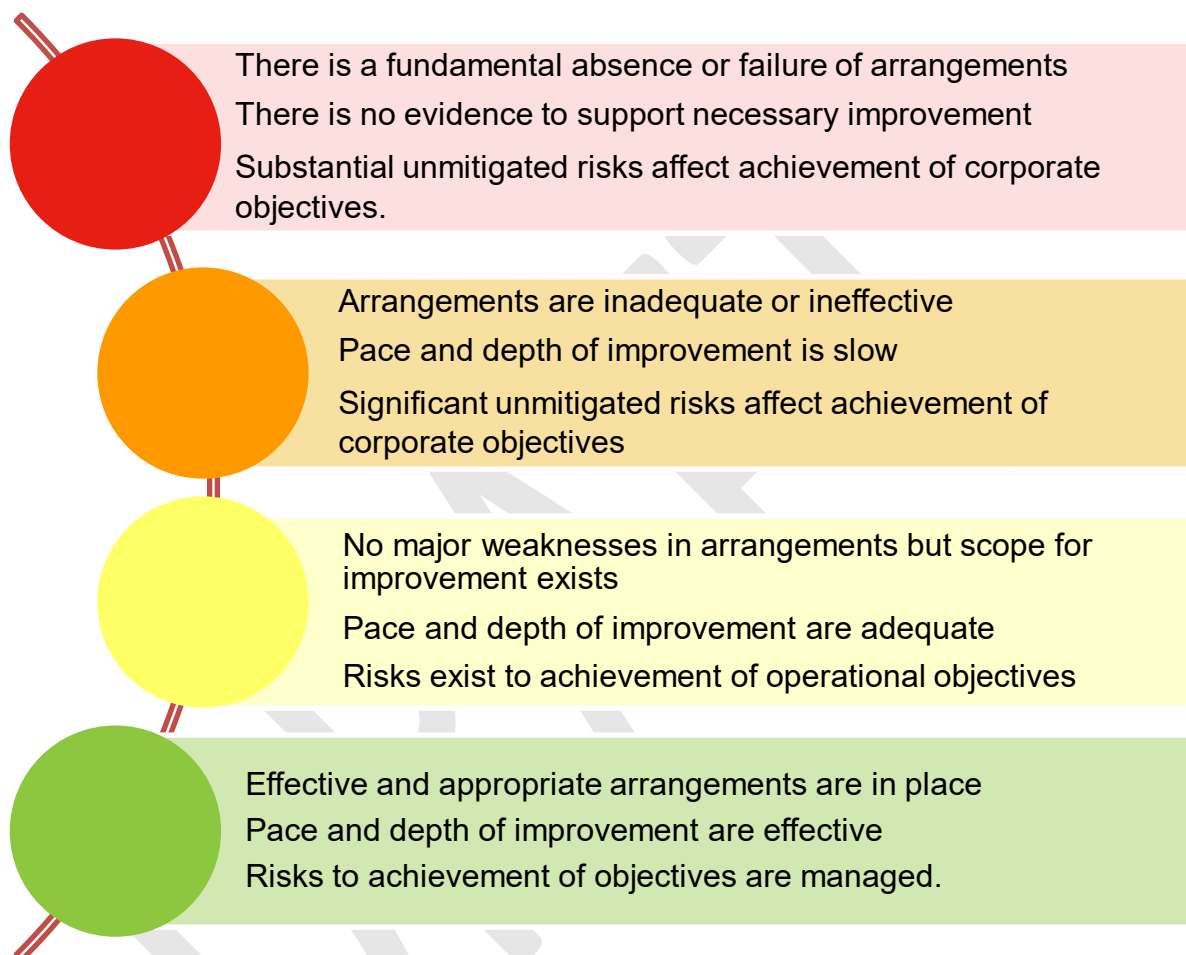
A refreshed performance framework is due to be presented to the IJB in November 2023 with a focus on the need to drive service improvement efficiently and effectively.

The IJB has recognised that transformational service redesign and the effective use of resources will be essential to medium and long term performance improvement and sustainability.

A Workforce Strategy 2022-25 was approved by the IJB in November 2022, accompanied by action plans and supporting governance arrangements. Appropriate arrangements are in place to oversee the delivery of the Workforce Strategy 2022-25, however, underspends in core areas continue to be mostly attributable to staffing vacancies. We acknowledge that workforce plans have not been implemented for a full year. We will continue to monitor the delivery of the IJB's workforce plans to fully assess the impact which these are having on addressing workforce challenges.

Definition

We use the following gradings to provide an overall assessment of the arrangements in place as they relate to the wider scope areas. The text provides a guide to the key criteria we use in the assessment, although not all of the criteria may exist in every case.



Introduction

The annual audit comprises the audit of the financial statements and other reports within the annual accounts, and the wider scope responsibilities set out in the Code of Audit Practice.

We outlined the scope of our audit in our External Audit Plan, which we presented to the Audit and Assurance Committee at the outset of our audit. We have not made any subsequent changes to the risks outlined in that plan.

Responsibilities

The IJB is responsible for preparing its annual accounts which show a true and fair view and for implementing appropriate internal control systems. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work and may not be all that exist. Communication in this report of matters arising from the audit or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on, the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

We would like to thank all management and staff for their co-operation and assistance during our audit.

Auditor independence

International Standards on Auditing in the UK (ISAs (UK)) require us to communicate on a timely basis all facts and matters that may have a bearing on our independence.

We confirm that we complied with the Financial Reporting Council's (FRC) Ethical Standard. In our professional judgement, we remained independent, and our objectivity has not been compromised in any way.

We set out in Appendix 1 our assessment and confirmation of independence.

Adding value

All of our clients quite rightly demand of us a positive contribution to meeting their ever-changing business needs. We add value by being constructive and forward looking, by identifying areas of improvement and by recommending and encouraging good practice. In this way we aim to promote improved standards of governance, better management and decision making and more effective use of public money.

Any comments you may have on the service we provide would be greatly appreciated. Comments can be reported directly to any member of your audit team.

Openness and transparency

This report will be published on Audit Scotland's website www.audit-scotland.gov.uk.

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Financial statements audit

Our audit opinion

Opinion	Basis for opinion	Conclusions
Financial statements	<p>We conduct our audit in accordance with applicable law and International Standards on Auditing.</p> <p>Our findings / conclusions to inform our opinion are set out in this section of our annual report.</p>	<p>The annual accounts are due to be considered by the Audit and Assurance Committee on 13 September 2023 and approved by the Board on 29 September 2023.</p> <p>Our independent auditor's report is unqualified in all regards.</p> <p>We received the unaudited annual accounts and supporting papers of a good standard in line with our audit timetable. Further information and revisions were provided promptly where required. Our thanks go to staff at the IJB for their assistance with our work.</p>
Going concern basis of accounting	<p>When assessing whether the going concern basis of accounting is appropriate, the anticipated provision of services is more relevant to the assessment than the continued existence of a particular public body.</p> <p>We assess whether there are plans to discontinue or privatise the IJB's functions.</p>	<p>We reviewed the financial forecasts for 2023/24. Our understanding of the legislative framework and activities undertaken provides us with sufficient assurance that the IJB will continue to operate for at least 12 months from the signing date. Our audit opinion is unqualified in this respect.</p>

Opinion	Basis for opinion	Conclusions
	<p>Our wider scope audit work considers the financial sustainability of the IJB.</p>	
<p>Opinions prescribed by the Accounts Commission:</p> <ul style="list-style-type: none"> • Management Commentary • Annual Governance Statement • The audited part of the Remuneration Report 	<p>We plan and perform audit procedures to gain assurance that the management commentary, annual governance statement and the audited part of the remuneration report are prepared in accordance with:</p> <ul style="list-style-type: none"> • statutory guidance issued under the Local Government in Scotland Act 2003 (management commentary); • the Delivering Good Governance in Local Government: Framework (annual governance statement); and • The Local Authority Accounts (Scotland) Regulations 2014 (remuneration report) 	<p>The management commentary contains no material misstatements or inconsistencies with the financial statements.</p> <p>We have concluded that:</p> <ul style="list-style-type: none"> • the information given in the management commentary is consistent with the financial statements and has been properly prepared. • the information given in the annual governance statement is consistent with the financial statements and our understanding of the organisation gained through the audit. • the audited part of the Remuneration Report has been properly prepared.

Opinion	Basis for opinion	Conclusions
Matters reported by exception	<p data-bbox="480 306 970 398">We are required to report on whether:</p> <ul data-bbox="480 405 970 862" style="list-style-type: none"> <li data-bbox="480 405 970 497">• adequate accounting records have not been kept; or <li data-bbox="480 504 970 719">• the financial statements and the audited part of the remuneration report are not in agreement with the accounting records; or <li data-bbox="480 725 970 862">• we have not received all the information and explanations we require for our audit. 	We have no matters to report.

An overview of the scope of our audit

The scope of our audit was detailed in our External Audit Plan, which was presented to the Audit and Assurance Committee in March 2023. The plan explained that we follow a risk-based approach to audit planning that reflects our overall assessment of the relevant risks that apply to the IJB. This ensures that our audit focuses on the areas of highest risk (the significant risk areas). Planning is a continuous process, and our audit plan is subject to review during the course of the audit to take account of developments that arise.

In our audit, we test and examine information using sampling and other audit techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain evidence through performing a review of the significant accounting systems, substantive procedures and detailed analytical procedures.

Significant risk areas and key audit matters

Significant risks are defined by auditing standards as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, we consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement. Audit procedures were designed to mitigate these risks.

As required by the Code of Audit Practice and the Planning Guidance issued by Audit Scotland, we consider the significant risks for the audit that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the audit team (the 'Key Audit Matters'), as detailed in the tables below.

Our audit procedures relating to these matters were designed in the context of our audit of the annual accounts as a whole, and not to express an opinion on individual accounts or disclosures.

Our opinion on the annual accounts is not modified with respect to any of the risks described below.

Significant risks at the financial statement level

These risks are considered to have a pervasive impact on the financial statements as a whole and potentially affect many assertions for classes of transaction, account balances and disclosures.

Management override of controls

Significant risk description

Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

Although the level of risk of management override of controls will vary from entity to entity, the risk is nevertheless present in all entities. Due to the unpredictable way in which such override could occur, it is a risk of material misstatement due to fraud and thus a significant risk.

This was considered to be a significant risk and Key Audit Matter for the audit.

Inherent risk of material misstatement: Very High

Management override of controls

How the scope of our audit responded to the significant risk

Key judgement

There is the potential for management to use their judgement to influence the financial statements as well as the potential to override controls for specific transactions.

Audit procedures

- Agreed balances and transactions to Fife Council and NHS Fife financial reports/ledger/correspondence.
- Received assurances from constituent body auditors in relation to financial information provided, controls in place and results of testing at constituent bodies.
- Reviewed financial monitoring reports during the year.
- Reviewed the consolidation adjustments made to arrive at figures in IJB accounts.
- Evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions.

Key observations

We did not identify any indication of management override of controls from our audit work. We did not identify any areas of bias in key judgements made by management. Key judgements were consistent with prior years.

Significant risks at the assertion level for classes of transaction, account balances and disclosures

Key risk area

Fraud in revenue recognition

Significant risk description

Material misstatement due to fraudulent financial reporting relating to revenue recognition is a presumed risk on every audit unless it can be rebutted.

The presumption is that the IJB could adopt accounting policies or recognise income in such a way as to lead to a material misstatement in the reported financial position.

Income recognised in the IJB's accounts are contributions received from the IJB's funding partners. Given the nature of this income we have rebutted this risk.

This was considered to be a Key Audit Matter for the audit.

Fraud in non-pay expenditure

Significant risk description

As most public sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. There is a risk that expenditure may be misstated resulting in a material misstatement in the financial statements.

As the IJB commissions services from the constituent bodies, the IJB does not exercise operational control of the staff and assets to deliver the services itself. The cost of commissioning the services is the expenditure recognised by the IJB rather than the expenditure incurred in delivering the services.

Given the nature of expenditure reported in the IJB's annual accounts we have therefore rebutted this risk.

This was considered to be a Key Audit Matter for the audit.

Other identified risks

Accounting treatment for recovery of COVID-19 reserves

In 2021/22 NHS Fife received additional COVID-19 funding of £95million of which £59million was passed to the IJB. As at 31 March 2022, £35.993million was held as an IJB earmarked reserve.

The Scottish Government notified health boards and integrated authorities of its intention to recover part of this funding, including £21million of the COVID-19 earmarked reserves in the IJB. To achieve this, NHS Fife provided reduced funding contributions to the IJB to allow utilisation of the reserves balance.

We have reviewed the accounting treatment and disclosures in the financial statements with no exceptions noted.

Cost of activities commissioned

In the 2021/22 annual accounts, a £3.250million adjustment was made to reflect transactions between NHS Fife and Fife Council in relation to funding and reserves which were not fully adjusted in the IJB Accounts. A recommendation was raised, by the predecessor auditors, to ensure that payments between constituent bodies are reconciled to consolidation adjustments made when preparing the IJB annual accounts.

Based on the audit work performed, we are satisfied that appropriate reconciliations have been prepared and adjustments made to the IJB accounts reflect transactions between NHS Fife and Fife Council.

Materiality

Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. A matter is material if its omission or misstatement would reasonably influence the decisions of an addressee of the auditor's report. The assessment of what is material is a matter of professional judgement and is affected by our assessment of the risk profile the IJB and the needs of users. We review our assessment of materiality throughout the audit.

Whilst our audit procedures are designed to identify misstatements which are material to our audit opinion, we also report to the IJB and management any uncorrected misstatements of lower value errors to the extent that our audit identifies these.

Our initial assessment of materiality for the IJB financial statements was £9.500million. On receipt of the unaudited financial statements, we reassessed materiality and updated it to £10.700million. We consider that our assessment has remained appropriate throughout our audit.

	£million
Overall materiality for the financial statements	10.700
Performance materiality	8.025
Trivial threshold	0.250

Materiality	<p>Our assessment is made with reference to the IJB's cost of delegated services. We consider this to be the principal consideration for the users of the annual accounts when assessing financial performance.</p> <p>Our assessment of materiality equates to approximately 1.5% of the IJB's cost of delegated services as disclosed in the 2022/23 unaudited annual accounts.</p> <p>In performing our audit, we apply a lower level of materiality to the audit of the Remuneration Report. Our materiality is set at £5,000.</p>
Performance materiality	<p>Performance materiality is the working level of materiality used throughout the audit. We use performance materiality to determine the nature, timing and extent of audit procedures carried out. We perform audit procedures on all transactions, or groups of transactions, and balances that exceed our performance materiality. This means that we perform a greater level of testing on the areas deemed to be at significant risk of material misstatement.</p> <p>Performance materiality is set at a value less than overall materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of the uncorrected and undetected misstatements exceed overall materiality.</p>
Trivial misstatements	<p>Trivial misstatements are matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.</p>

Audit differences

We are pleased to report that there were no material adjustments or unadjusted differences to the unaudited annual accounts.

We identified disclosure and presentational adjustments during our audit which have been reflected in the final set of financial statements and are disclosed in Appendix 2.

Internal controls

As part of our work we considered internal controls relevant to the preparation of the financial statements such that we were able to design appropriate audit procedures. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we report these in this report. These matters are limited to those which we have concluded are of sufficient importance to merit being reported.

We did not identify any significant control weaknesses during our audit.

Follow up of prior year recommendations

We followed up on progress in implementing actions raised by the predecessor auditor in the prior year as they relate to the audit of the financial statements. Full details of our findings are included in Appendix 3.

Other communications

Accounting policies

The accounting policies used in preparing the financial statements are unchanged from the previous year.

Our work included a review of the adequacy of disclosures in the financial statements and consideration of the appropriateness of the accounting policies adopted by the IJB.

The accounting policies, which are disclosed in the financial statements, are in line with the Code and are considered appropriate.

There are no significant financial statements disclosures that we consider should be brought to your attention. All the disclosures required by relevant legislation and applicable accounting standards have been made appropriately.

Key judgements and estimates

As part of the planning stages of the audit we sought all accounting estimates made by management and determined which of those are key to the overall financial statements. Management did not identify any accounting estimates. We considered this appropriate to the annual accounts.

In addition, we are satisfied with the appropriateness of the accounting judgements used in the preparation of the financial statements.

Fraud and suspected fraud

We have previously discussed the risk of fraud with management and the Audit and Assurance Committee. We have not been made aware of any incidents in the period nor have any incidents come to our attention as a result of our audit testing.

Our work as auditor is not intended to identify any instances of fraud of a non-material nature and should not be relied upon for this purpose.

Non-compliance with laws and regulations

As part of our standard audit testing, we have reviewed the laws and regulations impacting the IJB. There are no indications from this work of any significant incidences of non-compliance or material breaches of laws and regulations.

Written representations

We will present the final letter of representation to the Chief Finance Officer to sign at the same time as the financial statements are approved.

Related parties


We are not aware of any related party transactions which have not been disclosed.

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Wider Scope

Overall Conclusion

We recognise the significant challenges which the IJB faces due to the environment in which it operates including funding, workforce and performance risks and challenges. The significance of these risks reflects the gradings which have been provided for each wider scope area however, we are satisfied that the IJB has appropriate arrangements in place to manage and mitigate these risks under each wider scope area.

Financial Management Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.	Auditor judgement Risks exist to achievement of operational objectives  The IJB has appropriate arrangements in place for financial management which incorporate a collaborative approach with partner bodies. The IJB reported a deficit of £21.587million in 2022/23, largely as a result of a significant reduction in additional funding being made available by the Scottish Government to cover COVID-19 expenditure. Savings of £2.513million of the £3.794million savings target were delivered in 2022/23 and the savings not delivered will need to be achieved in 2023/24. We identified no significant weaknesses in accounting and internal control systems during our audit.
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Financial Sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services and the way in which they should be delivered.

Auditor judgement

Significant unmitigated risks affect achievement of corporate objectives



The IJB has appropriate arrangements in place for short and medium term financial planning. The IJB continues to work towards the achievement of a long term sustainable financial position.

The IJB is forecasting a cumulative budget gap of £34.704million over the period 2023/24 to 2025/26. This budget gap is set alongside the delivery of a savings target of £21.437million in 2023/24, rising to £34.900million in 2025/26.

The IJB will continue to face challenges over the next few years in achieving a balanced financial position due to risk and uncertainty in relation to funding levels, delivery of savings targets and more general pressures on the health and social care service. The IJB's ability to develop and maintain its core services and new initiatives in a sustainable manner remains a significant risk and requires continuing careful management and oversight.

Vision, Leadership and Governance

Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Auditor judgement

Effective and appropriate arrangements are in place



Governance arrangements throughout the year were found to be satisfactory and appropriate. We are satisfied that the IJB continued to receive sufficient and appropriate information throughout the period to support effective and timely scrutiny and challenge.

Our assessment has been informed by a review of the corporate governance arrangements in place and the information provided to the Board and Committees.

The IJB's Strategic Plan for Fife 2023-2026 was approved by the Board in January 2023. Appropriate arrangements are in place to oversee the delivery of the strategy and the IJB has committed to develop performance metrics for the delivery plan to measure progress alongside the refreshed performance framework.

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Use of Resources to Improve Outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

Auditor judgement

Risks exist to achievement of operational objectives



Whilst an established and appropriate performance management framework is in place at the IJB, the pandemic has exacerbated what were already tough core service delivery challenges.

A refreshed performance framework is due to be presented to the IJB in November 2023 with a focus on the need to drive service improvement efficiently and effectively.

The IJB has recognised that transformational service redesign and the effective use of resources will be essential to medium and long term performance improvement and sustainability.

A Workforce Strategy 2022-25 was approved by the IJB in November 2022, accompanied by action plans and supporting governance arrangements.

Appropriate arrangements are in place to oversee the delivery of the Workforce Strategy 2022-25, however, underspends in core areas continue to be mostly attributable to staffing vacancies. We acknowledge that workforce plans have not been implemented for a full year. We will continue to monitor the delivery of the IJB's workforce plans to fully assess the impact which these are having on addressing workforce challenges.

Financial management

Financial performance 2022/23

The IJB reported total expenditure of £715.756million in delivering health and social care services to the people of Fife in 2022/23 (2021/22: £654.361million). An overall deficit of £21.587million (2021/22: surplus of £50.069million) was reported, largely as a result of a significant reduction in additional funding being made available by the Scottish Government to cover COVID-19 expenditure.

The outturn position as at 31 March 2023 for the services delegated to the IJB was as follows:

	Budget £000	Actual £000	Variance £000
Delegated and Managed Services	648,001	669,588	21,587
Set Aside Acute Services	46,168	46,168	-

There was an overspend on the set aside acute services of £5.275million but these costs were borne by NHS Fife.

Within the deficit position of £21.587million, the core underspend was £8.463million.

The main areas of underspend within the Delegated and Managed Services are:

- Community Services £7.776million
- Older People Nursing & Residential £3.061million
- Adults Fife Wide £2.779million
- Adults Supported Living £4.745million

The IJB has acknowledged that underspends in core areas are mostly attributable to staffing vacancies, many of which continue to be difficult to recruit. Work is ongoing to review the skill mix in a bid to successfully recruit to vacant posts, as described in the section on use of resources to improve outcomes below.

Partnership working

The IJB approved a budget for core services of £627.414million for 2022/23. The budget was supported by additional allocations amounting to £20.587million provided from partners throughout the year for specific agreed projects.

The IJB takes an integrated approach to financial planning and has continued to work closely with both partner organisations to discuss budget monitoring, budget gaps and required resources throughout 2022/23.

Work is ongoing by the IJB to develop a consistent one-system approach to preparing financial information to reduce the risks associated with inconsistencies in partner body approaches to financial reporting. Portfolio meetings have commenced which include members of the IJB, NHS Fife and Fife Council's finance team, down to the accountant level, which meet approximately every four to seven weeks to discuss the IJB's budget, savings and updates on factors which influence partner body's financial positions in a more collaborative way.

Savings plan

In March 2022, the Board approved a balanced budget for 2022/23 through planned delivery of £3.794million previously unachieved savings. Savings of £2.513million were delivered in 2022/23 by services, however £1.281million were not met on a recurring basis. This means that the remaining savings will need to be achieved again in 2023/24. Temporary in-year savings and the use of uncommitted reserves compensated for this shortfall in the achievement of savings.

The table below shows performance against the approved savings plan. The main areas that were not achieved relate to re-provision of care and resource scheduling (Total Mobile).

Exhibit 1: 2022/23 savings plan

Savings Proposal	Target £m	Actual £m	(Under)/over achieved £m
MORSE (Saving reduced on perm basis in budget setting by 0.400m)	0.800	0.400	(0.400)
Bed Based Model	0.200	0.200	0.000
Managed General Practice Modelling	0.200	0.000	(0.200)
Managed General Practice Modelling (Temp substitute)		0.200	0.200
Review of respite services	0.070	0.070	0.000

Savings Proposal	Target £m	Actual £m	(Under)/over achieved £m
Review of Alternative travel arrangements- Service Users	0.174	0.000	(0.174)
Review of Alternative travel (Temp Substitute vacancies)		0.174	0.174
Resource Scheduling (Total Mobile)	0.750	0.000	(0.750)
Procurement Strategy	0.200	0.033	(0.167)
Procurement Strategy (Temp Substitute- Adults Fieldwork temp vacancies)		0.167	0.167
Re-provision of Care	1.400	0.394	(1.006)
Re-provision of Care (Temp Substitute for Adults saving- vacancies in Supported Living)		0.875	0.875
Total	3.794	2.513	(1.281)

Source: Finance Report Provision Outturn as at March 2023- May 2023

Financial impact of the COVID-19 pandemic

The impact of the pandemic on the IJB's finances has been closely monitored throughout the year. NHS Fife has continued to submit regular and timely information to the Scottish Government through Local Mobilisation Plans, reflecting the impact on both its own services and those of the Health and Social Care Partnership. These returns provided the necessary information to determine the additional cost and funding required to support the COVID-19 response.

The Scottish Government committed a further £619million of funding to integrated authorities in February 2022. The IJB's share of this funding amounted to £59million million. Scottish Government set the expectation that no new funding would be made available from 2022/23 to support integrated authorities and health bodies' response

to COVID-19. As a result, permission was given for any associated funding not fully utilised in 2021/22 to be carried forward to 2022/23. As at 31 March 2022, £35.993million was held as an IJB earmarked reserve.

During 2022/23 the Scottish Government notified health boards and integrated authorities of its intention to recover part of this funding. The IJB returned £21.487million of the COVID-19 earmarked reserves to the Scottish Government.

The remaining balance on the COVID-19 earmarked reserve (£14.506million) was fully utilised to fund £15.588million of COVID-19 expenditure in 2022/23. In addition, the Scottish Government provided additional funding of £1.082million in May 2023 to cover the remaining balance of COVID-19 expenditure incurred by the IJB in 2022/23.

As a result of the return of COVID-19 reserves and the use of reserves to compensate for the under achievement of the 2022/23 savings target, the IJB's closing reserves balance for 2022/23 has reduced by £41.993million to £37.719million.

Exhibit 2: Breakdown of 2022/23 COVID-19 expenditure

Category of Resource	£m
Vaccinations	6.041
Workforce and Capacity	4.549
PPE. Equipment	0.66
Community Capacity	1.772
Sustainability payments to providers	2.528
Other	0.038
Total COVID-19 Costs	15.588

Source: Finance Report Provision Outturn as at March 2023- May 2023

Prevention and detection of fraud and irregularity

The IJB does not directly employ staff and so places reliance on the arrangements in place within Fife Council and NHS Fife for the prevention and detection of fraud and irregularities. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by the partner bodies. Overall, we found arrangements to be sufficient and appropriate.

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Financial sustainability

Significant audit risk

Our audit plan identified a significant risk in relation to financial sustainability under our wider scope responsibilities:

Financial sustainability

The 2023/24 budget is due to be approved by the IJB in March 2023. The draft forecasts identify a cumulative funding gap of £35million for the period 2023/24 to 2025/26. Discussions are ongoing with partner bodies to determine the level of financial gap over the medium term and the position will be finalised on confirmation of both partner's funding contributions. The IJB's financial planning is underpinned by its Medium Term Financial Strategy (MTFS). The MTFS is currently being revised to reflect the new and additional pressures that will face the IJB including the continued impact of the economic crisis, the ageing population and the COVID-19 pandemic. The refreshed MTFS is due to be presented to the IJB in 2023/24 and will be aligned to its Strategic Plan 2023-2026. In an environment of heightened financial pressures, increasing demand and the growing need to redesign services, robust and timely financial planning is essential in supporting the sustainability of the IJB in the medium to longer term.

The IJB has a significant reserves balance (£37.387million projected balance at November 2022 of which £6.032million remains uncommitted) but has acknowledged that these cannot be utilised as a sustainable solution to close the medium term budget gap. The IJB recognises that bridging gaps of this magnitude will require major changes to services and how they are delivered and have committed to a focus on service transformation to address the financial challenge in the medium and longer term.

Our detailed findings on the IJB's arrangements for achieving long term financial sustainability are set out below.

2023/24 Financial Plan

The 2023/24 financial plan was presented to the IJB in March 2023 for scrutiny and approval. The financial plan for 2023/24 shows a forecast funding gap of £20.936million.

Delegated budgets from partners total £649.041million for 2023/24 (2022/23: £627.414 million). This represents the first year where no uplifts have been provided for partner bodies' delegated budgets.

In December 2022, the Scottish Government committed to provide additional funding to integrated authorities of £95million which consists of the following:

- Recognition of recurring commitments on adult social care in commissioned services to deliver minimum pay in line with real living wage (£100million)
- An inflationary uplift on free personal nursing care payments (£15million)
- Offset by non-recurring interim care money ending (£20million)

Fife IJB's share of this funding is £8.091million which has been incorporated into the 2023/24 budget.

Set against this, the projected cost of delegated services for 2023/24 is £669.977million, with the most significant increases arising from:

- Pay inflation (£13.444million)
- Pharmacy Inflation @ 4% (£4.121million)
- External providers: living wage and funding requirements (£8.091million)

The IJB continues to monitor financial pressures and risks in the delivery of the financial plan on an ongoing basis through the IJB's Financial Risk Register and finance update reports presented and scrutinised at each Board meeting.

Savings plan

Delivery of savings is a fundamental component of achieving a surplus financial position. For 2023/24, savings of £21.437million were approved by the IJB to bridge the identified 2023/24 gap. The £21.437million savings target represents a level significantly higher than in previous years where the IJB has previously faced challenges delivering savings targets in full. It is important that the IJB closely monitors the delivery of savings identified to ensure that achievement of savings does not impact on its quality of service delivery.

The progress on the medium-term financial strategy paper presented to the July 2023 IJB meeting highlighted that at June 2023, only 67% of 2023/24 savings targets were on track to be delivered or had already been delivered. Reserves of £10million were also agreed as part of the 2023/24 budget to be earmarked to cushion the savings required in year, as many require detailed plans and business cases to be developed before the savings come to fruition. The IJB has acknowledged that the use of reserves is not a sustainable solution, as it only provides a short-term one-off funding, and that they require to undergo transformational change to ensure they remain sustainable.

Exhibit 3: RAG status for 2023/24 savings

RAG status definitions:

- 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

RAG Status	Savings Target £m	Forecast £m	(Under)/Over Achievement £m
Green	11.287	11.287	0.000
Amber	4.650	3.150	(1.500)
Red	5.500	0.000	(5.500)
Total	21.437	14.437	(7.000)

Source: Finance Report Projected Outturn as at May 2023- July 2023

Financial impact of the COVID-19 pandemic

The impact of the COVID-19 pandemic continues to have a significant impact on the future finances of the IJB and COVID-19 expenditure is recognised as the highest risk in the Financial Risk Register. The Partnership's financial position was previously monitored via the Local Mobilisation Plan (LMP) and the Scottish Government funded the additional costs. The Scottish Government informed integrated authorities in 2022/23 that there would be no further funding for COVID-19 related expenditure and any recurring costs would be required to be funded from existing budgets.

The IJB has committed to continue to closely monitor COVID-19 expenditure to identify areas of expenditure which can be absorbed into core budgets as the opportunity arises, whilst ensuring that they are continuing to deliver services in line with COVID-19 legislation requirements. We encourage the IJB to review the short and medium term COVID-19 expenditure assumptions within the financial plan regularly to incorporate opportunities to absorb areas of expenditure into core budgets as they arise.

Medium Term Planning

The IJB approved its medium term financial plan (2023/24 to 2025/26) alongside the Medium Term Financial Strategy 2023-2026 (MTFS) in March 2023. The updated MTFS is aligned to the 2023-2026 Strategic Plan, supporting strategies, the

workforce strategy and refresh participation and engagement strategy. Key risks and uncertainties set out in the plan include:

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

The financial plan shows a cumulative budget gap of £34.704million over the period 2023/24 to 2025/26 set alongside a challenging savings target of £21.437million in 2023/24, rising to £34.900million in 2025/26.

	2023/24	2024/25	2025/26
	£million	£million	£million
Cost of continuing	666.977	682.205	697.793
Pressures	3.000	6.000	9.000
Funding available	649.041	660.503	672.089
Total gap	20.936	27.702	34.704

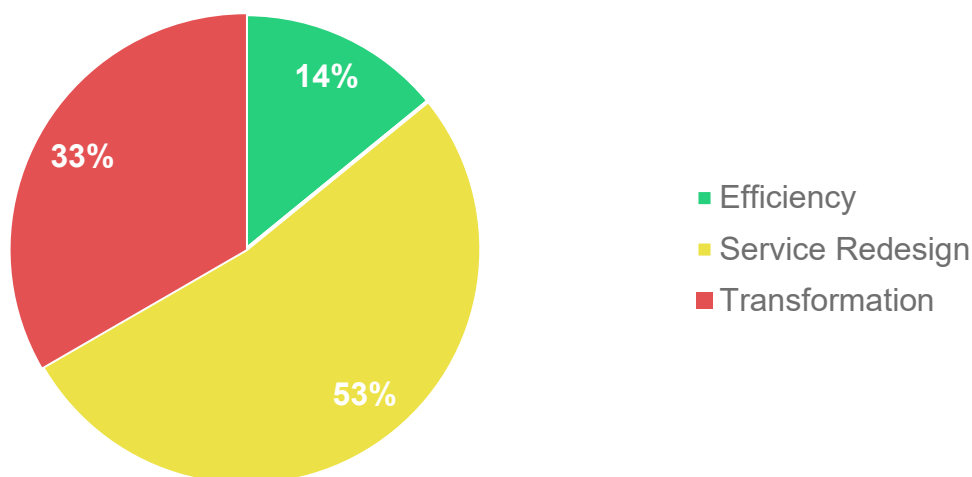
Source: Fife Integration Joint Board Annual Accounts 2022/23

The IJB has recognised that the medium term financial plan presents a very challenging three years and emphasises the need to focus on medium term transformational change to allow delivery of services in the most effective way whilst balancing the budget. To help support the IJB's commitment to transformational change, identified savings opportunities for 2023/24 to 2025/26 have been focused on and defined as transformation, service redesign and efficiency.

The progress on the medium-term financial strategy paper presented to the July 2023 IJB meeting highlighted that 53% of approved savings have been categorised

as efficiencies in delivery of existing care and mainstream services, 14% as service redesign and 33% as transformation.

Exhibit 4: Medium term identified savings



Source: Progress on the Medium- Term Financial Strategy- July 2023

In addition, all savings opportunities which represent a potential significant transformation in the way services are delivered for the people of Fife or in the Commissioning of Services through Partners have been identified by the IJB as requiring the development of full business cases. At the time of writing, work is ongoing to develop business cases for the four remaining proposals and these are expected to be presented to the IJB for approval in November 2023.

The emerging and uncertain impact on the IJB's finances and ability to deliver services in a sustainable manner remains a significant challenge and risk for 2023/24 and beyond and requires continuing careful management and oversight.

National Care Service (Scotland)

The National Care Service (Scotland) Bill was introduced to Parliament on 20 June 2022. The initial Bill allows Scottish Ministers to transfer responsibility for social care from local authorities and certain healthcare functions from the NHS to a new National Care Service. The Scottish Government has committed to establishing a functioning National Care Service by the end of the parliamentary term in 2026. The Bill makes provision for the Scottish Ministers to establish and fund new bodies, called "care boards", to plan and deliver services locally. The relationship between the Scottish Ministers and the care boards is expected to work in a similar way to the current approach taken by IJBs and their partner bodies.

The Bill is currently at stage one of approval where it is being examined by the Health, Social Care and Sport Committee. Stage one of the Bill was due to be completed by March 2023. The Scottish Government announced in June 2023 that stage one of the Bill would be extended to January 2024 to allow them to undertake widespread engagement with people with lived experience, workforce representatives, unions, local government and providers to make the Bill as robust as possible and support improvements to the social care system ahead of the establishment of the National Care Service.

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The Scottish Government provided an update on the Bill in July 2023. This highlighted potential amendments to the Bill due to an initial consensus proposal between the Scottish Government and Cosla. The proposal agreed was to form a partnership approach and overarching shared accountability care system with Scottish Ministers, local authorities and NHS Boards. In addition, the update proposed that local authorities will retain functions, staff and assets.

Due to recognition of the significant impact which the Bill will have on the IJB once it has been passed in parliament, the IJB Chief Officers continue to have regular communication with the Scottish Government.

Vision, leadership and governance

Governance arrangements

The Board of the IJB comprises 16 voting members, nominated by either Fife Council or NHS Fife, as well as non-voting members including a Chief Officer appointed by the Board.

The Board held bi-monthly development sessions during 2022/23. From review of the Board development sessions, we have concluded that it provides those charged with governance with the information and platform to continue to discharge its responsibilities effectively.

The Board is responsible for ensuring the overall governance of the IJB. In driving forward the strategic direction of the IJB and ensuring the governance framework is operating as intended, the Board continues to be supported by three committees:

- Audit and Assurance Committee;
- Quality and Communities Committee; and
- Finance, Performance and Scrutiny Committee

In addition, the Senior Leadership Team (SLT) has established an extended leadership team and are working to establish a 'Team Fife' culture to support a vision of being amongst the best performing Health and Social Care Partnerships by 2025. This is known as Mission 2025. During 2022/23, the IJB continued to develop the Senior Leadership Team and Extended Leadership Team (ELT) to further embed the systems leadership approach and the Mission 2025 ambition across the Partnership.

The IJB's focus for 2023/24 as part of working towards achieving Mission 2025 includes the following initiatives:

- To design and deliver a Leadership Programme aimed at Team Managers and Supervisors across the whole Partnership.
- To lead the design and delivery of the new 'Integrated Leadership Team' (ILT) across the whole Partnership.
- Working with colleagues to drive locality working across all seven localities in Fife, extending the reach further into the Partnership to raise awareness of the importance of a positive culture on staff wellbeing and improved service delivery.
- Developing a Partnership wide online Induction support for new and existing staff.
- Reviewing the Workforce Strategy 2022- 25 to see the context for the Year 2 Workforce Action Plan for 2023/24.

Board and Committee meetings

Committee meetings have continued to be held virtually rather than in person, to date, to comply with requirements for non-essential travel and physical distancing, and the preferred mechanism is through MS Teams, in line with the sector and the IJB's partner bodies. Board meetings adopted a blended approach from May 2023 and development sessions returned to in-person meetings from December 2022.

Throughout 2022/23, the Board has been able to maintain all aspects of board governance, including its regular schedule of Board and Committee meetings.

Through our review of committee papers we are satisfied that there continues to be effective scrutiny, challenge and informed decision making through the financial period.

Strategic Plan for Fife 2023-2026

The IJB approved its Strategic Plan for Fife 2023- 2026 in January 2023. The strategic plan was developed using a partnership approach and aligns to both Fife Council's 'Plan for Fife' and NHS Fife's 'Population Health and Wellbeing Strategy'.

The strategy recognises the challenges currently faced within health and social care including the impact that the COVID-19 pandemic has had on the demand for services, inequalities within the health population and the way in which the IJB has adapted the way it works internally and with partner organisations.

The strategy takes cognisance of the IJB's overarching vision, mission and values, and is structured under five strategic ambitions:

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

In addition, the Strategic Plan 2023-2026 is supported by nine transformational strategies which describe the work that the Partnership intend to carry out over the next three years to deliver its vision of enabling the people of Fife to live independent and healthier lives.

The Strategic Plan 2023 to 2026 Delivery Plan 2023 was approved by the IJB in March 2023 and sets out the programme of work and the improvements that require to be made to further improve health and social care services in Fife. The delivery plan does not include all of the actions being taken by Fife Health and Social Care Partnership in 2023 but acts as a high-level summary which focusses on the delivery

of the strategic priorities identified in the Strategic Plan, and the top five priorities of the relevant supporting strategies.

The Strategic Planning Group has oversight of the delivery plan and provides regular updates on the Strategic Plan and the supporting strategies to the Senior Leadership Team, the Strategic Planning Group, the Quality and Communities Committee and the IJB on a regular basis. This includes flash reports for strategies that are still in development, and supporting documentation including Risk Registers, Equality Impact Assessments, Engagement Overview and delivery plans for strategies that are finalised, and the Annual Performance Report which includes updates on the activities completed over the previous year.

The IJB has committed to develop performance metrics for the delivery plan which will be linked to a RAG status to measure progress and be managed through the Strategic Plan Performance Framework. These are expected to be developed alongside the refreshed performance framework as described in the section on use of resources to improve outcomes below.

We are satisfied that appropriate arrangements are in place to oversee the delivery of the Strategic Plan for Fife 2023-26, and we encourage the IJB to set key performance indicators which align to the Board's strategic ambitions as a matter of priority to support the quantitative assessment and scrutiny of progress.

Risk management

The IJB Risk Management Policy and Strategy (RMPS) was created by the partner bodies in 2016 in line with the Integration Scheme. Following review of the Integration Scheme in March 2022, the RMPS was reviewed and approved by the IJB in March 2023 to align to the Strategic Plan 2023-26, the MTFs and the Partnership's locality plans and to further embed risk management into decision making and operations.

The refresh of the RMPS focused on the following areas of improvements to the IJB's risk management arrangements:

- The development of the IJB's Risk Appetite which was approved by the IJB in July 2023 and will be applied to all Strategic Risks.
- The distinction between processes for IJB strategic risks, and processes for partner operational risks, where these may be shared with IJB members for assurance, information, and awareness.
- The removal of the Corporate risk category which previously blurred the distinction between strategic and operational risks.
- Reflection of the IJB Governance and Health and Social Care Partnership organisational structure changes, including the roles and responsibilities of the Governance Committees. This provides clear lines of responsibility and

accountability in relation to risk management and will support appropriate scrutiny of risk mitigating actions at all key levels of the governance structure.

A delivery plan, linked to the key priorities outlined in the Strategy, was produced by the Risk Management Policy and Strategy Development Short Life Working Group. The plan remains under regular review by the Short Life Working Group and a formal update on progress made on delivery of the plan is due to be presented to the Audit and Assurance Committee in September.

The IJB has committed to review its risk management arrangements on an annual basis to help shape its future risk management priorities and activities, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

Internal audit

An effective internal audit service is an important element of the IJB's overall governance arrangements. The IJB's internal audit service is provided by FTF Internal Audit Service. During our audit we considered the work of internal audit wherever possible to inform our risk assessment and our work on the governance statement.

The annual internal audit report was presented to the Audit and Assurance Committee in June 2023. This report confirmed that "Reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2022/23". In addition, internal audit has not advised management of any additional disclosure requirements for the governance statement or any inconsistencies between the governance statement and information they are aware of from its work.

Use of resources to improve outcomes

Performance Management Arrangements

Performance management framework

The IJB has developed a performance management framework which comprises key performance indicators (KPIs) including national, local and management performance targets which are reported to each second meeting of the Finance, Performance and Scrutiny Committee. Every other meeting of the Finance, Performance and Scrutiny Committee is used to deeper dive into areas of poor performance.

Performance reports are also presented to each meeting of the Board. These reports focus on more detailed considerations of the areas of performance that have been provided with a red RAG status as part of the full report presented to the Finance, Performance and Scrutiny Committee. In addition, in line with the requirements of the Public Bodies (Joint Working) Act 2004, the IJB prepares an annual public performance report that considers progress against both the National Health and Wellbeing Outcomes and the key priorities identified within its strategic plan.

The IJB is currently developing a refreshed performance framework which is due to be presented to the Board in November 2023 for approval. The focus of the refreshed framework is on the need to drive service improvement efficiently and effectively, including:

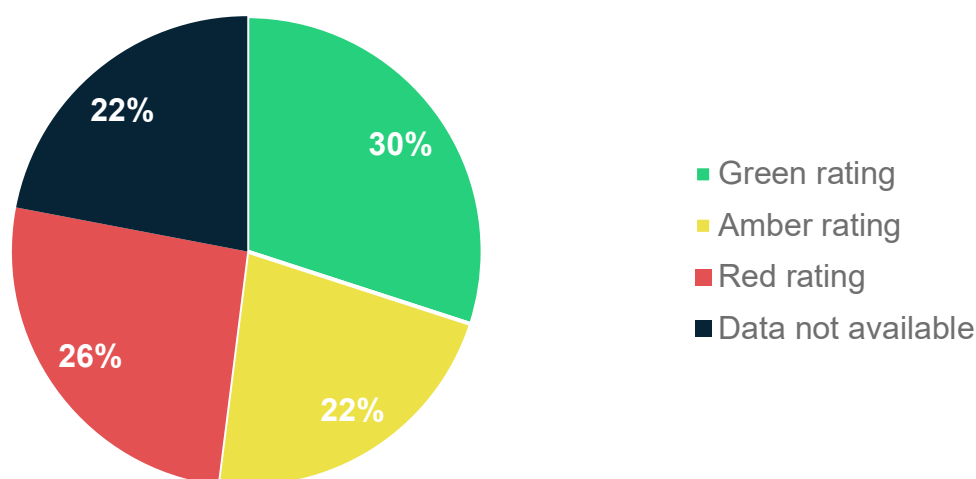
- Making better use of new technology and streamlining reporting arrangements;
- Providing deeper insight into service delivery;
- Underpinning and driving service improvement; and
- Introducing quality management self-assessment tools

Through review of Board papers, we concluded that performance is given the appropriate level of scrutiny and challenge.

Performance in 2022/23

IJB's have been required by the Public Bodies (Joint Working) Act 2004 to report on the core suite of Integration Indicators within their Annual Performance Reports. The 2022/23 annual performance report compares the IJB's performance against 23 core national indicators to the Scottish average. As noted in exhibit 5, there was insufficient data available to conclude on performance for four indicators due to national data being unavailable or no nationally agreed definition for the indicators.

Exhibit 5: National Indicators – Fife’s performance for 2022 to 2023 compared to Scotland rate



Source: Annual Performance Report 2022-23- July 2023

As exhibit 5 demonstrates, performance continues to be mixed compared to the Scottish average. In line with prior year performance, the IJB continues to perform worse than the national average in 13 of the core indicators.

The six indicators where performance was provided a Red RAG rating due to Fife’s performance being below expected levels and there being a statistically significant decline compared to previous performance and/or a decline compared to national performance are as follows:

- NI 6- Percentage of people with positive experience of care at their GP practice (62.8% compared to Scotland rate of 66.5% and prior year comparative of 74.7%);
- NI 8- Percentage of carers who feel supported to continue in their caring role (27.6% compared to Scotland rate of 29.7% and prior year comparative of 34.3%);
- NI 12- Emergency admission rate per 100,000 population (12,590 compared to Scotland rate of 11,155 and prior year comparative of 12,742);
- NI 14- Emergency readmissions to hospital within 28 days of discharge rate per 1,000 discharges (113 compared to Scotland rate of 102 and prior year comparative of 113);
- NI 16- Falls rate per 1,000 population aged 65+ (27.0 compared to Scotland rate of 22.2 and prior year comparative of 27.5); and

- NI 17- Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (67.2% compared to Scotland rate of 75.2% and prior year comparative of 73.3%).

The IJB has committed to continue to closely monitor performance in these areas and work to improve performance against the Scottish average through the implementation of the Strategic Plan 2023-26, supporting strategies and transformation programmes.

Workforce Planning

The Workforce Strategy 2022-25 was approved by the IJB in November 2022, accompanied by action plans and supporting governance arrangements. The Workforce Strategy was submitted to the Scottish Government in line with set deadlines, and the Scottish Government provided positive feedback on the IJB's strategy especially with regards to the integrated approach which was taken to strategy development and the alignment to both the Partnership's strategy and local policies.

The strategy recognises the challenges currently faced within the workforce and the impact of arising risks to the IJB. The workforce employed by NHS Fife and Fife Council in services delegated to the Health and Social Care Partnership has increased significantly in the previous 5 years, with this growth being most visible since the start of the COVID-19 pandemic. Whilst this has meant a larger whole time equivalent (WTE) resource, this expansion occurred in areas which were responding directly to the pandemic, with other core areas continuing to be challenged by factors such as an aging workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

The IJB's Workforce Strategy 2022-25 outlines the ambitions to enable a range of actions for attracting, developing, supporting, and delivering the recovery, growth and transformation of the workforce. This is critical to Fife's recovery from the COVID-19 pandemic, within the wider context of addressing inequalities and making a continued shift to early intervention and prevention. The IJB recognises the need to attract, recruit and retain skilled staff to build the next generation of its workforce and explore the ways in which it can achieve this through the strategy.

Key stakeholder groups, including current employees and partner bodies have been involved throughout the development of the strategy. The IJB has also recognised the importance of services delivered by colleagues from the third and independence sectors and has ensured their views have also been reflected.

The strategy outlines the IJB's vision and priorities for its workforce and considers the actions needed to deliver a high quality, skilled and sustainable workforce. The strategy takes cognisance of the IJB's overarching Strategic Plan and priorities are aligned under each of the 5 pillars- Plan, Attract, Train, Employ and Nurture our Workforce. For each workforce priority, the IJB has identified a series of specific

actions which are used to inform each year's workforce plan. The Workforce Strategy Group led the development of and will continue to oversee and take forward the delivery of the strategy.

The IJB has committed to review the workforce plan three times a year and to reflect any organisational change and systemic pressures. The risks associated with the delivery of this strategy will also be considered as part of both strategic and operational risk assessment and mitigation processes through risk registers.

Progress in achieving year one of the workforce action plan has been presented to each Workforce Strategy Group. The progress report presented to the May 2023 group meeting highlighted that good progress is being made in relation to delivery of the year one workforce plan with eight actions completed and all but one outstanding action was awarded a Green RAG status.

An annual report on the delivery of year one of the action plans is due to be presented to the IJB in November 2023, alongside the approval of the year two workplan.

Work is ongoing to finalise the actions included within the year two action plan. Agreed actions and areas of focus for the Partnership's workforce includes:

- Implementing phase 2 of mission 2025
- Continuous work on the ability to generate data for decision making across all partners
- Focusing on diversity and inclusion
- Changes to foundation apprenticeships including taking a local approach
- Continued development of the Care academy
- Continued focus on recruitment and retention.

We are satisfied that appropriate arrangements are in place to oversee the delivery of the Workforce Strategy 2022-25.

However, underspends in core areas continue to be mostly attributable to staffing vacancies, as described in the section on financial management. We acknowledge that workforce plans have not been implemented for a full year and as a result we will continue to monitor the delivery of the IJB's workforce plans to fully assess the impact which these are having on addressing workforce challenges.

Best Value

IJBs have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance and monitoring progress towards their strategic objectives.

The IJB approved a best value framework in 2019 and undertake a review against the best value framework on an annual basis. The position statement for 2022/23 is due to be presented to the IJB in September 2023. Work is ongoing to revise the format of the position statements to include a review of the IJB's activities to demonstrate best value against what they agreed to complete in 2022/23, to be reported alongside the compliance against each best value theme.

Climate Change

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.

In developing guidance on what the climate change reports should include, 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. In addition, 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.

As a result, the IJB does not have its own climate change strategy but supports the Fife Community Planning Partners Climate Change (Sustainable Energy and Climate Change Action Plan 2020-2030) which was approved by Fife Council's Environment and Protective Services Sub Committee in February 2020.

Actions that can be taken by the IJB to support partners climate change strategies and plans are set out in the Public Sector Climate Change Duties Annual Report which is presented to the Board on an annual basis. The next report is due to be presented to the IJB in November 2023.

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Appendix 1: Responsibilities of the IJB and the Auditor

IJB Responsibilities

The IJB has primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enables it to successfully deliver its objectives. The features of proper financial stewardship include the following:

Area	IJB responsibilities
Corporate governance	<p>The IJB is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Those charged with governance should be involved in monitoring these arrangements.</p>
Financial statements and related reports	<p>The IJB has responsibility for:</p> <ul style="list-style-type: none">• preparing financial statements which give a true and fair view of the financial position and its expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;• maintaining accounting records and working papers that have been prepared to an acceptable professional standard and support the balances and transactions in its financial statements and related disclosures;• preparing and publishing, along with the financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report in accordance with prescribed requirements. Management commentaries should be fair, balanced and understandable. <p>Management is responsible, with the oversight of those charged with governance, for communicating relevant information to users about the IJB and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.</p> <p>The IJB is responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the</p>

Area	IJB responsibilities
	<p>achievement of its objectives and safeguard and secure value for money from the public funds at its disposal. The IJB is also responsible for establishing effective and appropriate internal audit and risk-management functions.</p>
<p>Standards of conduct for prevention and detection of fraud and error</p>	<p>The IJB is responsible for establishing arrangements to prevent and detect fraud, error and irregularities, bribery and corruption and also to ensure that its affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.</p>
<p>Financial position</p>	<p>The IJB is responsible for putting in place proper arrangements to ensure its financial position is soundly based having regard to:</p> <ul style="list-style-type: none"> • Such financial monitoring and reporting arrangements as may be specified; • Compliance with statutory financial requirements and achievement of financial targets; • Balances and reserves, including strategies about levels and their future use; • Plans to deal with uncertainty in the medium and long term; and • The impact of planned future policies and foreseeable developments on the financial position.
<p>Best Value</p>	<p>The IJB has a specific responsibility to make arrangements to secure Best Value. Best Value is defined as continuous improvement in the performance of the body's functions. In securing Best Value, the local government body is required to maintain an appropriate balance among:</p> <ul style="list-style-type: none"> • The quality of its performance of its functions • The costs to the body of that performance • The cost to persons of any service provided by it for them on a wholly or partly rechargeable basis.

Area	IJB responsibilities
------	----------------------

In maintaining that balance, the IJB shall have regards to:

- Efficiency
- Effectiveness
- Economy
- The need to meet the equal opportunity requirements.

The IJB should discharge its duties in a way which contributes to the achievement of sustainable development.

Auditor responsibilities

Code of Audit Practice

The Code of Audit Practice (the Code) describes the high-level, principles-based purpose and scope of public audit in Scotland. The [2021 Code](#) came into effect from 2022/23.

The Code of Audit Practice outlines the responsibilities of external auditors appointed by the Auditor General and it is a condition of our appointment that we follow it.

Our responsibilities

Auditor responsibilities are derived from the Code, statute, International Standards on Auditing (UK) and the Ethical Standard for auditors, other professional requirements and best practice, and guidance from Audit Scotland.

We are responsible for the audit of the accounts and the wider-scope responsibilities explained below. We act independently in carrying out our role and in exercising professional judgement. We report to the IJB and others, including Audit Scotland, on the results of our audit work.

Weaknesses or risks, including fraud and other irregularities, identified by auditors, are only those which come to our attention during our normal audit work in accordance with the Code and may not be all that exist.

Wider scope audit work

Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector.

The wider scope audit specified by the Code broadens the audit of the accounts to include additional aspects or risks in areas of financial management; financial

sustainability; vision, leadership and governance; and use of resources to improve outcomes.

Financial management



Financial management means having sound budgetary processes. Audited bodies require to understand the financial environment and whether their internal controls are operating effectively.

Auditor considerations

Auditors consider whether the body has effective arrangements to secure sound financial management. This includes the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error and other irregularities.

Financial sustainability



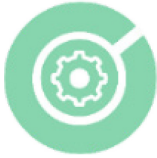
Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.

Auditor considerations

Auditors consider the extent to which audited bodies show regard to financial sustainability. They look ahead to the medium term (two to five years) and longer term (over five years) to consider whether the body is planning effectively so it can continue to deliver services.

Vision, leadership and governance

Audited bodies must have a clear vision and strategy and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation.



Auditor considerations

Auditors consider the clarity of plans to implement the vision, strategy and priorities adopted by the leaders of the audited body. Auditors also consider the effectiveness of governance arrangements for delivery, including openness and transparency of decision-making; robustness of scrutiny and shared working arrangements; and reporting of decisions and outcomes, and financial and performance information.

Use of resources to improve outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency and effectiveness through the use of financial and other resources, and reporting performance against outcomes.



Auditor considerations

Auditors consider the clarity of arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of inequalities, and deliver continuous improvement in priority services.

Best Value

Appointed auditors have a duty to be satisfied that local government bodies have made proper arrangements to secure best value.

Our work in respect of the IJB's best value arrangements is integrated into our audit approach, including our work on the wider scope areas as set out in this report.

Audit quality

The Auditor General and the Accounts Commission require assurance on the quality of public audit in Scotland through comprehensive audit quality arrangements that

apply to all audit work and providers. These arrangements recognise the importance of audit quality to the Auditor General and the Accounts Commission and provide regular reporting on audit quality and performance.

Audit Scotland maintains and delivers an [Audit Quality Framework](#).

The most recent audit quality report can be found at <https://www.audit-scotland.gov.uk/publications/quality-of-public-audit-in-scotland-annual-report-202122>

Independence

The Ethical Standards and ISA (UK) 260 require us to give the IJB full and fair disclosure of matters relating to our independence. In accordance with our profession's ethical guidance and further to our External Audit Annual Plan issued confirming audit arrangements we confirm that there are no further matters to bring to the IJB's attention in relation to our integrity, objectivity and independence as auditors that we are required or wish to draw to the IJB's attention.

We confirm that Azets Audit Services and the engagement team complied with the FRC's Ethical Standard. We confirm that all threats to our independence have been properly addressed through appropriate safeguards and that we are independent and able to express an objective opinion on the financial statements.

Our period of total uninterrupted appointment as at the end of 31 March 2023 was one year.

Audit and non-audit services

The total fees charged to the IJB for the provision of services in 2022/23 were as follows. Prior year charges for the predecessor auditor are also shown for comparative purposes:

	Current year	Prior year
Auditor remuneration	£37,360	£19,290
Pooled costs	-	£2,010
Contribution to PABV costs	£6,540	£5,670
Audit support costs	£1,300	£1,030
Sectoral cap adjustment	(£10,730)	-
Total audit fee	£34,470¹	£28,000
Non-audit services	-	-
Total fees	£34,470	£28,000

The FRC's Ethical Standard stipulates that where an auditor undertakes non audit work, appropriate safeguards must be applied to reduce or eliminate any threats to independence. No non-audit services have been provided to the IJB.

¹ The audit fee as disclosed in note 10 to the accounts agrees to the above disclosures. The audit fee as disclosed in notes 4, 7 and 9 agrees to the prior year audit fee. The variance £6,470 is not deemed material to the Board and the accounts have not been updated to reflect this difference.

Appendix 2: Audit differences identified during the audit

We are required to inform the IJB of any significant misstatements within the financial statements presented for audit that have been discovered during the course of our audit.

We are pleased to report that there were no material adjustments or unadjusted differences to the unaudited annual accounts.

Misclassification and disclosure changes

Our work included a review of the adequacy of disclosures in the financial statements and consideration of the appropriateness of the accounting policies and estimation techniques adopted by the IJB.

We identified a number of reclassification adjustments and some minor presentational issues in the IJB's accounts, and these have all been amended by management. Details of all disclosure changes amended by management following discussions are as below.

No	Detail
1.	Annual Governance Statement - inclusion of the internal audit opinion and other minor amendments.
2.	Remuneration Report – inclusion of full pension scheme narrative to be consistent with partner body disclosures and inclusion of the names of Chairperson and Vice of the IJB.
3.	Management Commentary- inclusion of the IJB's performance against national indicators & further narrative on set aside arrangements.
4.	Reserves- inclusion of narrative to support the restatement of the 2021/22 classification between earmarked and uncommitted balances.

Overall, we found the disclosed accounting policies and the overall disclosures and presentation to be appropriate.

Appendix 3: Follow up of prior year recommendations

We have followed up on the progress the IJB has made in implementing the recommendations raised by the previous auditor last year.

Recommendations raised in 2021/22

Cost of activities commission

Ensure that payments between constituent bodies are reconciled to consolidation adjustments made when producing the IJB accounts.

Implementation date

30 June 2023

Complete

Based on the audit work performed, we are satisfied that appropriate reconciliations have been prepared and adjustments made to the IJB accounts to reflect transactions between NHS Fife and Fife Council.

Use of reserves

Consider the need for budget and finance reports to include more information on the planned and actual use of reserves.

Implementation date

31 March 2023

Complete

Finance updates now include sufficient information on the use of reserves including an appendix which details each type of reserves available with the amount of the balance committed and drawn down for the period.

Financial pressures and identified savings

Ensure that financial plans and strategies fully reflect pressures and that savings identified remain deliverable.

Implementation date

31 March 2023

Ongoing

The updated MTFs and budget for 2023/24 appropriately reflects financial pressures which face the IJB. In addition, each finance update includes a tracker of approved savings targets against the

Recommendations raised in 2021/22

forecast position in order to closely monitor and take action into areas of underachievement against approved savings.

Revised implementation date: March 2024

Responsible officer: Audrey Valente

DRAFT

Actions outstanding from previous years

Performance information in the management commentary

Make better use of performance information to support the strategic story in the management commentary.

Implementation date:

30 June 2023

Complete

Management commentary includes sufficient information on performance indicators and how initiatives to improve performance are aligned to the Strategic Plan 2023-26 and supporting strategies.

Budget setting

Budgets should be set by the IJB at activity level in line with strategic priorities.

Implementation date:

31 March 2023

Complete

The direction for the 23/24 budget has expenditure budgets whereby Resource transfer is included where it is spent. The reporting throughout 23/24 will continue to show Resource Transfer in this way

Finance reports

Improve finance reports by analysing expenditure fully across services, explaining changes in budgets, and including activity information and unit costs.

Implementation date:

31 March 2023

Complete

Portfolio reporting has been included in Finance reporting in year. Further work has been undertaken and the budget direction has resource transfer shown where the expenditure incurs. Reporting will continue on this basis. The direction is prepared at service level and detail added to demonstrate what the budget can buy at April 2023 – how many FTE/ hours care etc

Actions outstanding from previous years

Performance reporting Improve periodic performance reporting through the inclusion of concise summaries and clearer conclusions.

Implementation date: 31 March 2023

Complete

The IJB has developed a performance management framework which comprises updates on key performance indicators (KPIs) including national, local and management performance targets which are reported to each second meeting of the Finance, Performance and Scrutiny Committee. Every other meeting of the Finance, Performance and Scrutiny Committee is used to deeper dive into areas of poor performance.

Performance reports are also presented to each meeting of the Board. These reports are tailored to focus on the areas of performance that have been provided as part of the full report presented to the Finance, Performance and Scrutiny Committee.

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Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2023
Agenda Item No:	7.2
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:

- Assurance
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance Governance Board
- Finance, Performance and Scrutiny Committee, 15th September 2023
- Local Partnership Forum, 27th September 2023

3 Report Summary

3.1 Situation

The attached report details the financial position (provisional outturn) of the delegated and managed services based on 31 May 2023. The forecast for Fife Health & Social Care Partnership is currently a deficit £4.893m.

3.2 Background

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

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

3.3 Assessment

As at 31 May 2023 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £4.893m.

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

These overspends are offset by the underspends in:-

- Community Services
- Adults Fife Wide
- Adults Supported Living

There is also an update in relation to savings which were approved by the IJB in March 2023 and use of Reserves brought forward from March 2023.

3.3.1 Quality / Customer Care

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

3.3.2 Workforce

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

3.3.3 Financial

The medium-term financial strategy has been reviewed and updated for 2023-26.

3.3.4 Risk / Legal / Management

There is a risk that savings may not be achieved on a permanent basis however reserves of £10m have been approved for use if required to allow time for savings plans to be actioned.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no impacts on the environment
[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4 Recommendation

- **Assurance** – The Integration Joint Board are asked to be assured that there is robust financial monitoring in place.
- **Decision** – The Integration Joint Board are asked to approve the financial monitoring position as at July 2023.
- **Decision** – The Integration Joint Board are asked to approve use of the reserves and proposed recovery actions as at July 2023.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at July 2023

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved 2022-23 Savings Tracker

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

10 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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**Fife Health
& Social Care
Partnership**



Finance Report Projected Outturn as at July 2023

15 September 2023



Supporting the people of Fife together



FINANCIAL MONITORING

PROJECTED OUTTURN AS AT JULY 2023

1. Introduction

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

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

A three-year revenue budget for delegated and managed services was approved at the IJB meeting on the 31st March 2023. A budget of £646.573m was set for 2023-24. To balance the budget savings of £21m are required in year 1, rising to £35m in year 3.

Prior year savings which were unmet require to be met or substituted in the same way in 2023-24.

The revenue budget of £48.172m for acute set aside was also set for 2023-24

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 provisional outturn, which is an overspend of £4.893m is provided at Table 2 and a variance analysis provided.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £20.547m since April (£16.042m April-May). The table below shows the reason for the budget movement from April to July.

Budget Per Directions	646.573
SG Additional Allocations	
PCIF	1.027
Vaccines Covid	5.489
FHS/PMS	16.000
Nursing support	0.725
Other	2.207
Pay Award	8.579
Major Trauma	0.633
MH Triage Nurses	0.816
Band 2-4	1.075
GP resilience	0.014
MDT	0.698
ADP	1.517
Earmarked Reserves Drawn	1.557
Misc Income	-7.352
Other (Budget Transfer/Accounting Adjusts)	-12.438
Budget at July	667.120

4. Directions

There are no Directions required for this paper as the paper provides an update on the financial outturn of the Health and Social Care Partnership based on the projected outturn position at March 2024.

5. Financial Performance Analysis of Projected Outturn as at 31 July 2023

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a provisional outturn overspend of £4.893m as below.

Fife Health & Social Care Partnership									
Projected Outturn as at July	2023/24								
Objective Summary	Budget April includes RT	Budget May incl RT	Budget July incl RT		Forecast Outturn May incl RT	Forecast Outturn July incl RT	Use of reserves	Variance as at May	Variance as at July
	£m	£m	£m		£m		£m	£m	£m
Community Services	125.213	135.231	135.319		130.279	133.406	-1.600	-5.552	-3.513
Hospitals and Long Term Care	57.267	58.672	60.214		68.264	68.534	-1.400	8.192	6.920
GP Prescribing	76.548	74.242	75.742		79.242	81.242	-1.000	4.000	4.500
Family Health Services	94.282	111.494	110.796		111.435	110.637		-0.059	-0.159
Children's Services	14.811	15.237	17.160		15.027	17.455		-0.210	0.295
Older People Residential and Day Care	16.031	15.520	15.537		15.520	16.506		0.000	0.969
Older People Nursing and Residential	44.992	51.420	51.420		50.703	51.590		-0.716	0.171
Homecare Services	55.338	52.704	52.772		54.253	53.787	-1.000	0.550	0.015
Older People Fife Wide/ Hospital Discharge	1.233	1.182	1.182		1.182	1.339		0.000	0.156
Adults Fife Wide	19.527	10.290	10.289		10.088	8.434		-0.202	-1.855
Integrated Community Team	4.741	5.279	5.279		5.121	5.335		-0.158	0.055
Social Care Other - to be allocated	0.673	-5.666	-5.941		-4.161	-6.559		1.505	-0.617
Business Enabling/Professional	8.466	8.138	8.299		6.198	8.171		-1.941	-0.128
Adult Placements	74.408	74.814	74.878		79.083	79.235	-3.000	1.269	1.358
Adult Supported Living	30.181	30.148	30.147		28.068	27.017		-2.080	-3.130
Social Care Fieldwork Teams	22.861	22.342	22.319		22.496	22.175		0.154	-0.144
Housing		1.567	1.707		1.567	1.707		0.000	0.000
Total Health & Social Care	646.573	662.615	667.120		674.366	680.013	-8.000	4.751	4.893

*For May the use of reserves was £7m (additional £1m was added to Community Services for MH Staffing)

	Budget per Directions	Budget May	Forecast Outturn May	Variance after £7m savings funded May	Budget July	Forecast Outturn July	Variance as at July	Savings funded by reserves	Variance after £8m savings funded
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care & Preventative	226.067	247.762	254.006	5.044	253.766	261.147	7.381	(1.200)	6.181
Complex & Critical Care	203.713	199.434	203.962	1.428	200.372	202.101	1.729	(4.100)	(2.371)
Community Care	178.200	186.122	189.170	0.848	188.045	192.746	4.701	(2.200)	2.501
Professional & Business Enabling	11.404	10.263	9.793	(0.970)	10.632	10.722	0.090	(0.500)	(0.410)
Other	27.189	19.034	17.435	(1.599)	14.305	13.296	(1.008)	0.000	(1.008)
Total HSCP	646.573	662.615	674.366	4.751	667.120	680.013	12.893	(8.000)	4.893

*£7m of reserves were projected to be used in May position, this has been increased to £8m in July. £1m towards Nurse Supplementary Staffing has been funded in July position.

5.1 Primary & Preventative Care

Variance

The budget as at July is £253.766m. The forecast after funding from reserves is £259.947m, giving an adverse variance of £6.181m

The main variance is due to the increased cost of prescribing (£5.5m), the budget was set on a cost per item of £10.05, and the current price is projected at £10.76. Other variances are due to the filling of posts in Health Visiting, CYPCNS (Children and Young People Community Nursing Service) and Child Protection posts which are required to ensure safe delivery of services.

The movement from the May position is an increased overspend in prescribing costs (£0.500m) and an increase in the projected overspend on Child Health (£0.500m)

Savings

Included within the projected outturn position is funding from reserves to reflect the non-delivery in Year 1 of the following savings, as per appendix 2.

£0.200 - Share of Locum spend reduction – marked as red on RAG Status

£1.000m – Medicines Efficiencies is marked as amber and is projected to require part funding from reserves

5.2 Integrated Complex & Critical

Variance

The budget as at July is £200.372m. The forecast after funding from reserves is £199.001m, giving a positive variance of £2.371m

Before savings of £4.1m are applied the overspend is £1.729m, applying the savings results in an underspend position in this portfolio.

The movement from May is due to a reduction in the projected overspend in Adults (£2.5m) due to individual placements projected at May which have not yet commenced, offset by an increase in the taxi contract rate of 5% (£0.130m), increased NCHC rate (£0.114m) and £1m of reserves funding to reflect unachieved saving in relation to supplementary staffing in Mental Health.

Savings

Included within the projected outturn position is funding from reserves to reflect the non-delivery in Year 1 of the following savings, as per appendix 2.

£3.000m – Digital – marked as red on RAG Status

£0.100m – Share of Locum spend reduction – marked as red on RAG Status

At July a further £1m of reserves were utilised

£1.000m – Supplementary Staffing (Mental Health) – amber RAG Status

5.3 Integrated Community Care

Variance

The budget as at July is £188.045m. The forecast after funding from reserves is £190.546m, giving an adverse variance of £2.501m

The main variances are due to the use of bank and agency staff in surge wards. As members are aware, funding for this type of expenditure ceased in March 2023 and therefore work is ongoing in this area to reduce costs wherever possible.

There is also an overspend on Self Directed Support Payments (where a service user is provided with funding to employ a personal carer) due to more packages being commissioned than budgeted. Work is already underway to review this position.

The overspend is partly offset by vacant posts.

The movement in projection is an increased overspend due to the increase in the NCHC rate (£0.400m), the projected use of agency staffing in Care Homes and Hospital Discharge Team (£1.1m)

Savings

Included within the projected outturn position is funding from reserves to reflect the non-delivery in Year 1 of the following savings, as per appendix 2.

£1.000m - Bed based model - marked as red on RAG Status

£1.000m – Home First - marked as red on RAG Status

£0.200m - Share of Locum spend reduction - marked as red on RAG Status

5.4 Professional & Business Enabling

Variance

The budget as at July is £10.632m. The forecast after funding from reserves is £10.222m, giving an underspend position of £0.410m

The main reason for the underspend is due to vacant posts.

Savings

Included within the projected outturn position is funding from reserves to reflect the non-delivery in Year 1 of the following savings, as per appendix 2.

£0.500 – Integrated Management Teams – RAG status amber

6. Savings

The funding gap of £20.936m was identified as part of the budget setting process. As a result, savings proposals totalling £21m for 2023-24 were approved by the IJB on 31st March 2023. Due to the timing of the savings being approved, there is a risk to the full year value of savings being delivered in year 1. It is more realistic to expect 50% to be delivered during the course of 2023-24. The IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24.

As at July the projected use of the reserves is £8m. This will be monitored closely throughout 2023-24 with a view to reducing the commitment against reserves when opportunity to do so arises.

The financial tracker included at Appendix 3, provides an update on all savings and includes a RAG status.

7. Covid-19 and the Local Mobilisation Plan

Covid-19 specific funding ceased at the end of 2022-23 and all expenditure incurred, apart from vaccination costs, will become business as usual. Sustainability payments have now ended. However, there are still ongoing costs of surge wards, PPE costs, staff cover for those who have contracted Covid-19 and increased cleaning. It is essential that we continue to manage these costs to ensure the impact on the outturn position is minimised. Adherence to governance and strong financial management will be key.

8. Reserves

Reserves brought forward at March 2023 were £37.719m. See below,

Reserves Balances	Opening Balance April 2023	Drawn/ Committed at July	Balance at July
Earmarked Reserves	16.225	5.011	11.214
Reserves Available for use	21.494	14.275	7.219
Total Reserves at April 2023	37.719	19.286	18.433

Of the £37.719m total reserve, £16.225m relates to reserves earmarked for specific purposes. At May, £1.278m of earmarked reserves had been drawn and utilised. It is proposed at July, to draw and utilise a further £3.733m, reducing the balance of earmarked reserves held to £11.214m

The reserves available for use balance at July is £7.219m, and reflects commitments of £14.275m that have been agreed and approved by the IJB. These will remain under review throughout the year and adjusted as necessary.

Within the £14.275m drawn/committed balance, the IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24. Only £8m has been allocated as at July. Again, this will remain under review and if not required will be added back to the balance of £7.219m

Details are shown in Appendix 2.

The balance remaining equates to 1% of the total budget and is below our policy minimum to hold 2% (£13m)

9. Risks and Mitigation

9.1 Savings

To deliver a balanced budget in 2023-24 savings of £21m are required. Business cases are being developed for some of these savings and reserves of £10m have been earmarked, should they be required. Regular financial monitoring will mitigate the risk of savings not being delivered.

9.2 Forward Planning

As per the Integration Scheme, a recovery plan is required to bring the overspend back in line with budget and ensure that we remain sustainable and maintain a level of reserves.

The Integration Scheme states in section 8.2.1

Process for resolving budget variances in year – Overspend

The Director of Health and Social Care strives to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational integrated budget, the Director of Health and Social Care, the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the IJB.

To address the current projected overspend of £4.893m the proposals below are being presented for consideration and approval

£3.733m Draw down /use of earmarked reserves for specific projects

The Earmarked reserves are noted in section 8 as being expected to be utilised in full in year. We have written to Scottish Government and requested permission to utilise these reserves in year.

£0.500m Carers Act - projected underspend due to late start in projects

It is unlikely that the full allocation of Carers funding will be spent in this financial year. The Carers Strategy was approved at the May Committee and therefore some projects are yet to commence resulting in a temporary in year underspend. It is prudent to project this underspend at July.

£0.500m Income from Financial Assessments

The Financial Assessments of service users of Care Homes are currently undertaken by a team within Fife Council. Discussions are ongoing with Fife Council about how the current backlog of assessments can be addressed but it is expected that any agreed actions will generate additional income of £0.500m

The proposed actions detailed above total £4.733m and fully mitigate the July projected overspend of £4.893m. Please see below:-

	Budget July	Forecast Outturn July	Variance as at July	Savings funded by reserves	Variance after £8m savings funded	Recovery Actions Proposed
	£m	£m	£m	£m	£m	£m
Primary Care & Preventative	253.766	261.147	7.381	(1.200)	6.181	
Complex & Critical Care	200.372	202.101	1.729	(4.100)	(2.371)	
Community Care	188.045	192.746	4.701	(2.200)	2.501	4.345
Professional & Business Enabling	10.632	10.722	0.090	(0.500)	(0.410)	0.388
Other	14.305	13.296	(1.008)	0.000	(1.008)	
Total HSCP	667.120	680.013	12.893	(8.000)	4.893	4.733

10. Key Actions / Next Steps

SLT are progressing the detailed work required on the business cases for the savings proposals required to close the budget gap in future years.

Implementation of the proposed recovery actions if approved by Scottish Government and Committee.

Continued close monitoring of projected financial outturn.

Audrey Valente
Chief Finance Officer
15th September 2023

Appendix 2

Reserves Balances	Opening Balance April 2023	Drawn/ Committed at July	Balance
Earmarked Reserves	16.225	5.011	11.214
Reserves Available for use	21.494	14.275	7.219
Total Reserves at April 2023	37.719	19.286	18.433

Earmarked Reserves	Opening Balance April 2023	Drawn at May	Drawn at July	Balance
	£m	£m	£m	£m
PCIF	0.952			0.952
GP Premises	0.785			0.785
Action 15/ Psychological Therapies/ Mental Health R&R	1.455			1.455
District Nurses	0.316		0.316	0.000
Alcohol and Drugs Partnership	1.619			1.619
School Nurse	0.146			0.146
Remobilisation of Dental Services	0.313			0.313
Care Homes	0.800		0.800	0.000
Buvidal	0.103			0.103
Child Healthy Weight	0.009			0.009
Acceleration of 22/23 MDT recruitment	0.300			0.300
Multi Disciplinary Teams	2.166		2.050	0.116
Community Living Change Plan	1.339			1.339
Afghan Refugees	0.047		0.047	0.000
Dental Ventilation	0.259	0.259		0.000
Interface Care	0.106			0.106
Interim beds	1.288	0.500	0.388	0.400
Telecare Fire Safety	0.069		0.069	0.000
Self Directed Support (SDS)	0.407	0.407		0.000
Workforce Wellbeing Funding	0.093			0.093
Near Me	0.112	0.112	-0.112	0.112
Learning Disability Health Checks	0.069			0.069
Family Nurse Partnership	0.100			0.100
Development of Hospital at Home	0.279		0.150	0.129
Breast Feeding	0.020			0.020
Delayed Without Discharge	0.025		0.025	0.000
Long Covid	0.125			0.125
Unscheduled Care/ Navigation Flow Hub	2.923			2.923
Total Earmarked	16.225	1.278	3.733	11.214

Reserves available	Opening Balance April 2023	Commitments Agreed
	£m	£m
Reserves available/ brought forward plus underspend	21.494	
Commitments previously agreed:		3.217
Additional Staff to create capacity to progress transformation projects		0.594
Participation & Engagement Staff		0.146
Housing Adaptations backlog investment		0.644
Community Alarms - Analogue to Digital		1.235
Reviews of Adults Packages Adults Team Costs		0.316
Contact centre (staffing costs test of change)		0.150
Bed Flow coordinators 4FTE (temp 1 year)		0.102
Hospital at Home		0.010
Renewal of beds in hospitals		0.020
Commitments previously agreed - no longer required:		-0.491
Research Manager/ Strategic Planner - perm funding found		-0.140
Childrens Services - Staffing ANPS - alternative funding source found		-0.273
Upgrades to Wellesley Unit - balance left		-0.014
Reviews of Adults Packages OP Team Costs - not required		-0.064
Approval at March Budget Meeting:		10.000
Use of reserves to back up savings programme/ timing		10.000
Approved at July IJB Committee		1.549
Digital - update of website		0.080
Test of Change Levenmouth Locality		0.068
£30k per locality		0.210
Adults in Delay - Legal post		0.055
Pharmacy/Pain post		0.060
FELS driver Temp 6 months- increased equipment delivery		0.050
Housing		0.370
NHS IT equipment		0.015
FELS equipment		0.150
Gas Electric increases		0.491
Balance at July		7.219

Tracked Approved Savings HSCP - Approved 2023-24	Savings Target £m	Forecast £m	(Under)/ Over Achieved £m	Rag Status
Digital Sensor Technology -transform overnight care	3.000	0.000	-3.000	Red
Bed Based Model	1.000	0.000	-1.000	Red
Home First Commissioning Transformation	1.000	0.000	-1.000	Red
Securing a sustainable Medical Workforce and reducing locum spend	0.500	0.000	-0.500	Red
Modernising Administration Services	0.500	0.500	0.000	Amber
Integrated Management Teams	0.500	0.000	-0.500	Amber
Medicines Efficiencies programme 2023-25	3.650	2.650	-1.000	Amber
Nurse Supplementary Staffing	2.000	1.000	-1.000	Amber
Transforming Centralised Scheduling	0.087	0.087	0.000	Green
Implementation of Payment Cards	1.000	1.000	0.000	Green
Community Service Redesign	1.000	1.000	0.000	Green
Day Service Redesign (older people)	0.500	0.500	0.000	Green
Use of Underspend	5.000	5.000	0.000	Green
Supported Living Rents Income Maximisation	1.000	1.000	0.000	Green
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.400	0.400	0.000	Green
Maximising Core Budget (Alcohol and Drugs)	0.300	0.300	0.000	Green
TOTAL	21.437	13.437	-8.000	63%

Summary			
Rag Status	Savings Target £m	Forecast £m	(Under)/ over £m
Green	9.287	9.287	0.000
Amber	6.650	4.150	(2.500)
Red	5.500	0.000	(5.500)
Total	21.437	13.437	(8.000)



Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2023
Agenda Item No:	7.3
Report Title:	Reimagining Third Sector Commissioning Update
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance, and Commissioning
Report Author:	Joanna Clark, Planning Coordinator (Reimagining Third Sector Commissioning Project)

1 Purpose

This Report is presented to the Board for:

Assurance and Discussion

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 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.
- 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:

- Outcomes.
- Integration.

2 Route to the Meeting

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

- Senior Leadership Team
- Strategic Planning Group – the group fully supported the program.

- Finance, Performance and Scrutiny Committee – Members commented that they were pleased to see that 67 out of the 72 third sector organisations had been consulted in the production of the report. There was also discussion on the grant application process and service level agreements.

3 Report Summary

3.1 Situation

In 2022-23, the Health and Social Care Partnership commissioned £11.3 million grant funded services in Fife.

A review of the approach to commissioning grant funded services - **The Reimagining Third Sector Commissioning Project** - was conceived to ensure that:

- We build on, and strengthen, our partnership with the third sector, creating improved processes which support the third sector to thrive, collaborate more, and to respond more flexibly and creatively to need, and to enable people to achieve better outcomes.
- The services we commission, both now and in the future, are fully aligned to our strategic plan and reflect the priorities, are joined-up and linked to local needs and are accountable to the underpinning planning and strategic groups providing best value.
- Each Service Level Agreement (SLA) reflects that alignment, is outcome focused and, subsequent monitoring better serves the ongoing wider planning and commissioning process and
- There is improved information available to strategic and locality planning groups, on the range, quality and impact of services provided by the third sector.
- We are more able to involve a range of people (including people with lived experience, unpaid carers, communities, providers, and professionals) in the development of services.

This is an evolving process however the project is laying the foundations to create the conditions for positive change.

There are 72 organisations included within the scope of the project, and 124 different services (service components) are currently being delivered through these organisations.

Two of the four phases in the project plan have been completed:

- Phase 1 – **Discover** – To gain a deep understanding the range of activities provided by our third sector and define service level outcomes. (see appendix 1: *Reimagining Third Sector Commissioning - An overview of HSCP grant funded services*).
- Phase 2 – **Define** – To gain important insights and identify where meaningful adjustments can happen to enable more effective collaboration.

Phase 3 – **Develop** – To prioritise and co-design tools and guidance to enable positive changes - is in progress.

There has been a delay to project delivery due to unexpected staff absence, however recruitment of a new Planning Co-ordinator in June 2023 will see the completion of this phase and

Phase 4 – **Deliver** – To implement new processes and evaluate changes.

Committee members are being asked to note project progress to date and discuss the intended direction and implications of the project.

3.2 Background

Commissioning of Third Sector funded services in Fife has developed over 20 years, responding to need, changes within the variety and capacity of providers and new funding streams. More recently the integration agenda has transformed the commissioning landscape including local and national policy, guidance, standards, and legislative provisions such as:

Public Bodies (Scotland) Act 2014, Audit Scotland Report on Integration, Carers (Scotland) Act 2016, Advocacy Strategy, Children and Young People (Scotland) Act 2014, Equalities (Scotland) Act 2010, Fairer Scotland Duty.

The Project provided an opportunity to build on the existing relationships with, and experience of, the Third Sector in Fife, harnessing the learning from the pandemic and incorporating the above to review, improve and align the commissioning process to reflect those developments including:

Fife H&SC Strategic Plan 2023-2026, H&SCP Strategies and Locality Planning, Fife H&SC Commissioning Strategy 2023 -2026 Market Facilitation and Delivery Plan, Plan for Fife 2017 – 2027, Fife Council Local Housing Strategy 2015-2020, Independent Review of Adult Social Care (2021).

Embedding an outcome focussed approach which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities

Monitoring and Evaluation framework, Talking Points Personal Outcomes Approach (2012), Human Learning Systems: A Practical Guide (2022),

Better support the partnership's approach to participation and engagement

Planning with People Guidance (2021), National Standards for Community Engagement (2015), The Scottish Approach to Service Design (2019), Participation and Engagement Strategy For Fife 2022-25

The key guiding principles for the project are drawn from all these sources, and the approach taken to the project is summarised below.

3.3 Assessment

The reimagining project is a vehicle for change, an opportunity to deliver on our commitment to developing a collaborative commissioning approach, focussed on improving health and wellbeing outcomes for people of Fife, and ensuring equality of outcomes for all.

The objectives of the project are clearly aligned to the priorities set out in the Fife Strategic Plan and supporting Commissioning Strategy. This is also reflected in each of the nine transformational strategies and in our medium-term financial strategy, which all highlight the critical importance of working effectively with third sector partners.

Progress to date

Phase 1 – Discover – *To gain a deep understanding the range of activities provided by our third sector and define service level outcomes.*

Between December 2021 and March 2022, the planning coordinator met with individual grant funded providers to complete a comprehensive service mapping exercise and collect views on the potential of this project.

This exercise revealed:

- The legacy of the evolution of commissioning third sector activities in Fife over a long period of time, particularly the need for a more structured and effective use and approach to Service level Agreements (SLAs).
- An opportunity to review the content of the SLA and associated monitoring tools with a view to consolidating activities and aligning them better to strategic priorities, planning and evaluation framework.
- The commitment of the third sector to improving the commissioning process for the benefit of the people of Fife

An analysis of this information was completed with the aim of creating an overarching structure of activities that would align with the strategic priorities. (See appendix 1: *Reimagining Third Sector Commissioning - An overview of HSCP grant funded services*).

The mapping exercise identified 24 different service components delivered by 72 organisations, consolidated them into 35 key activities linked to 7 key areas making it possible to link our investment to grant funded services to specific service outcomes and components. This lays the foundations for collaborative decision making with our partners about how to achieve defined, agreed and jointly owned outcomes, with a view to generating a broader more innovative range of options and achieving best value.

In line with our commissioning principle 'to commission services with an outcome focus' grant funded activities have been grouped into seven areas.

(see Appendix 2; Draft Commissioning Categories: PURPOSE, INTENTION, COMPONENT & OUTCOME)

Subsequently an electronic questionnaire was used to gather feedback from providers about their experience of the mapping meeting, and their views on the content and value of their current Service Level agreement, current approach to Monitoring and Evaluation (M&E), and role of their link officer. (i.e. the efficacy of the SLA and related monitoring activity in supporting the ambitions of the project - key tools used within the commissioning process). 80% of organisations engaged in this exercise.

Phase 2 – Define – To gain important insights and identify where meaningful adjustments can happen to enable more effective collaboration.

Following on from both exercises the Planning Coordinator, supported by the Transforming Commissioning Working Group analysed the information and made several recommendations, summarised here:

- Use feedback to support the review of the SLA template in line with commissioning needs.
- Collaboratively develop an approach to report meaningful outcomes.
- Develop process to support Link Officers and Third Sector Organisations to complete updated content of SLAs.
- Explore how to develop a tool that collates commissioned activities and potentially, systematic monitoring, aligned to priorities that supports strategic planning and commissioning.

- Develop collaborative workshops to strengthen approach to monitoring and evaluation.
- Consider the role of 'development officer' and support available to organisations who do not have a designated link officer.

Phase 3 – **Develop** – *To prioritise and co-design tools and guidance to enable positive changes.*

There has been a delay to this phase of the project due to unexpected staff absence, however recruitment of a new Planning Co-ordinator in June 2023 will see the completion of this phase in conjunction with Phase 4 with some adjustments. All documentation requires approval from the Voluntary Sector Task Group. The group oversees the Commissioning of Grant funded services with adherence to Fife Council's Monitoring and Evaluation Framework. This long-standing arrangement provides robust procedures which allow the Health & Social Care Partnership to provide support to voluntary organisations.

The Framework gives the structure to monitor and evaluate and assess the need for the service and the organisation's ability to provide it, help organisations improve their practice and inform committee decisions about how to prioritise funding allocations. It also provides the platform to make sure that voluntary organisations - with the support of the partnership can, provide high quality services that complement, without duplicating statutory services and are responsive, flexible, and accessible.

A review of the SLA template has been completed. Several workshops were held with organisations and with the Link Officers in the Contracts team to agree on some meaningful changes to the template which would support consistency in writing SLAs and clarify outcomes and expectations in terms of monitoring.

Draft templates have been created which will be taken to the Voluntary Sector Task Group for approval including:

- SLA
- Grant Application Form
- Annual Monitoring form
- Three-year review
- Annual review provider feedback form
- Process to record protected characteristics.

Phase 4 – **Deliver** – To implement new processes and evaluate changes.

The work undertaken through the reimagining project to date has laid the foundations for strengthened partnership working and improved intelligence about grant funded services. To ensure that the work is embedded, and project aspirations are fully realised, five key actions are planned - set out below. Actions will be taken forward by the project coordinator 2023-24.

- All commissioned grant funded organisations will have an outcome focussed Service Level Agreement by December 2023 that links to strategic plans and priorities. Due to delay – the new template, following approval, will be introduced in the 2024 annual cycle – A plan will be in place to facilitate this.

- A refreshed approach will be devised with third sector organisations and their clients to facilitate greater participation and engagement of those with lived experience in health and social care.
- Building on the results of the mapping exercise, activities delivered will be linked to key strategic groups/leads to further develop the collaboration and accountability between commissioned activities and planning strengthening and clarifying our approach to commissioning grant funded third sector services.
- Develop the tool created to analyse the current investment in the third sector to better inform the commissioning process, the workforce, and partners of the activities commissioned by the partnership.
- Implement the revised approach to monitoring and evaluating grant funded services.

3.3.1 Quality / Customer Care

Anticipate that an improved commissioning process will improve quality and care.

3.3.2 Workforce

Anticipate that improvements to the SLA and commissioning process will support the workforce in their roles, build capacity, knowledge and skills.

It is anticipated that strengthening and streamlining processes around the completion of service level agreements and monitoring arrangements will have a positive impact on the following roles:

- **HSCP Contract Link Officers:** potential of the project to improve working practices, streamline process, and reduce workload pressure.
- **Locality Planning Groups/ Strategic Improvement Groups:** Access to improved information to inform priorities and direct resources more appropriately.
- **Third Sector Staff:** feel more connected and linked into commissioning process.
- **Social work staff/ Local Area Coordinators:** Improved information about services operating in their areas.

3.3.3 Financial

The reimagining project aims to put the framework and process in place to ensure that Strategic Implementation Groups (or leads) have the information they need to make decisions and direct resources where they are needed most, using available resources more effectively.

It aims to support third sector organisations to deliver sustainable, high-quality services, and support collaborative conversations about how to meet identified outcomes with the resources we have.

In line with our strategic plan and focus on prevention and early intervention - preventing individuals from seeking statutory services support by assisting them to stay at home longer and better targeting that support will result in efficiencies.

Planned deeper collaborative conversations and negotiation with the providers could result in adjustment/reshaping of services/activities to better reflect need and strategic and local priorities.

It is anticipated that an improved approach to the commissioning process will enable the relevant leads/groups and personnel to ensure best value from partners commissioned to deliver services.

3.3.4 Risk / Legal / Management

A risk strategy and matrix are in place and are reviewed quarterly by the project steering and working groups.

Project schedule is managed via the Planning Coordinator, with oversight from the project steering group.

3.3.5 Equality and Diversity, including Health Inequalities

New Service Level Agreements (SLAs) and monitoring arrangements will ensure that we are able to routinely monitor the profile of people accessing services, and their views on the quality and impact of services, enhancing our information on fair access to services.

The organisation of services into seven briefs, supported by enhanced information, will enable us to better understand the ways in which we are supporting people under the Fairer Scotland duty.

More information on how the project links to our Equality Outcomes is provided in Appendix 1.

3.3.6 Environmental / Climate Change

The review of the Grant Application Form, SLA template, and Annual Monitoring forms provided an opportunity to ensure that there was an explicit expectation that all grant funded organisations should have an appropriate environmental policy linked to the Fife Sustainable Energy and Climate Action Plan. Following the document review and subsequent agreement from the Voluntary Sector Task Group, the Terms and Conditions on the Grant Application have been revised to include this requirement and the other relevant documents have been reworded and streamlined to clarify this.

3.3.7 Other Impact

The project coordinator will continue to work with the Voluntary Sector Task Group to discuss impact on and propose and discuss any further enhancements to the M&E framework.

3.3.8 Communication, Involvement, Engagement and Consultation

The project has a robust Stakeholder Engagement Framework and Communication Plan which sets out the approach being taken to plan, undertake, and evaluate Stakeholder Engagement Activities throughout the project duration. This is aligned to the HSCPs Participation and Engagement Strategy. It ensures that engagement is carefully planned, with clear objectives, ensuring that there is confidence that engagement is meaningful. There are monitoring processes in place and satisfaction with opportunities to participate is routinely measured at each phase of the project.

Consultation has been undertaken through a series of meetings, workshops (online and in person), questionnaires/ MS Forms, and semi structured interviews. This has been ongoing throughout the project and stakeholders have been kept informed about project progress and how their feedback was being used to transform our process through Sways, Project Coordinator attendance at the Third Sector Forum (and other relevant forums on request), and via a dedicated webpage hosted by Fife Voluntary Action.
www.fva.org/reimagining_health_and_social_care.asp

4. Recommendation

- **Assurance** – assure members of current position and the work that will continue to develop the support to our third sector organisations.
- **Discussion** – members are asked to discuss the progress and give feedback on the program.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Reimagining Third Sector Commissioning - An overview of HSCP grant funded services.

Appendix 2 – Draft Commissioning Categories: PURPOSE, INTENTION, COMPONENT & OUTCOME

6 Implications for Fife Council

7 Implications for NHS Fife

8 Implications for Third Sector

Working in partnership with the third sector to further develop the programme of review is key to the success of the program.

9 Implications for Independent Sector

None.

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

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

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

Lead	Fiona McKay
Critical	
Signed Up	
Informed	

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Fife Health
& Social Care
Partnership



Supporting the people of Fife together

Reimagining Third Sector Commissioning

An overview of HSCP grant funded services.



Author	Nicola Broad
Date	May 2023

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Background

The Commissioning of Grant funded services by The Fife Health & Social Care Partnership and previously Social Work Services has been carried out for over 20 years with adherence to Fife Council's Monitoring and Evaluation Framework. This long-standing arrangement provides robust procedures which allow the Health & Social Care Partnership to provide support to voluntary organisations.

The maintenance of the Framework is overseen by Fife Council's Voluntary Sector Task Group which includes representatives from each of the Councils Services, which includes the Health & Social Care Partnership, who award grants to voluntary organisations. Audit Services and the Third Sector are also represented on the Task Group.

The framework is designed to help services work with, and provide help to the voluntary sector, ensure organisations have good governance and control systems, check organisations are meeting their agreed objectives and make sure public money is spent efficiently and effectively.

The Framework gives the structure to monitor and evaluate and assess the need for the service and the organisation's ability to provide it, help organisations improve their practice and inform committee decisions about how to prioritise funding allocations. It also provides the platform to make sure that voluntary organisations - with the support of the partnership can, provide high quality services that complement, without duplicating statutory services and are responsive, flexible and accessible.

Fife Health and Social Care Partnership's use of the Framework and the positive relationships already established with third sector organisations provide a good basis for the changes and improvements recommended in this report to be progressed and implemented.

Introduction

In 2022-23, the Health & Social Care Partnership spent over £11.3 million on grant funded services in Fife. These services were delivered by 72 different organisations, who were funded to provide over 150 different service components.

The project coordinator met with 67¹ of the 72 organisations included in the reimagining project and used a semi structured interview tool (mapping tool) to guide an in-depth discussion about the service(s) delivered, impact of the pandemic, and key challenges faced. Through the information gained at these meetings and subsequent review of Service Level Agreements, we were able to map **124² different service components** delivered by 72 organisations, into **35 key activities** linked to **7 key Domain areas**.

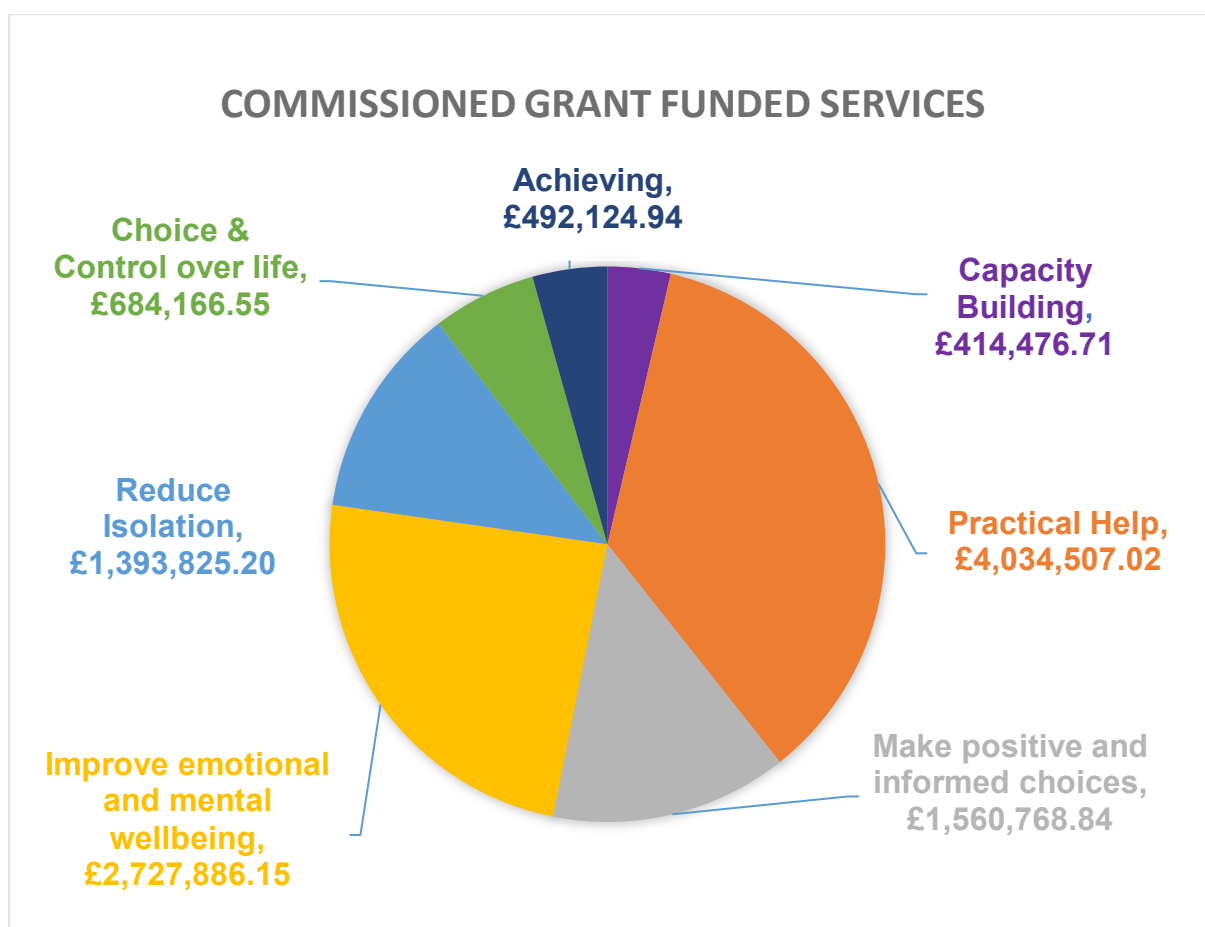
¹ We were not able to contact 5 organisations (funding under 10k)

² There were originally over 150 different components, some service level agreements were streamlined to enable mapping

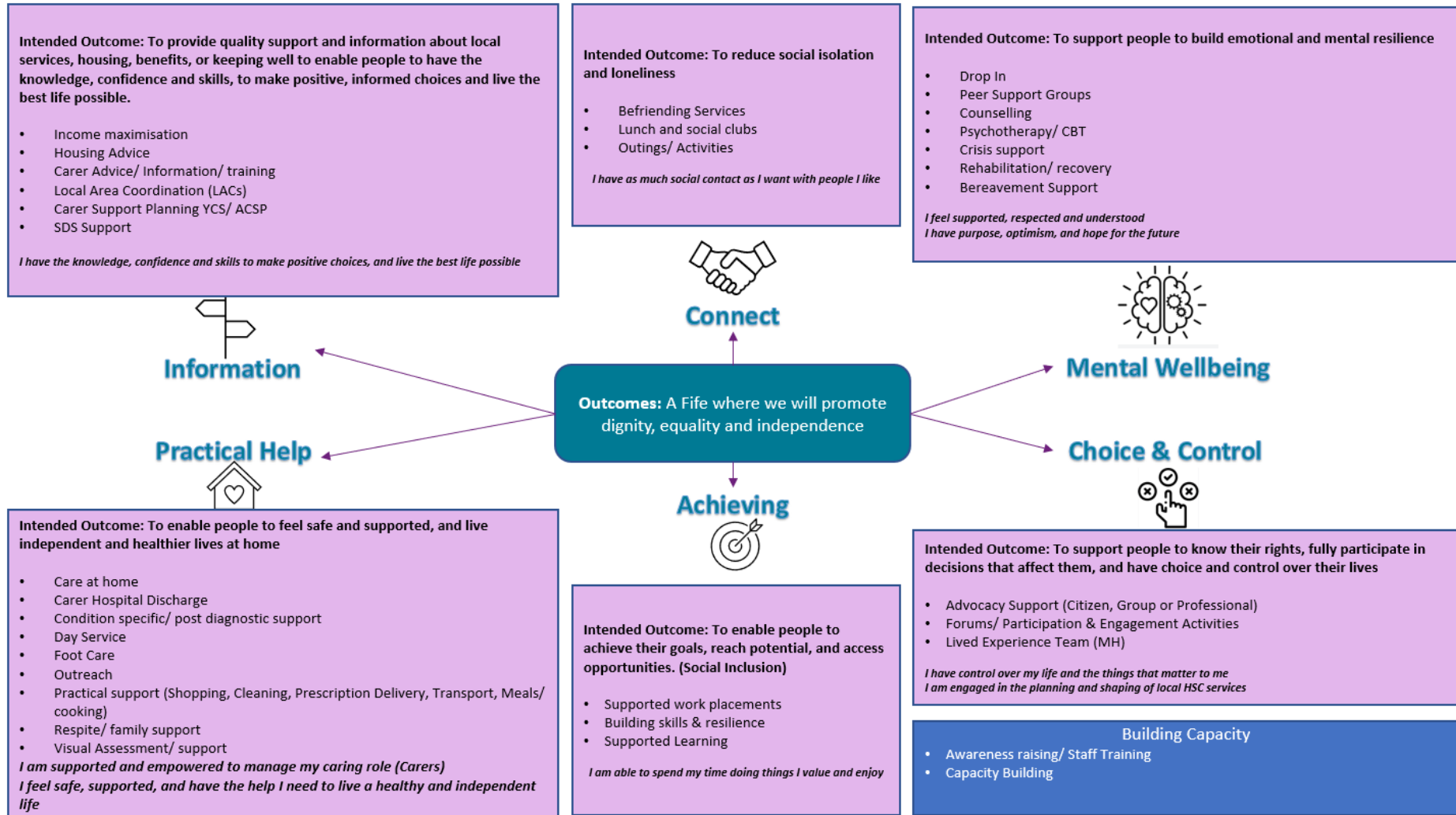
For each domain we can now explore the range of activities provided, who they are provided to, and start to define the commonalities and challenges experienced by organisations. This will support our ambition to achieve best value through working collaboratively to achieve defined outcomes.

Levels of Investment in each domain.

The pie chart below shows the level of investment linked to each domain. We can start to explore the variance in funding between organisations delivering similar services and look to provide consistency in our funding decisions. We can also look to where we want to (re)direct our resources based on information about the models of service which are working well.



Overview of grant funded services

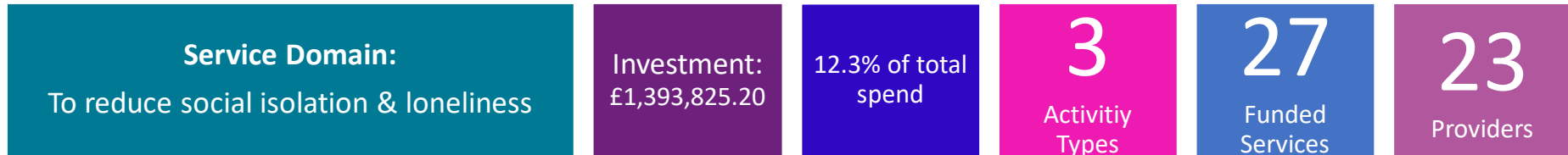


Overarching recommendations

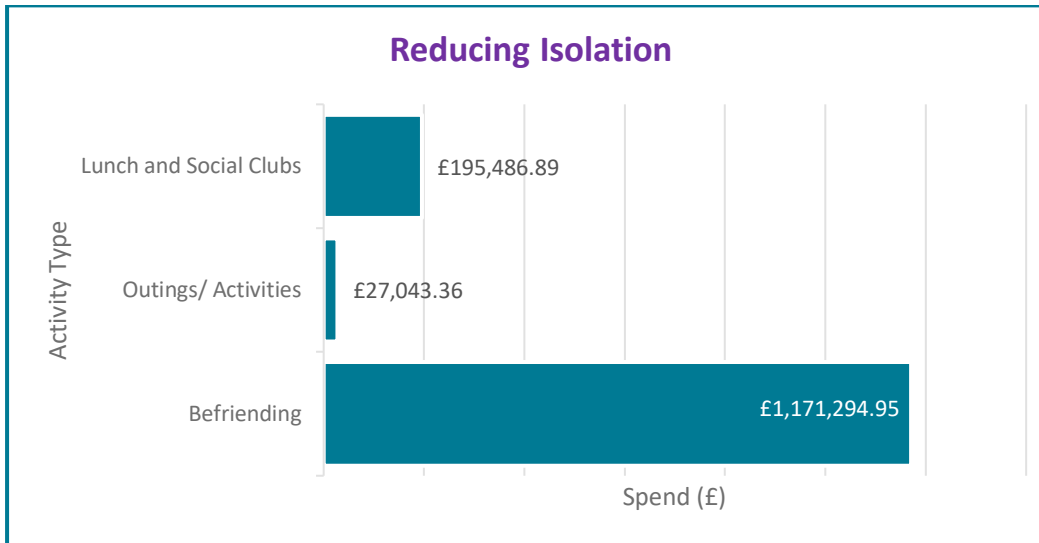
Achieving best value is increasingly dependent on the effectiveness of partnerships and collaborative working.

1. Letters to be sent to organisations where no contact has been made to either stop or reapply for funding.
2. We need to deliver greater consistency with our funding decisions and approach to monitoring similar types of activity, it is recommended that this is taken forward through the development of seven domain focused service specifications linked to each domain. Activities such as lunch clubs and day services should be clearly defined and have consistent eligibility thresholds.
3. All strategic leads to review the information provided here (and in the Power BI dashboard) and consider gaps and duplication at a local level.
4. A local action plan to reduce loneliness and isolation linked to the National Strategy 'A connected Scotland' should be considered. Collaborative conversations at a local level may support this.

Connecting with others



The three activities currently funded to reduce loneliness and isolation are lunch & social clubs; outings/activities; and befriending services. The largest spend relates to befriending models of support as shown in the graph below.



Social isolation and loneliness can affect anyone- at all ages and stages of life, although some people are at greater risk of experiencing this. There is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental wellbeing. Some key facts and statistics on loneliness and isolation are here: [Facts and Statistics | Campaign to End Loneliness](#). A National Strategy has been developed for Scotland [Click here](#). A local action plan to reduce stigma around loneliness, increase awareness of services and promote opportunities for volunteering may be beneficial.

We need to ensure that we are directing resources where they are needed most, and on the models of support which are aligned to our strategic direction. The activities funded to reduce isolation are summarised below

Befriending

Befriending services link volunteer befrienders to people who would otherwise be socially isolated. The impact of befriending can be very significant. Befriending often provides people with a new direction in life, helping people to engage with their community, after first having the opportunity to build relationships, self-esteem, and self-confidence. Befriending can reduce the burden on other services which people may use inappropriately as they seek social contact. The mutuality of the relationship between befriender and befriended is also valued and becoming a volunteer befriender provides significant benefits to the volunteer themselves. There is a strong evidence base for the effectiveness of befriending services and most funded organisations have clear processes in place to measure the impact that they are having. Whilst carers could access any of the other befriending services, it is recommended that there continues to be specialist befriending support for carers, and volunteer befrienders are supported to maintain expert knowledge of issues experienced by carers and carer specific local supports.

There are 15 organisations funded by the HSCP to provide befriending support. A summary of investment, areas of operation and beneficiaries is shown below:

BEFRIENDING SERVICES									
Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Care & Share Companionship	Over 65	£57,040.29		x					
Castle Furniture	Over 65	£45,377.81			x				
Continuing Care North East Fife	Over 65	£7,785.97			x				
Crossroads (Fife Central)	Anyone 16+ at risk of isolation	£35,828.84	x	x	x			x	x
ENERGI	People affected by mental ill health	£41,471.02			x				
Fife Carers Centre	Unpaid adult carers	£35,060.73	x	x	x	x	x	x	x
Fife Voluntary Action	Vulnerable adults at risk of social isolation	£31,900.79	x	x	x	x	x	x	x
Fife Young Carers	Young Carers	£80,816.42	x	x	x	x	x	x	x
FOOD TRAIN	Over 65	£26,489.11	x	x	x	x	x	x	x
Later Life Choices Glenrothes	Over 65	£236,004.57							x
LEAD - Scotland	Young Carers, socially isolated adults	£64,516.18	x	x	x	x	x	x	x
Link Living	Over 65	£429,402.04	x	x	x	x	x	x	x
North East Fife Befriending Project (LINK)	People affected by mental ill health	£11,595.94			x				
RVS	Over 65	£47,006.00			x				
Seescape	Visually Impaired Adults	£20,999.23	x	x	x	x	x	x	x

The boxes below provide an overview of these services:

Key Service Features

- Open referral policy
- No charge for service
- Delivered by volunteers
- Paid coordinator to manage matches and provide support to volunteers
- Can be long or short term depending on needs
- Does not provide personal care, shopping etc

Linked Local Strategies:

- Carers Strategy
- Dementia Strategy
- Prevention and Early Intervention Strategy
- Primary Care Strategy
- Mental Health Strategy

Service User Groups supported:

- Over 65s
- Early Stage Dementia
- People affected by mental ill health
- Adult Carers & Young Carers
- Visually impaired adults
- Vulnerable adults at risk of isolation

Potential Gaps:

- People affected by Mental Ill health only have befriending services in NE Fife
- People with early stage dementia only have a service in Kirkcaldy
- Other service user groups at risk of social isolation with no specific befriending service ie Learning Disability however these groups may recieve support from FVA befriending



Befriending services are:

- For people who are socially isolated or lonely and would benefit from a supportive relationship
- For people who require support to build confidence to access local activities



Befriending Services are not:

- An alternative to homecare
- A practical support package



Themes for further exploration and collaborative conversations (Deep dives)

- How can we work collaboratively to reduce isolation across our localities, would a local strategy or action plan be beneficial and support us to achieve best value? Could this be developed via Locality Planning Groups?
- How can we ensure that referrals for befriending services are appropriate and that people with higher level needs are directed to more appropriate types of support?
- Would it be beneficial for organisations funded to provide befriending services to consider membership to the national befriending network, and have (or be working towards) the Quality in Befriending Award (QiB) <https://www.befriending.co.uk/>
- There is significant variance in funding for befriending organisations- what are the potential reasons for this and should we consider a mechanism to standardising the level of funding i.e., linked to the number of matches.
- Strategic leads to consider potential gap in befriending support for specific service user groups i.e. people with dementia. Additionally consider if befriending services could be expanded and utilised as a form of short breaks service for carers
- How can we raise the profile of befriending services in Fife and promote opportunities and benefits of becoming a befriender/ volunteer?
- Would there be any benefit to having a centralised point of contact for befriending referrals?
- Would it be beneficial to have a local befriending network where we can have collaborative conversations about challenges, learning, and opportunities and seek to create a shared (local) ownership of building more connected communities, raising awareness of befriending services and opportunities and benefits of volunteering?

Lunch and social clubs:

Lunch and Social Clubs reduce social isolation and loneliness by providing a safe and friendly environment for people to meet and enjoy social activities together. They promote independence by providing information about keeping safe, physically, and emotionally healthy and well, and signposting to local services. They may be provided as a drop in resource or as a more formal service. Often, they provide respite to carers, but some services are designed for carers to attend too, offering an opportunity to spend quality time together. Some operate waiting lists and most charge to access services to cover transport and/or meals.

Key Service Features

- Open referral policy
- Often nominal charge for service
- Often operate waiting list
- Does not provide personal care, toileting etc
- Often rely on volunteers

Linked Local Strategies:

- Carers Strategy
- Dementia Strategy
- Prevention and Early Intervention Strategy
- Primary Care Strategy

Service User Groups supported:

- Frailty/ Older People
- Dementia
- People from minority ethnic communities
- Carers (either directly or by providing short break).

Potential Gaps:

- These services are concentrated in NE Fife, potentially required in other localities.



Lunch and social club services are:

- For people who want to meet up and enjoy social activities together
- For people who are able to enjoy the activities on offer and are able to toilet independently



Lunch and social club services are not:

- An alternative to Registered Day Centres where staff can support with higher level needs

Funding for lunch and social clubs is currently directed mainly at Older People living in North East Fife or Older People from Minority Ethnic Communities, 9 organisations are currently funded. Peace of mind provides Fife wide support to anyone under 65 with a disability, enabling people to connect and offering a range of social activities. A summary investment, areas of operation, and beneficiaries is shown below.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Abbeyview Day Centre	Older People, Dementia, Carers	£52,781.46					x		
Asian Older People Group	Older people from minority ethnic communities	£9,587.69	x	x	x	x	x	x	x
Auchtermuchty Midday Club	Older People	£2,171.43			x				
Auchtermuchty Old Peoples Welfare	Older People	£3,490.00			x				
Castle Furniture	Older People	£3,435.47			x				

Fife Chinese Older People	Older people from minority ethnic communities	£12,128.68			x				x
RVS	Older People	£22,029.00			x				
Strathmiglo & District Lunch Club	Older People	£2,613.14			x				
Peace of Mind	Any Disability (under 65)	£87,250.02	x	x	x	x	x	x	x

Some of these organisations operate waiting lists, whilst others are not operating at full capacity. There is often a nominal charge for accessing the service, particularly to cover transport and food costs. It is recognised that there will be many other (funded and non-funded) sources of social support available within communities, so it is difficult to analyse gaps.

Funding lunch clubs to reduce isolation and promote mental wellbeing is in line with our strategic direction, however clarity is required over what will be funded, how lunch clubs differ from day services, specific service expectations, and how this will be monitored, particularly for organisations with no link officer.

Some organisations have raised concerns around ensuring that people accessing these types of services are able to enjoy the activities on offer, sometimes the need for personal care or other high-level needs can generate inappropriate referrals and/or put pressure on these services to meet high level needs.



Themes for further exploration (Deep dives)

- An exploration of variances in nominal costs, provision of transport, and waiting lists across different organisations (information will all now be accessible via the new Service Level Agreement [SLA] template).
- Organisations have raised concerns that referrals for services are being made for people with very high-level needs who may require alternative support to meet their needs, we need to work together to ensure that referrals are appropriate and there is a clear pathway to alternative support for people with higher level needs.
- We need to consider what makes these HSCP funded lunch clubs different from others operating across Fife (criteria for HSCP funding) and develop clear expectations for these organisations in terms of being carer aware, trauma informed, able to support with P&E activities as required, able to meet monitoring expectations. This can be done through strengthening SLAs for those who have them, we need to consider how we can support and develop smaller organisations with no SLA in place (under 10K).
- We need to be clear on our definition of a lunch club and that of a day service, and be able to clearly define who these services are designed to support and ensure that referrals are appropriate.
- We need to look at if transport is provided to these services and look at gaps in terms of distance to

- services.
- How can we support Fife Chinese Older People to recruit a volunteer coordinator

Outings/ Activities:

One organisation (Fife Boomerang) is funded to provide activities at a subsidised cost to people with mental ill health. The grant is used to employ a part-time staff member to coordinate activities and to secure office accommodation. Around 26 people access this service

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Boomerang	People with MH	£27,043.76	x	x	x	x	x	x	x

The boxes below provide an overview of the service:

Key Service Features

- Charge to cover cost of trips
- service user input into outings

Linked Local Strategies:

Service User Groups supported:

- Mental Health

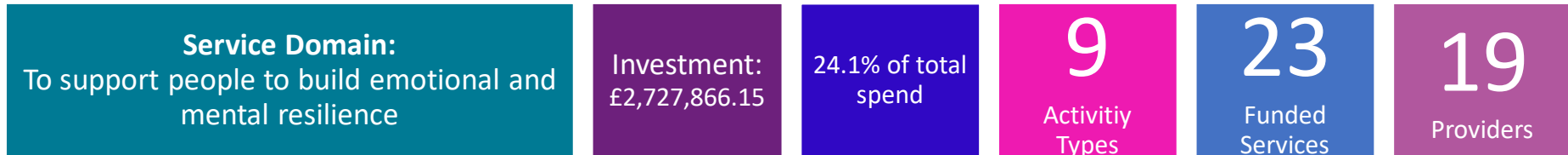
Potential Gaps:

Whilst the organisation, through the activities it coordinates, provides a platform for people to connect with each other, there does not appear to be a focus on supporting recovery or enabling people who use the service to develop confidence, resilience, and skills and therefore there is no clear alignment to the current Mental Health Strategy which commits to funding asset based, person centred recovery-based approach and support focused on improving people’s outcomes, building on their own personal strengths and assets.

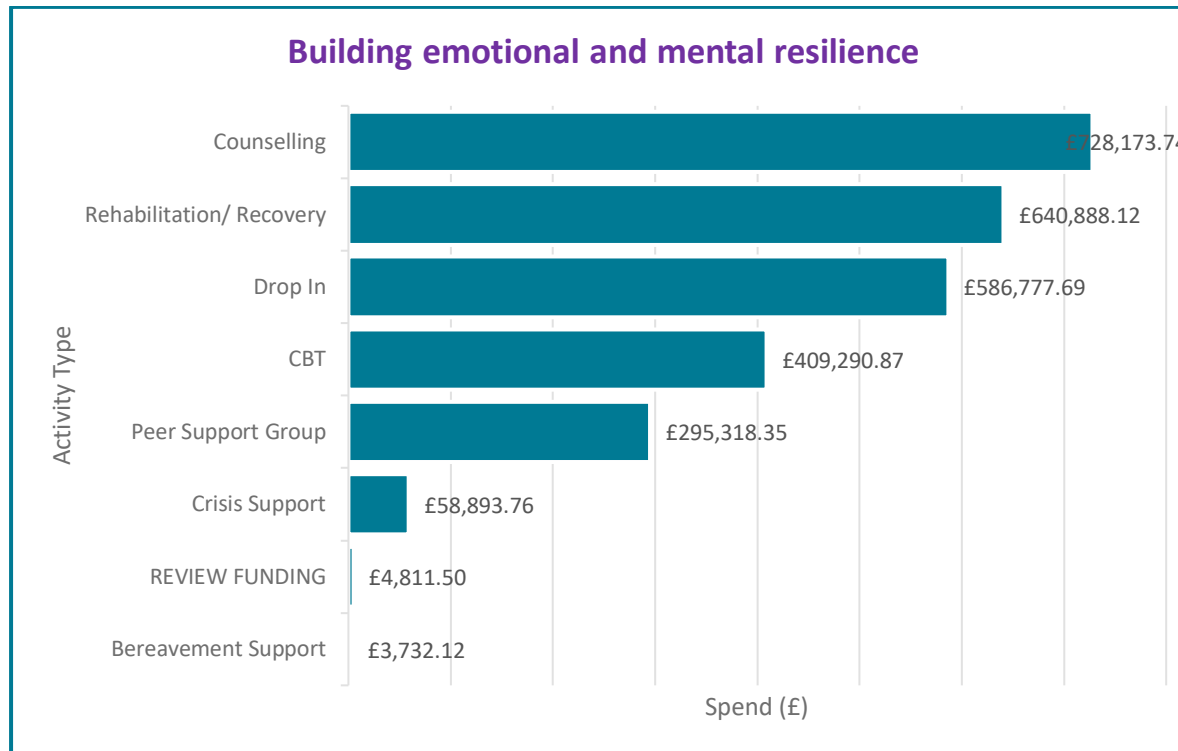


It is recommended that funding for Fife Boomerang is discontinued, and staff/ volunteers are supported to find alternative projects to work with. There are alternative sources of local support e.g. ENERGI, Fife Employment & Access Trust, Castle Furniture, or SAMH (Evergreen, Going Forth projects) which align to our strategic plan and focus on enabling people with mental ill health to set and reach personal goals. Alternatively, the organisation could be supported to reshape services in line with our strategic goals.

Emotional and Mental Resilience



The partnership currently invests over £2.7 million on services to support people to build emotional and mental resilience. This represents around a quarter (24.1%) of the total spend on grant funded services. The graph below shows the types of activity currently funded, the largest spend relates to counselling services.



Mental health and wellbeing is relevant for all of us, whether we have a mental health condition or not. Building emotional and mental resilience is about building the coping mechanisms, strength, and resilience to deal with and recover from challenging life events. These services focus on supporting people who are at higher risk of developing mental health problems either because of characteristics they were born with or experiences they have had (secondary prevention) or helping people with mental ill health to stay well (tertiary prevention). These services are aligned to our Mental Health Strategy which seeks to provide a community based preventative response to mental health

The boxes below provide an overview of these services:

Key Service Features

- Trauma informed practice
- person centred
- human rights/ strengths based approach
- hybrid approach to delivery (face to face, telephone, online)

Linked Local Strategies:

- Carers Strategy
- Mental Health Strategy
- Suicide Prevention Action Plan
- ADP
- Prevention & Early Intervention
- Primary Care

Service User Groups supported:

- Trauma
- Chronic Pain
- Bereavement
- Mental ill health
- Crisis
- Addictions
- Carers

Potential Gaps:

- The Cruse bereavement service is significantly underfunded and currently unable to operate on a Fife-wide basis
- Drop in day support service in all localities (possible part of intended hubs)

The tables below provide an overview of activities provided to support recovery and help people to build resilience

Counselling

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Alcohol Support Service	Addictions, Carer	£137,864.57	x	x	x	x	x	x	x
Fife Rape & Sexual Assault centre	Trauma	£204,694.76	x	x	x	x	x	x	x
Fife Young Carers	Carer	£28,618.00	x	x	x	x	x	x	x
KASP (Kingdom Abuse Survivors Project)	Trauma	£163,759.51	x	x	x	x	x	x	x
Safe Space	Trauma	£153,570.40	x	x	x	x	x	x	x
Talk Matters	Mental Health, Crisis. Low Mental Wellbeing	£39,666.50	x	x	x	x	x	x	x

Rehabilitation/ Recovery

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
FIRST (Community based rehab)	Addictions	£422,763.07	x	x	x	x	x	x	x
FIRST (Residential Rehab)	Addictions	£218,125.05	x	x	x	x	x	x	x

Drop In support

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
ENERGI	Mental Health	£41,580.55			x				
SAMH (Sam's Café)	Mental Health, Crisis	£242,485.25	x	x	x	x	x	x	x
Wheatley Care (Formerly Barony)	Mental Health	£302,711.89		x				x	

Cognitive Behavioural Therapy

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Link Living (Better than well)	Adults who experienced childhood trauma	£397,721.52	x	x	x	x	x	x	x
Pain Association Scotland	People with chronic Pain	£11,569.35	x	x	x	x	x	x	x

Crisis support (telephone)

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Penumbra	Low mental wellbeing/ crisis	£45,806.26	x	x	x	x	x	x	x
Samaritans Dunfermline	Low mental wellbeing/ crisis	£6,543.75	x	x	x	x	x	x	x
Samaritans Kirkcaldy	Low mental wellbeing/ crisis	£6,543.75	x	x	x	x	x	x	x

Peer Support Groups

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Express Group	Mental Health	£142,438.08	x	x	x	x	x	x	x
Change Mental Health (formally Support in Mind)	Mental Health	£152,880.27						x	

Bereavement Support

Cruse bereavement support offers 1-2-1 specialist support and counselling, access to national resources and webchat services and runs support groups in Kirkcaldy, Glenrothes, Methil and Dunfermline. The current level of funding does not cover costs of the support provided. They are part of the national and local bereavement networks, who share knowledge and learning and provide support to bereavement organisations. The Carers Centre has been allocated funding to provide carers bereavement support, intending to run 3 bereavement support groups on an annual basis (8 carers each). It is likely that they don't share the same level of expertise or access to networks. Whilst it is recognised that bereavement support to carers is essential, it is recommended that the carers centre funding is reviewed with a view to opening up to specialist bereavement organisations to apply to deliver this.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Cruse	Anyone struggling with bereavement	£3,732.12		x			x		x
Fife Carers Centre (contribution to core funding)	Carers	£5835.00 (New)	x	x	x	x	x	x	x

Review

This was initially set up as a Test of Change, no contact was made throughout the reimagining process.

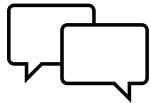
Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
The Autism Network	Autism	£4,811.50	x	x	x	x	x	x	x



Themes for further exploration (Deep dives)

- Explore how the Mental Health SIG can take a more active role in planning, supporting and monitoring services which improve emotional and mental resilience and achieve best value (developing a brief).
- Consider increasing funding for bereavement support to ensure the delivery of a Fife-wide service and specialist bereavement support for carers
- Consider carers centre funding for bereavement support, this service could be delivered by Cruse (or specialist bereavement charity) who can offer a range of specialist bereavement support and provide best value.
- Consider how we monitor quality of various activities i.e., are all counselling services accredited etc

Collaborative Conversations

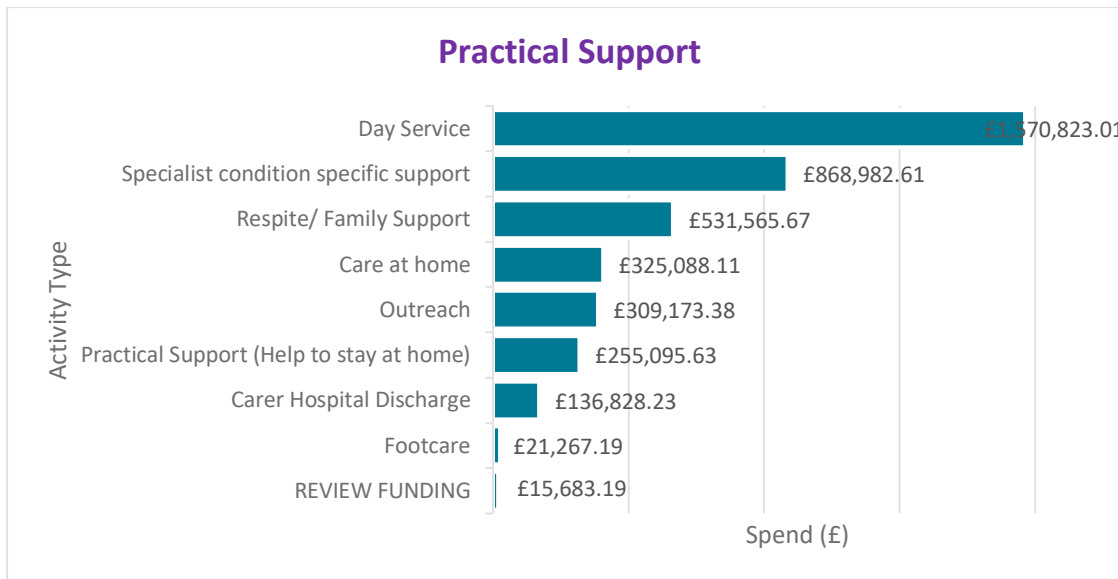


- Collaborative conversations are already underway as part of the Mental Health in Primary Care and Community Settings Project. Information from the dashboard can be used to support those discussions and may shape the way these services operate and collaborate in future. The MH SIG should play an integral role to oversight of these services and development of a brief with a focus on prevention.

Practical Support

<p>Service Domain: To ensure people are safe, supported and enabled to live independent & healthier lives at home.</p>	<p>Investment: £4,034,507.02</p>	<p>35.7% of total spend</p>	<p>8 Activity Types</p>	<p>34 Funded Services</p>	<p>27 Providers</p>
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The partnership currently invests over £4 million on practical support and services to enable people to live well at home, this includes support to carers via day services and respite. The graph below shows the types of activity currently funded, the largest spend relates to day support services.



Practical support enables wellbeing by ensuring that people who are frail or living with long term conditions can live, independently at home (NW2). Additionally, this support is integral to ensuring that carers are supported to look after their own health and wellbeing and are able to balance their caring role with a life of their own through access to regular breaks (NW6).

An overview of activities is provided below:

Day Services

There are 11 organisations offering ‘day care’ type support for frail, older people, or people living with dementia in Fife. Whilst the services provide opportunities for supported people to take part in meaningful activity, they are also of significant importance to carers, enabling a break from their caring role. There are waiting lists for many of these services, and provision varies across localities (there is no provision for Older people in Kirkcaldy). There is often a nominal charge for accessing these services to cover costs for transport and meals, potentially widening health inequalities due to the cost of support. There is currently no mechanism by which to consistently monitor and compare the quality of services (or buildings), level of staff training or experiences of people using services. Greater collaboration is required to determine the core features of ‘day service’, eligibility criteria, and the level of support that organisations can be expected to provide. Organisations report that they are providing services to people with dementia and not Older people who may be benefitting from more active social types of activities delivered through lunch clubs and befriending. We need to review where these services operate and standardise our approach to funding and thresholds.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Abbeyfield Kirkcaldy Society Ltd	Dementia, Carer	£24,244.60		x					
Abbeyview Day Centre	Frailty/ Older people	£120,118.98					x		
Age Concern Cupar	Frailty/ Older people, Dementia, Carer	£66,296.22			x				
Alzheimer Scotland	Dementia, Carer	£551,967.64	x	x	x	x	x	x	x
Arden House	Frailty/ Older people, Dementia, Carer	£196,268.53						x	
Dalgety Bay Day Care Association	Frailty/ Older people	£22,319.92					x		
Day Centre Services Ltd	Dementia, Carer	£33,327.33		x					
Falkland Church Lunch Club	Frailty/ Older people	£1,244.40			x				
Fife Day Care Services Ltd	Frailty/ Older people, Dementia, Carer	£190,350.94	x			x			
Later Life Choices Glenrothes	Frailty/ Older people, Dementia, Carer	£123,199.64							x
RVS	Frailty/ Older people	£42,157.00			x				

Respite/ Family support

Respite is essential in enabling carers to continue in their caring role, a review of respite provision is planned, and is likely to highlight the need for increased provision. All current provision operates Fife-wide.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Autism In Fife	Autism, Carer	£10,846.27	x	x	x	x	x	x	x
Crossroads (Fife Central)	Dementia, End of life, Carer	£482,541.35	x	x	x	x	x	x	x
PAMIS	Learning Disability, Carer/ Families	£38,178.08	x	x	x	x	x	x	x

Outreach

These services provide 1-2-1 support to individuals or families in their own homes (or community location). We need to be clearer within our SLAs what the specific purpose of outreach services are, where they differ from condition specific support, and the reasons for significant variance in funding levels.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Abbeyview Day Centre	Frailty/ Older person	£4,362.50					x		
Alzheimer Scotland	Dementia	£88,822.42	x	x	x	x	x	x	x
Change Mental Health	Carer (direct support)	£117,548.04	x	x	x	x	x	x	x
Fife Young Carers	Young Carers	£83,432.83	x	x	x	x	x	x	x
Sense Scotland	Carer, Learning Disability	£15,097.58	x	x	x	x	x	x	x

Specialist Condition specific support

These organisations provide specialist condition specific support which extends to carers and families. They are ideally placed to offer information, advice and support about the condition of the person cared for and provide training to other organisations. These services also offer access to assistive aids and/or support groups. We need to clearly define the differences between services funded to provide practical (often ongoing support) and those providing information, including signposting to these organisations.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Alzheimer Scotland	Dementia, Carers	£29,136.05	x	x	x	x	x	x	x
PAMIS	Learning Disability, Carers/ families	£55,339.05	x	x	x	x	x	x	x
Quarriers	Epilepsy, Carers	£37,567.43	x	x	x	x	x	x	x
Scottish Huntingtons Association	Huntington's Disease, Carers	£59,302.50	x	x	x	x	x	x	x
Seescape	Sensory Impairment	£356,858.22	x	x	x	x	x	x	x
Sense Scotland	Sensory Impairment and multiple disabilities	£184,836.36	x	x	x	x	x	x	x

Care at home (Marie Curie)

Marie Curie Care service is well established and operates Fife Wide.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Marie Curie Care	End of life care	£325,088.11	x	x	x	x	x	x	x

Practical Support

Fife Shopping and Support service offers practical help such as shopping, light cleaning, making beds etc. It is not currently funded to operate Fife Wide, therefore depending on where you live you may be charged to receive a service which is free in other localities.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Shopping & Support Service	Frailty/ Older People	£108,279.00	x	x	x		x	x	

Carer Hospital Discharge Support

The service provides support and information to carers to increase involvement in discharge planning for the person they care for.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Carers Centre	Carers	£136,828.23	x	x	x	x	x	x	x

Footcare

The footcare service recruits, trains and supports a team of volunteers to provide a toenail cutting service. Whilst the service is valued, it was intended to operate as a social enterprise model and not be reliant on grant funding.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Voluntary Action	All who require	£21,267.19	x	x	x	x	x	x	x

Review

The project coordinator was unable to contact these organisations, letters will be sent out to either confirm service provision or withdraw the grant.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Aberdour Day Care Association	Frailty/ Older people	£6,577.56			x				
Homelands Trust	Carer, dementia, frailty, LD, MH, PD, Sensory Impairment, Autism	£8,828.61	x	x	x	x	x	x	x
Mid-Fife Newstape	Sensory Impairment	£277.02	x	x	x	x	x	x	x

The boxes below provide an overview of these services:

Key Service Features

- Enabling approaches

Linked Local Strategies:

- Carers Strategy
- Mental Health Strategy
- Dementia
- Improving Cancer Journey
- Primary Care
- Prevention and Early Intervention
- Home First

Service User Groups supported:

- Autism
- Carers
- Dementia
- End of life
- Epilepsy
- Learning Disability /PMLD
- Families
- Frailty
- Home from hospital
- Huntingtons
- Mental Health
- Physical and/ or sensory impairment
- socially isolated

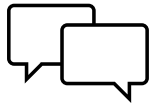
Potential Gaps:

- Fife Shopping and support service are not currently commissioned to operate Fife Wide



Themes for further exploration (Deep dives)

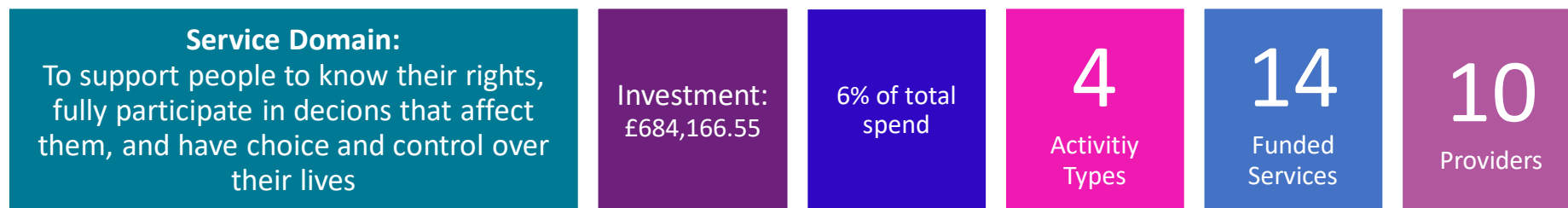
- Fife Voluntary Action Footcare service is vital but was intended to operate as a social enterprise, this should be explored prior to new funding allocation.
- Day services need to be clearly defined with shared expectations around quality, eligibility thresholds and funding. Clear distinction from lunch/ social clubs.
- Respite services- need to increase provision and improve access
- Outreach- these Service Level Agreements require review to clarify service expectations/ funding criteria
- Individual strategic groups will review the information/ dashboard and analyse service provision at a service user level ie support for carers, dementia, learning disability etc.
- Review funding for Fife Shopping and Support with a view to extending services across Fife and linking to Home First.



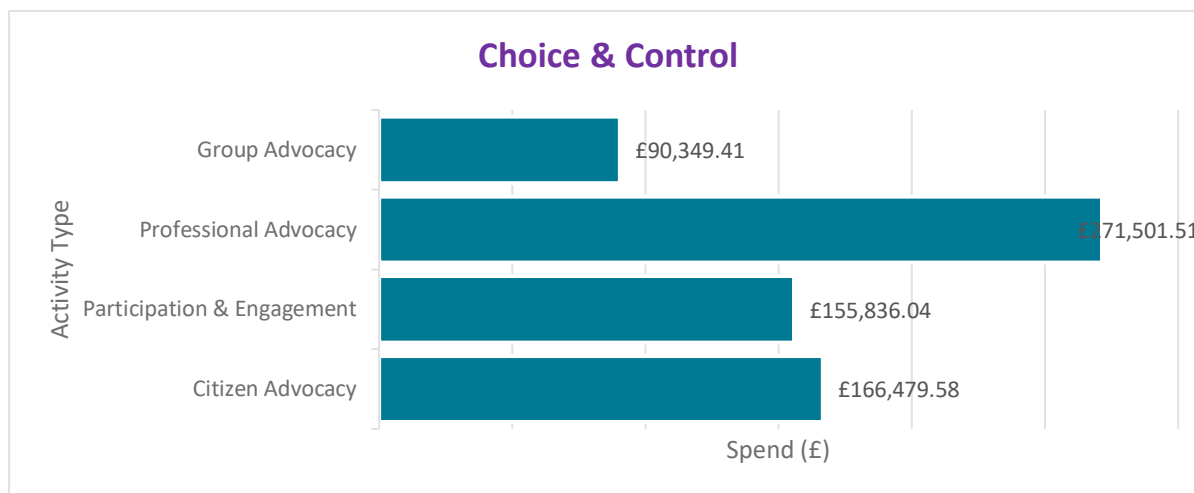
Collaborative Conversations

- We need to develop service briefs that provide clarity over the differences between lunch/social clubs, day centres and respite provision.
- How can we ensure a smooth transition between low level social supports and day services (see RVS and Abbeyview models).

Choice & Control



The partnership currently invests £684,166 on services which support people to make sure that their voices are heard. The JAPG will review this information as part of their planned gap analysis set out in the recently refreshed Advocacy Strategy.



Taking a human rights-based approach is about making sure that people's rights are put at the centre of policies and practices. Everyone has the right to participate in decisions that affect them. Our Independent advocacy services are critical to safeguarding and empowering people to express their views and have their voice heard.

The boxes below provide an overview of these services:

Key Service Features

- Human rights based approach
- Empowering people

Linked Local Strategies:

- Advocacy Strategy
- Participation & Engagement Strategy
- Adult Protection
- Learning Disability Strategy
- Mental Health Strategy

Service User Groups supported:

- Advocacy is provided to vulnerable adults who are affected by disability, chronic illness, dementia, autistic spectrum disorder or mental disorder (including mental health illness, learning disability or personality disorder), and who are unable to safeguard their own well being, rights, care or other interests

Potential Gaps:

- Citizen advocacy for people aged 65+

Activities are summarised below:

Citizen Advocacy

Citizen advocacy is provided by three organisations who between them cover the seven localities in Fife as shown below, all three organisations work with people up to the age of 65 and operate an open referral system, it could be considered if the age restriction should be changed. All three are operating a waiting list but are in contact with people until suitable matches can be made.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Dunfermline Advocacy Initiative	vulnerable adults aged 16-65 who are unable to safeguard their own wellbeing, rights, care or other interests	£89,087.20	x			x	x		
Equal Voice in Central Fife		£36,655.07		x				x	x
IncludeME		£40,737.31			x				

Group Advocacy

People first provides group advocacy to people with Learning disabilities aged over 16 across Fife.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
People First	Learning Disability (All ages)	£90,349.41	x	x	x	x	x	x	x

Professional (Issue based) Advocacy

Professional (Issue based) Advocacy is provided by five organisations who all operate Fife-wide. It is unclear why (or what part) of the Barnardos SLA is linked to HSCP strategy, Children’s provide the rest of the funding for this Service Level Agreement. Fife Carers Centre and Fife Young Carers provide an advocacy service however funding this may conflict with the SIAA principles and standards, this should be considered as part of the Carers Strategy review, an existing advocacy provider i.e., Circles, may be better placed to deliver advocacy support for carers and is already funded to deliver this..

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Barnardo Scotland	Children & Young People	£12,192.48	x	x	x	x	x	x	x
Fife Circles Network	Carer	£119,968.78	x	x	x	x	x	x	x
Fife Forum	Older people/ Care home residents	£22,000.00	x	x	x	x	x	x	x
Fife Young Carers	Young Carer	£77,608.88	x	x	x	x	x	x	x
Kindred Advocacy	Families of children with additional support needs	£39,731.37	x	x	x	x	x	x	x
Fife Carers Centre	Carers	£37,130.34	x	x	x	x	x	x	x

Participation & Engagement Forums

Fife Forum has ‘Older People Action Groups’ set up in several localities (not all 7 although this is the agreement). Could be considered as a group advocacy service for older people or linked to Fife HSCP Participation and engagement strategy. However, the groups function more as social opportunities for older people and given the ask of all funded organisations to contribute to participation and engagement activities where appropriate, it may be beneficial to align this service with other services which contribute to reducing social isolation and loneliness for example social/ lunch clubs, and the criteria for service delivery be made explicit through the development of a brief.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Forum	Frailty/ Older People	£65,146.57		x	x				x

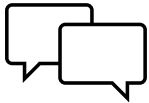


Themes for further exploration (Deep dives)

- Citizen advocacy for people aged 65+ is a potential gap

- Revise Fife Forum component description and realign to social supports, ensure that SLA reflects the areas where groups are operating (Currently not fife wide). Enhance Service Level Agreements to ensure that all services should support partnerships Participation and Engagement Activities as required
- Carer Advocacy post (Fife Young Carers and Fife Carers Centre) is possible duplication- also not reporting to JAPG not monitored in line with SIAA principles and standards (Independent advocacy provides no other services, has no other interests, ties or links other than the delivery, promotion, support & defence of independent advocacy.
- Look at consistency of funding across similar types of service organisation, for example for citizen advocacy should funding be loosely linked to the number of matches (one coordinator can manage around 20 and then another coordinator would be required).

Collaborative Conversations

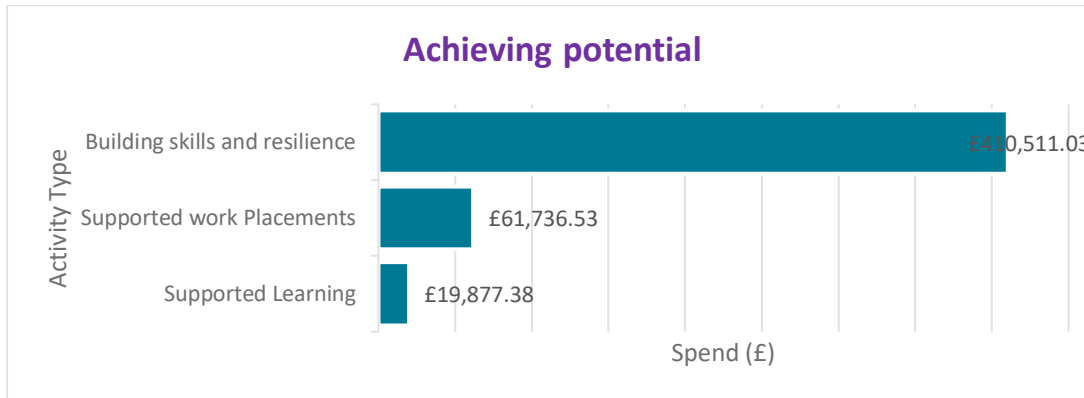


- How can advocacy organisations establish stronger links with opportunities for employment/volunteering?
- Would a shared referral system be beneficial?

Reaching Potential

<p>Service Outcome: To promote social inclusion and enable people to achieve their goals, reach potential, and access opportunities</p>	<p>Investment: £492,124.94</p>	<p>4% of total spend</p>	<p>3 Activity Types</p>	<p>6 Funded Services</p>	<p>5 Providers</p>
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The partnership currently invests £492,124.94 on services to enable people to access social, learning and employment opportunities. The graph below shows the types of activity currently funded.



These services aim to provide support to enable people to flourish, they are grounded in a strengths based approach and fostering a culture where people can recognise and build on abilities and start to believe they can change their lives.

The boxes below provide an overview of these services:

Key Service Features

- Focus on strengths
-

Linked Local Strategies:

- Mental Health
- Autism
- Carers
- Employability

Service User Groups supported:

- Mental Health
- Carers
- Autism

Potential Gaps:

- Castle furniture does not operate Fife-wide- bases in Glenrothes and Cupar.
- No specific service for Learning Disability

Building skills and resilience

There are three organisations who are funded to provide flexible person-centred support to people to enable them to build confidence, resilience, and skills, and make positive steps towards finding meaningful employment. The One stop shop- Scottish Autism provides social skills groups and transitions support (age 14+) to assist people with autism to engage and continue in purposeful education, leisure or employment opportunities. SAMH and Fife Employment Access Trust provide support to people with Mental Health conditions. All services are Fife-wide.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Employment Access Trust	Mental Health	£37,913.02	x	x	x	x	x	x	x
One Stop Shop- Scottish Autism	Autism, families/ carers	£119,096.27	x	x	x	x	x	x	x
SAMH	Mental Health	£253,501.74	x	x	x	x	x	x	x

Supported Learning and work placements

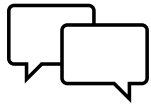
Castle Furniture and LEAD provide supported learning and employment opportunities

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Castle Furniture	Mental Health	£61,736.53			x				x
LEAD-Scotland	Carer, Any disability	£19,877.38	x	x	x	x	x	x	x



Themes for further exploration (Deep dives)

- Potential gap in services for supported work placements for people with mental health, Castle Furniture only operates in NE Fife and Glenrothes. Could similar service models be considered.
- Mental Health SIG to review access to supported learning and work placements for people with mental health
- There are no supported work placements for people with Learning Disabilities- is this a potential gap.



Collaborative Conversations

- How can we ensure that the significance of building skills and resilience is recognised and not just the number of people who gain employment (focus on outcomes)

Information

Service Domain:

To provide quality support and information about local services, housing, benefits, or keeping well to enable people to have the knowledge, confidence and skills, to make positive, informed choices and live the best life possible.

Investment:
£1,560,768.84

13.8% of total
spend

6

Activity
Types

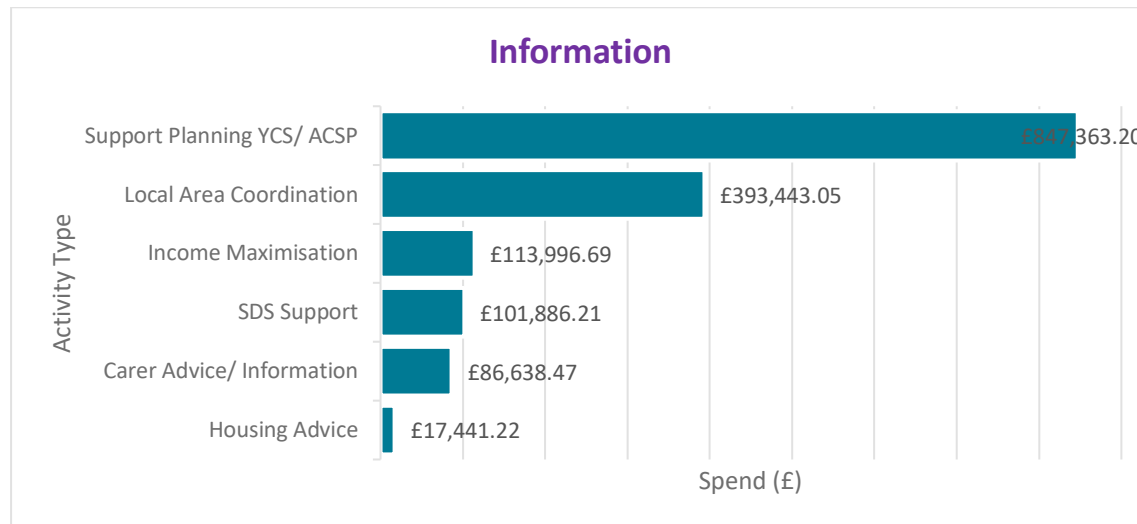
13

Funded
Services

9

Providers

The partnership invests over £1.5 million on services which empower people through information, training and advice to make positive informed choices and live the best life possible. The vast majority of resources are directed towards supporting carers with 8/9 organisations providing carer specific support and information.



Taking an outcome focussed approach means engaging (having good conversations) with the person about what matters to them, what they hope for and what they want to be different in their lives. This approach involves thinking about what role the person themselves might play in achieving their outcomes. These services work with people to identify goals and strengths and finding creative solutions to meet needs and link people with sources of support.

Carer Support Workers

Fife Carers Centre receive over £0.5 million to deliver their core Adult Carer Support Service (they also receive additional funding for Carer Hospital Discharge and Carer befriending). The service has received multiple uplifts to provide support such as advocacy,

bereavement, power of attorney, support for minority ethnic carers, support for carers of people with dementia, sensory impairments, parents of children with ASD/ ADHD. This specialist support is also provided by organisations such as

It should be considered if best value would be achieved by considering specialist organisations to provide condition specific support to carers as opposed to the carers centre, who may be better placed to focus on the needs of the carer through the development of ACSP/YCS (if appropriate). Often carers are signposted to these organisations as part of the specialist support provided.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Carers Centre	Carers	£533,469.16	x	x	x	x	x	x	x
Fife Young Carers	Young Carers	£293,894.04	x	x	x	x	x	x	x

Carer Advice/Information

These organisations operate Fife wide and are funded to provide carers with information and support, there is potential duplication/overlap between these services, outreach, and condition specific services which are also largely directed at supporting carers.

Clarity is required to distinguish these activities from each other and clarify service expectations.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Deaf Blind UK	Carer, sensory impairment	£38,171.98	x	x	x	x	x	x	x
Sense Scotland	Carer, learning disability	£3,817.19	x	x	x	x	x	x	x
Enable	Parents, Carer, learning disability, ASD, ADHD	£22,584.69	x	x	x	x	x	x	x
Link Living	Carer, Autism	£22,064.71	x	x	x	x	x	x	x

SDS Support

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Disabled Persons Housing Service	All	£101,886.21	x	x	x	x	x	x	x

Local Area Coordination

Fife forum provide a Local Area Coordination Service similar to our internal Link Life Fife Service but are able to accept self referrals (not GP referrals as with Link Life Fife).

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Fife Forum		£393,443.05	x	x	x	x	x	x	x

Income maximisation

CARF provides income maximisation service to support carers and people with a cancer diagnosis. The carers Centre is also funded to provide benefits advice to carers, potentially duplicating services.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
CARF	Cancer, Carers	£113,996.69	x	x	x	x	x	x	x

Housing Advice

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
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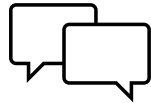
Disabled Persons Housing Service	All	£17,441.22	x	x	x	x	x	x	x
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Themes for further exploration (Deep dives)

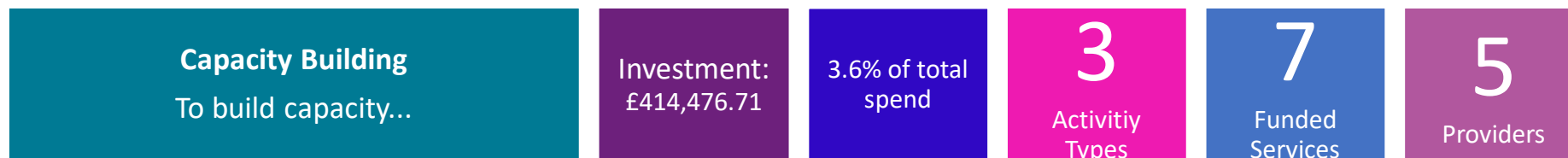
- There are 41 services funded to directly support carers (investment of £3,671,540.68) this excludes respite provision. There is potential duplications and areas which require further exploration particularly with regard to Carer Support Planning (Core services), Outreach services, condition specific information, and carer information.
- Individual strategic leads to review information

Collaborative Conversations

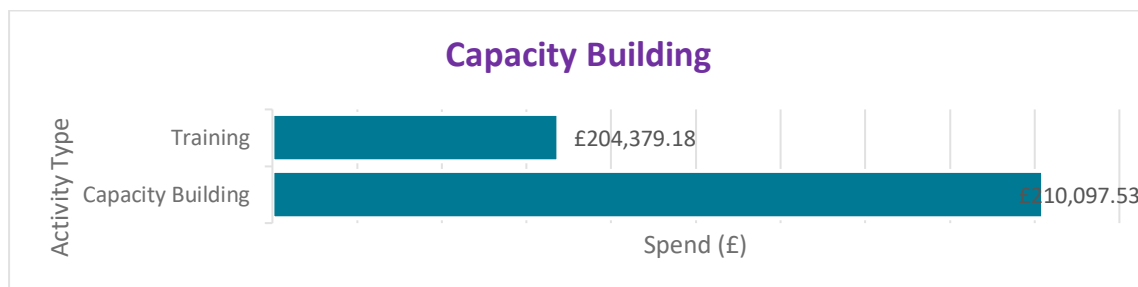


- How can we make it easier for people to access the information that they need?

Capacity Building



FVA receive funding specifically to build and strengthen Third Sector Capacity. Other organisations receive funding to deliver training or raise awareness, thus developing knowledge and skills across Third Sector organisations.



Building capacity is key to the next phase of the reimagining project and will be taken forward by the Commissioning Team/ Strategic Planning Team.

Organisation	Service User Group	Funding (£)	Cowdenbeath	Kirkcaldy	NE Fife	SW Fife	Dunfermline	Levenmouth	Glenrothes
Deaf Blind UK	HSCP Staff, Third Sector Staff	£3,284.96	x	x	x	x	x	x	x
Dementia Services Development Centre	HSCP Staff (social work)	£4,353.78	x	x	x	x	x	x	x
Fife Young Carers	HSCP Staff, Third Sector Staff	£170,538.89	x	x	x	x	x	x	x
One stop shop- Scottish Autism	HSCP Staff, Third Sector Staff	£26,201.55	x	x	x	x	x	x	x






Themes for further exploration (Deep dives)

- The Dementia Services Development Centre is funded to provide Social Work Staff with dementia specific training however this is not being utilised. The service is happy to adapt to any training or

information requirements we may have for example they are able to do sessions with carers. This is a fantastic resource however we need to consider how we are going to use it if we are to continue funding.

- Several Service Level Agreements include a training/ awareness raising element to core funding. To a certain extent this should be evident for all funded services and be a standard element of the Service Level Agreement. However, where specific training is being delivered to build workforce capacity, it is suggested that this is captured as a separate component on the SLA so we are able to see the level of investment and types of training being delivered across Fife, and monitor this appropriately.

Appendix 2: Post Mapping Draft Commissioning Categories: PURPOSE, INTENTION, COMPONENT & OUTCOME

	HIGH LEVEL	PURPOSE	COMMISSION TO	COMPONENTS	FIFERS SAY
	CONNECT	Reducing social isolation and loneliness by providing social clubs and befriending services	Reduce social isolation	Befriending Services Lunch clubs Social cafes Outings/ Activities Community hubs/ drop in	I have as much social contact as I want with people I like
	MENTAL WELLBEING	Building emotional and mental resilience through counselling, psychotherapy, cognitive behavioural therapy, and crisis support	Support people to look after their emotional and mental wellbeing	Drop In Peer Support Groups 1-2-1 support Counselling Psychotherapy/ CBT Crisis support Rehabilitation/ recovery Bereavement Support	I feel good about myself and optimistic about the future
	CHOICE & CONTROL	Enabling people to have choice and control over decisions that affect them by providing advocacy services and opportunities for participation	Support people to know their rights, fully participate in decisions that affect them, and have choice and control over their lives	Advocacy Support Forums/ Participation & Engagement Activities Support Planning YCS/ ACSP Children's Rights Service Carer Hospital Discharge Epilepsy Outreach service* Lived Experience Team	I am supported and empowered to manage my caring role (Carers) I have choice and control over my life I am engaged in the planning and shaping of local services
	ACHIEVE	Enabling people to achieve their goals and reach potential through skills building and access to supported learning, volunteering, and employment opportunities	Support people to take part in meaningful activity	Supported Learning Confidence / skills building Support to access social, leisure, volunteering and paid employment opportunities	I am able to spend my time doing things I value and enjoy
	PRACTICAL HELP	Enabling people to live safe, independent, healthier lives at home through access to digital solutions, adaptations, condition specific/ post diagnostic support and carer respite	Help people feel safe and supported, and live independent and healthier lives at home	Day Service Foot Care Practical support (Shopping, Cleaning, Prescription Delivery, Transport, Meals/ cooking) Equipment/ technology Visual Assessment/ support Carer Respite/ Family Support Care at home*	I feel safe, supported, and have the help I need to live a healthy and independent life
	INFORMATION	To provide quality support and information about local services, housing, benefits, carer support, or keeping well, to enable people to have the knowledge, confidence, and skills to make positive, informed choices.	Provide quality information to enable people to have the knowledge, confidence and skills to manage health conditions and live independent and healthier lives	Income maximisation Housing Advice Carer Advice/ Information Local Area Coordination (LACs) SDS Support Staff Training Condition specific/ post diagnostic support	I have the knowledge, confidence and skills to live the best life possible
	BUILDING CAPACITY	Increasing workforce skills, awareness of support, and building community capacity	Build capacity (skills and knowledge) within communities and wider workforce		I have the skills and knowledge to support the people of Fife



Meeting Title:	IJB
Meeting Date:	29 September 2023
Agenda Item No:	8.1
Report Title:	Membership of Integration Joint Board
Responsible Officer:	Nicky Connor, Director Fife Health & Social Care Partnership
Report Author:	Vanessa Salmond, Head of Corporate Services

1 Purpose

This Report is presented to the Board for:

- Noting.

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Report Summary

2.1 Situation

This report is provided to advise Members of changes in the Voting and Stakeholder Membership of the Integration Joint Board.

2.2 Background

The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 sets out the legislation for Membership of Integration Joint Boards and that there should be an equitable number of Voting Members for each of the constituent authorities around the Integration Joint Board.

Any future changes in IJB membership will be conveyed to members via a formal report to the Integration Joint Board.

2.3 Assessment

In the Fife Integration Scheme the constituent authorities opted for 8 Voting Members each.

In May of this year, Colin Grieve, non-executive member, NHS Fife, was appointed as a voting member of the IJB.

In August, Dr Jackie Drummond also joined the IJB as a Professional Advisor (non-voting) in the capacity of non-GP medical representative.

In September, Cllr David Graham stood down from his voting membership role of the IJB.

Cllr Graeme Downie has been appointed as Vice Chair of the IJB.

At the time of writing this report we are awaiting confirmation from Fife Council of a further member to join the IJB to bring membership to full complement.

Wilma Brown, Employee Director, NHS Fife, intimated that she will stand down from her voting membership of the IJB with effect from 1 October 2023; a replacement will be advised in due course.

Simon Fevre, Staff Side Stakeholder representative (non-voting) will stand down from his IJB membership with effect from mid-October 2023; a replacement will be advised in due course.

2.3.1 Quality / Customer Care

There are no quality/customer care implications to this report.

2.3.2 Workforce

There are no workforce implications to this report.

2.3.3 Financial

There are no financial impacts associated with this report.

3.3.4 Risk / Legal / Management

There are no Legal implications for this report.

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Environmental / Climate Change

There are no environmental/climate change impacts associated to this report.

2.3.7 Other Impact

No other impacts anticipated from this report.

2.3.8 Communication, Involvement, Engagement and Consultation

The contents of this report have been shared with the Chief Officer and Chair of the Integration Joint Board.

3 Recommendation

Based on the information provided within this report, IJB members are asked to **note**:

- Colin Grieve was appointed as a voting member of the Board in May 2023;
- Dr Jackie Drummond was appointed to the Board as a Professional Advisor (Non-GP Medical representative (non-voting)) in August 2023;
- Cllr David Graham has stood down as a member with effect from September 2023;
- Cllr Graeme Downie is appointed Vice-Chair with effect from September 2023;
- Confirmation is awaited from Fife Council of a further member to join the IJB;
- Wilma Brown will be standing down from her voting membership of the IJB with effect from 1 October 2023, a replacement will be advised in due course;
- Simon Fevre, Staff Side Stakeholder representative (non-voting) will be standing down from his IJB membership with effect from mid-October 2023; a replacement will be advised in due course.
- IJB Members would like to formally record thanks and welcome new members to the Board.

4 List of Appendices

There are no appendices to this report.

5 Implications for Fife Council

Fife Council are currently holding reserves on behalf of the IJB.

6 Implications for NHS Fife

No implications for NHS Fife.

7 Implications for Third Sector

No implications for the Third Sector.

8 Implications for Independent Sector

No implications for the Independent Sector.

9 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2023
Agenda Item No:	8.2
Report Title:	IJB Records Management Annual Report 2023
Responsible Officer:	Audrey Valente, Chief Finance Officer
Report Author:	Avril Sweeney, Manager (Compliance)

1 Purpose

This Report is presented to the Board for:

- **Assurance** – The report provides evidence to substantiate that progress towards completion of the agreed Records Management Action Plan is on track to be delivered by 2024.

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

- 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:

- They key alignment is Outcomes and Integration.

2 Route to the Meeting

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

- Senior Leadership Team
- Audit and Assurance Committee – 13 September 2023, where members were content with the assurance provided.

3 Report Summary

3.1 Situation

The Public Records (Scotland) Act 2011 requires named authorities, including Fife Integration Joint Board (IJB), to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. The RMP must clearly describe the way the authority cares for the records that it creates, in any format, whilst

carrying out its business activities. The RMP must be agreed with the Keeper of the National Records of Scotland and regularly reviewed.

In September 2019 the Keeper agreed a final version of the IJB RMP and a supporting three-year Action Plan 2019–2021. Redeployment of resources during the coronavirus pandemic delayed some records management activities, and the Action Plan was extended to 2024. This is within tolerance, and the National Records of Scotland were advised of, and approved, the extended timescales.

In September 2022 the Keeper invited the IJB to complete a Progress Update Review (PUR). This is a voluntary submission to the National Records of Scotland with an update on each of the elements in the Records Management Plan.

This is the third Records Management Annual Report for the IJB, and it includes the completed PUR which was assessed by the National Records of Scotland in April 2023.

3.2 Background

The IJB Records Management Plan includes 14 elements:

1. Senior management responsibility
2. Records manager responsibility
3. Records management policy statement
4. Business classification
5. Retention schedules
6. Destruction arrangements
7. Archiving and transfer arrangements
8. Information security
9. Data protection
10. Business continuity and vital records
11. Audit trail
12. Records management training for staff
13. Assessment and review
14. Shared information

Each element has specific requirements, these are used by NRS to assess whether the IJB is meeting its legislative requirements under the Public Records (Scotland) Act. There are three potential outcomes for each element:

Red	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
Amber	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that the Keeper is convinced of the authority's commitment to close a gap in provision. She will request that she is updated as work on this element progresses.

Green	The Keeper agrees this element of an authority's plan.
-------	--

In September 2019 the Keeper's assessment of the IJB RM Plan included:

- Green x 10
- Amber x 4
- Red x None

This was a very positive assessment for a first RMP submission and an acknowledgement of the good records management practice already established within the IJB. This first report is available on the National Records of Scotland website at the following link [Fife Integration Joint Board Assessment Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/fife-integration-joint-board-assessment-report)

The IJB Action Plan 2019–2024 includes activities that will progress the four amber elements to a green status whilst maintaining the positive performance already achieved in other areas.

The PUR provides a progress update for each element as of December 2022.

NRS publish the PUR reports for all public bodies on their website, this is the link: <https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/progress-update-review-pur-assessment-reports>

3.3 Assessment

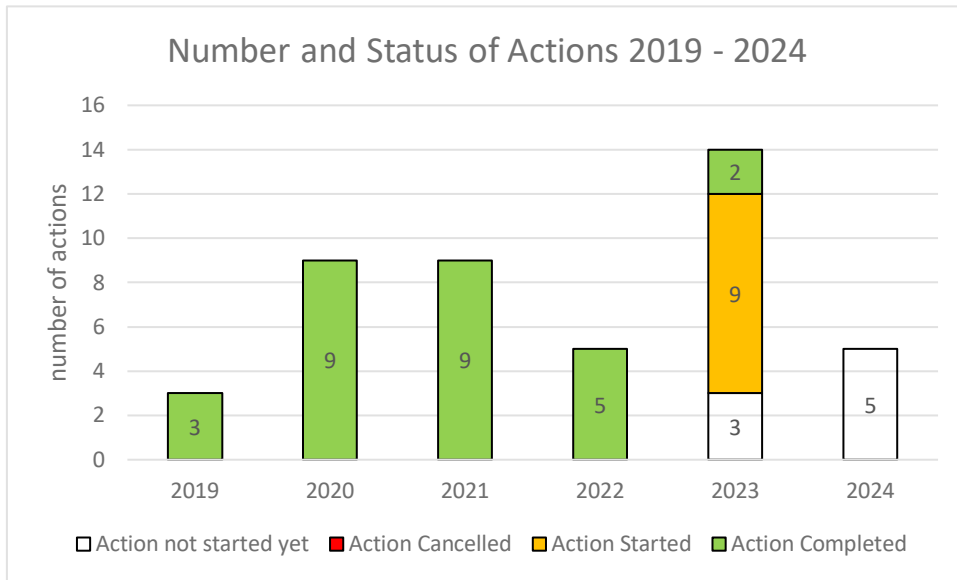
The full current IJB Action Plan 2019–2024 is included in Appendix 1. The Action Plan contains a number of actions for each year. Some activities may be repeated annually, for example the review and update of the IJB Records Management Policy, and the annual data protection registration process with the Information Commissioner's Office (ICO). Other actions involve larger projects which require significant input and resources to complete, for example migrating all IJB records into a new online SharePoint site. Large projects may also require input from partner agencies, for example Fife Council IT Services (BTS) provide the technical infrastructure for the online SharePoint site.

All actions are regularly assessed, and the Action Plan is updated using RAG criteria:

Key	
No colour	Action not started yet
Red	Action Cancelled
Amber	Action Started
Green	Action Completed

Some actions have been delayed due to resource re-allocation during the Covid-19 pandemic, however no actions have been cancelled. This is the current status of actions in the Action Plan.

Action Status	2019	2020	2021	2022	2023	2024
Action not started yet					3	5
Action Cancelled						
Action Started					9	
Action Completed	3	9	9	5	2	



Graph 1: IJB records management actions completed, started and planned.

Key achievements during 2021 and 2022 include:

- First Records Management Annual Report presented to the IJB in January 2021.
- A SharePoint site was designed and built for the IJB’s digital records. This site was made available to colleagues in Fife Council and NHS Fife in November 2021. This activity included several related actions including reviewing and updating the IJB Business Classification Scheme and Retention Schedule.
- Migration of digital records held in partner systems to the IJB SharePoint site. Migration from Fife Council systems is complete, and work is currently underway to migrate from NHS Fife systems. (This action is expected to be completed within 2023).
- Progress Update Review provided to the National Records of Scotland in December 2022.

Outstanding actions from previous years are moved forward into the following year(s). It is expected that although some activities have been delayed, all of the planned actions will be completed within the timescale of the current Records Management Plan (i.e. 2019 to 2024).

New activities may be included for 2024 to reflect changes in the way that the IJB now collects, holds and shares, digital information and records. For example, increased use of online meetings and web-hosted services.

Statement from National Records of Scotland (Appendix 2 – PUR 2022):

‘Fife Integration Joint Board continues to take its records management obligations seriously and is working to bring all elements into full compliance’.

‘Based on the progress update assessment the Assessment Team considers that Fife Integration Joint Board continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper’s expectations’.

The Keeper of the Records of Scotland expects formal resubmission of Records Management Plans every five years. The next submission of the IJB RM Plan is due by September 2024.

The next Records Management Annual Report for the Integration Joint Board is expected in 2024.

3.3.1 Quality / Customer Care

Improved recordkeeping ensures that relevant and up-to-date information, is available to authorised colleagues in an easily accessible format. This supports effective service delivery.

3.3.2 Workforce

Migrating all IJB records into a single, well-structured, digital repository, reduces the time and resources required by employees to locate and retrieve information when required. Additional SharePoint training is available to colleagues on demand.

3.3.3 Financial

The management of IJB records, and any process improvements which are required, will continue to be resourced from existing budgets.

No additional financial impact is anticipated

3.3.4 Risk / Legal / Management

There is a legislative requirement for the IJB to deliver and implement an appropriate Records Management Plan which sets out proper arrangements for the management of its records.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

Having the IJB records in a single, well-structured, digital repository has a positive impact on resource efficiency. Documents are available digitally thus reducing the need to print and reducing waste.

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

3.3.7 Other Impact

All primary IJB records are held digitally, and work is ongoing to reduce the use of secondary, paper-based copies of documents.

3.3.8 Communication, Involvement, Engagement and Consultation

- Information Governance Teams working for HSCP, Fife Council and NHS Fife.
- The IJB Progress Update Review 2022 has been reviewed and approved by the National Records of Scotland.

4 Recommendation

Assurance – The Integration Joint Board are asked to be assured that activities associated with the IJB Records Management Plan and associated Action Plan are being progressed.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 - Action Plan 2019–2024

Appendix 2 – IJB RM Progress Update Review December 2022

6 Implications for Fife Council

IJB records are now held digitally on Fife Council's SharePoint platform.

7 Implications for NHS Fife

During 2023 any IJB records held on NHS Fife systems will be migrated to the IJB SharePoint site. A process has been set up for NHS Fife colleagues to request/remove access to the SharePoint site.

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

10 Directions Required to Fife Council, NHS Fife or Both

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

11 To Be Completed by SLT Member Only

Lead	Audrey Valente
Critical	
Signed Up	
Informed	

Report Contact

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Author Job Title: Manager (Compliance)

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IJB - Records Management Action Plan 2019 - 2024

2019							
Ref. No.	Source of Action	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2019.01	B31&32/19 (NHS Fife Audit) - Rec. 4	Remove barriers to data sharing and information access	Provide loan of an NHS Fife laptop to the HSCP Compliance Team to enable direct access to HSCP information in Datix, HSC Portal, Cherwell, Intranet and NHS Email	Action Completed.	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	30/08/2019	Action Completed.
2019.02	IJB5 (FC Audit) - Rec. 2	IJB should implement the Records Management Plan regarding the use of SharePoint EDRMS	Set up an interim file hierarchy for all IJB records on the Council's network drive	File hierarchy set up - migration underway. Action completed.	IJB Records Manager - LG	31/08/2019	Action Completed.
2019.03	RM Plan - Element: 9	Renew 2019 IJB Registration with the ICO	Arrange annual payment	Action Completed.	IJB Chief Officer - NC	10/12/2020	Payment approval not progressed to Finance Team in 2019 - issue identified in October 2020 and payment made December 2020.
2019.07	B31&32/19 (NHS Fife Audit) - Rec. 4	Strategic Information Governance risks to NHS Fife associated with the HSCP working arrangements should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level tolerable by NHS Fife	Relevant risks will be recorded on the NHS Fife Risk Register together with current and planned joint mitigations	Action Completed	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	31/10/2021	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 2021.
2019.08	B31&32/19 (NHS Fife Audit) - Rec. 4	Strategic Information Governance risks to NHS Fife associated with the HSCP working arrangements should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level tolerable by NHS Fife.	Relevant risks will be updated on the IJB Risk Register together with current and planned joint mitigations	Risk are already included in the Register and are due for review by 31/12/2019. Action Completed.	HSCP Manager - Risk Compliance - AS	31/12/2019	Action Completed.
2019.10	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies - delayed due to resource re-allocation during Covid -19 pandemic.
2019.11	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Completed.	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies - delayed due to resource re-allocation during Covid -19 pandemic.
2019.14	B31&32/19 (NHS Fife Audit) - Rec. 4	Develop Data Processing Agreements to support data sharing arrangements across the HSCP	Create DPA NHS Fife (Controller) and Fife Council (Processor)	Action Completed.	FC - DPO - FS	31/12/2021	DPA with FC (Controller) and NHS Fife (Processor) signed on 7/7/2018. DPA with NHS Fife (Controller) and FC (Processor) signed on 12/05/2021.
2019.15	B31&32/19 (NHS Fife Audit) - Rec. 4	Develop Data Processing Agreements to support data sharing arrangements across the HSCP	Create DPA for NHS Fife (Processor) and IJB (Controller)	Action Completed.	IJB Records Manager - LG	05/11/2020	Delayed due to resource re-allocation during Covid -19 pandemic. Action now completed.
2019.16	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action postponed to December 2020.	IJB Chief Officer - NC	29/01/2021	Delayed due to resource re-allocation during Covid -19 pandemic. Rescheduled to December 2020.
2020							
Ref. No.	Source	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2020.01	IJB5 (FC Audit) - Rec. 2	IJB should implement the Records Management Plan regarding the use of SharePoint EDRMS	Once the O365 SharePoint EDRMS is available IJB records will be migrated to this system	Action Completed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	30/11/2021	Migrate IJB records to SharePoint solution. Delayed due to resource re-allocation during Covid -19 pandemic. Completed 30/11/2021
2020.02	IJB5 (FC Audit) - Rec. 3	IJB (as data controller) should develop a Data Processing Agreement with Fife Council (as data processor)	An appropriate Data Processing Agreement will be developed between IJB (Data Controller) and Fife Council (Data Processor). This will include arrangements for the destruction or return of IJB records as required	Action Completed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	05/11/2020	See Actions 2019.14 and 2019.15
2020.03	IJB5 (FC Audit) - Rec. 4	All IJB Board Members should attend appropriate Information Governance training relating to IJB needs	Complete Skills Matrix, produce IG Training Action Plans, complete IG training	All IJB Committees have completed a Skills Matrix and are currently working on their Action Plans. Action Completed.	HSCP Head of Corporate Services - NA	31/01/2020	Action Completed.
2020.04	RM Plan - Element: 6	Introduce automated retention / disposition process	Utilise the Council's O365 solution to set-up appropriate retention schedules	Action Completed.	IJB Records Manager - LG	30/11/2021	Initially delayed due to resource re-allocation during Covid -19 pandemic.
2020.07	RM Plan - Element: 9	Renew 2020 IJB Registration with the ICO	Arrange annual payment	Action Completed	IJB Chief Officer - NC	10/12/2020	ICO set up as supplier in Oracle and payment made.
2020.08	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies

Key	
No colour	Action not started yet
Red	Action Cancelled
Amber	Action Started
Green	Action Completed

2020.09	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Completed	IJB Records Manager - LG	05/11/2020	Ensure alignment with any legislative changes and updates to partner policies
2020.11	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Completed.	IJB Chief Officer - NC	29/01/2021	Annual Report provided to Clinical and Care Governance Committee.
2020.12	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Completed.	IJB Records Manager - LG	29/01/2021	Annual Report provided to Clinical and Care Governance Committee.
2021							
Ref. No.	Source	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2021.02	RM Plan - Element: 9	Renew 2021 IJB Registration with the ICO	Arrange annual payment	Action Completed.	IJB Chief Officer - NC	09/11/2021	Action Completed.
2020.07	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Completed.	IJB Records Manager - LG	31/12/2021	Action Completed.

2022 - 2023							
2019.04	RM Plan - Element: 12	Records Management Training	Collate a centralised list of the NHS Fife systems utilised by the HSCP and the number of Fife Council employees currently accessing these systems	Survey has been sent out to all employees in HSCP and will close on 28/4/23.	IJB Records Manager - LG	30/06/2023	Once collated the central list will be utilised to assess current system access processes, and develop and update these as required. Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/23. List of systems has been produced via the survey - work ongoing to identify employees. This will need to be extended
2019.05	RM Plan - Element: 12	Records Management Training	Review training requirements of HSCP staff accessing NHS Fife systems and identify any gaps	Analysis of the survey has been undertaken. This will be shared with partner bodies	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	30/06/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended
2019.06	RM Plan - Element: 12	Records Management Training	Develop a Training Plan for HSCP staff accessing NHS Fife systems to address any gaps identified	Training is available from the partner bodies for relevant systems. Using the survey a signposting document is in development to signpost staff to the relevant training offerings from each partner body	HSCP Manager - Risk Compliance - AS	30/06/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended
2019.09	B31&32/19 (NHS Fife Audit) - Rec. 4	Improve processes for managing employees starter / leaver process within HSCP	Develop an interim process for starters / leavers to ensure that partner bodies are notified of relevant staff changes and can edit or remove system access when required	Process in place for access to/termination from IJB systems. Written process to be circulated. Liaising with HR and BTS teams in both organisations to integrate processes	IJB Records Manager - LG	30/06/2023	The interim processes will be amalgamated with HR processes in the relevant partner body. Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended
2019.12	IJB5 (FC Audit) - Rec. 1	IJB written procedures for how it engages with FC/NHS information systems should include obtaining assurance that staff changes, and other access to information, is properly controlled	IJB Chief Officer will contact the partner agencies to request an appropriate update to their HR employee leaving processes	Email sent to Elaine Jordan Fife Council HR and Susan Young NHS HR - 6/4/23. FC and NHS have acknowledge gap and working on this.	IJB Chief Officer - NC	31/03/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 31/03/2023.
2019.13	IJB5 (FC Audit) - Rec. 1	IJB written procedures for how it engages with FC/NHS information systems should include obtaining assurance that staff changes, and other access to information, is properly controlled.	IJB will develop a process for managing the notifications received from the partner bodies and removing system access to IJB data	Process in place for access and termination to/from IJB systems. Written process to be agreed and circulated.	IJB Chief Officer - NC	30/06/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended
2020.10	IJB5 (FC Audit) - Rec. 4	An Information Audit process to generate an Information Asset Register supported by written procedures, including for information sharing e.g. for provision and receipt of assurance with FC and NHS Fife should be introduced and kept up-to-date	An Information Asset Register (based on the BCS) will be developed and supported by documented procedures	Information Asset Register has been drafted	Chief Finance Officer - AV	30/09/2023	Delayed due to resource re-allocation during Covid -19 pandemic.
2020.05	RM Plan - Element: 5	Introduce automated retention / disposition process	Review and update the IJB Retention Schedule	Fife Council migration is complete and work has started on NHS Fife migration	IJB Records Manager - LG	31/12/2023	Delayed due to resource re-allocation during Covid -19 pandemic.

2020.06	RM Plan - Element: 7	Transfer of historical records	Set up formal archiving agreement with the Council's Archive Service	Agreement sent to Fife Cultural Trust for signing	Chief Finance Officer - AV	30/04/2023	Delayed due to resource re-allocation during Covid -19 pandemic. Agreement sent to Fife Cultural Trust for signature
2021.01	RM Plan - Element: 4	Review IJB BCS and retention schedule	Review and update documents as required	Action Complete	IJB Records Manager - LG	31/03/2023	Delayed due to resource re-allocation during Covid -19 pandemic.
2021.03	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Complete	IJB Records Manager - LG	30/06/2022	Action Completed.
2021.04	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Complete	IJB Records Manager - LG	30/06/2022	Action Completed.
2021.05	RM Plan - Element: 7	Transfer of historical records	Utilise the Council's digital archive to store and manage IJB records selected for permanent preservation		IJB Chief Officer - NC	31/12/2023	Dependent on implementation of appropriate digital archive.
2021.06	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Complete	IJB Chief Officer - NC	30/06/2022	Action Completed.
2022.01	RM Plan - Element: 9	Renew 2021 IJB Registration with the ICO	Arrange annual payment	Action Complete	IJB Chief Officer - NC	31/12/2022	Action Completed.
2022.02	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Complete	IJB Records Manager - LG	31/12/2022	Action Completed.
2022.03	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures		IJB Chief Officer - NC	31/03/2023	Action
2023.01	RM Plan - Element: 9	Renew 2023 IJB Registration with the ICO	Arrange annual payment		IJB Chief Officer - NC	31/12/2023	Current up to 14/12/23
2023.02	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan		IJB Records Manager - LG	31/12/2023	
2023.03	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures		IJB Chief Officer - NC	31/03/2024	
2024							
2024.01	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required		IJB Records Manager - LG	30/06/2024	
2024.02	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review		IJB Records Manager - LG	30/06/2024	
2024.03	RM Plan - Element: 9	Renew 2021 IJB Registration with the ICO	Arrange annual payment		IJB Chief Officer - NC	31/12/2024	
2024.04	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan		IJB Records Manager - LG	31/12/2024	
2024.05	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures		IJB Chief Officer - NC	31/03/2025	

The Public Records (Scotland) Act 2011

Fife Integration Joint Board

Progress Update Review (PUR) Report by the PRSA Assessment Team

06 April 2023

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1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for Fife Integration Joint Board. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

Fife Integration Joint Board (the Board) is responsible for the planning, oversight and delivery of health and social care integrated functions for Fife.

The Board's Integration Scheme sets out the functions which are delegated by Fife Health Board (NHS Fife) and Fife Council to the IJB.

The Board operates as a body corporate (a separate legal entity), acting independently of NHS Fife and Fife Council. The Board consists of sixteen voting members appointed in equal number by NHS Fife and Fife Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The Board is advised by a number of professionals including the Chief Officer, Chief Finance Officer, Associate Nurse Director, Medical Practitioner Representatives, and Chief Social Work Officer.

The key functions of the Board are:

- Overseeing the development and preparation of the Strategic Plan for services delegated to the Board.
- Allocating resources in accordance with the Strategic Plan
- Ensuring that the national and local Health and Wellbeing Outcomes are met.

5. Assessment Process

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

Key:

G	The Assessment Team agrees this element of an authority's plan.	A	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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6. Progress Update Review (PUR): Fife Integration Joint Board

Element	Status of elements under agreed Plan 19SEP19	Progress review status 28FEB22	Progress review status 06APR23	Keeper's Report Comments on Authority's Plan 19SEP19	Self-assessment Update 21DEC21	Progress Review Comment 28FEB22	Self-assessment Update as submitted by the Authority since 28FEB22	Progress Review Comment 06APR23
1. Senior Officer	G	G	G	Update required on any change.	No change: Ms Nicky Connor, Chief Officer of Fife Integration Joint Board is the Senior Officer and has senior management responsibility for all aspects of records management within the Board.	The Assessment Team thanks you for keeping us up to date on the authority's senior officer. Update required on any future change.	No change: Ms Nicky Connor, Chief Officer of Fife Integration Joint Board is the Senior Officer and has senior management responsibility for all aspects of records management within the Board.	Thank you for letting the Assessment Team know that there have been no changes to this Element.
2. Records Manager	G	G	G	Update required on any change.	No change: Ms Lesley Gauld, Information Compliance Manager for Fife Health and Social Care Partnership continues to have day-to-day operational responsibility for records management within the Board.	Thank you for letting us know that Ms Gauld remains the authority's Records Manager. Update required on any change.	Change to Records Manager now Avril Sweeney, Manager Risk Compliance. Avril reports to Audrey Valente, Chief Finance Officer, Fife Integration Joint Board. Avril is now supported	Thank you for this update which has been noted. Update required on any future change to Records Manager.

					Change to reporting structure: Ms Gauld now reports to Ms Audrey Valente, Chief Finance Officer, Fife Integration Joint Board.		by two HSC Compliance Officers, Cathy Henderson and Denise Paterson.	
3. Policy	G	G	G	Update required on any change.	<p>No change: the Records Management Policy is available on the HSCP website: https://www.fifehealthandsocialcare.org/data/assets/pdf_file/0/032/188276/IJB.001-Fife-IJB-Records-Management-Policy-2.0.pdf</p> <p>The Policy will be reviewed in Spring 2022.</p>	<p>The Team thanks you for this update and acknowledges the receipt of Fife IJB Records Management Policy.</p> <p>It is positive that the annual review, while slightly delayed, is taking place imminently.</p>	<p>The IJB Records Management Policy was reviewed and approved in November 2022. The updated document is available on the HSCP Website https://www.fifehealthandsocialcare.org/data/assets/pdf_file/0025/428821/Fife-IJB-Records-Management-Policy-V3.0.pdf</p>	<p>Thank you for confirming that the Fife IJB Records Management Policy is being kept up to date. Thank you also for providing a link to the document.</p> <p>Update required on any future change.</p>
4. Business Classification	A	A	A	The Further Development section of this Element states that the structure of the BCS will be imposed onto an area of Fife Council's SharePoint system. All Board records will over time be migrated to this	The Fife IJB SharePoint site has been created and was made available to relevant colleagues on 30 th November 2020.	It is encouraging to hear that the planned SharePoint site is now available to use within the IJB, and that this is	Migration of IJB content from Fife Council network drives is now complete.	Thank you for this positive update; it is great to hear that migration of IJB files from Council network

				<p>system, which will include a document storage site and a bespoke tool for creating and managing records of committee meetings. A screenshot of the SharePoint test site has been submitted (evidence 4.2) showing how the proposed new system will look. This work is dependent upon the allocation of Fife Council resources and has a provisional timescale for completion of December 2019. The Keeper understands that timescales can slip due to other priorities but requests that he is kept informed of the progress of this piece of work.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the Board has identified an improvement to its recordkeeping arrangements (the consolidation of Board records into a single area of Fife Council's SharePoint system) and has outlined the proposed timescales for completion. This agreement is dependent upon the Keeper being kept informed on the progress of this work.</p>	<p>The site mirrors the IJB Business Classification Scheme.</p> <p>Migration of IJB content from Fife Council network drives has started, this work is expected to be completed by February 2022.</p> <p>Migration of content from NHS Fife network drives will follow, this work is expected to be completed by December 2022.</p>	<p>reflected in the IJB's Business Classification Scheme. The migration of content from network drives is a major but necessary undertaking, and it is good to hear that this process is expected to be completed by the end of 2022.</p> <p>As the migration of IJB records to Fife Council's SharePoint is ongoing, this element will remain at Amber. We look forward to updates on how this progresses in consecutive PURs.</p>	<p>Migration of content from NHS Fife network drives has been delayed due to operational priorities resulting from the ongoing coronavirus pandemic. Completion now expected by December 2023.</p>	<p>drives has been completed. While a similar project concerning NHS Fife files remains ongoing, it is clear that Fife IJB is continuing to make progress.</p> <p>This Element will remain at Amber while the work is ongoing. We look forward to being updated on progress in subsequent PURs.</p>
	A	A	A	The Board will migrate all of its records, currently	The IJB Retention Schedule was	The Assessment Team welcomes	Due to redeployment of	Thank you fo providing this

5. Retention Schedule				<p>managed by both Fife Council and NHS Fife, on to Fife Council's SharePoint system. This should allow these records to be managed easier in the single location and should allow the easier appliance of retention actions at the appropriate time.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a long term solution for effectively managing the retention of its records (migration to Fife Council's SharePoint system) and will be working towards implementation in the near future. The Keeper requests that he is kept informed of the progress of this work.</p>	<p>reviewed and updated prior to the creation of the IJB SharePoint site (see additional comments in Element 4 above).</p> <p>A further review of the Retention Schedule will be completed once all of the records held in the NHS Fife network drives have been migrated, this work is expected to be completed by December 2022.</p>	<p>this update on records retention schedule review.</p> <p>As the IJB is currently undertaking the lengthy process of migrating its records to SharePoint, this element will remain at Amber. The Assessment Team look forward to hearing how this progresses, and the project's implication on records retention procedures, in consecutive PURs.</p>	<p>staff this work has been delayed. Following the successful recruitment in December 2022 of Cathy Henderson, HSC Compliance Officer to support records management activities, this work will now be completed during 2023.</p>	<p>update on retention schedule arrangements. It is good to hear that the completion of the migration project is due to be completed by the end of this year.</p> <p>This Element will remain at Amber, but the Team looks forward to being updated on the project in the next PUR.</p>
6. Destruction Arrangements	G	G	G	Update required on any change.	No change.	Update required on any change.	No change.	Update required on any future change.
7. Archiving and Transfer	A	A	A	<p>As the Board is a separate legal body from the Council, the Keeper would encourage the Board to set up a formal archiving agreement with the Council's Archive Service as soon as is practical, even if there is no immediate intention to deposit.</p>	<p>No change: work to set up a formal archiving agreement with the Council's Archive Service has been delayed.</p> <p>A new target date for this action has been set for June 2022.</p>	<p>Thank you for this update. As work to set up a formal archiving agreement with the Council's Archive Service has been delayed repeatedly, the Assessment</p>	<p>Deposit Agreement has been drafted and sent to Fife Cultural Trust. Due to changes in staffing there has been a delay in finalising this.</p>	<p>Thank you for providing the Assessment Team with this update. It is disappointing to hear of further delay to finalising the</p>

				<p>As the Board's selected archive, Fife Council's Archive Service, is currently unable to accept the transfer of digital records the Keeper can agree this Element on an 'Improvement Model' basis. The Keeper is assured by the commitment of Fife Council to develop a solution to digital archiving. In the meantime, as part of this agreement, the Keeper recommends that the Board enters into a formal agreement to transfer its records to the Council's archive service so that the framework is in place to transfer records when digital archiving becomes available.</p>		<p>Team would like to encourage Fife IJB to formalise an agreement as a priority. We look forward to hearing about the completion of this action in the next PUR.</p> <p>As no formal archive deposit agreement is in place and the situation surrounding the transfer of digital records remains unchanged, this element will stay at Amber.</p>	<p>Completion expected in first quarter of 2023.</p>	<p>Deposit Agreement, but it is clear Fife IJB have made an effort to keep the momentum going. Until a formal archive deposit agreement is in place, this element will stay at Amber. The Assessment Team looks forward to being updated on this Element in the next PUR.</p>
8. Information Security	G	G	G	Update required on any change.	No change.	Update required on any change.	No change.	Update required on any future change.
9. Data Protection	G	G	G	Update required on any change.	<p>No change: the Data Protection Policy is available on the HSCP website: https://www.fifehealthandsocialcare.org/data/assets/pdf_file/0/026/188225/Fife_IJB_Data_Protection_Policy.pdf.</p>	<p>The Assessment Team thanks you for this update on data protection. We note that the Data Protection Policy was due review in 2019, but it is reassuring to hear the review will take place imminently.</p>	<p>The IJB Data Protection Policy was reviewed and updated November 2022. The updated document is available on the HSCP Website. https://www.fifehealthandsocialcare.org</p>	<p>The Assessment Team thanks you for providing us with a link to the IJB Data Protection Policy, recently reviewed and updated. The</p>

					<p>The Policy will be reviewed in Spring 2022.</p> <p>The IJB Privacy Notice has been reviewed and updated. This is a link to the webpage: https://www.fifehealthandsocialcare.org/about-us/privacy-notice.</p>	<p>Thank you also for sharing the IJB website Privacy Notice with the Assessment Team.</p>	<p>.org/_data/assets/pdf_file/0024/428820/Fife-IJB-Data-Protection-Policy-V3.0.pdf</p> <p>The IJB Privacy Notice was reviewed in September 2022 and is available on the HSCP Website. Website was updated in December to show Avril Sweeney as Data Protection Officer.</p> <p>https://www.fifehealthandsocialcare.org/about-us/privacy-notice</p>	<p>reviewed Privacy Policy is also noted with thanks.</p> <p>Update required on any future change.</p>
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	No change.	Update required on any change.	No change.	Update required on any future change.
11. Audit Trail	A	A	A	The RMP acknowledges that Board records are currently managed using NHS Fife and Fife Council systems (shared drives) which provide limited audit trail functionality. This is confirmed by the fact that the	The Fife IJB SharePoint site has been created and was made available to relevant colleagues on 30 th November 2020.	The Keeper will expect an authority's RMP to provide evidence that the authority maintains a	Migration of IJB content from Fife Council network drives is now complete. Audit trail will be	Thank you for this update. As mentioned under Element 4, it is great to hear that progress is

				<p>RMPs of Fife Council and NHS Fife have been agreed by the Keeper under 'improvement model' terms for element 11. This means that both authorities have identified gaps in provision in this element and are working to close that gap.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This is due to the authority having identified a gap in provision (the lack of audit trail functionality of records currently held on shared drives provided by partner bodies, their arrangements under this Element having also been agreed on an 'Improvement Model' basis by the Keeper) but has evidenced how it intends to close this gap. This agreement is dependent upon the Keeper being regularly informed on the progress of work to close the gap.</p>	<p>Migration of IJB content from Fife Council network drives has started, this work is expected to be completed by February 2022.</p> <p>Migration of content from NHS Fife network drives will follow, this work is expected to be completed by December 2022.</p>	<p>complete and accurate representation of all changes that occur in relation to a particular record. As noted under Element 4, it is reassuring to hear that the migration of content from network drives is ongoing, and that an audit trail functionality is one of the goals of this project.</p> <p>This element will remain at Amber as the SharePoint implementation is ongoing. We look forward to updates on how this progresses in consecutive PURs.</p>	<p>available from SharePoint.</p> <p>Migration of content from NHS Fife network drives has been delayed due to operational priorities resulting from the ongoing coronavirus pandemic. Completion now expected by December 2023.</p>	<p>being made, and it is clear that Fife IJB is working hard towards closing the identified gap in provision (the lack of audit trail functionality of records currently held on shared drives provided by partner bodies).</p> <p>The Assessment Team looks forward to the next PUR update.</p>
12. Competency Framework	G	G	G	<p>The Further Development section of this element states that both partner bodies are currently developing the information governance competency framework for their staff. A statement from the Council's records manager (evidence 12.1) confirms the</p>	<p>No change.</p>	<p>Update required on any change.</p>	<p>Records Management Training will be undertaken by Avril Sweeney, Manager Risk Compliance, Cathy</p>	<p>The Assessment Team is grateful for this update on upcoming records management training of</p>

				<p>current development of a training framework, tied in with data protection and information security, and will be tailored to the requirements of staff. The Keeper would be interested to know if this results in any significant changes to current provision.</p>			<p>Henderson, HSC Compliance Officer and Denise Paterson, HSC Compliance Officer during the first quarter of 2023.</p> <p>Following this, further discussions will take place with the Records Managers of NHS Fife and Fife Council to identify current training provision in the partner agencies and address any gaps.</p>	<p>several key staff members, including the named records manager. It is also good to hear that future training needs are being explored.</p>
<p>13. Assessment and Review</p>	G	G	G	<p>Update required on any change.</p>	<p>Unfortunately, some of the activities in the Action Plan continue to be delayed due to the re-allocation of business-critical resources during the Covid-19 pandemic.</p> <p>It is still expected that all of actions will be completed prior to submission of the</p>	<p>Thank you for this update. It is understandable that the current pandemic has had significant impact on the IJB's operations.</p> <p>Regardless of the delayed plans, Fife IJB's continuing participation in the</p>	<p>Unfortunately, some of the activities in the IJB Records Management Action Plan continue to be delayed due to the re-allocation of business-critical resources during the</p>	<p>Thank you for this update. It is understandable that the pandemic has had an impact on resourcing, and we note that IJB Records Management Action Plan</p>

					next IJB RM Plan due in 2024.	PUR process is commendable. The Team look forward to the progress of IJB's Action Plan in consecutive PURs.	coronavirus pandemic. It is still expected that all of actions will be completed prior to submission of the next IJB RM Plan due in 2024.	realisation has been delayed. Fife IJB's commendable participation in the PUR process is also a very good indication that the authority continues to ensure its RMP remains up to date.
14. Shared Information	G	G	G	Update required on any change.	Fife IJB is a named partner in the Public Health Scotland SOURCE (Health and Social Care Data and Homelessness Services Data) Information Sharing Agreement for the Fife partners. The IJB has reviewed the latest version of the ISA, this is currently being progressed by the other Fife partners.	The Assessment Team thanks you for this update on Information Sharing. The Team commends participation in Public Health Scotland SOURCE. The recent review of IJB ISA with its partners is also noted with thanks.	No change.	Update required on any future change.

7. The Public Records (Scotland) Act Assessment Team's Summary

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 22nd December 2022. The progress update was submitted by Cathy Henderson, HSC Compliance Officer.

The progress update submission makes it clear that it is a submission for **Fife Integration Joint Board**.

The Assessment Team has reviewed Fife Integration Joint Board's Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

Fife Integration Joint Board continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

8. The Public Records (Scotland) Act Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that Fife Integration Joint Board continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

- The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by

A handwritten signature in blue ink that reads "Iida Saarinen". The signature is written in a cursive, flowing style.

Iida Saarinen
Public Records Officer



Meeting Title:	Integration Joint Board
Meeting Date:	29 September 2023
Item No:	9.1
Report Title:	Local Partnership Forum Annual Report 2022-23
Responsible Officer:	Simon Fevre: LPF Co-Chair Roy Lawrence: Principal Lead OD and Culture

1 Purpose

This report introduces the Health and Social Care Partnership Local Partnership Forum Annual Report for 2022-23 for discussion and approval to publish on the Health and Social Care Partnership website. A Summary Report is also presented to support wider accessibility for all staff.

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

The report aims to set a structure to improve outcomes for the people of Fife with specific reference supporting the workforce aligned to outcome 8.

- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

This Report Aligns to the Integration Joint Board 5 Strategic Priorities:

- Integration
- Wellbeing

2 Route to the Meeting

The development of the Local Partnership Forum Annual Report has been discussed at several Local Partnership Forums in 2023. All members have had opportunity to contribute to the content and have influenced the design, with a key focus on staff alongside the work of the Forum over the year.

3 Report Summary

3.1 Situation

The Local Partnership Forum has met on a regular basis over 2022-23 and this Annual Report and Summary Report defines the work the forum has led, influenced and supported between April 2022 and March 2023.

3.2 Background

The Local Partnership Forum is constituted by a core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources and other advisors who meet together on a regular basis to discuss and support the issues that matter to staff working within Fife Health and Social Care Partnership. The group signs an Annual Partnership Agreement, and this

defines for the Forum the work it will undertake in the coming year. The Forum produces a report each year which is shared with staff, presented at the public Integration Joint Board Forum and published on the Health and Social Care Partnership website.

3.3 Assessment

This is the third annual Local Partnership Forum report. This year's theme is "The Story Of Our Year". This captures a challenging year as we progressed to recovery from COVID and also faced one of our most difficult winter periods, with pressure across all services.

The Local Partnership Forum met as a minimum every 2 months throughout 2022-23 and covered a substantive agenda at every meeting, in addition to a work programmed series of reports.

This report describes the governance of the Local Partnership Forum, the key agenda items that the forum discussed, and the priorities for next year. Above all, this report celebrates the amazing staff working in Fife Health and Social Care Partnership. As well as the written story, the report includes a large number of photographs of staff as a representation of the fantastic workforce in Fife Health and Social Care Partnership.

As appendices to this SBAR there are the full report and a summary report, which was a recommendation last year from the Local Partnership Forum to support an 'at a glance' report designed to be read by a wide range of staff.

3.4 Quality/ Customer Care

Better Staff Experience Supports Improved Care.

3.5 Workforce

This entire report celebrates the workforce within Fife Health and Social Care Partnership and the vital role of trade union and staff side representative. The core purpose of the Local Partnership Forum is to support our workforce and the attached reports describe how the LPF has fulfilled this remit in 2022-23.

3.6 Financial

There are no financial impacts associated with this report. The Local Partnership Forum does receive finance updates at every meeting and is involved in discussions regarding budgets and transformation.

3.7 Risk/Legal/Management

Workforce is a strategic risk for the Integration Joint Board and good staff governance as described in this report supports staff and demonstrates a collaborative approach to reducing risk. Within the main report there are examples of how attendance is monitored, employee relations cases are monitored, and our proactive approaches to promoting recruitment and retention through the Mission 25 campaigns, Care Academy and leadership development.

3.8 Equality and Diversity, including Health Inequalities

The LPF represents all staff within the Health and Social Care Partnership and has identified further strengthening inclusivity work as a priority for 2022-23.

3.9 Other Impact

None Identified.

3.10 Communication, Involvement, Engagement and Consultation

- SLT – July

- LPF Development & Full Meeting– September
- IJB - September

4 Recommendation

The Board is asked to review and discuss the Annual Report and Summary Report and approve it for publication.

5 List of Appendices

The following appendices are included with this report:

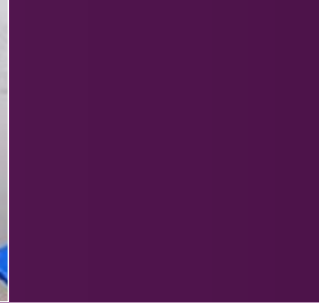
- Appendix 1 – LPF Annual Report
- Appendix 2 – LPF Summary Report

Report Contacts

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Fife Health & Social Care Partnership



Local Partnership Forum

The story of our year

Annual Report 2022-23



Supporting the people of Fife together



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Part 1: Our Purpose, Vision, and Values

Welcome from our Co-Chairs

Dear Colleagues,

It is a pleasure to introduce you to our third Annual Report reflecting the work of the Local Partnership Forum (LPF) in Fife Health and Social Care Partnership between April 2022-March 2023. We are privileged to work together to support all of the amazing people that work within Fife Health and Social Care Partnership and enable our commitment to a whole systems approach.

There is no doubt that this has continued to be a challenging year with ongoing unprecedented demand on services and whole system impact across the Health and Social Care Partnership, NHS Fife, Fife Council and colleagues in the Third and Independent Sectors. It is humbling to see the phenomenal care, compassion, commitment, and kindness that you, our workforce, continue to demonstrate in the most challenging of times. It is not only us that think that – it was evidenced in the Joint Inspection of Integration in Fife where your great work and values-based practice was recognised and celebrated.

This year we brought forward our Workforce Strategy which is dedicated to our people – the staff working across health and social care. The strategy recognises that we cannot achieve the Outcomes of Integration or the delivery of our Strategic Plan without the support of our highly skilled and dedicated workforce, our partners in NHS Fife, Fife Council and the Third and Independent Sectors, carers, and our communities. It's by working together that we will continue to progress integrating services and ensuring we care and support people in Fife.

Our strategy focuses on how we will Plan, Attract, Train, Employ and Nurture our Workforce in the coming years and this was supported by the Integration Joint Board.

We have also re-signed our Staff Partnership Agreement which governs how the LPF functions confirming our commitment to enable the Local Partnership Forum to discharge its responsibilities. In addition to inspection findings and workforce strategy we highlight the focus the Local Partnership Forum has placed on health and safety, attending, wellbeing, influencing strategy developments and areas of changing practice and transformation. We shine a light on you and the great work you do at the Integration Joint Board through the updates provided, including workforce in every report shared with the board, sharing the minutes of our meeting and including staff experience as part of the lived experience stories shared with the board. We also thank all members of the Local Partnership Forum who committed to the significant work undertaken through the forum.

A great deal has been achieved in the past year with much to be proud of and we will continue to listen to staff, champion integration and work together through the Local Partnership Forum to collectively support Fife Health and Social Care Partnership staff as we look to 2023-24.

Thank you for all you do.

Nicky Connor
Co-chair

Simon Fevre
Co-chair

Eleanor Haggett
Co-chair

Our Vision and Values

Over the past year the LPF has worked together on a range of challenging issues including recovery from Covid, service sustainability, a focus on budget and transformation, health and safety and developing our refreshed workforce strategy.

Throughout all of this work the LPF has maintained a clear focus to ensure our staff members voices are at the heart of the ongoing development of the Partnership, underpinned by our own 'vision and values':

The LPF is proactive in ensuring that work being undertaken within the Partnership recognises the individual and collective needs and best interests of our entire workforce, recognising the need for equality across the system through an inclusive mindset

The LPF help to shape any conversation by advocating for our staff in a way that improves the corporate or professional response to workforce challenges across the health and social care system

The LPF can assure the workforce that the challenges and issues they face are being addressed positively by the employers and senior leadership team within the Partnership

This report sets out the LPF's unwavering commitment to delivering on these values through our connection with the wealth of positive work being done in the Health & Social Care Partnership to celebrate the success of our workforce in delivering fantastic services day in, day out and to promote their wellbeing through a range of supports.

The Local Partnership Forum Partnership Agreement

The Local Partnership Forum Partnership Agreement document is signed on an annual basis by the LPF co-chairs. The agreement governs how the partnership functions discharging its responsibilities by:

- Advising on the delivery of staff governance and employee relations issues,
- Informing thinking around priorities on health and social care issues,
- Advising on workforce including planning and development and staff wellbeing
- Promoting equality and diversity,
- Informing and testing the implementation of approaches in relation to strategic plans, and commissioning intentions and contributing to the wider strategic organisational objectives of the IJB.

Having reviewed the business of the LPF over 2022-23 the forum is assured that the agenda covered all of the above areas, which will be evidenced throughout this report. On this basis the LPF co-chairs re-signed the agreement.

Our Membership and Meetings

Membership

The Local Partnership Forum consists of core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources. There are also people who regularly attend the LPF to provide advice, reports and support the work the LPF.

Regular members and attendees to the Local Partnership Forum are:

Name	Role
Nicky Connor (Co-Chair)	Director of Health & Social Care - Chief Officer IJB
Simon Fevre (Co-Chair)	Staff Side Representative, NHS Fife
Eleanor Haggett (Co-Chair)	Staff Side Representative, Fife Council
Debbie Fyfe	Joint Trades Union Secretary, Fife Council
Lynn Barker	Associate Director of Nursing, H&SC
Wilma Brown	UNISON, Employee Director, NHS Fife
Lisa Cooper	Head of Primary and Preventative Care Services
Elizabeth Crighton	Project Manager – Wellbeing & Absence, H&SC
Kevin Egan	UNITE
Lynne Garvey	Head of Community Care Services, H&SC
Kenny Grieve	Health & Safety Lead Officer, Fife Council
Helen Hellewell	Associate Medical Director, H&SC
Elaine Jordan	HR Business Partner, Fife Council
Angela Kopyto	Community Dental Officer, NHS Fife, British Dental Association
Rona Laskowski	Head of Complex & Critical Care Services, H&SC
Roy Lawrence	Principal Lead of OD & Culture, H&SC
Chuchin Lim	Consultant, NHS Fife (BMA)
Kenny McCallum	UNISON Fife Council
Wendy McConville	UNISON Fife Health Branch
Fiona McKay	Head of Strategic Planning, Performance H&SC
Anne-Marie Marshall	Health & Safety Officer, NHS Fife
Billy Nixon	Health & Safety Manager, NHS Fife
Alison Nicoll	RCN, NHS Fife
Lynne Parsons	Royal College of Podiatry, NHS Fife
Susan Robertson	UNITE
Morag Stenhouse	H&S Adviser, Fife Council
Audrey Valente	Chief Finance Officer, H&SC
Sharon Adamson	RCN, NHS Fife
Hazel Williamson	Communications Officer, H&SC
Susan Young	HR Team Leader, NHS Fife
Wendy Anderson	H&SC Co-ordinator (Minutes)

Meeting Dates

Meetings ordinarily take place on a 2 monthly basis to ensure there is a Local Partnership Forum within each cycle of the Integration Joint Board. The Forum increased the frequency of meetings during the pandemic and following a review in summer 2022 the Forum agreed to resume the 2 monthly cycle.

The LPF met on the following dates:

- 19 April 2022
- 11 May 2022
- 21 June 2022
- 20 July 2022
- 2 September 2022
- 16 November 2022
- 24 January 2023
- 29 March 2023

Reporting of Minutes

All minutes of the meetings are reported to the Integration Joint Board with the opportunity for the co-chairs to highlight any aspect of the meeting to the Public Board.



Local Partnership Forum: Agendas

The key issues discussed at every Forum include:

- Staff Wellbeing
- Attendance
- Service Pressures
- Health and Safety
- Finance
- Joint Chairs Update
- Items for Staff Briefing

The responsive agenda items include:

- Strategy Development e.g. workforce strategy
- Major Service Change e.g. Palliative Care Redesign
- Project Updates e.g. Near Me, Liquid Logic
- Seasonal Priorities e.g. Staff Immunisation
- iMatter
- Whistle blowing
- National Care Service

Part 2:

Our Story of the Year

The remainder of this report will tell the story of the Local Partnership Forum in 2022-23 and shine a light on the work undertaken by our amazing staff and teams and in Partnership with others.

The key areas that we will focus on are how the Local Partnership Forum has:

- Advised on staff governance and employee relation issues
- Informed thinking around priorities on health and social care issues
- Advised on workforce
- Promoted equality and diversity
- Informed approaches to strategies and the organisational objectives of the IJB

Throughout it all we will pay tribute to the great work being delivered and highlight photographs of our teams in action.

Advising on staff governance & employee relations matters

The forum now receives a regular report on Employee Relations cases and oversees actions being taken to improve timeliness of cases being concluded.

There have also been regular updates in 2022-23 on potential industrial action and involvement from staff side in any of the working groups preparing for potential industrial actions.

The Local Partnership Forum champions the voice of staff and trade union members supporting robust staff governance and employee relations in all of our work. This is further supported by a commitment from all members of the senior leadership team to engage and work with staff side and trade union colleagues in the work we progress.

Ensuring staff are well informed

Ensuring staff are well informed is a priority for the Local Partnership Forum. Part of this is through the weekly Director's Brief, which has continued throughout 2022-23.

Based on feedback from staff the following changes were made in the year to ensure that content remains fit for purpose and meets staff members' needs:

- A monthly briefing which includes the third and independent sector and demonstrates the continuing work of teams and services across the whole partnership
- Each month has a guest editor where members of the Senior Leadership Team highlight their services and support a shared understanding beyond the portfolios people work in
- The key meetings that are routinely summarised to share with staff are the Local Partnership Forum, Integration Joint Board and Extended Leadership Team.

As a standing item on the agenda, the Local Partnership Forum end every meeting agreeing any priorities to share with staff and these are included in the Director's Brief and Management Team meetings in the following weeks.

The Director's Brief also includes key information and changes that support our whole workforce being well informed. Examples in 2022-23 include changes in Covid legislation and changes in the use of face masks and physical distancing.

To support a large reach the Director's Brief is cascaded through managers and also published on "Blink" and Fife Council intranet.

Throughout the year there have also been regular joint messages from the co-chairs on key issues promoting a collaborative and joined up approach to supporting our workforce.

Part of ensuring staff are well informed is also promoting good practice and celebrating the work of our teams. This has included the Joint Inspection of Adult Services and the Inspection of Care at Home. Both of these recognised the values of our team and feedback from the people they care for about the kindness, care and compassion they experienced.

The Local Partnership Forum is kept up to date with regular reports in relation to the financial position, attendance, and health and safety. The joint chairs update also provides the opportunity for any co-chair to raise matters with the Forum on issues that have arisen since agenda setting or papers being issued.

Being involved in decisions

The Partnership would not have been able to achieve as much as it has in the past year without the active involvement of all of our people. The need to mobilise, redeploy and recruit significant numbers of staff would not have been possible without the support of those staff and their Trade Unions and Professional Organisations.

There is commitment to ensure close trade union and staff side engagement in the transformation work being progressed meaning our staff voice is core to how this work is developed and delivered. There are examples of strong partnership working where the voice of staff has shaped developments and decisions within services such as the palliative care service redesign, immunisation service redesign, and the implementation of 'Near Me' in social work.

The Local Partnership Forum are engaged in all strategy developments that have implications for the workforce. This means the voice of the LPF is actively sought ahead of the presentation of strategies and there is opportunity for the LPF co-chairs to share views at the Integration Joint Board meetings.

Staff are appropriately trained and developed

The Local Partnership Forum has introduced a regular report on mandatory training to ensure staff have completed the required training, which will support the safety of staff and the people we care for. This is being led through the Health and Safety Assurance Forum and covers all mandatory training. There has been an increase in mandatory training uptake over 2022-23 and this will continue to be monitored closely. There has also been a focus on leadership training for all levels of staff in the partnership.

Examples of making training more accessible includes the Mobile Skills Unit, which was out and about in Autumn last year to support our workforce by providing a safe learning environment and state of the art simulation equipment which allow a range of clinical skills education to be delivered.



Through the Local Partnership Forum we have raised feedback from staff on how training could be improved. Examples of this include training in liquid logic which is the new electronic care system being introduced.

Through the weekly Director's Brief training opportunities are promoted. This has included the range of mandatory and health and safety training, Near Me training, leadership development and change management, and a wealth of wellbeing development opportunities.

Supporting the development of current and future leaders is a priority and the Local Partnership Forum has been regularly consulted and updated on the development of leadership programmes.

The Partnership's first Systems Leadership Programme which was supported by the Local Partnership Forum was launched in March 2023. The programme creates a collaborative space for leaders to come together to learn and work together on the biggest challenges we face in the organisation. There is a focus on personal leadership through access to behavioural coaching and mentoring from the Senior Leadership Team, and collective leadership through a range of learning inputs, facilitated group work, and exercises to develop our individual and collective thinking. The first group includes representatives from all portfolios, our Third and Independent sectors, and partners in Acute, Pharmacy and Public Health – who work so closely with us in the partnership.



2022 also saw the introduction of the Partnership's new 'Coach Approach' training for managers and supervisors. A 'Coach Approach' encourages managers to listen more to their staff and support staff to reach their own conclusions and solutions rather than looking for direction. In addition to the 2-day training, those attending are also offered ongoing support through regular 'Keeping in Touch' sessions, and thematic sessions which focus on the use of a coach approach in specific situations. During 2022-23, we ran 4 courses with 51 managers across the Partnership, including Voluntary and Independent Sectors, completing the course.

The Coach Approach training was a real eye opener to the way we should be supporting others. I was able to network with other professionals and understand their way of working and challenges they face. I now feel more confident when coaching individuals and this has also helped with my own development... would definitely recommend this training to everyone.

It (Coach Approach) has taught me how to ask open questions and explore things in depth with the person, allowing them to take accountability and feel they have the power to change that problem and solve it for themselves.

Workshops were designed with the aim of promoting compassionate and trauma informed services and workplaces. The workshop is open to managers and organisational leaders across NHS Fife, Fife Health and Social Care Partnership and Fife Council and Fife based third sector agencies.



A safe working environment

A standing item on the LPF agenda throughout 2022-23 has continued to be operational service pressures. At every Local Partnership Forum meeting Heads of Service provide an update on pressures relating to their area of responsibility. What was observed this year, like no other, was that the pressures did not reduce over the summer period creating impacts such as not being able to reduce the surge capacity that was created last winter and having to increase it further due to whole system pressures over this winter. The forum has valued the regular updates and opportunity to discuss and explore the implications of systems pressures for staff and have an overview of the key issues impacting on Preventative and Primary Care Services, Community Care Services and Complex and Critical Care Services.

Whilst the Covid command structure was stood down in 2022-23, the Health and Social Care Partnership has continued with daily whole system huddles using the OPEL tool to support consistent assessment and language to enable daily communication of the pressures to our staff. This ensured we were well placed to reintroduce the command structure in January and February 2023 due to the significant whole system pressures experienced in Fife as well as across Scotland. In March 2023 the focus returned to sustainability and recovery post winter. The LPF is represented at these meetings and is able to reflect the current pressures for staff.

Supporting staff with a continuously improving and safe working environment is a priority and this is supported by having Health and Safety as a standing item on every LPF agenda with representation from the advisors in Fife Council and NHS Fife as well as updates from the Health and Safety Assurance Forum. The Health and Social Care Partnership Health and Safety Assurance Forum continues to meet and reports updates to the Local Partnership Forum. The Health and Safety leads from NHS Fife and Fife Council have continued to participate in the LPF to provide contact and updates relating to both COVID and key health and safety issues like incident monitoring and RIDDOR reporting.

Feedback from health and safety colleagues has highlighted that the ability to participate directly in the LPF has been of real benefit in keeping colleagues up to date with developments and allows staff side representatives to raise any concerns from the service, enabling health and safety colleagues to hear of issues first hand.

Fife Council's HR Workforce Development Team continue to support Adult Social Work and Social Care services with learning and development opportunities to ensure all practice is underpinned by a robust knowledge, skill, and value base. Training and development provided is driven by the Services' learning needs analysis and links with the H&SCP Workforce Strategy 2022-2025, to ensure that new learning programmes align with service design and strategic priorities. Staff within Older People and Adults Assessment & Care Management Teams, Older People Residential & Day Services, Adult Services Resources, Care at Home, and Occupational Therapy Teams, continue to engage in the mandatory and optional training that is available through Oracle, which indicates mandatory and optional training.

As we emerged from Covid 19, staff have become more confident with engaging in online learning whilst also welcoming the return of 'in person' training opportunities.

In November 2022, social workers and social care staff had the opportunity to engage in the digital transformational and skills week which offered a number of bite-sized and accessible resources, e.g. presentations to help colleagues feel more confident in using technology in their work. The introduction of Digital Champions throughout various services will help enhance this learning.

This also relates to the work being progressed to support our resilience and ensure all services have up to date business continuity plans in place with updates from the resilience forum.

Promoting health and wellbeing of staff

A lot of conversations as we neared the end of Covid restrictions questioned 'what's our new normal?' However, we know that for a lot of our staff, we had worked on through the most difficult times in recent memory in the 'old normal' way – in person, face to face, health and social care delivered to those most in need when and where they needed it.

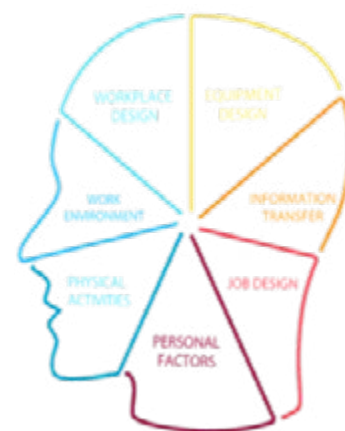
For others, we really started to emerge from the focus on coming together through online meetings to come face to face more often and reignite the human connection that only happens when we are together in a space.

The Local Partnership Forum was conscious of the need to support the differing feelings and needs our workforce had in response to these challenges by listening, thinking with staff about the best way to support them and advocating whenever we were in any forum as representatives of the LPF. Staff Health and Wellbeing is a standard item discussed at the Local Partnership Forum.

A Partnership Wellbeing Group was setup and is co-chaired the Principal Lead for Organisational Development & Culture and the Director, Fife Psychology Service. With representation across the whole Partnership including the LPF, it was established to review and analyse our current Partnership approach to the wellbeing of the workforce. The need for a forum to progress a whole system approach to staff wellbeing within Fife HSCP became more pressing given the evidence base around importance of supporting staff wellbeing.

The group will be taking forward the National Institute for Clinical Excellence (NICE) guidelines and recommendations on Mental Wellbeing at Work as an underpinning approach to developing a Partnership methodology. The Group are participants in the National Champions Network and other national groups for HSCP chaired by the Scottish Government under the Improving Wellbeing and Workforce Cultures Strategy for the Health, Social Care and Social Work Workforce, which is due to be launched soon and will be a driver to the design of Fife's Framework.

The collaboration work with Hull University described in our last report was introduced as part of our response to the issues being raised within the Local Partnership Forum and within services around our workforce's mental health and wellbeing. Our LPF co-chairs and members were involved in the decision to undertake this work with Hull University and joined the Steering Group, where they are still key members as we develop this work into 2023-24. We have also introduced 'Stress Champions' to support our workers and this project. The synergies between staff wellbeing, the stress assessment work with Hull University and developing trauma informed care across HSCP services are all being considered as key foundations of this work.



Another substantive agenda item to the Local Partnership Forum are regular reports on staff attendance and reasons for absence, with the Forum actively monitoring the real time position. Fife Council and NHS Fife HR and Project Management colleagues report to every LPF meeting to update the group on absence levels and trends. This allows in depth conversation about the issues facing our people and the work being done within the Partnership to support the workforce. This includes a focus on short and longer-term absence and the reasons for those, looking at the prevalent issues for our people, e.g. Covid, stress, musculoskeletal and how we best respond to those.

Over 2022-23 there has been a trend suggesting an improving picture in relation to long term absences. Absence still remains high in some areas and this is being regularly monitored with review and improvement panels in place.

Staff immunisation is also regularly discussed, promoted and uptake is monitored through the LPF as a supportive measure in protecting staff and the people they care for from flu and Covid.

The weekly Director's Brief includes a section on promoting staff wellbeing in every edition. These include links and access to support and online materials. A holistic approach to wellbeing is promoted and this has included a focus on financial wellbeing recognising the cost of living challenges being faced by many people in recent times. We have proactively promoted access to staff immunisation; mental health first aid, stress management and promotion of local events for the whole families, including Fife walking events and Fife Cycle Festival. Through the Director's Brief we also promote the positive impact our staff have on others and share examples of care opinion stories to help share the positive feedback that is received about our services as well as key learning.

Informing thinking around priorities on health and social care issues

Local Partnership Forum discussed the National Care Service at key points throughout the year including the publication of the Bill and presentations on progress being provided, whilst noting the pause to enable national co-production expected to last until late summer 2023.

Finance Reports are presented to each Local Partnership Forum meeting. There is also engagement with the LPF around the budget setting process and transformation priorities.

The Forum has discussed inspection outcomes including the Joint Inspection of Adult Services and the Care at Home Inspection. Within both of these inspections the excellent contribution of the workforce was acknowledged, including positive feedback on valued based practice supporting good outcomes for the people we care for.

The LPF informed discussion about the expansion of the Extended Leadership Team more widely across the Partnership to include the Third and Independent Sector and the work being progressed to support leadership development. Our LPF co-chairs are members of the Partnership's Extended Leadership Team (ELT) which meets regularly to work together on our whole system organisational design, strategy development and transformation. The ELT includes managers from every service across all portfolios. To continue the work to champion Systems Leadership within the Partnership, we have held 10 ELT Development Sessions covering a range of topics and priority areas.

In addition, we have established an ELT Teams Channel to share information before and after each development session. We have also created an 'Interactive Induction' for managers new to our ELT, which provides them with the background knowledge and information to prepare them as they become a member of this valuable, integrated team.

Welcome to our Extended Leadership Team | Review 360 (articulate.com)

In August 2022 the Extended Leadership Team for the Partnership, which includes our LPF co-chairs met for the first time face to face since the forum began during Covid. They met up in Kirkcaldy Town House and there was a real buzz around the room. We undertook our first co-design work on the refreshed Strategic Plan, which was due in 2023.



The last ELT of the year in December focused on our opportunity to influence the development of a national integrated practice model around Getting It Right For Everyone (GIRFE) where Fife is a Scottish Government Pathfinder. The outcome of this work will be reported next year as the work will complete in late 2023.

For February's session the meeting was held in Fife Renewables Innovation Centre in Methil. It was another great session and rich discussion on influencing our strategy development and priorities for unpaid carers, developing work in our localities and prevention and early intervention, all of which are priorities within our Strategic Plan.



The co-chairs of the Local Partnership Forum are also invited to all development sessions of the Integration Joint Board providing the opportunity to participate in discussion with Board Members.

Advising on workforce

This year the Local Partnership Forum was instrumental in supporting the development of the Health and Social Care Partnership Workforce Strategy and Delivery Plan. These documents outline priorities for the coming three years and were discussed and approved by the Integration Joint Board and Scottish Government and are now published on the Health and Social Care Partnership website. Unlike previous documents there is a strong focus in this strategy around Organisational Development and staff wellbeing. This supports the LPFs commitment to having a forward focus on how to Plan for, Attract, Train, Employ and Nurture our workforce. There is a workforce delivery group established which has representation from Staff Side and Trade Unions and offering advice and direction into this forum as well as at the LPF.

The Local Partnership Forum has also promoted and championed the annual iMatter survey celebrating a record 63% of health and social care staff participating in the survey and an increased number of action plans being completed. Regular updates were provided in the Director's Brief and a reflective session has helped inform learning and further actions to support the 2023-24 survey.

Our annual iMatter survey was sent to 6,359 staff across 542 teams within the Partnership. We achieved our highest response rate to date with a 63% return and retained our 'Overall Experience Score' of 6.9.

Huge thanks to all staff that completed this survey. We also received feedback on how we could make it more accessible next year. Therefore, although we are pleased with this return, we continue to work towards improving this, so that all staff value this opportunity to have their voice heard and feel listened to. One of the ways we are looking to improve on this is to demonstrate the time spent completing the survey is time well spent, as what you say really does matter and can make a difference. We are therefore looking to support managers more to increase the number of action plans completed with their staff teams.

The 29 iMatter statements are linked into 5 Staff Governance Standards.

We improved our scores from 2021 in 3 out of the 5 Staff Governance Standards:

- Well informed
- Appropriately trained and developed
- Treated fairly and consistently with dignity, respect and in an environment where diversity is valued

Whilst we maintained our 2021 score in the other 2:

- Involved in decisions
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

This gave us an overall 'Employee Engagement Index' of 76, which sits within the 'Strive and Celebrate' bracket (67 - 100) and is the same as our overall score last year.

Staff Governance Standards - Strand Scores

Well informed



Appropriately trained & developed



Involved in decisions



Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued



Provided with a continuously improving & safe working environment. Promoting the health & wellbeing of staff, patients & wider community



The LPF have been consulted and supported the shaping of our iMatter Action Plan for 2023-24 as we focus on continuing to improve our response rate and overall experience rating.

An example of how that is has been done is through the Children & Young People's Occupational Therapy Service who are happy to share with us what they are good at and where they can make improvements.



"A great place to work, where we feel valued and respected. We make a difference to the lives of the population we serve and have pride and satisfaction in our jobs"

In July 2022 the Partnership commissioned its first TV ad in conjunction with STV which shone a light on the job opportunities here in Fife as part of our commitment to attracting new staff. The first advert was shown on Friday 1 July at the end of Loose Women and again during a commercial break of the ITV Early Evening News; then daily there after 2-3 times a day, for 4 weeks. This run of advertising led to a significant amount of interest in a career in health and social care and 70% of people who were offered a post accepted.

During January 2023 we launched our 'Be a Winter Hero' campaign to continue to promote and encourage people to come and work in health and social care.



In September the Principal Lead for OD & Culture also employed our first Organisational Development & Culture Specialists to support our workforce in the future in all areas related to recruitment, retention, iMatter, leadership, locality working, transformation of services and supporting change, induction, diversity, and wellbeing. The team will also support our operational services as needed to develop new approaches to the challenges we face in health and social care – all of which are at the heart of the vision and values of the LPF.



We have championed 'What Matters To You' day – hearing what matters to staff and the people we serve. This promotes meaningful conversations to ask, listen, and do what matters.



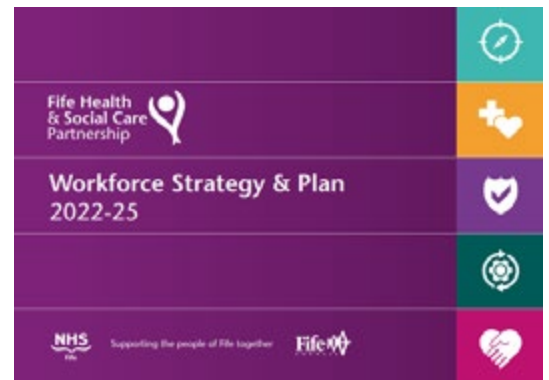
Workforce Strategy 2022-25

“This strategy is dedicated to our people – the staff working across health and social care. The last few years have been particularly demanding for staff working within Health and Social Care who have worked throughout the significant challenges faced during the COVID-19 pandemic. I am so proud of our teams and thank each and every member of staff working across health and social care, in all agencies, for their ongoing dedication, commitment and professionalism.” (Introduction) Nicky Connor, Director

Our Workforce Strategy & Plan was co-produced by partners across the whole of Health & Social Care, including our Trade Unions and staff side, with our LPF co-chairs as key members of the oversight group alongside operational services, business enabling services, HR Business Partners, Third & Independent Sector Leads, Fife College and OD & L&D Staff.

The Strategy received positive feedback from our LPF, IJB and Scottish Government and has been recognised as an excellent example of a genuinely integrated workforce planning approach. It is based on the five pillars of workforce planning set out in the National Workforce Strategy which was published in 2022:

- Plan
- Attract
- Train
- Employ
- Nurture



Some innovations have been presented to the LPF through the year to highlight the great work being done to support our workforce as part of our Year 1 Workforce Action Plan including:

- The development of our first HSC Care Academy in collaboration with Fife College. This provides around 1000 learning credits with Fife College to support new and existing staff to achieve qualifications in health and social care as well as providing placements, mentoring and other supports
- Our Mission25 social media recruitment work where we have supported our own staff (across the whole Partnership) to tell their stories about why the Partnership is a great place to work to attract new people into health and social care



- Developing our locality working as a key method to improve integration and support staff to connect with localities. All localities now have an SLT lead and all of our ELT are aligned to one of our seven localities as part of the Locality Core Groups who are designing the Locality Action Plans for 2023-24
- Developing clear career pathways across the Partnership and supporting our workforce to access these, including a 'grow your own' scheme in social work which has provided 10 advanced entries into the Social Work Degree and the Diploma in Higher Education for Social Care for existing staff
- Throughout February 2023 we worked with the Princes Trust on a four-week programme to support six young people from the Levenmouth locality to work on placements with Homecare and Abbotsford Care – this was the first time the Partnership had developed a programme like this, and more are planned for 2023-24 as we continue to find new ways of bringing young people into our organisation.



During 2023-24 the LPF will continue to be part of the co-design of the Year 2 Workforce Action Plan to ensure the voice of our workforce is at the heart of our Plans.

The forum has been discussing the national whistleblowing standards and the implications for health and social care services. A short life working group has been initiated and will report back to the LPF in 2023-24.

The Workforce Strategy and Delivery Plan also includes priorities for equality and diversity and the LPF contributed to the Equality Outcomes Report and EQIA's as part of major change. The forum is committed to doing to more to support equality and diversity within the workforce and this will be a priority for the coming year.

Informing strategic plans and contributing to the organisational objectives of the IJB

The forum has discussed and contributed to a range of strategic developments and priority topics within the Health and Social Care Partnership ahead of being approved at the Integration Joint Board. This has included:

- The Health and Social Care Strategic Plan 2023-2026
- The Workforce Strategy and Action Plan 2022-2025
- Medium Term Financial Strategy 2023-2026
- Home First Strategy (Still in development)
- The inspection of adult services
- Annual Performance Report 2022-23

In October we also reached out to our workforce for their views to help us shape the refreshed Strategic Plan for the Partnership, to ensure the voice of our workforce is at the heart of our design principles and that the new Plan reflects our staff who deliver the services every day.

We know that many of our staff are also carers at home and in October we launched a review of our Carers Strategy for the Partnership to ensure our workforce had a chance to influence the priorities and support the Partnership to develop a meaningful approach to this crucial area for thousands of people in Fife.

Our **Strategic Plan 2023-26** was signed off by the IJB in January 2023 after full support from the LPF. We had lots of input and many voices from both staff and the people of Fife in shaping this plan which outlines our priorities in the coming three years. We also took time to reflect on our values and based on feedback we have added 'Kindness' as one of our core values that we are proud of.

Each and every day we see, and experience, kindness being delivered by our staff and it is a reminder to be kind to ourselves too. Our priorities will help us progress integration in Fife and - as always - supports our "Team Fife" approach across health and social care.



Summary of LPF Meetings

April: We also held our first LPF meeting of 2022-23, at which point we still had the Covid command structure in place. The forum expressed their thanks to staff for the exceptional work which has been done to sustain services in the last few months and also the integrated working across partners and members of the Forum for their support during these challenging times.



May: The Local Partnership Forum (LPF) met this month, the agenda including health and safety, finance, work pressures and staff morale. The Forum took the opportunity to discuss the up-and-coming iMatter survey. The Forum also discussed in detail staff morale; staff in general are tired and the last two years have taken their toll and although we could see things were returning to normal, it hadn't changed in the same way for staff in terms of the pressures and service demand.

June: The LPF met in June and members provided updates on the systems pressures which were still in place across the whole health and social care system. The group were also updated on staff who were deployed during the pandemic and how many of them were back in their substantive roles and working hard on reducing the impact on service delivery. The group also discussed the LPF Annual Report for the previous year which helped to shape the final document.

August: This month saw a full IJB meeting, which approved not only our LPF Annual Report but our integrated Workforce Strategy & Plan 2022–25, previously endorsed by the LPF. Our LPF co-chairs are members of Workforce Strategy Group and were central to the co-design of the Strategy & Plan. We also learned that we had a 63% response rate for iMatter – our highest ever and higher than the Scottish average!

September: The LPF met at the end of September to discuss iMatter, health and wellbeing, health and safety, system pressures, finance, and the Workforce Strategy Year 1 Action Plan. The Forum also wanted to do a shout out to all those working in care at home roles to support Homecare Day to raise awareness of the teams working across Fife and the difference they make to those living our communities.

January saw our first LPF of 2023 with another busy agenda including input from representatives from across the Partnership, partners and our staff-side and trade union representatives. Items on the agenda for discussion included health and wellbeing, health and safety, finance, Strategic Plan update, service pressures, leadership programmes for 2023 and the LPF annual report. The Forum also extended their thanks and appreciation to staff, who despite the challenging circumstances, were continually going above and beyond to deal with the increasing demand for services at this point.

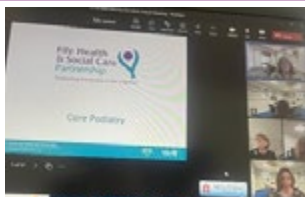
In **March 2023** the LPF focused a session on the Budget for 2023 and the Medium-Term Financial Strategy prior to this being approved at the IJB meeting at the end of the month. Our LPF voice has been strong in ensuring that workforce voice is heard throughout the challenging decisions that need to be made to ensure the Partnership sustains and thrives into 2024 and beyond.

Celebrating & Valuing Our Staff

It's said that a picture can tell the story of a hundred words. That is so true. Looking back over 2022-23 these pictures tell a story about moving out of COVID restrictions from mostly 'Teams' calls, wearing face masks and physical distancing into reconnection - bringing teams and services together - and a programme of regular visits to front line teams across health and social care in Fife. It's not possible to have pictures from all teams but this gallery demonstrates some of the range of our services from across the service portfolios in Fife Health and Social Care Partnership and next years report will be opportunity to share more. These are shared alongside our sincere thanks to each and every member of staff working in Fife Health and Social Care Partnership and the colleagues we all work with every day across NHS Fife, Fife Council, Third and Independent Sector – as together we truly are Team Fife.

Major Trauma

The major trauma team support paediatrics to older adults across Fife working closely with acute services.



Team Podiatry

The podiatry service works in hospitals, communities, care homes and peoples own homes to support podiatry needs. Working closely with partners the service manages complex care needs and champions prevention.

Children's Services

Teams catch up with children's services learning about Health Visiting, School Nursing, Children's Services, Family Nurse Partnership and Children's Occupational Therapy.



North Glen Community Nursing Team

A virtual joint visit to meet the Community Nursing Team at North Glen Practice where they heard about the changing needs of people within the community setting; teams caring for people of all ages and with much greater complexity and the advances in treatment, care and practice which this team are embracing as well as supporting early intervention and health promotion to help people maintain good health.

Evening Nursing service

A virtual visit with Fife Evening and Overnight Nursing Service. A significant transformation from five separate teams into a Fife-wide service. There are 40 people within this service many of whom work part time and in other parts of our organisation. This brings continuity from our day to evening and overnight services.





Care at Home

We have a large care at home service supporting people to live well at home.

Fife Nutrition and Dietetic Service

Fife Nutrition and Dietetic Service showcased the diverse range of services they support in hospital and communities including children and adult and a wide range of specialist services.



Immunisation

In December we delivered the millionth vaccination in Fife. The 1,000, 000 vaccination was delivered in Kirkcaldy by June Guild, almost 2 years to the date from the first vaccine.

Fife Urgent Care Service

Fife Urgent Care Services is a whole multi-disciplinary team effort interfacing with primary and secondary care and NHS 24 in hours and out of hours to support urgent care needs.



Perinatal Mental Health

Our Perinatal Mental Health team support women, families and babies mental health and wellbeing.

The Sir George Sharp Unit

The team at the Sir George Sharp Unit – supporting neuro-rehabilitation for adults in Fife.



Rheumatology Service

The Rheumatology Service showcasing how they are moving to a 'Paperlite' system, how the Physiotherapy Service are 'Aspiring to Excellence' and innovations around structured phone appointments, virtual clinics and phone apps the support self-management and the concept of people receiving the right services, in the right place, at the right time.

Start

Our assessment and review co-ordinators assess people who are medically fit for discharge and support enablement at home.





Palliative Care

Members of Fife Community Palliative Care team supporting people with palliative and end of life care needs at home.

St Andrews Wards

Multi-disciplinary team approaches to using data to support quality improvement.



CTAC and Minor Injuries

The Community Care and Treatment and Minor Injuries Team developing a new service for local care for people.

Addictions

Meeting the Addictions team and learning about the work they are leading to support treatment and recovery for addictions and using advanced technology to support and promote health and wellbeing through liver scanning.



Clinical and Care Governance

The clinical and care governance team supporting quality improvement and underpinning work that support our quality, clinical and care governance arrangements within the health and social care partnership

Contracts and Compliance teams

Meeting the teams that support contracts and compliance and performance within the Health and Social Care Partnership.



Broad Street

Meeting some of the team at Broad Street supporting respite and longer-term care for people.

Community Mental Health Teams

We highlighted fantastic work by our community mental health team who started a women's swimming club in Kirkcaldy. Run in partnership with Wheatley Care and Fife Leisure, the club opened to people who receive treatment under the Kirkcaldy mental health team or are users of the Wheatley Care Contact Centre.





Fife Sexual Health Service

Fife Sexual Health Service promoting and offering sexual health advice, support, screening and treatment, also supporting Care for Blood Borne Virus and contraception.

Meals on Wheels

The meals on wheels service is delivered from our Ostlers House in Kirkcaldy and supports people to have more than just a meal with regular contact from the team.



Health Promotion

The Health Promotion Service who deliver services such as smoking cessation, lead the promotion of health and well-being for people across all ages and communities in Fife.

Social Work

Visiting our Social Work Teams and learning about their role and how we are supporting students to develop future social workers.



Ostlers House Dementia Cafe

A visit to Ostlers House and a high tea at the Ostlers Community Café, hearing from the Dementia Friends Group, the Care Home Team.

Staff Hub Adamson

2022/23 saw staff hubs open throughout Fife through NHS Fife Health Charity. All health and social care staff are welcome to pop in. Lovely facilities to have a break or catch up with colleagues.



Touch

The Team at Touch – Supporting People to live well at home

Psychology

Our Psychology team delivery a wider service including trauma-informed practice, new clinical pathways, expanding psychology roles, educating the wider health & care workforce, participating in locality planning, shaping culture, digital developments, and continuous quality improvement.





Participation and Engagement

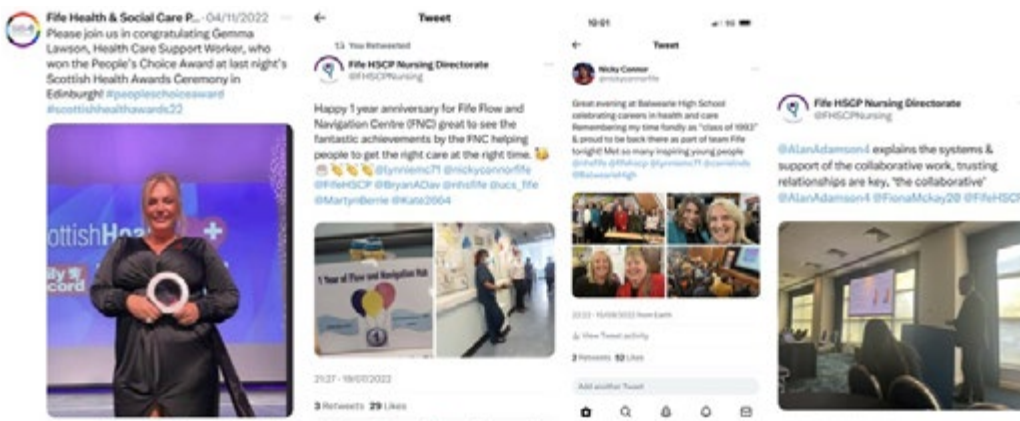
The Participation and Engagement Team are often out and about promoting the voices of the people of Fife. This photo is a morning out with the Occupational Therapy Team to promote Care Opinion to the public.

Localities

'Mission25' ambition. November saw our Wider Stakeholder Events across all seven localities in Fife, which were attended by staff from across a wide range of professions who worked together to determine the priorities for every local area, informing the Locality Action Plans. This photo is of the Cowdenbeath Stakeholder Event in Kelty Community Centre.



The great work of our teams is on Social Media too



Christmas Kindness

At Christmas many of our teams demonstrated generosity by raising funds and supporting donations for the people of Fife.



Our Health Visiting Team, our Hospice Team and our Dental Team!

A visit to the 'Flourish' Centre supports horticulture and other therapies for both inpatients and outpatients at Stratheden Hospital. The place was completely transformed into a winter wonderland, with games, activities, Christmas carols, mulled juice and hot mince pies!



Part 3:

Our Impact and Priorities for the year ahead

This report has highlighted the extensive work being undertaken by, and on behalf of, the Local Partnership Forum under the terms of the Local Partnership Forum Partnership Agreement. This report also celebrates our amazing staff and the LPF plays a crucial role in promoting the voice of the workforce and advocating for our staff throughout the system in relation to being well informed, appropriately trained and developed, promoting a safe working environment, equality and diversity and the health and wellbeing of our staff, informing thinking around priorities on health and social care issues and advising on workforce issues as well as informing Strategic Plans and contributing to the organisational objectives of the IJB.

We want to pay tribute to our fantastic workforce because without you we would not be able to do any of this work. The LPF exists to ensure that your voice is heard throughout health and social care, and we would love to hear from you about what matters to you and how the LPF can continue to support you. We recognise that there are many challenges ahead, both inside work, including the challenges around recruitment and retention of staff and outside of work, including the cost-of-living crisis impact on our health and wellbeing. The LPF makes a promise to our staff that we will champion your voice in all areas to draw attention to the challenges you face and take a proactive approach to responding to those.

For 2023-24 the LPF will continue to ensure that our voice promotes the importance of our workforce by:

- Championing our staff voice through; iMatter Action Plan promotion and celebrating our staff throughout the year
- Supporting partnership work to promote equality, diversity and inclusivity including membership of a proposed working group to raise the profile of these areas across the Partnership
- Ensuring strong engagement with the significant transformation work underway to make sure the Partnership is sustainable for the future
- Continued oversight of staff governance forums, and associated issues, e.g. employer relations issues, attendance, and locum spending
- Promoting the importance of and supporting our staff in relation to their health and wellbeing
- Ensuring effective engagement with the development of the Year 2 Workforce Action Plan
- Supporting the extension of leadership through the co-design and ongoing delivery of the new Integration Leadership Team across the Partnership
- Continuing to shape the improvement of the LPF to sustain our positive impact on the Partnership by creating development spaces for the Forum and ensuring the voices of our LPF members co-design our future

Finally, a huge thanks to all of the staff working in Fife Health and Social Care Partnership for who you are, all you achieve and the difference you make for the people of Fife each and every day.

Fife Health
& Social Care
Partnership



Local Partnership Forum Summary Annual Report 2022-23

What is the Local Partnership Forum?

The Local Partnership Forum consists of core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources and other advisors who meet together on a regular basis to discuss and support the issues that matter to staff working within Fife Health and Social Care Partnership.

Who chairs the forum?



Nicky Connor
Co-chair



Simon Fevre
Co-chair



Eleanor Haggett
Co-chair

What did the Local Partnership Forum discuss in 2022/23?

The key issues discussed at every Forum include:

- Staff Wellbeing
- Attendance
- Service Pressures
- Health and Safety
- Finance
- Joint Chairs Update
- Items for Staff Briefing

The Responsive Agenda items include:

- Strategy Development e.g. Workforce Strategy
- Major Service Change e.g. Palliative Care
- Project Updates e.g. Near Me, Liquid Logic
- Seasonal Priorities e.g. Staff Immunisation
- iMatter
- Whistleblowing
- National Care Service

What impact has the Local Partnership Forum had in 2022/23?

The key areas of impact of the Local Partnership Forum are:

- Advising on staff governance and employee relation issues
- Informing thinking around priorities on health and social care issues
- Advising on workforce
- Promoting equality and diversity
- Informing approaches to strategies and the organisational objectives of the IJB

How has the Forum advised on staff governance and employee relation issues?

The Forum has supported staff being well informed by influencing and advising on information to be included in staff briefings and identifying important messages to be shared with all staff. The Forum champions staff voice and ensures staff are represented and included in key decisions. A priority for the Local Partnership Forum has been ensuring staff are appropriately trained and developed by promoting access to a wide range of staff development opportunities. At every meeting we discuss health and safety and promote a safe working environment for staff. At every meeting, the Forum reviews staff absence and positively promotes attendance and wellbeing.

How has the forum informed thinking on the priorities for health and social care?

The Local Partnership Forum discusses key national issues like the National Care Service, which is currently under review to enable a summer of engagement work to inform the next steps.

Finance is discussed at every meeting and the Forum members are fully engaged in the transformation work being progressed in Fife and influence the direction of this work.

The co-chairs are members of the Extended Leadership Team and also the Integration Joint Board, ensuring our contributions can represent your voice at managerial and organisational levels in Fife.

The Forum has informed the approach to the national whistleblowing standards and the Partnership's priorities for equality and diversity with short life working groups in place which will report back to the LPF in 2023-24.

How has the forum advised on workforce?

Members of the forum were actively involved in the development of the workforce strategy for 2022-2025 focusing on how we Plan for, Attract, Employ, Train and Nurture our workforce. This is important as this strategy will influence our priorities for the workforce in the coming three years.



The iMatter survey is regularly discussed. A total of 63% of health and social care staff gave us feedback on their experience as a staff member in 2022. Thank you! We reviewed this feedback and promoted action planning at team and organisation level to listen, and learn from, your feedback and make Fife Health and Social Care Partnership a great place to work.

We have championed the Mission 25 campaign to promote staff recruitment across social media ensuring that you, our workforce, are at the forefront of the campaign sharing your stories and celebrating the fantastic work you do.



The development of our first HSCP Care Academy in collaboration with Fife College. This provides around 1000 learning credits with Fife College to support new and existing staff to achieve qualifications in health and social care as well as providing placements, mentoring and other supports.

How has the forum informed approaches to strategies and the organisational objectives of the IJB?

The forum has discussed and contributed to a range of strategic developments and priority topics within the Health and Social Care Partnership ahead of being approved at the Integration Joint Board. This has included:

- The Health and Social Care Strategic Plan 2023-2026
- The Workforce Strategy and Action Plan 2022-2025
- Medium Term Financial Strategy 2023-2026
- Home First Strategy (Still in development)
- The inspection of adult services
- Annual Performance Report 2022-23

What is the main priority for the Local Partnership Forum?

It's you! Staff working within Fife Health and Social Care Partnership! These are just a few photos that we gathered this year representing our staff across all portfolios in Fife HSCP.



What are the Local Partnership Forum Priorities for next year?

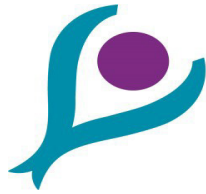
For 2023-24 the LPF will continue to ensure that our voice promotes the importance of our workforce by:

- Championing our staff voice through; iMatter Action Plan promotion and celebrating our staff throughout the year
- Supporting partnership work to promote equality, diversity and inclusivity including membership in a working group to progress this
- Ensuring strong engagement with the significant transformation work underway to make sure the Partnership is sustainable for the future
- Continued oversight of staff governance forums, and associated issues, e.g. employer relations issues, attendance, and locum spending
- Promoting the importance of and supporting our staff health and wellbeing
- Ensuring effective engagement with the development of the Year 2 Workforce Action Plan
- Supporting the extension of leadership through the co-design and ongoing delivery of the new Integration Leadership Team across the Partnership
- Continuing to shape the improvement of the LPF to sustain our positive impact on the Partnership by creating development spaces for the Forum and ensuring the voices of our LPF members co-design our future

What is the Local Partnership Forums Key message to staff?

Our key message is, thank you! A huge thanks to all of the staff working in Fife Health and Social Care Partnership for who you are, all you achieve and the difference you make for the people of Fife each and every day.

Thank You



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 28 JUNE 2023 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council
John Kemp, NHS Non-Executive Board Member

Attending: Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Audrey Valente, Chief Finance Officer (Fife H&SCP)
Tony Gaskin, Chief Internal Auditor (NHS Fife)
Chris Brown, External Auditor
Shona Slayford, Principal Auditor (NHS Fife)
Avril Sweeney, Risk Compliance Manager (Fife H&SCP)
Tracey Hogg, Partnership Finance Manager (Fife H&SCP)
Isabella Middlemass, Management Support Officer (Note taker)

Apologies: Sinead Braiden, NHS Non-Executive Board Member
Sam Steele, Fife Council
Fiona McKay, Head of Strategic Planning, Performance & Commissioning Manager (Fife H&SCP)
Jennifer Rezendes, Principal Social Work Officer (Fife H&SCP)
Vanessa Salmond, Head of Corporate Services Fife H&SCP)
Roy Lawrence, Principal Lead for Organisational Development and Culture (Fife H&SCP)

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
	DECLARATION OF INTEREST No declarations of interest were noted.	
2	MINUTES OF PREVIOUS MEETING 10 MAY 2023 Minute of previous meeting approved as an accurate record.	
3	ACTION LOG Audrey Valente explained to the committee that Isabel Middlemass will be taking a note of the meeting and are at the moment doing a handover, all Action Logs have been completed which are not reflected in the action note at this time, but this will be displayed at the next meeting.	

	Dave Dempsey stated that we are required to approve that the action note is accurate so with that caveat we need to do that.	
4	<p>INTERNAL ANNUAL REPORT</p> <p>Tony Gaskin stated that this is his last meeting and therefore this will be his last Internal Audit Report . A recommendation has been made that this report goes to all IJB members and is considered at all standing committees. Tony Gaskin read out the following <i>“As Chief Internal Auditor, and based on the work undertaken, I have concluded that reliance can be placed on the IJB’s governance arrangements and systems of internal controls for 2022/23 also, I have not advised management or do I have any concerns around the consistence of the Governance Statement about its format and content or the disclosure of any relevant issues”</i>. The report contains 2 parallel messages the first is that the Fife IJB has done a lot of good work (see paragraph 10) including the delivery of the new Strategic Plan, the second is around risk. There will be difficult choices to make as Scottish Government set out a list of demands and there will be a challenge to break even going forward. The partnership will need to be agile and robust enough to be able to identify risks and solutions and monitor in terms of governance structures.</p> <p>Discussion took place around the report. All agreed it was a fair, reasonable, proportionate report and the recommendations make perfect sense.</p> <p>Recommendation: It was agreed that the report be submitted to the governance committees for consideration and issued to all IJB members for information.</p> <p>Decision is to take a tailored approach to other committees.</p>	
5	<p>INTERNAL AUDIT REPORT STRATEGIC PLANNING</p> <p>Tony Gaskin stated that there is a consistent theme between this report and the annual report. It is a well-constructed positive strategic plan. In future a different approach may have to be taken to ensure unidentified and unmet needs are identified. Given the current service pressures the delivery of this strategic plan and sustainable services are fundamental. There is a need to invest in having the resources that you need for transformation and good governance around planning. This report is a good starting place, but it’s not risk free . Nicky Connor may want to consider taking this to the SPG.</p> <p>Discussion took place and it was agreed that the report focused on all the right areas. It was agreed to bring back a progress report in 6 months.</p> <p>Recommendations: This report was presented to the Committee for assurance.</p>	
6	<p>INTERNAL AUDIT PROGRESS REPORT</p> <p>Tony Gaskin presented this report and assured the committee that Clinical Governance workforce, and Self-Assessment for management will be presented in the September report . Also, in September the annual plan will be delivered.</p>	

	<p>For information - The critical audit recommendation in the Council audit. The Risk Committee is meeting on Friday where this will be resolved.</p> <p>Recommendation: Consider and note the two appendices.</p> <p>Decision:</p> <p>Committee considered the report presented and noted the two appendices.</p>	
7	<p>DRAFT ANNUAL ACCOUNTS & FINANCIAL STATEMENT</p> <p>Audrey Valente stated that the documents presented are both the governance statement and the annual accounts for the IJB. Committee were asked to approve the governance statement which provides the assurance around financial management and the internal controls and should be considered in conjunction with Tony's and Shona's report which we have just been presented with today. The second recommendation requires approval be given to submit the annual audited accounts to external audit . Tracey Hogg gave a presentation and an overview to the committee which explained the accounts process. The annual accounts financial statements are a statutory requirement to be provided each year. 31st March is the annual year end, and we are expecting to pass over to the external audit by 30th June which is a legal requirement. On 1st July the accounts will be made available for public inspection for 15 days. The draft accounts are presented for consideration and agreement to pass over to external audit. At the Audit and Assurance Committee on 25th September the final accounts will be signed off .</p> <p>Discussion took place and it was highlighted that we have turned a moderate underspend into a big deficit which was explained but it was felt that this message must be properly explained whenever we are talking about accounts.</p> <p>Page 76 some of the actions seem to be duplicated. This has been picked up and Tracey Hogg has taken a note of this.</p> <p>Recommendations: Assurance for members information. Discussion to note them. Decision approve/disapprove the annual governance statement and agree/disagree the approval of the submission. Decision to agree the recommendations.</p>	
8	<p>RISK APPETITE STATEMENT</p> <p>Avril Sweeney presented this report for discussion, and for the committee to recommend the draft risk appetite statement for approval to the IJB. This follows on to quite a bit of work carried out by IJB members and SLT since December last year including the work at the Development Session in February this year. This was previously discussed by this Committee at the last meeting on 10th May. The key risk appetite classifications have been applied to key risk impacts for the IJB and the results are set out within the statement at appendix 1. The statement also sets out where risk appetite and risk tolerance sit within the risk process and how the risk tolerance levels are applied to the levels of risk appetite. Once agreed it will be the intention to apply the risk appetite initially to all the IJB's strategic risks. Also, it will be used in relation to decisions being taken by the IJB. An example of this was considered at the last development session when looking at budget proposals. Decisions could include strategy development,</p>	

	<p>budget proposals, setting of priorities etc. AS is looking for the committee to recommend this for approval to the IJB.</p> <p>Discussion took place and the Committee agreed they were happy to approve.</p> <p>There will be an additional process to look at where risk appetite could be applied. This will include amendments to the SBAR and seeking other areas where the process can be continually improved.</p> <p>Recommendations: Recommended the report go to the IJB for formal approval.</p>	
<p>9</p>	<p>DEEP DIVE RISK REVIEW UPDATE</p> <p>Avril Sweeney presented the report for discussion and for the Committee to approve the process and template for the Deep Dive Risk Reviews for use by the relevant governance committees going forward. The purpose of the Deep Dive Review will be for members to gain assurance that risks are being effectively managed within the risk appetite and the agreed tolerance levels. The process and template were considered at the last meeting of this committee on 10th May and it was also taken to the Finance Performance and Scrutiny Committee on 12th May. The feedback from these two meetings have been incorporated into the template and process. The question set is shown at appendix 2 but the process will ensure that the risk owner highlights any key questions when they deliver this report from this question set for the committee to consider.</p> <p>Discussion took place and Committee agreed they were happy to approve the proposed changes. Members highlighted the importance of keeping the process live and it not becoming a paper exercise. It's about everyone in the room being clear about what the risks are and what we are doing about it and what is working and what still needs to be done. There is a mechanism in place to see how this is working through an annual report on Risk Management.</p> <p>Recommendations: Committee agreed the approval of its use.</p>	
<p>10</p>	<p>IJB STRATEGIC RISK REGISTER</p> <p>Avril Sweeney presented the report This sets out the IJB strategic risks. Report is presented to Committee quarterly and was last presented on 22nd March 2023. The risks have been most recently reviewed in May 2023. The finance risk although still a high scoring risk has reduced from 20 to 16 which is reflecting the setting of the balanced budget for the year and greater certainty in the shorter term. All other risks have remained the same score. Appendix 1 shows the risks in the condensed format, it includes all 3 risk scores, the relevant governance committees and also shows the trend of the residual risk score over the last 2 reviews. We are currently sitting with 4 high risks, and they are shown in summary form on the SBAR along with the risk profile as at now, January 2023 and April of last year. The Quality and Communities Committee have a report going this week to their committee with their risks.</p> <p>Discussion took place. Members were supportive of the drop in score for the finance risk.</p>	

	<p>Dave Dempsey stated that he would like to consider a review of the Terms of Reference of this committee as he feels we are coming to the end of certain bits of work. It was felt that this committee had a lot of energy. We have a lot of useful work on this and the risk appetite. Considered future areas of work including MSG Indicators and benchmarking work against other Local Authorities and any learning that can be taken from them.</p> <p>Members were asked to discuss the risk register and whether any further information is required. The risk register was noted.</p>	
<p>11</p>	<p>FIFE HSCP WHISTLEBLOWING STANDARDS PART 8 ASSESSMENT</p> <p>Audrey Valente presented report on behalf of Roy Lawrence. The paper gives assurance to the committee that our employee partners are working with the partnership to ensure we meet the requirements of the Whistleblowing Standards Part 8 specifically aimed at IJB's. A summary of which is in the paper and the full standards are attached as an Appendix. Committee are asked to endorse the proposed reporting schedule to meet Part 8 requirements whilst noting that Fife Council are undertaking a full review of whistleblowing procedures which will report to their Council Executive team in August 2023. The paper sets out the policies, procedures, and specific arrangements to meet whistleblowing standards, training and support for staff. Both NHS and Fife Council have agreed to try and align as much as possible their approaches to support requirements of part 8, where although it's recommended that partners have similar policies etc., they are asked that the 2 partners status does not inhibit the IJB's ability to listen and respond to concerns raised. This paper describes the work being done by both partners to achieve this assurance. The NHS describe in great detail their arrangements in place to meet their responsibilities. The Council are looking to revamp their approach across the corporate system and are in the process of taking the new approach to CET in August, followed by JNCF in September. At this point the Council will update on the new policies and procedures which include proposed annual reports to the IJB and committees which set out any whistleblowing activity linked to the key area of part 8 standards. It should also be noted that the UK government has launched a review of the whistleblowing paper in March and will conclude in Autumn of 2023. The review will gather evidence on the effectiveness of the current approach to enable workers to speak up about wrongdoing and protect those who do so. When this review is concluded both organisations will consider their findings in relation to their existing policies. The partnership will receive reports quarterly to SLT business, local partnership fora and annual reports to the IJB committees, that set out any whistleblowing activities. These reporting schedules will provide opportunity for formal escalation as necessary whilst providing assurance to any issues will be addressed by NHS or Fife Council according to the policies and procedure.</p> <p>Discussions took place and the Committee agreed the proposed approach and for Roy Lawrence to make contact with Kirsty McDonald within the NHS Fife as their whistleblowing champion to connect her into this piece of work. Noted this will also be discussed at the Local Partnership Forum meeting with the Joint Trade Unions for their consideration.</p>	

12	<p>ITEMS FOR HIGHLIGHT TO IJB</p> <p>Dave Dempsey confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 28th July 2023.</p>	
13	<p>AOB</p> <p>Dave Dempsey, Chair of this Committee announced that this was Tony's last meeting at this committee so he would like to record our thanks to Tony for his contribution over the time he has been involved with this committee.</p> <p>The rest of the members echoed Dave's best wishes to Tony.</p>	
13	<p>DATE OF NEXT MEETING</p> <p>Wednesday 13th September 2023 at 10:00 a.m.</p>	



Fife Health & Social Care Partnership

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MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE THURSDAY 6 JULY 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Colin Grieve NHS Non-Executive Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr David Graham

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Lisa Cooper, Head of Primary and Preventative Care Services
Vanessa Salmond, Head of Corporate Services

In attendance:

Jamie Kirkby, Service Manager, Older People’s Services
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Cllr Graeme Downie
Rona Laskowski, Head of Critical and Complex Care Services
Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance
Helen Hellewell, Associate Medical Director
Lynn Barker, Associate Director of Nursing

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interests were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 12TH MAY 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p> <p>Agreed for future Committees updates should be gathered ahead of the meeting and a progress report included in the action note. Vanessa Salmond also to action for all Governance Committees.</p>	VS /GM
5.	<p>FINANCE</p>	
5.1	<p>Finance Update</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 31st May 2023. Noting that the forecast for the Partnership is currently a deficit of £4.751m.</p> <p>It is also noted that the savings position is currently projecting the Partnership is on track to deliver 67% of its savings with a requirement to utilise reserves to fund the remaining 33%. This will require the Partnership to use £7m of reserves against the £10m which has been set aside and approved by the IJB in March. Should the position remain, the Partnership will be returning £3m to reserves taking the balance back to £10m. However, if unable to reduce overspend by the year end reserves will be required to be utilised to offset overspend.</p> <p>The report presented also refers to the next steps to bring a recovery plan back to the next meeting of the Committee. It is essential that this recovery plan brings the budget back in balance to ensure that there is no further depletion of reserves in order to remain at just below the policy minimum of 2%.</p> <p>Audrey Valente also highlighted the report asks for a further £1.5m use of reserves be approved. These are noted and itemised in appendix 2 of the report.</p>	AV

	<p>Reference was also made to the recent Development Session and noted the pack provided contained a discussion document. This document will be turned into a SBAR which will be taken to the IJB at the end of the month, but to allow for good governance it is proposed to circulate something around members of the Committee following the drop-in sessions to incorporate any views and comments before submission to the IJB.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included earmarked reserves, GP prescribing, allocation of monies from partners, hospital and long-term care line variation, modernising administration services showing amber yet overspend showing £0 and gas and electric forecast.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that there is robust financial monitoring in place. 2. Agreed onward submission to the IJB for approval of the financial monitoring position as at May 2023. 3. Agreed onward submission to the IJB the use of reserves as at May 2023 	AV
<p>5.2</p>	<p>Funded Establishment Vacancies</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer.</p> <p>The report is brought to Committee following an action to understand more fully the vacancy position within the Partnership. This is the second such report and provides an extract from the monitoring report as at the end of March 2023.</p> <p>The report highlights the complexities in pulling this information together and notes that there are very different approaches taken across the partner organisations to report vacancies with bank and agency one example. Noted the use of turnover allowance is also a contributing factor.</p> <p>In summary there is an indicative 486 vacancies due to the treatment of bank and agency and turnover allowance. Noted 486 vacancies equates to 8% of the current FTE within the Partnership but can be taken down to closer to 5-6% once take into account bank and agency.</p>	

	<p>The discussion was opened up to Committee members and items raised included can we afford to rectify the position to recruit those individuals, clarity sought around having an establishment number that cannot be funded, what do we do next and how in the future can we develop a strategy to use these figures to make good decisions about which posts we prioritise filling?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Fully discussed the report recognising the complexities associated with consolidating the information and noted the approaches to reporting vacancies vary across the two partner organisations. 	
<p>5.3</p>	<p>Risk Appetite Statement</p> <p>The Committee considered a report from Avril Sweeney, Team Manager Compliance and presented by Audrey Valente.</p> <p>This report follows on from the work carried out by IJB members and SLT since December 2022 including the work at the Development Session in February this year.</p> <p>The risk appetite classifications have been applied to the key risk impacts for the IJB and the results are set out within the risk appetite statement in Appendix 1. The risk appetite statement also sets out where risk appetite and risk tolerance sit within the risk process and how the risk tolerance levels are applied to the levels of risk appetite.</p> <p>Once agreed it is the intention to apply the risk appetite initially to all the IJB strategic risks and to use this when considering risks relating to decisions being taken by the IJB. This will include decisions around strategy development, budget proposals and setting of priorities.</p> <p>The discussion was opened up to Committee members and items raised included a query around the number of risk levels as set out in the tables.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Agreed onward submission of the draft risk appetite statement for approval to the IJB with the caveat of updating the report as discussed. 	

6.	PEERFORMANCE	
6.1	<p>Annual Performance Report</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Performance, Planning and Commissioning.</p> <p>The Report is provided to Committee to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance Report) of the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>The main body of the Report focuses on performance during 2022 to 2023 and includes examples and case studies of innovations and improvements completed during this timescale and is structured around both the old and new strategic plan.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included Fife’s population downward trend and any impact this would cause on services.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Agreed onward submission of the Annual Report to the IJB with the amendments highlighted by members. 	
6.2	<p>Fife Alcohol & Drug Partnership Annual Report</p> <p>The Committee considered a report by Elizabeth Butters, Service Manager, Fife Alcohol & Drug Partnership and presented by Fiona McKay.</p> <p>The report provides a background and an update on the work undertaken by the ADP during its second year of service development based on the new funding to meet the Drug Mission Policy and priorities and delivery of the second plan for implementation of the new MAT Standards.</p> <p>Noted the report is presented in two sections with the first being a local report reflecting on progress against the Fife ADP Strategy 2020 - 2023 and the second a template required by the Scottish Government to assess ADP compliance with recommendations attached to the funding.</p>	

	<p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included queries with regards to same day prescribing across all sites, why does the report review alcohol deaths in 2020, whether Committee were being assured this is an accurate report or whether the strategy is right and are happy with the work being undertaken.</p> <p>Query also raised in relation to the 1971 Drug Act and whether seeing a relaxation of some of the barriers that got in the way?</p> <p>Question was also raised in relation to how drug deaths in Fife relate to drug deaths elsewhere in the UK and in areas of comparative deprivation? Officers to look into the detail and provide response.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Took assurance that the work undertaken by Fife ADP is line with the ADP Strategy 2022 – 2023. 3. Agreed onward submission of the Annual Report to the IJB. 	FMc
6.3	<p>Transformation & PMO Report</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer.</p> <p>Report is brought to the attention of Committee to provide assurance that programmes and projects within the remit of the HSCP programme management office (PMO) are safely and effectively monitored and delivered.</p> <p>The report provides an update on the six programmes of work currently being progressed and indicates the significant work being progressed to support SLT with the development of business cases which relate to the medium-term financial strategy and closure of the budget gap.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included query in relation to new builds and what this meant and when will the H&SCP Finance Manager develop financial reporting for the Transformation portfolio?</p>	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance of the current position as outlined in the report. 	
7.	STRATEGIES	
7.1	<p>Primary Care Strategy</p> <p>The Committee considered a report from Lisa Cooper, Head of Primary and Preventive Care.</p> <p>The development of the Primary Care Strategy has been jointly commissioned by the Director of Fife Health and Social Care Partnership (and NHS Fife Medical Director to support delivery of high quality accessible and sustainable services for the population of Fife and is a first for Scotland approach.</p> <p>The Strategy is one of the nine key strategies supporting the delivery of the Strategic Plan and also underpins NHS Fife’s Population Health and Wellbeing Strategy and the Partnership’s collective commitment to the anchor ambitions.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included how will we know if successful in achieving the outcomes and the importance on workforce to be able to deliver the primary care improvement plan and address the budget gap.</p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report. 2. Approved the submission of the Primary Care Strategy to progress to the IJB. 3. Noted that a performance and assurance framework is being developed to monitor implementation and will form the basis of future reports for assurance and decision making. 	
7.2	<p>Home First Strategy</p> <p>The Committee considered a report from Lynne Garvey, Head of Community Care Services.</p> <p>The report introduces the Home First Strategy, as enclosed in Appendix 1, being the strategic direction for the Home First model in Fife and sets out the transformational initiatives relevant to the three critical elements of the strategy: prevention and early intervention, person centred at the heart of all care decisions and a whole systems approach.</p>	

	<p>The Home First Programme is the delivery mechanism for the Home First Strategy and is an action orientated response to the recommendations in the national guidance. The programme approach helps to ensure the activity being undertaken by relevant services is also aligned with local strategic priorities as highlighted in the Home First Strategy.</p> <p>The focus of the transformational programme of works is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise the vision. There will be an emphasis on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/ developed so they are flexible to growing and changing demands, as well as being sustainable.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report and were particularly pleased to note the KPI information is in quantitative SMART objectives and noting the report to be exemplary and very clear in what trying to achieve. It was also noted that as the Primary Care Strategy becomes more developed it would be good to see some of the action plans flowing from there done in the same way. Members also noted again the critical nature of the workforce to deliver this strategy and the financial aspects of that including the financial savings and cost implications.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report. 2. Agreed onward submission of the Home First Strategy in Fife to the IJB. 3. Noted the Home First Standards and Key Performance Indicators which will form the basis for future reports. 4. Took assurance that the Home First Strategy has been developed in line with the Medium-Term Financial Strategy. 	
<p>7.3</p>	<p>Carers Strategy</p> <p>The Committee considered a report presented by Fiona McKay, Head of Strategic Planning, Performance and Commissioning.</p>	

	<p>The Carers (Scotland) Act 2016 requires the Partnership to review and publishes the local Carers Strategy at least every three years. A draft strategy is presented to Committee for the period 2023 – 2026. This combines the strategies for adult carers and young carers in a single strategy document.</p> <p>The new strategy reports on progress to date and what further work requires to be undertaken and has been developed by adult and young carers, partners in the third sector and colleagues from across the Partnership and has been approved for presentation to Committee by the Carers Strategy Group.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included the scoring in the risk register and whether the risk levels were correct?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Approved the submission of the Carers Strategy 2022 to 2023 to the IJB. 	
8.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 28th July 2023.</p>	
9.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
10.	<p>DATE OF NEXT MEETING</p> <p>Friday 15th September 2023 at 10.00am via MS Teams.</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 30 JUNE 2023, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Lynn Mowatt
Ian Dall, Service User Rep, Chair of the PEN (ID)
Morna Fleming, Carer's Representative (MF)
Kenny Murphy, Third Sector Representative (KM)
Paul Dundas, Independent Sector Lead (PD)
- Attending:** Dr Helen Hellewell, Deputy Medical Director (HH)
Nicky Connor, Director of Health & Social Care (NC)
Lynn Barker, Director of Nursing (LB)
Lynne Garvey, Head of Community Care Services (LG)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Rona Laskowski, Head of Complex and Critical Care Services (RL)
Jennifer Rezendes, Principal Social Work Officer (JR)
Simon Fevre, Staff Side Representative (SF)
Scott McCallum, Service Manager, Corporate Parenting (SMcC)
Alan Adamson, Service Manager, Quality Assurance (AA)
Avril Sweeney, Manager, Risk Compliance (AS)
Heather Bett, Senior Manager, Children Services, Sexual Health & BBV and Rheumatology (HB)
Lesley Gault, Team Manager, Strategic Planning (LGal)
Ruth Bennett, Health Promotion Manager (RB)
Tracy Harley, Service Manager Participation and Engagement (TH)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Councillor Sam Steele
Councillor Margaret Kennedy
Cllr Graeme Downie
Alistair Grant
Dr Chris McKenna, Medical Director
Ben Hannan, Director of Pharmacy and Medicines
Roy Lawrence, Principal Lead for Organisational Development & Culture
Christine Moir, Head of Education and Children's Services (Children and Families/CJSW and CSWO)
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)

No	Item	Action
1	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>The Chair welcomed everyone to the HSCP Quality & Communities Committee. SB extended her sincere thanks to all HSCP staff who continue to work above and beyond in what continues to be an extremely challenging working environment.</p>	
2	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>No declarations of interest were received.</p>	
3	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 16 MAY 2023</p> <p>The previous minutes from the Q&CC meeting on 16 May 2023 were reviewed and no alternations or corrections were requested.</p> <p>The minutes were taken as an accurate record of the meeting.</p>	
5	<p>ACTION LOG</p>	
6	<p>GOVERNANCE</p>	
	<p>6.1 Lived Experience – Methilhaven Care Village</p> <p>The slideshow of photographs showing the Methilhaven Care Village as it evolved was presented by Nicky Connor. NC, who has spent time at the Village, the first of its' kind in Scotland, described the excellent facilities comprising a care home, sheltered housing, supported living and a nursery, all on one site. NC spoke very highly of the staff working within the facility with forward thinking and enthusiastic attitude. All IJB Members will be invited to the formal opening taking place in September. The presentation was brought to Committee for Information.</p> <p>SB thanked NC for the presentations and hoped the news of the ground-breaking project would be shared widely. Cllr Liewald seconded SB's comments.</p>	
	<p>6.2 Quality Matters Assurance</p> <p>LB introduced the Quality Matters Assurance Paper, brought to Committee for Assurance.</p>	

	<p>LB advised QMAG meets minimally six times per year and is clinical and professionally led by herself with support from the Deputy Medical Director and Chief Social Work Officer. The purpose of the group is to seek assurance from each portfolio that clinical and care governance is discharged effectively within the Partnership, whilst meeting the statutory duty for the quality of care.</p> <p>LB stated, the matters discussed at Fife HSCP QMAG on 21st April are summarised and these items were brought to the Group for learning, advice, assurance, review of risks and escalation.</p> <p>KM queried where legal responsibility lies. NC confirmed responsibility sits with the Chief Executives of FC and NHS Fife re statutory duties they hold for the quality of services delivered. She stated, the IJB is required to have a level of oversight and advised, by November 2023, a Clinical & Care Governance Framework with strengthened performance reporting will be in place. Currently, an overview of the work taking place is being brought, to show how the work connects with both Partners and how it supports responsibilities held by the IJB. KM would like the documentation to be made available to give confidence progression is being made as should be. LC felt confident HH, LB and JR will take this on board and will achieve the correct balance through the Framework.</p>	
	<p>6.3 External Inspection Report - deferred</p>	
	<p>6.4 Adult and Child Protection IJB Risk 10 Assurance</p> <p>JR introduced the report which is seeking assurance around the NHS overarching governance for Adult Support and Protection. She advised, the content of the paper gives an in- depth detail of the governance and JR talked through the various tiers and the branches coming from each.</p> <p>The report has come through QMAG and is brought to Q&CC for assurance.</p> <p>SB ask if Committee can take assurance a multi-agency response is being used. JR advised the report gives assurance there are systems in place to enable this. ASPC improvement plan and ASPC conveners report which comes to IJB annually giving assurance, however, did not have specific date.</p> <p>The Committee confirmed they were assured the correct governance structures are in place for Adult and Child Protection.</p>	
	<p>6.5 Home First Strategy</p>	

LG brought the Home First Strategy for discussion and decision to progress to IJB. LB outlined the route the Strategy has taken thus far, and where it will progress to following Q&CC.

LB advised the Strategy outlines the strategic direction for the Home First model and sets out the transformational initiatives which are relevant to the three elements of the strategy. These are prevention and early intervention, person centred at the heart of all care decisions, and a whole systems approach. She spoke of feedback around early intervention and prevention featured at the start of the Strategy and changes were made.

LB highlighted the main aims of the Strategy, including the vision of enable everyone in Fife being able to live longer healthier lives at home or in a homely setting. The sub-groups which enable the programme were outlined.

Cllr Liewald was very supportive of the Strategy and reported very good feedback she has received. MF felt the Strategy is well-written and had various questions which she will email separately to LB. She did wish to raise the subject of Carers in this context, as they may be willing to take on more responsibility than is necessarily good for them.

She spoke of IT, FC and NHS systems speaking to one another, as this is not easy currently.

LB welcomed all comments and advised there has been a huge amount of consultation which has included Carers, has not been drawn through into SBAR, she will ensure this is corrected.

ID felt the Strategy begins well, however, too much emphasis is placed on preventing hospital admission and releasing from hospital quickly, he felt more balance is required. ID referred to the diagram on eligibility criteria and asked at what stage intervention is made. He also queried KPIs, reference to Mental Health and the Risk Register.

It was agreed, LG will pick up these points directly with ID offline as it was felt he may not have the most recent version of the Strategy.

KM was happy to see the Strategy has a good level of detail. He also queried the KPIs. LG explained how the KPIs are calculated and the relevance of noting, future reports which come back will be performance related. LG will pick up out with the meeting.

PD thanked LG for the Strategy which he is fully supportive of and felt to be comprehensive with considerable detail. He raised the subject of Care@Home staff currently being unable to administer medications at level 3. He felt to meet the early intervention/prevention aim, this is imperative. He spoke of a special interest group looking at this and felt it should be included on the Risk

LG

	<p>Register. He would welcome off-line conversation. LG was in agreement.</p> <p>SB asked if the Home First Strategy was specifically for Older People. LG advised the majority will be over 65yo, although does include all adults - does not include children and/or young people. Where mental health fits in and decision making around release from hospital was discussed.</p> <p>ID raised concerns around lack of evidence re early intervention. LG assured steps have been taken since previous feedback from ID. She advised interface care, supporting people within the community, will be more strongly detailed within the report.</p>	<p>LG</p>
	<p>6.6 Care Inspection, Care at Home Fife</p> <p>LG advised, the report comes to Committee for Noting. She stated the Care at Home Service has been inspected and the report highlights the rates awarded, the recommendations and the action plan to meet the recommendations. She advised, the Care at Home Service was previously inspected in Jan 2020, when all 3 parts were graded with 4's. She was delighted to say, despite the Pandemic having a significant impact, particularly within Workforce, a grade of 4 has been maintained. LG personally met with the Inspectors and she was told Fife is one of the few Care at Home Services which has received grades of 4. Lots of different actions were recommended and an action plan has been agreed.</p> <p>PD thanked LG for the report and spoke of the difficult period which had been experienced throughout the Pandemic, and with a high turnover of staff and felt it was an encouraging report to read.</p>	
	<p>6.7 Carer's Strategy 2023-2026</p> <p>NC presented the report for consideration and support to progress to IJB. She advised the Strategy looks at HSCP's responsibilities to the Carer's Scotland Act and requirement to publish a local carer's strategy at least every 3 years. Extensive engagement and consultation has taken place at the end of 2022/early 2023. NC detailed the various means of engaging with Carers and Carers organisations. A Strategic needs assessment underpins the Strategy and NC gave detail. Progress investments made were outlined along with forward planning for the next two years were explained.</p> <p>NC advised the Strategy is aligned to both National and Local Strategies and spoke of workforce development and spoke of recognising the critical importance of supporting carers. She highlighted the main points from the SBAR and advised the Strategy has been endorsed by the Joint Carer's Strategy Group. NC welcomed any comments, particularly from MF.</p> <p>MF advised she has points she will discuss off-line. She wanted to say, reaching out to unpaid carers was important work, carer's</p>	<p>MF/FMcK</p>

	<p>strategy funding has gone into additional social workers posts, adult carer support plans and young people statements wants to see a measurable outcome. NC will feed back to FMcK and ensure all points are taken forward.</p> <p>SB queried some of the figures, stated as doubling but no further detail. NC will feedback.</p> <p>ID felt communication is the key to identifying more carers and should be given high priority. Cllr Liewald was happy to see the very good work with The Wells reported with drop-ins increasing. She suggested The Wells could offer a good opportunity for conversations to take place helping to identify carers. There was discussion around advertising of the support available. TH spoke of the work the PA Team are doing around chemists, GP surgeries and on the street.</p>	<p>NC</p> <p>NC</p>
	<p>6.8 Fife Primary Care Strategy</p> <p>LC introduced the Primary Care Strategy, which was commissioned jointly by the Director of HSCP and NHS Fife Medical Director focussing on medium to long term plans to support high quality accessible care to the population of Fife for PC Services. This is one of the 9 key enabling strategies, underpinning the Partnerships Strategic Plan to support the vision for people of Fife to live independent healthier lives.</p> <p>LC gave an overview of the Services provided and outlined the main themes within the Strategy. The five priorities and principles within the Strategy were described. LC spoke of the significant participation and engagement work carried out to shape the Strategy ensuring the focus is on what matters to the population of Fife.</p> <p>The governance structure in place will give oversight, once there is a move to implementation, and formal reporting will come forward to give assurance of the Implementation Plan and Delivery Plan achieving the ambition of the Strategy.</p> <p>MF felt the document was very readable and queried the reason for Dental Service child registrations dropping, also Community Pharmacy, she believed some big chains are blocking new Community Pharmacies being opened and queried the reason.</p> <p>LC welcomed feedback advised the meeting a Summary version of the Report is to be released for easier reading. She is aware of child registration reduction and gave assurance work will be targetted looking at this. Re-established the oral health improvement programmes, one of which is the Childsmile programme, ensuring an early intervention approach.</p> <p>LC spoke of the complexities of Pharmacy registration which is directed through National legislation structures. Currently Fife are</p>	

	<p>on a journey working around these. She advise a Pharmacy Application Committee convened within Fife to manage Pharmacy applications</p> <p>There was discussion around the legislation relating to Community Dentistry and Pharmacy. In particular, ID felt legislation to be flawed. NC advised of work being carried out through LC's Team in partnership with NHS Fife, looking at internal processes around PPC. Internal improvements identified which can be made, engaged with Ben Hannan and Alistair Grant. NC gave assurance being looked at despite challenges around legislation.</p> <p>LC agreed, Dentistry access is very challenging and stated her Team are looking at novel and new approaches to support and improve work with independent contractors and Dentists.</p> <p>KM felt the participation and engagement results showed poor engagement from people of Fife. He suggested new methods of engagement should be considered, encouraging greater involvement. He commented he felt the Strategy, in places, appeared to cross over to operational plans for implementation.</p> <p>NC wished to clarify the method of participation and engagement which included a higher number of individuals and explained the background. She spoke of the 9 underpinning Strategies of the Partnership's Strategic Plan and work which will take place to ensure these are connecting as intended with an annual delivery plan which connects the key priorities, informing performance reporting each year.</p> <p>SB thanked everyone for their comments. She acknowledged concerns around Dentistry and Pharmacy. Information regarding public engagement work should be corrected to reflect the true engagement which took place.</p> <p>SB advised the committee were content to progress the Primary Care Strategy to the IJB.</p>	<p>LC</p>
<p>6.9</p>	<p>Child Protection Annual Report 2022/2023</p> <p>HB introduced the report which she advised, ties in with the presentation given by JR around IJB Risk 10. The report covers the period 2022/23 and gives assurance appropriate child protection arrangements are in place.</p> <p>HB described the teams and the work being undertaken. She stated the report gives assurance the children of Fife are protected from harm and any concerns relating to their welfare are identified and addressed in a timely manner. The key drivers, leadership, accountability and governance arrangements and</p>	

	<p>processes were outlined. Also, activities taking place throughout 2022/23, including successes and challenges.</p> <p>HB spoke of progressing into 2023/24 and the work planned, she mentioned the Child Protection Guidance published in 2021, which is to be implement by April 2024. She outlined the work carried out by the small team across a range of areas and the development, education and training within the team. She advised the Team are looking to expand to include a Learning & Development Officer and a Clinical Effectiveness Co-ordinator from beginning of August. HB outlined the role of the new team members.</p> <p>Cllr Liewald thanked HB for a detailed report and welcomed the Team expanding and felt there is now a much-improved service available. SB agreed with Cllr Liewald’s statement.</p>	
	<p>6.10 Participation & Engagement Strategy / Updated Planning with People Guidance 2023</p> <p>TH introduced the report on behalf of Fiona McKay for assurance. The P&E Strategy, which is based on the Scottish Government Planning with People Guidance 2021, was endorsed by the IJB at the end of 2021. This Guidance was since reviewed to support a Human Rights based approach and to align with the care improvements and recommendations of the Independent Review of Adult Social Care.</p> <p>The P&E Strategy is brought back to Committee to give assurance it continues to be in alignment with the Planning with People Guidance. TH advised work is ongoing and the Strategy is live. She spoke of the Carers Forum which is currently being built upon.</p> <p>KM was supportive of the Strategy, although felt there was a lot of demand placed on the Team and asked how to proactively engage more people and gave examples of poor engagement. This question was discussed at some length. Virtual engagement and face-face within the Community is taking place and stated the goal of the Strategy is to engage more members of the population. Fully compliant with the Health Improvement Scotland Quality Framework, expected to develop and grow.</p> <p>ID stated himself and MF have been fully involved, with some way to go. He felt additional funding would be beneficial. Cllr Liewald encouraged the P&E Team to utilise Councillors to promote P&E work where appropriate.</p>	
	<p>6.11 Corporate Parenting Board – 6 Month Update</p> <p>SMcC introduced the report on behalf of C Moir. The 6 Month Update was brought to Committee for assurance. He advised the</p>	

	<p>Board meets quarterly and is attended by a wide range of Senior Officers across the Partnership.</p> <p>SMcC outlined the remit of the Board which is to improve outcomes and life chances for children and young people with Care Experience. Four priority areas which have been further developed during the previous 6 months, include 'Belonging to Fife' which SMcC explained, improving school attendance, supporting and improving young people's mental health and developing lived experience groups. SMcC gave details relating to the work.</p> <p>Cllr Liewald spoke highly of the work taking place. ID reiterated Cllr Liewald's comments and spoke of a positive experience story and thanked SMcC for the work he and the Team are carrying out.</p>	
	<p>6.12 Annual Performance Report 2022-2023</p> <p>AA presented the report on behalf of Fiona McKay, brought for consideration and recommendation for progression to IJB. AA highlighted the main points from the report. He advised further detail will come to the Strategic Planning Group in July and will then be progressed to IJB.</p> <p>AA stated, the Annual Report must be published by the end of July and to ensure the report goes through the Committee process on a timely basis to seek approval, indicators have not been provided. He advised, indicators will be provided by 4th July and will be included when the report goes to the IJB.</p> <p>MF thanked AA for the report which she felt was very readable. She asked if abbreviations could be more clearly explained.</p>	<p>AA</p>
	<p>6.13 Quality & Communities Strategic Risk Register</p> <p>AS presented the Strategic Risk Register on behalf of Audrey Valente for awareness and discussion. The Register sets out the IJB Strategic Risks which may pose a threat to the Partnership in achieving its objectives in relation to quality & care governance and quality of care. AS advised, the Register was last presented to Committee in November 2022 and is scheduled to come to Committee on a 6-monthly basis.</p> <p>AS advised the Risks continue to be managed by the Risk owners and were last reviewed in May '23. The Risks are presented in order of residual risk score, this takes into account the current level of management actions and internal control in place.</p> <p>AS highlighted the risks which have a high residual risk score and advised there are a number of risks at an operational level which are monitored at the QMAG meeting and managed by Service Managers. If a risk raises concern, it will be escalated to SLT and to a strategic level if necessary. She spoke of work ongoing</p>	

	<p>developing a deep dive review process for Strategic Risks, piloted by Finance, Performance & Scrutiny and agreed at Audit & Assurance Committee. These deep dive review reports will be brought back to Q&CC going forward.</p> <p>The Committee were assured quality & communities risks are being managed.</p>	AS
	<p>6.14 Risk Appetite Statement</p> <p>AS again brought the report for discussion and recommendation to the IJB. She advised this follows on from a lot of work which took place Dec '22 and at the IJB Development Sessions in Feb '23. The report has been previously recommended to IJB at Audit & Assurance in July '23 and will go to Finance, Performance & Scrutiny w/c 03.07.</p> <p>AS gave an overview of the report and explained the risk process, including how tolerance levels are applied. It is the intention to apply the risk appetite to all IJB Strategic Risks and to use it when considering risks related to decisions being taken by the IJB around Strategy, development, budget, etc.</p> <p>Cllr Liewald commented the Development Session was very enlightening and gave good understanding of the process.</p> <p>The Committee were content to approve the Risk Appetite Statement to progress to IJB.</p>	
	<p>6.12 Health Promotion Service Annual Report 2022/23</p> <p>LC welcomed Ruth Bennett to present the report to Committee.</p> <p>RB introduced the report which had been requested by the PHWBC for information. RB outlined the main topics of the report which included the role of the Service, key National and Local strategic drivers, commitment to early intervention and prevention with a focus on up-stream determinants of health and the report sets out the range of the work undertaken and the Services provided with examples to illustrate how the Health Promotion Service works to achieve this. The report also provides examples to illustrate the response made to recover and remobilisation from the Pandemic. Examples showing how the team have contributed to working across H&SC portfolio and gave examples of these. And also contributed to HSCP & NHS Fife commitment to anchor institutions, giving examples.</p> <p>MF felt specific reference to carers is missing, particularly in relation to recovery from the Pandemic where carers took on extra responsibility as people did not want others coming into their homes and this has not changed due to various reasons. MF would like to see in the Equality & Diversity para 335 some specific mention of carers and the effects on them during and post Pandemic. RB thanked MF for her comments.</p>	

	<p>Cllr Liewald thanked LC and RB for the report and stated she was particularly pleased with Food for Fife Strategy, there is also a community growing project with community orchards being developed where members of the community grow their own. In the Cowdenbeath area, this is expanding with plots of land being identified for use. She asked if this work can be included within the report. Many benefits, including mental health. RB will ensure comments are fed back.</p> <p>LC welcomed the feedback and she referred to MF's comments around carers. LC wanted to give assurance, as the Service moves forward, in the development of the prevention and early intervention strategy, carers and what matters to carers, will be threaded through the Strategy.</p>	
7.0	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>7.1 Quality Matters Assurance Group Confirmed Minute from 21.04.23 No comments.</p>	
	<p>7.2 Strategic Planning Group Unconfirmed Minute from 17.05.23 No comments.</p>	
	<p>7.3 Clinical Governance Oversight Group Confirmed Minute from 18.04.23 No comments.</p>	
	<p>7.4 Equality & Human Rights Strategy Group No new minute available.</p>	
	<p>7.5 Fife Drugs and Therapeutics Committee Confirmed Minute from 26.04.23 No comments.</p>	
8.0	ITEMS FOR NOTING No comments.	
9.0	ITEMS FOR ESCALATION Methilhaven Care Village.	
10.0	AOCB No further business raised.	
11.0	DATE OF NEXT MEETING Thursday 07 September 2023 – 1400-1700hrs	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 26 JULY 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Eleanor Haggett, Staff Side Representative
Debbie Fyfe, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Billy Nixon, Health & Safety, NHS Fife
Diane Roth, OD & Culture Specialist, Fife Council (Item 5)
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Heather Bett (for Lisa Cooper)
Jackie Millen, Learning & Development Officer, NHS Fife (Items 4 & 5)
Jennifer Bell, Chartered Society of Physiotherapy
Karen Laird, HR, NHS Fife (for Susan Young)
Kenny McCallum, UNISON
Lisa Cooper, Head of Primary & Preventative Care Services
Lynn Barker, Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Morag Stenhouse, H&S Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Robertson, UNITE
Yvonne Batehup, UNISON Welfare Representative
Vicki Bennett, British Dietetic Association Representative
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Helen Hellewell, Deputy Medical Director, H&SC
Nicky Connor, Director of Health & Social Care
Sharon Adamson, RCN
Susan Young, HR Team Leader, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	

As above.

Morag Stenhouse advised that Kenny Grieve has retired from Fife Council. LPF members recorded their thanks to Kenny for his contribution to the forum over the years and wished him well in his retirement.

NO	HEADING	ACTION
2	PREVIOUS MINUTES / ACTION LOG FROM 23 MAY 2023	
	<p>The Minute and Action Log from the meeting held on 23 May 2023 were both approved as accurate records of the meeting.</p> <p>Debbie Fyfe advised that carers within Fife Council have had time off rostered to allow them to undertake mandatory training either at home or an office setting and this opportunity was welcomed.</p>	
3	JOINT CHAIRS UPDATE	
	<p>Debbie Fyfe asked for a meeting with Fiona McKay out with the LPF to discuss potential issues relating to the introduction of Liquidlogic.</p>	FM/DF
4	TURAS FOR MANAGERS	
	<p>Jackie Millen, NHS Fife gave a brief demonstration on TURAS which is the centralised training system used by NHS Fife and available to Fife Council and 3rd sector staff. This system is constantly being developed and updated and suggestions for other areas to include should be forwarded to Jackie.</p> <p>The demonstration focused on the Manager Zone and gave an overview of the system and how easy it was to navigate through it.</p> <p>Simon Fevre thanked Jackie for her demonstration and asked what statistics were available from the system, eg did it give an idea of user numbers and where users are from. Jackie advised that monthly reports are produced on the core skills training and she will enquire to see if information is available on user origins. If this information is available Jackie will feed it back to Simon for sharing with the LPF.</p>	JM/SF
5	iMATTER UPDATE	
	<p>Diane Roth gave an update on the joint collaborative approach which was taken with the iMatter survey this year which was supported by a joint communications strategy and a leaflet for staff who do not have regular access to computers. The videos done by Nicky Connor and Dafydd McIntosh were well received at the various team meetings and roadshows.</p> <p>The Partnership had a total response rate of 73%, up 10% on last year which exceeded expectations. 177 teams had a 100% response rate, up from 119 teams last year. The number of teams who had less than a 25% response rate dropped from 40 in 2022 to 12 in 2023 and only 8 requests were made for paper copies of the survey, down from 83 last year. Some area with lower response rates in 2022 were specifically targeted and their response rates all increase significantly.</p> <p>Jackie Millen advised that "Team Fife" had a 66% response rate, which was 7% higher than the overall NHS response rate. Overall 257 teams had a 100% response rate, which included the 177 partnership teams.</p>	

NO	HEADING	ACTION
5	iMATTER UPDATE (CONT)	
	<p>The survey is now in the Action Plan phase and managers are encouraged to complete their initial Action Plan and to ensure this is updated and locked in during the coming months. Communications will be done in November 2023 and February / April 2023 as a reminder.</p> <p>This year's survey had two additional questions on raising concerns. Of 7,712 responders 7,578 chose to answer these and the feedback from them will be in Directorate Reports in August 2023.</p> <p>Simon thanked Diane and Jackie for their commitment to the iMatter survey and the high engagement this had resulted in.</p>	
6	BANK/AGENCY STAFF	
	<p>Lynn Barker gave a Presentation on Sustainable Nursing Workforce which outlined the national and local Workforce Strategies, the relevant Health & Wellbeing Outcomes and the use of off-framework agency staff.</p> <p>In February 2023 Scottish Government issued a Directive, effective from 1 June 2023, to greatly reduce the use of off framework nursing staff.</p> <p>Lynn Barker chairs a Sustainable Workforce Group and significant work has taken place to reduce the use of these staff and this will be reviewed and monitored going forward.</p> <p>Simon thanked Lynn for the presentation and the impressive amount of work undertaken in a short time period.</p> <p>Lynne Parsons asked if the workforce tools used for nursing staff were going to be introduced for other staff group eg AHP's. Lynn confirmed that this was being investigated in other inpatient areas and it might be useful to ask Amanda Wong, Associate Director, AHP's to provide an update to a future LPF meeting.</p> <p>Debbie Fyfe asked for an update on bank and agency spend across the partnership. Elaine Jordan advised that an update had recently been taken to an SLT meeting and Audrey Valente will take this on board and bring up date to the next LPF meeting.</p>	AV
7	LPF DEVELOPMENT SESSION – DATE/CONTENT	
	<p>The proposed date for the rescheduled LPF Development Session is Thursday 21 September 2023 (PM). Times and venue to be confirmed but a diary hold would be sent. LPF members are asked to email their ideas for content to the co-chairs.</p>	ALL
8	HEALTH & WELLBEING	
	Attendance Information	
	<p>Elaine Jordan had provided the May update with the LPF papers but was able to give a brief update on the June figures which show absence sitting at 11.8% (was 12.3% in May). Short term absence has reduced to 2.6% whilst long</p>	

NO HEADING

ACTION

8 HEALTH & WELLBEING (CONT)

Attendance Information (Cont)

term is still sitting at 9.2%. Elaine gave some detail on the absence rates by portfolio and service and advised the most common reasons for absence. Attendance panels continue to be held and the Attendance Support Unit is being recruited to. Debbie Fyfe asked if it was possible to get more detailed information on the main reasons for absence and Elaine will bring this to the next LPF meeting.

Karen Laird provided information from an NHS perspective and June figures have gone down to 6.74% from 7.27% in May. Both long- and short-term absences increased in May, with short-term decreasing in June. There are 28 areas in the partnership where absence rates are over 10%. A pilot is being undertaking to do multi-factor reviews in absence hot spots.

Staff Health & Wellbeing

Susan Young had provided a written update on behalf of the NHS which was circulated with the meeting papers. Karen Laird advised that refresher training is being offered for managers to assist with Review and Improvement Panels.

Elizabeth Crichton provided an update on the support being provided to employees either before they go off or from the first day of absence. Employees appreciate the support they are being given. Full day Mentally Healthy Workplace training has started. Work with the University of Hull is ongoing and Elizabeth offered to circulate a SWAY document to LPF members to update on this.

EC

Employee Relations Update

Elaine Jordan and Karen Laird both gave a brief update around ongoing grievance and disciplinary cases and the work which is being undertaken to have these resolved. Early resolution is always sought in all cases. Debbie Fyfe sought assurance around employee suspension, alternatives to this and the timelines for resolution. Discussion took place around suspension and the use of a checklist which has been development to assist managers,

9 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)

Mandatory Training Update

Rona Laskowski had provided updated information on this which was circulated with the papers for the meeting. Progress is being made towards a compliance rate of 90% by the end of year.

At present this information is presented on a portfolio basis but towards the end of the year it should be able to be presented showing trends throughout the partnership.

NO	HEADING	ACTION
9	<p>HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP (CONT))</p> <p>H&S Updates – NHS and Fife Council</p> <p>Morag Stenhouse had provided a written report which was circulated with the papers for the meeting. Morag gave a brief update on RIDDOR and Violence and Aggression incidents in June. The H&S Framework has now been approved and signed off.</p> <p>Billy Nixon advised he would provide a written H&S update to be circulated to LPF members and updated on staff moves within his team.</p>	BN
10	<p>FINANCE UPDATE / BUDGET</p> <p>Audrey Valente gave a brief update on the financial position which is showing a projected outturn at the end of May 2023 of £4.7m overspend against a £662m budget. Detail on over/ underspends and Reserves is contained in the report. A Recovery Plan paper will be brought to the next LPF meeting.</p>	AV
11	<p>SERVICE PRESSURES & WORKFORCE UPDATE</p> <p>System Pressures</p> <p>This item was not discussed due to the volume of items on the agenda.</p> <p>Update on Industrial Action</p> <p>This item was not discussed due to the volume of items on the agenda.</p> <p>Supporting Work/Life Balance</p> <p>This item was not discussed due to the volume of items on the agenda.</p>	
12	<p>ANNUAL PERFORMANCE REPORT 2022-2023</p> <p>Fiona McKay advised this report has been through the governance committees and is going to the IJB for approval on 28 July 2023. Staff stories have helped to ensure the report is relevant. Simon Fevre felt this was an impressive report which highlights a lot of the good work being done in the partnership. The LPF agreed the report should be taken to the IJB for approval.</p>	
13	<p>HOME FIRST STRATEGY</p> <p>Lynne Garvey advised this Strategy has been through the governance committees and is going to the IJB for approval on 28 July 2023. Comments and feedback from committees has been included in the final version. This is a significant piece of work which has involved staff throughout its development. The LPF were happy to approve this to go to the IJB.</p>	

NO	HEADING	ACTION
14	FIFE PRIMARY CARE STRATEGY	
	<p>Lisa Cooper presented this report which is the first to be completed in Scotland. The Strategy has been through the governance committees and is on the agenda for the IJB meeting on Friday 28 July 2023, which it is to be approved. Lisa outlined this ambitious strategy which will support primary care services going forward, aligns to the Strategic Plan and Workforce Strategy, will assist in the recovery of primary care services and reduce inequalities in Fife.</p> <p>Discussion took place around Fife being the first partnership in Scotland to produce such a strategy, issues relating to dental and GP services and the provision of regular updates to the LPF. The LPF supported the Primary Care Strategy being taken to the IJB for approval.</p>	
15	NATIONAL CARE SERVICE – FEEDBACK FROM NATIONAL SESSIONS	
	<p>This item was not discussed due to the volume of items on the agenda.</p>	
16	FIFE HSCP WHISTLEBLOWING STANDARDS	
	<p>Roy Lawrence advised via the chat function that this report is going to IJB on Friday 28 July 2023 and it has been through LPF previously. There are very few changes to previous paper. Roy wanted to endorse the proposed reporting quarterly to LPF.</p>	
17	LPF ANNUAL REPORT 2022-2023	
	<p>This item was not discussed in detail due to the volume of items on the agenda.</p> <p>Simon Fevre advised the report would be circulated to LPF members for comment and the final report would be brought to the September LPF and IJB meetings.</p>	SF/ALL
18	ITEMS FOR BRIEFING STAFF	
	<p>This item was not discussed due to the volume of items on the agenda.</p>	
19	AOCB	
	<p>Discussion to take place around more realistic agendas for future LPF meetings to ensure all items can be covered within the meeting.</p>	
20	DATE OF NEXT MEETING	
	<p>Thursday 21 September 2023 – LPD Development Session – PM (tbc) Wednesday 27 September 2023 – LPF Meeting - 9.00 am – 11.00 am</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED

**MINUTE OF THE STRATEGIC PLANNING GROUP
HELD VIRTUALLY ON WEDNESDAY 17TH MAY AT 9.30 AM**

Present:	<p>Cllr David Graham (Chair) Cllr Rosemary Liewald Cllr Dave Dempsey Cllr Sam Steele Fiona McKay, Head of Strategic Planning, Performance & Commissioning Lesley Gauld, Team Manager, Strategic Planning Jacquie Stringer, Locality Planning Co-ordinator Morna Fleming, Carer Representative Tracy Harley, Service Manager, Participation & Engagement Ian Dall, Service User Representative William Penrice, Service Manager, Performance Management & Quality Assurance Lynne Garvey, Head of Community Care Services Jennifer Rezendes, Professional Lead for Social Work Vanessa Salmond, Head of IJB Corporate Services Kenny Murphy, Third Sector Representative Paul Dundas, Independent Sector Representative Audrey Valente, Chief Finance Officer Nicky Connor, Director of Health & Social Care Fay Richmond, Executive Officer to Chief Executive & Board</p>
Apologies for Absence:	<p>Simon Fevre, Staff Representative, NHS Fife Paul Short, Service Manager, Housing Services Ben Hannan, Director of Pharmacy and Medicines Lisa Cooper, Head of Primary & Preventative Care Helen Hellewell, Associate Medical Director Vicki Birrell, Team Manager, Strategic Planning Rona Laskowski, Head of Complex & Critical Care Dr Rishma Maini, Consultant in Public Health Claire Dobson, Director of Acute Services Lynn Barker, Associate Director of Nursing Catherine Jeffrey Chudleigh, Consultant in Public Health</p>
In Attendance:	<p>Gillian Muir, Management Support Officer (Minutes) Anca Wilson, Programme Manager Alan Adamson, Service Manager, Quality Assurance Nicola Broad, Team Manager, Strategic Planning Eileen Duncan, Digital Programme Manager Kay Samson, Health Improvement Programme Manager</p>

NO.	TITLE	ACTION
1.	<p>WELCOME AND INTRODUCTIONS</p> <p>David Graham welcomed everyone to the meeting and apologies were noted as above.</p> <p>David Graham extended a welcome to Nicola Broad, Team Manager – Strategic Planning, Jennifer Rezendes - Principal Lead for Social Work and Vanessa Salmond – Head of IJB Corporate Services.</p>	
2.	<p>MINUTE OF LAST MEETING – 1ST MARCH 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>Amendment to be made to item 4a – Carers Strategy to correct spelling of Morna Fleming’s name.</p> <p>Actions noted within the minute have been progressed and are complete.</p>	GM
3.	<p>STRATEGIES FOR REVIEW</p> <p>Fiona McKay advised the three strategies being presented were draft strategies, but as they had now been through the Governance Committees were now ready for onward submission to the IJB as full strategies pending any comments received today.</p> <p>a. Home First Strategy (Draft Strategy)</p> <p>Lynne Garvey provided an overview of the Strategy and SBAR.</p> <p>The Report introduces the Home First Strategy, as enclosed in Appendix 1, being the strategic direction for the Home First model in Fife and sets out the transformational initiatives relevant to the three critical elements of the strategy: early intervention and prevention, person centred at the heart of all care decisions and a whole systems approach.</p> <p>Direction was received in 2018 from the Scottish Government Joint Improvement Team which provided guidance to local authorities with ten actions to transform discharge from hospital. The Home First Strategy outlines Fife’s commitment to transform the discharge process, by integrating health and social care and maximising the collaborative working that exists in Fife. The Home First Programme is the delivery mechanism for the Home First Strategy and is an action orientated response to the recommendations within the national guidance.</p> <p>The focus of this transformational programme of works is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise this vision. There will be an emphasis on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/ developed so they are flexible to growing and changing demands, as well as being sustainable.</p> <p>The Report is brought for discussion, and agreement that I the Home First Strategy in Fife should progress through Committees and to the IJB.</p>	

NO.	TITLE	ACTION
3.	<p data-bbox="252 197 794 230">STRATEGIES FOR REVIEW (continued)</p> <p data-bbox="164 264 603 297">a. <i>Home First (draft Strategy)</i></p> <p data-bbox="252 331 1369 566">Discussion was opened up to members of the Group and items raised included staffing resource and to what extent the success of the Home First Strategy was predicated on that and what confidence there was that this would change; priority 1 how do we get fewer admissions by improvising discharge process; gaps within Housing Occupational Therapy staffing resource and if these would halt any progress to this work; challenges of IT systems within the NHS and Partnership which could also potentially hold this back.</p> <p data-bbox="252 600 1345 768">There was also discussion around the priorities of the Strategy, early intervention, and the focus on getting people out of hospital. It was felt that the report did not include sufficient detail regarding how we stop people even having to need social care. Officers thanked members for their comments and observations which will be taken on board.</p> <p data-bbox="252 801 1353 936">Feedback was also provided on the format of the report particularly the pictures / images within the report, and it was suggested that the risk register should be more explicit, and set out plainer to show where a priority is aligned to a particular standard.</p> <p data-bbox="164 969 1289 1070">b. David Graham thanked Officers for the thought-provoking report. The Strategic Planning Group agreed that the Home First Strategy should progress through Governance Committees to the IJB with the comments and suggestions made.</p> <p data-bbox="252 1115 715 1149"><i>Advocacy Strategy (Draft Strategy)</i></p> <p data-bbox="252 1182 1066 1216">Fiona McKay provided an overview of the strategy and SBAR.</p> <p data-bbox="252 1249 1369 1317">Report presented to the Strategic Planning Group for discussion and feedback on the work of the Advocacy Strategy, and for agreement to proceed to the IJB.</p> <p data-bbox="252 1350 1345 1552">In Fife, it is the responsibility of the Health and Social Care Partnership to commission the advocacy services required to meet statutory responsibilities. The Advocacy Strategy 2023 to 2026 reflects the achievements of the Partnership since the last Advocacy Strategy 2018 to 2021 and sets out its five priorities to enable achievement of both local and national outcomes and to deliver on our statutory obligations in respect of advocacy provision in Fife.</p> <p data-bbox="252 1585 1281 1653">The Strategy has been worked though with the Advocacy Forum which are the organisations which make up all our Advocacy Organisations across Fife.</p> <p data-bbox="252 1686 1361 1821">Discussion was opened up to members of the Group and items raised included what conversations are ongoing with these organisations to make sure that they are matching up with the strategy document; do we have the capacity to meet the overall demand; how far down the line hope do we hope to be by 2026?</p> <p data-bbox="252 1854 1369 2022">Feedback and comments were also given on the content of the report including comment with regards to the survey and that there doesn't appear to be an opportunity in the questions or the survey for people to be able to say what they think is missing from the strategy. Officers thanked members for their comments and feedback will be taken on board.</p>	

	it was noted that the Advocacy Strategy and supporting papers was tabled at the Finance, Performance & Scrutiny Committee on 12 th May 2023, but was deferred and not discussed.	
NO.	TITLE	ACTION
3.	<p>STRATEGIES FOR REVIEW (continued)</p> <p>b. <i>Advocacy Strategy (Draft Strategy)</i></p> <p>Fiona McKay advised that the paper had been tabled and fully discussed at the Qualities and Communities Committee on 3rd May and would be progressed to the IJB. The Chair had felt that there had been good discussion at that Qualities and Communities Committee and anything on performance would come back to Finance & Performance Committee to discuss.</p> <p>c. <u><i>Commissioning Strategy (Draft Strategy)</i></u></p> <p>Alan Adamson provided an overview of the strategy and SBAR.</p> <p>Report is presented to the Strategic Planning Group for discussion and feedback on the work of the Commissioning Strategy.</p> <p>The Commissioning Strategy 2023 – 2026 builds on the commissioning foundations established in the Commissioning Strategy 2021 - 2023. The document sets out the context in which the Partnership will develop its approach to commissioning and takes account of its vision and strategic priorities in the newly published Strategic Plan 2023 – 2026.</p> <p>The Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plan 2023 – 2026 sets out the Partnerships commissioning vision, principles, priorities, Partnership behaviours and expectations that it has of its providers. It sets out how it will work collaboratively with its partners to develop and deliver ethical, sustainable and innovative social care services that will ultimately improve the outcomes for the people of Fife.</p> <p>The Commissioning strategy is an enabling strategy and will impact across the rest of the strategies, has its own delivery plan and activity plan which will develop and evolve as other strategies are updated which may identify other commissioning intentions or areas of work.</p> <p>Discussion was opened up to members of the group and comments and items raised included whether there is a system a system in place of bulk buying for all of the partners we have in the private sector as well as the Partnership’s care homes and whether there was use of the services of NHS NSS the Scottish buying group?</p> <p>Feedback and comments were also given on the content of the report.</p> <p>It was noted that the Commissioning strategy and supporting papers were tabled at Finance, Performance & Scrutiny Committee on 12th May 2023 , but was deferred and not discussed.</p>	
4.	<p>STRATEGY FLASH REPORTS</p> <p>Fiona McKay introduced the strategies. These had been brought to the meeting to provide an update on their progress with a flash report submitted for each.</p>	

	Query was raised with regards how often flash reports would be received and an ask for those reports that are being submitted for a second or third time for the author to emphasis the difference from the last report presented.	
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NO.	TITLE	ACTION
4.	<p>STRATEGY FLASH REPORTS (continued)</p> <p>a. <u>Carers Strategy</u></p> <p>Fiona McKay provided an overview of the flash report submitted noting this is the second update report to be provided to the Strategic Planning Group.</p> <p>Ian Dall queried how far along the review of the carers journey was when was this expected to be complete?</p> <p>Fiona McKay advised that the carers journey was the work that has been progressing behind the strategy to look at what people are telling us around, work is in progress . Work is underway to produce a newsletter to go out to carers. We will continue to involve Morna Fleming in discussions.</p> <p>b. <u>Digital Strategy</u></p> <p>Eileen Duncan provided an overview of the flash report submitted and progress to date on the first Digital Strategy for the Partnership.</p> <p>Rosemary Liewald queried with regards to the public consultation, which groups of people would this be aimed at and which localities and if social work teams were also being consulted?</p> <p>Elaine Duncan advised that conversations were still active but proposing to use the Partnerships Facebook page to seek feedback from the public as well as engaging with people in hospitals and via the Wells with face-to-face consultation.</p> <p>The strategy team is working very closely with the Participation and Engagement Team who are providing guidance as to who we need to engage with.</p> <p>c. <u>Local Housing Strategy</u></p> <p>Agreed as members have already had sight of the paper any questions should be directed to Paul Short in the first instance. Paper to be tabled on next meeting agenda for full discussion.</p> <p>d. <u>Mental Health Strategy</u></p> <p>An overview of the flash report was provided.</p> <p>Noted the refresh of this strategy is in the very early stages as we await launch of the Scottish Governments national strategy. First meeting held to draw up Terms Of Reference etc to shape digital priorities.</p> <p>Nicky Connor highlighted the update provided at a recent Development Session of the IJB, although whilst talked about Estates work also spoke about the models of care, those priorities are also key and underpin this strategy.</p>	

	<p>Rosemary Liewald queried the timeframe of how long this is going to take to come forward and there was any detail as to what was causing the delays on this?</p> <p>Fiona McKay advised that the work to take forward the refresh of Fife's mental health strategy had to mirror some of the strategy coming from Government and ensured that Officers were linked into the national picture also.</p>	
NO.	TITLE	ACTION
4.	<p>STRATEGY FLASH REPORTS (continued)</p> <p>d. <u>Mental Health Strategy</u></p> <p>Nicky Connor advised that one of the key things we are looking to do with the strategy is to bring forward an outcomes framework nationally which will help to inform the data reported locally, so whilst delayed this does not prevent us progressing work.</p> <p>Agreed further update to be brought to September meeting.</p> <p>e. <u>Prevention and Early Intervention Strategy</u></p> <p>Lisa Cooper provided an overview of the flash report submitted noting this is the second update report provided to the Strategic Planning Group.</p> <p>David Graham queried how well do the two strategies (Home First and Prevention and Early Intervention) integrate to allow that work to happen and how will we know it's making a difference?</p> <p>Nicky Connor explained that when discussing Home First we are talking about the prevention of admission and early intervention to enable people to live well at home. When considering this strategy we are talking about across the whole life course, about the Partnerships commitment to NHS Children's Services through to what means getting into broader issues.</p> <p>Ian Dall queried whether it would be more sensible to change the language used at the start of the Home First strategy so that it is clear the Home First Strategy is part of the overarching Prevention Strategy.</p> <p>Officers thanked members for the comments and feedback which will be taken on board.</p>	
5.	<p>ANY OTHER BUSINESS</p> <p>i. <u>Strategic Planning Group Development Session</u></p> <p>A face-to-face Development Session to be arranged to bring people together to look at the Strategic Plan, all strategies and the Annual Report.</p> <p>Suitable date to be sought.</p> <p>ii. <u>Additional Strategic planning Group Meeting – July</u></p> <p>Additional Strategic Planning Group to be arranged in July to review the Annual Performance Report.</p> <p>Fiona McKay requested if the session could include discussion on Carers Strategy and the Primary Care Strategy.</p>	

	Agreed items would be added to the agenda.	
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NO.	TITLE	ACTION
<p>5</p> <p>iii.</p>	<p>ANY OTHER BUSINESS (continued)</p> <p><u>Board Papers</u></p> <p>Morna Fleming raised an issue concerning receipt of printed copies of Board papers the lateness of them being delivered or otherwise, the volume, and the unrealistic expectation that these can be fully considered in a shortened timescale prior to the meeting.</p> <p>Noted that Terms of Reference state that papers will be issued seven days prior to meeting.</p> <p>Officers took on board comments made and will look at the current process in place for papers being issued by mail. Fiona McKay agreed to raise at SLT for further discussion.</p> <p>Vanessa Salmond confirmed that this was something which was on the IJB workplan to be looked at for the totality of the IJB structure, Governance Committees and associated processes.</p>	
<p>6.</p>	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • 11th July 2023 (Annual Performance Report only) • 5th September 2023 (Standard Agenda) 	