



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 25 MARCH 2022 AT 10.00 AM**

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

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

	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS	Christina Cooper	-
2	CONFIRMATION OF ATTENDANCE / APOLOGIES	Christina Cooper	-
3	DECLARATION OF MEMBERS' INTERESTS	Christina Cooper	-
4	CHIEF OFFICERS REPORT	Nicky Connor	-
5	MINUTES OF PREVIOUS MEETING 28 JANUARY 2022	Christina Cooper	3 - 8
6	MATTERS ARISING – ACTION NOTE	Christina Cooper	9 - 10
7	FINANCE UPDATE	Audrey Valente	11 - 26
8	REVENUE BUDGET 2022-2023	Audrey Valente	27 - 41
9	PERFORMANCE REPORT – EXECUTIVE SUMMARY	Fiona McKay	42 - 54
10	CODE OF CONDUCT FOR MEMBERS OF FIFE INTEGRATION JOINT BOARD	Norma Aitken	55 - 76
11	APPROVED INTEGRATION SCHEME	Nicky Connor	77 - 111

12	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED</p> <p>Clinical & Care Governance Confirmed Minute from 7 January 2022.</p> <p>Finance & Performance Committee Confirmed Minute from 14 January 2022 Verbal Update from 11 March 2022</p> <p>Audit & Risk Committee Confirmed Minute from 13 January 2022 Unconfirmed Minute from 9 March 2022</p> <p>Local Partnership Forum Confirmed Minute from 19 January 2022 Confirmed Minute from 15 February 2022</p>	<p>Tim Brett</p> <p>David Graham</p> <p>Dave Dempsey</p> <p>Simon Fevre / Nicky Connor</p>	112 - 141
13	AOCB	ALL	
14	<p>DATES OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – FRIDAY 22 APRIL 2022 – 9.30 AM</p> <p>IJB BOARD MEETING – FRIDAY 20 MAY 2022 – 10.00 AM</p>		
<p>MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHORS IN ADVANCE OF THE MEETING</p>			

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



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 28 JANUARY 2022 AT 10.00 AM

Present

Christina Cooper (CC) (Chair)
Rosemary Liewald (RLi) (Vice-Chair)
Fife Council – Tim Brett (TB), Dave Dempsey (DD), Jan Wincott (JW)
NHS Fife Board Members (Non-Executive) – Martin Black (MB),
Sinead Braiden (SB), Alistair Morris (AM), Arlene Wood (AW)
Chris McKenna, NHS Fife Board Member (Executive Director) Medical Director NHS Fife
Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, NHS Fife
Wilma Brown (WB), Employee Director, NHS Fife
Amanda Wong (AW), Associate Director, AHP's, NHS Fife
Ian Dall (ID), Service User Representative
Morna Fleming (MF), Carer Representative
Simon Fevre (SF), Staff Representative, NHS Fife
Debbie Thompson (DT), Joint Trades Union Secretary

Professional Advisers

Nicky Connor (NC), Director of Health and Social Care/Chief Officer
Audrey Valente (AV), Chief Finance Officer
Helen Hellewell (HH), Associate Medical Director

Attending

Bryan Davies (B), Head of Primary & Preventative Care Services
Rona Laskowski (RLas), Head of Complex & Critical Care Services
Lynn Barker (LB), Associate Director of Nursing
Lynne Garvey (LG), Head of Community Care Services
Jane Brown (JB), Principal Social Work Officer
Joy Tomlinson (JT), Director of Public Health
Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
Scott Garden (SG), Director of Pharmacy
Norma Aitken (NA), Head of Corporate Services
Kenny Murphy, Third Sector Representative
Katherine Paramore, Medical Representative
Hazel Williamson (HW), HSCP Communications Officer
Lindsay Thompson (LT), Head of Legal & Democratic Services
Paul Dundas (PD), Independent Sector Representative
Avril Sweeney (AS), HSCP Risk Compliance Manager
Elizabeth Butters (EB), Co-ordinator, Fife Alcohol and Drug Partnership
Carol Notman (CN), Personal Assistant (Minute)

NO	TITLE	ACTION
1	<p>CHAIRPERSON'S WELCOME / OPENING REMARKS</p> <p>The chair welcomed everyone to the first Integration Joint Board of 2022 and wished to take this opportunity, to thank Scot Garden for all his contributions over the years and wish him all the best in his new role within NHS Lothian.</p>	
2	<p>CONFIRMATION OF ATTENDANCE / APOLOGIES</p> <p>Apologies had been received from David Alexander, David Graham, David J Ross and Fiona Grant.</p>	
3	<p>DECLARATION OF MEMBERS' INTERESTS</p> <p>There were no declarations of interest.</p>	
4	<p>CHIEF OFFICERS REPORT</p> <p>Nicky Connor advised that the services continue to face increased pressures relating to winter and the ongoing pandemic and wished to thank the staff for their significant efforts to support the service and the people of Fife. Nicky advised that the Bronze and Silver Command Structure remained in place to support the daily management for the whole Partnership.</p> <p>Chris McKenna advised that the last 8 weeks had been exceptionally complex in response to the delivery of both health and social care. Dr McKenna advised that the Vaccination Programme Roll Out had been an overwhelming success for the whole of Fife which has helped the anticipated wave not to be as serious as initially predicted. Nicky Connor agreed noting that the "Boosted by the Bells" Campaign had been very successful exceeding the 80% target population in Fife receiving their booster by Christmas Eve.</p> <p>Janette Owens advised the impact of ongoing vacancies and the additional surge bed has impacted across all staff groups. Janette advised that the international recruitment drive had been successful with the first of the international nurses commencing their employment with NHS Fife in February 2022 with more anticipated to arrive in the next four to five months. Janette noted in addition to the international recruitment there has been additional funding received for 68 healthcare support workers and 60 of these positions have already been recruited to.</p> <p>Janette was please to advise that the 'essential visiting' restrictions will be eased this week and patients will be able to receive one visitor a day unless there is a covid outbreak within the ward area.</p> <p>Joy Tomlinson wished to take this opportunity to note the efforts and responsiveness of the whole population of Fife in all aspects of protecting oneself and others from the pandemic, whether it be being boosted to wearing masks and social distancing, which has made a significant impact.</p> <p>Tim Brett noted that NHS England had made it mandatory for staff to be vaccinated and asked whether staff within the Partnership who are not vaccinated would be restricted in where they could work. Nicky Connor advised that this approach will not be mandated and that there were mechanisms in place to maintain the safety of both staff and patients. Wilma Brown confirmed that a risk assessment has been in place for staff since the start of the pandemic.</p>	

NO	TITLE	ACTION
	The Chair thanked Nicky, Chris and Janette for their updates and was assured that work was continuing to ensure staff and patient safety was paramount.	
5	<p>MINUTES OF PREVIOUS MEETING 26 NOVEMBER 2021</p> <p>Tim Brett wished to clarify under Section 12 whether it was START or STAR beds that was being discussed. Nicky Connor confirmed that it would be the community-based service STAR Beds.</p> <p>Arlene Wood queried with regards Section 8 there had been discussion at the Audit & Risk Committee around the outstanding recommendations from the 2020 Annual Audit and asked if this will be reported back to this Committee. Norma Aitken confirmed that a high-level mid-year report will be brought to provide assurance that actions are being closed off.</p> <p>All agreed that the minutes were an accurate reflection of the meeting.</p>	AV
6	<p>MATTERS ARISING – ACTION NOTE</p> <p>The Action Note from the meeting held on 26 November 2021 was approved.</p>	
7	<p>FINANCE UPDATE</p> <p>The Chair advised that this report was discussed at the Finance & Performance (F&P) Committee on Friday 14 January 2021 and introduced Audrey Valente who presented the report.</p> <p>Audrey Valente noted that the report presents the projected outcome position at November 2021. She confirmed that the delegated services are projecting a surplus of £0.566m which is a movement of £5M from the previously projected figure in September. This is due to the recovery actions which was presented at the last committee meeting, the continued refinement of the costs associated to covid, the ongoing vacancies across community services and the late notification of funding to cover the increase to the living wage.</p> <p>Tim Brett wished to confirm if funding received at the end of the financial year that is not fully spent is able to be carried forward. Audrey confirmed that Health & Social Care Partnerships are a Section 106 Governing Body and can carry funds forward with the Council undertaking this on the Partnership's behalf.</p> <p>Tim Brett queried when the governance committees had previously discussed winter activity there had been concern that there would not be enough finances to cover the extra activities. Audrey Valente advised that the funding received late 2021 the majority was earmarked for additional staff and any underspend associated with this will be carried forward into next financial year.</p> <p>Ian Dall noted that the number of staff vacancies must be having an impact on the services being delivered and was pleased to note that further analysis on this issue will be provided. Audrey Valente advised that there had been robust discussion at the Finance & Performance Committee and that a multi-disciplinary approach is required to understand the number and length of vacancies, their impact to the whole service and confirmed that the report once completed will come to the IJB through the escalation route.</p> <p>Alastair Morris advised that Fife H&SCP were in the fortunate position of having substantial reserves and was keen to have these carried forward to the next financial year which he anticipated will be challenging as he did not think that funding received will be as it has been over the pandemic. He queried whether</p>	

NO	TITLE	ACTION
	<p>a fresh approach was required going forward as there had always been assumption that vacancies would be recruited to and history shows that this is not always the case. Alastair queried whether there were plans to align the budget so that it is more realistic to the current situation. Audrey Valente confirmed that funding is able to be carried forward therefore the service could take time to ensure that the budget is spent wisely. She also confirmed that the Senior Leadership Team were looking to flex budgets to ensure that the funding is where the service priorities are.</p> <p>The Chair thanked Audrey Valente for the detailed report and confirmed that the Board were happy to approve the monitoring position.</p>	
8	<p>PERFORMANCE REPORT – EXECUTIVE SUMMARY</p> <p>The Chair advised that this report was discussed at the Finance & Performance (F&P) Committee on Friday 14 January 2021 and introduced Fiona McKay who presented the report.</p> <p>Fiona McKay advised report is a summary of the information which was discussed in full at the F&P Committee. The report highlights the areas are continuing to see significant pressures due to staffing challenges and care home closures.</p> <p>Tim Brett noted that he did not feel that the recommendation ‘for awareness’ was correct and felt going forward this should be reviewed. It was agreed that report should be for assurance and the board was asked to consider it in that context.</p> <p>Tim Brett queried the 6 high level indicators (pg 37) and asked if Indicator No. 3 regarding developing plan to implement Out of Hours Review had been completed. Fiona McKay advised that the high-level indicators had been set at national level and was part of the work that the Scottish Government had asked Boards to look at and due to pandemic the review may not be concluded. Fiona noted that as we come out of the pandemic the Strategic Group will be required to set new indicators.</p> <p>Paul Dundas wished to provide assurance that Fife Care at Home, the first of its type in Scotland, has been very successful with many other Partnership Board investigating how they could incorporate a similar programme. Fiona McKay wished to thank Paul for the significant effort there has been to implement the programme.</p> <p>Ian Dall queried the performance of the flagship projects, noting prior to the pandemic the performance had been going the wrong way and as services are remobilising following the pandemic if they do not prepare carefully and improve performance there is still going to be bottlenecks and numbers above the projected targets. Fiona McKay advised as services resume after covid there is a risk of the unknown and the unmet need is significant and advised that she was confident that there is a strategic plan in place and confirmed that any investment will be spent wisely to ensure best value for money.</p> <p>The Chair thanked all for the fruitful discussions and confirmed that the Board was aware of the report and the assurance being provided.</p>	

NO	TITLE	ACTION
9	<p>STRATEGIC RISK REGISTER REVIEW</p> <p>The Chair advised that this report had been discussed at the Audit and Risk (A&R) Committee on Thursday 13 January 2021 and introduced Audrey Valente who presented the report.</p> <p>Audrey Valente advised that work has been ongoing to review the risk register ensuring that the risks recorded within the IJB Risk Register were strategic risks with the operational risks being logged with the appropriate partnering body. Audrey advised that the document had been discussed and well-received at the A&R Committee.</p> <p>Audrey advised that the format of the revised register may still evolve and requested any feedback to be forwarded to her.</p> <p>The Chair confirmed that all were happy that the risk register discussions and that feedback would be individually forwarded on and confirmed that the Board approved the revised risk register and noted the ongoing development.</p>	
10	<p>FIFE ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2020/21 AND DRUG RELATED DEATH ANNUAL REPORT 2020</p> <p>The Chair advised that this report had been discussed at the Clinical & Care Governance (CC&G) Committee on 7 January 2022 and introduced Fiona McKay who presented the report.</p> <p>Fiona McKay advised that this annual report is a requirement of the Scottish Government. She noted that the drug related report which was also attached highlights the areas which the Government is focussing on.</p> <p>Tim Brett confirmed that there had been engaged discussion and was pleased to note that ADP will be discussed in more detail at a future development session. He wished to thank Fiona McKay, Elizabeth Butters and the ADP Support Team for their efforts noting that it is difficult to identify which of the various initiatives is making the most significant changes but advised that the team is striving to provide this information.</p> <p>Arlene Wood queried the narrative regarding the drug related deaths and asked if there was any specific initiative going forward to meet this unmet need. Fiona McKay advised that there is a Service Level Agreement in place for the third Sector Organisations who work closely with the ADP Team and their performance is monitored on a regular basis. She advised that a gaps analysis was completed by Fife Council colleagues which highlighted areas requiring investment. Elizabeth Butters advised in addition the service is now complying fully with the Medical Assistant Treatment Standards and there has been investment in the retention service to allow team members to follow up people if they have not been attending services as expected. There has also been increased provision in pharmacy interaction where people can access needles in a safe environment.</p> <p>Ian Dall noted that there has been an increase in the THN programme and queried whether this had helped in preventing deaths. Elizabeth advised that the service call review the refills that have been requested but is only able to follow up when it has been administered by a professional. Scott Garden confirmed that the use of the drug naloxone has increased and that there has been a robust multi-disciplinary review group reviewing and ensuring user and household contacts are confident to administer the drug.</p>	

NO	TITLE	ACTION
	<p>Chris McKenna requested that the information around hospital service and intervention is included in future reports going forward.</p> <p>The Chair asked that future reports include a summary to allow for an easier read. Fiona McKay agreed that a summary report would be beneficial.</p> <p>The Chair thanked both Fiona McKay and Elizabeth Butters for their report and confirmed that the Board approved the recommendations outlined in the report</p>	
11	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED</p> <p>Nicky Connor asked the Chairs of the Governance Committees and Local Partnership Forum for feedback from the committee's and if they had any items to escalate to the IJB.</p> <p>Tim Brett - Clinical & Care Governance – 12 December 2021 (Confirmed)</p> <p>Tim Brett confirmed that the items from this minute had been dealt with at the IJB meeting in December 2012.</p> <p>Arlene Wood queried the narrative that highlights random various across falls and pressure ulcers (pg 144). Nicky Connor asked the authors of the Quality Report to review and to arrange a meeting to discuss LB/HH to organise discussion with TB/AW</p> <p>David Graham - Finance & Performance Committee - 14 January 2022 (Unconfirmed)</p> <p>In the absence of the Chair of the F&P Committee, Nicky Connor confirmed that there were no issues for escalation</p> <p>Dave Dempsey - Audit & Risk Committee – 13 January 2022 (Unconfirmed)</p> <p>Dave Dempsey confirmed no items for escalation</p> <p>Simon Fevre - Local Partnership Forum – 14 December 2021 (Confirmed)</p> <p>Simon Fevre advised that there had been a further meeting of the Local Partnership Forum on 19 January 2022 and at this meeting the committee wished to raise the difficulties that services are facing balancing staff wellbeing and patient safety with the ongoing challenging situation with many staff still being redeployed.</p>	LB/HH
12	<p>AOCB</p> <p>No items were raised under AOCB.</p>	
13	<p>DATES OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION - FRIDAY 25 FEBRUARY 2022 – 9.30 am</p> <p>IJB BOARD MEETING – FRIDAY 25 MARCH 2022 – 10.00 am</p>	

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 28 JANUARY 2022

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	<p>MINUTES OF PREVIOUS MEETING 26 NOVEMBER 2021 - AW queried Section 8 - discussion at A&R Committee re outstanding recommendations from 2020 Annual Audit and will this be reported back to IJB. NA confirmed a high-level mid-year report will be brought to provide assurance that actions are being closed off.</p>	<p>Audrey Valente</p>	<p>TBC</p>	
2	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED - Arlene Wood queried the narrative that highlights random various across falls and pressure ulcers (pg 144). Nicky Connor asked the authors of the Quality Report to review and discuss out with meeting LB/HH to organise discussion with TB/AW</p>	<p>Lynn Barker / Helen Hellewell</p>	<p>TBC</p>	

COMPLETED ACTIONS

FIFE INTEGRATION JOINT BOARD 2020/2021 ANNUAL AUDIT REPORT – change to wording to be made prior to final approval and signature of annual accounts.	Audrey Valente	30 November 2021	Change made, accounts signed and submitted
FIFE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT – 2021-2022 report to be discussed at a future Development Session prior to being finalised	Fiona McKay	30 June 2021	Added to list of subjects for future Development Sessions



Meeting Title:	Integration Joint Board
Meeting Date:	25 March 2022
Agenda Item No:	7
Report Title:	Finance Update
Responsible Officer:	Nicky Connor, Director of Health & Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance & Performance Committee 11 March 2022
- Local Partnership Forum 16 March 2022

Discussions at the Finance & Performance Committee considered the requirement for a Direction to partners and also continuing cost pressures associated with Covid.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed

services based on 31 December 2021 (FC Council) and 31 January 2022 (NHS Fife) financial information. The forecast for Fife Health & Social Care Partnership is currently a surplus £0.573m.

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 January 2022 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £0.573m.

Currently the key areas of overspend are: –

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

These overspends are offset by the underspends in:-

- Community Services
- Children's Services
- Resource Transfer
- Adults Fife-wide
- Adults Supported Living

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

3.3.1 Quality/ Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

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

3.3.4 Risk/Legal/Management

The risk that full funding may not be made available by the Scottish Government (SG) to fund the costs of Covid-19 and unachieved savings as a result of Covid-19 within 2021-22 should be mitigated in full. Information from SG indicates that further funding will be allocated to allow Integration Authorities to break-even at year end.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

None

3.3.7 Communication, Involvement, Engagement and Consultation.

Not applicable.

3.4 Recommendation

- **Awareness** – examine and consider the key actions/next steps.
- **Decision** – approve the financial monitoring position as at January 2022
- **Decision** – approve the commitments against reserves as at January 2022.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report 31 January 2022

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Tracking Approved 2020-21 Savings Tracker

5 Implications for Fife Council

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

6 Implications for NHS Fife

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

7 Implications for Third Sector

This report reflects payments made to Third Sector providers.

8 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

9 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

Audrey Valente

Chief Finance Officer

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**Fife Health
& Social Care
Partnership**



Finance Report as at 31 January 2022

March 2022



Supporting the people of Fife together



FINANCIAL MONITORING

FINANCIAL POSITION AS AT JANUARY 2022

1. Introduction

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

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

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

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

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected underspend at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the H&SCP manage within the budget envelope approved in this financial year and management require to implement robust project plans to bring the partnership back in-line with this agreed position.

3. Additional Budget Allocations for Year

Additional Budget allocations are awarded in year through Partners. The total budget for the delegated and managed services has increased by £40.582m since April 2021, through additional allocations for specific projects. As the year progresses there is scope for a further £14.159m to be allocated. The breakdown of the allocations are as follows:

Additional Contributions	Allocated	To be Allocated
	£m	£m
Alcohol and Drug Partnership	0.920	1.316
Integration Fund		0.160
District Nurses	0.181	
Mental Health Recovery	2.223	2.223
Action 15 Mental Health Strategy	1.236	1.031
Ventilation Improvement Allowance	0.341	0.000
Mental Health Support for those hospitalised with Covid 19	0.095	0.063
Support for development of hospital at home	0.207	0.000
Emergency Covid Funding for Eating Disorders	0.303	0.303
Workforce Wellbeing	0.272	0.272
Primary Care Development Fund	0.030	0.000
Electric Speed Adjusting Hand Pieces	0.511	0.000

CAMHS Improvement	0.703	0.703
FHS Noncash limited	14.044	
Other Health Boards/Council etc	2.589	
Redesign of Urgent Care	0.681	
Maternity & Neonatal Psychological Interventions/ Perinatal & Infant Mental Health	0.800	
Uplift outcomes Framework & Shingles	0.245	
Primary Care Out of Hours Transformation	0.341	
Pay Award AfC	3.794	
Primary Medical Services	2.354	
Covid and extended Flu vaccination	0.000	
Buvidal	0.273	0.213
Remobilisation of NHS Dental Services	0.320	0.320
ADP Frontline Services	0.443	
Psychological Therapies	0.264	0.264
GP Premises Improvement	0.340	0.102
Care Homes	0.480	
Dementia Post	0.238	0.238
FNP	0.149	0.000
District Nurses	0.142	0.142
Sustainability Payments to GPs	0.900	
MDT Recruitment	0.300	0.300
Task force Funding	0.147	
Mental Health & Wellbeing in Primary Care Services	0.105	0.105
Multi-disciplinary Teams	1.384	1.384
PCIF	4.973	4.947
Other (Covid Offsets/Budget movements/Income excluded/Earmarked reserve)	-2.159	0.073
Total of Additional Allocations to contributions from NHS	40.169	14.159
Transfer to Cleaning	-0.003	
Additional funding from Housing for Adaptations backlog	0.400	
OT equipment contribution from Education	0.016	
Total Additional Allocations to contributions from FC	0.413	
Total Budget Movement for HSCP from April - November	40.582	
* Other includes Budget Movements, Income, Earmarked Reserve, School Nurses, Increments for Consultants, Wait List, Vitamins for Pregnant Women, Breast Feeding Projects, Auchtermuchty Medical Practice, Covid 19 PPE, Contribution to Pharmacy Global Sum, Child Healthy Weight, Sexual Assault Referral Centre, School Nurse Tranche 2, PMS Telephony Services, Expansion of PC Estates, CLW		

4. Directions

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

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

5. Financial Performance Analysis as at 31 January 2022 NHS Fife and 31 December 2021 for Fife Council

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn underspend of £0.573m as below.

Objective Summary	2021/22								
	Budget April	Budget Nov	Budget Jan	Forecast Outturn Nov	Forecast Outturn Jan	Variance as at Nov	Variance as at Jan	Movement	
	£m	£m	£m	£m	£m	£m	£m	£m	
Community Services		110.842	116.171		105.309	113.369	-5.533	-2.802	2.731
Hospitals and Long Term Care		55.925	55.743		56.390	56.083	0.465	0.340	-0.125
GP Prescribing		74.587	74.670		74.587	74.670	0.000	0.000	0.000
Family Health Services		107.606	108.540		107.956	108.890	0.350	0.350	0.000
Children's Services		18.653	18.772		18.053	17.777	-0.600	-0.995	-0.395
Resource transfer & other payment	385.844	49.917	52.117		52.084	52.082	2.167	-0.035	-2.202
Older People Residential and Day Care	14.640	14.533	14.693		14.513	14.526	-0.020	-0.167	-0.147
Older People Nursing and Residential	35.663	35.471	35.471		35.420	36.052	-0.051	0.581	0.632
Homecare Services	30.447	31.273	30.540		31.416	30.680	0.143	0.140	-0.003
Adults Fife Wide	4.743	4.735	4.735		4.567	4.106	-0.168	-0.629	-0.461
Social Care Other	1.404	1.443	1.459		1.394	2.239	-0.049	0.780	0.829
Adult Placements	43.947	45.49	43.947		49.155	48.148	3.665	4.201	0.536
Adult Supported Living	20.798	20.796	20.796		20.446	19.751	-0.350	-1.045	-0.695
Social Care Fieldwork Teams	16.745	16.759	16.758		16.174	15.466	-0.585	-1.292	-0.707
Housing	1.529	1.929	1.929		1.929	1.929	0.000	0.000	0.000
Total Health & Social Care	555.760	589.959	596.341		589.393	595.768	-0.566	-0.573	-0.007
Revised Outturn figure					589.393	595.768	-0.566	-0.573	-0.007

The main areas of variances are as follows:

5.1 Community Services underspend £2.802m, adverse movement of £2.731m

Community Services is forecasting an underspend outturn of £2.802m which is a reduction to the November forecast outturn of £2.731m. The main reason for the underspend is difficulties in recruiting to vacant posts.

The movement is attributable to the transfer of funds from NHS Fife to Fife Council as part of the budget realignment to reflect the budget approved in March 2021.

5.2 Hospital and Long-Term Care overspend £0.340m, favourable movement of £0.125m

Hospital & Long-Term Care is forecasting an overspend of £0.340m. The overspend is due to Community hospital inpatient services spend on bank & agency nursing to cover vacancies, sickness and increased patient supervision. There has also been an increase in bank nursing spend within Learning Disabilities and Mental Health Services to cover staff absence.

5.3 Family Health Services £0.350m overspend, no movement

The overspend of £0.350m is mainly due to practices being handed back to the board and also to the additional costs associated with covering for staff absences.

5.4 Children's Services £0.995m underspend, favourable movement of £0.395m

The underspend position is forecast to be £0.995m. The underspend is due to vacancies throughout Children's services - vacancies currently sit at around 8% on average. Retention and recruitment continues to be difficult as children's services roles are highly specialist and therefore hard to fill. Vacancies are being experienced in Health Visiting, School Nursing and Children and Young People's District Nursing service.

5.5 Resource Transfer £0.035m underspend, favourable movement of £2.202m

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

5.6 Older People Nursing and Residential £0.581m overspend, adverse movement of £0.632m

The movement and overspend are the direct result of packages commissioned in excess of budget. Given the commitment to continually review expenditure mitigation across other areas of the Social Care budget is available to offset these additional costs.

5.7 Adults Fifewide £0.629m underspend, favourable movement of £0.461m

There is an underspend of £0.442m for respite for carers which is made up of staff vacancies (£0.067m) and respite packages (£0.375m). In addition there are small underspends on Adult protection committee (£0.056m) and Adult Senior Manager (£0.055m).

The movement is in line with the financial recovery plan implementation for the respite for carers (£0.375m)

5.8 Social Care Other £0.780m overspend, adverse movement of £0.821m

The pay award that was agreed was higher than had been originally budgeted for and it has been backdated to January 2021 creating an overspend of £0.822m.

5.9 Adults Placements £4.201m overspend, adverse movement £0.536m

The overspend of £4.201m is mainly attributable to unachieved savings in relation to recommissioning of packages (see Appendix 3) £1.098m with the balance relating mainly to packages that have been commissioned in excess of the budget.

5.10 Adults Supported Living £1.045m underspend, favourable movement £0.695m

Due to the Community Support Service being closed the staff are currently providing cover for holidays and sickness within the Group Homes reducing the need for relief staff or additional hours to be worked. There are also some held vacancies within the

Community Support Services that will not be filled until the future design of the service is established.

The movement is due to further vacancies with the Community Support Service (£0.150m), an assumption that cover will continue to be provided in the Group Homes until the end of the financial year (£0.340m) and loss of income for vacant rooms being charged to COVID as we were unable to fill any vacant rooms (£0.120m).

5.11 Social Care Fieldwork Teams £1.292m underspend, favourable movement of £0.707m

The underspend is mainly due to delays in the implementation of new projects due to start up lead in times (£0.450m), staffing vacancies (£0.295m) and an underspend on respite (£0.204m) and transport (£0.194m). The movement is mainly due to difficulties in recruiting staff (£0.163m) and respite provision not being available (£0.513m).

6. Savings

A range of savings proposals to meet the budget gap was approved by the IJB as part of the budget set in March. The total value of savings for the 2021-22 financial year is £8.723m. The financial tracker included at Appendix 2, provides an update on all savings and highlights that anticipated savings of £7.479m (85.7%) will be delivered against the target.

Previously approved savings which were unmet as at 31 March 2021 require to be made in 2021-22 to balance the budget, these total £5.484m and £2.934m (53.5%) is currently projected to be achievable, there is no change from the position reported in November 2021.

7. Covid-19 and the Local Mobilisation Plan

In addition to the core financial position, there is a requirement to report spend each quarter in relation to Covid-19 and remobilisation costs in the Local Mobilisation Plan (LMP).

Quarter 3 projected full year costs for Covid-19 related expenditure is £33.565m. Reserves for Covid-19 brought forward from 2020-21 are to be used in the first instance to meet this expense. Covid-19 Reserves' total £13.719m.

Further funding of £981 million for NHS Boards and Integration Authorities to meet Covid-19 costs was announced by the Scottish Government to support the continuing impact of the pandemic. This funding is being provided on a non-repayable basis and includes provision for under-delivery of savings.

Within the overall funding, £619 million is being provided for Integration Authorities, which includes funding for a range of Covid-19 measures. The significant disruption to services has created a backlog of demand as well as increasing unmet need and frailty of service users. Investment is needed across day care services, care at home and to support unscheduled care, to keep people within the community, where possible and safe to do so, to avoid unplanned admissions and impacts on delayed discharges. Alongside this is the impact on mental health and services have been stepped up through, for example, Mental Health Assessment Units. This funding will also cover sustainability payments to social care providers and additional staff costs across Health & Social Care.

Where funding remains at year end 2021-22, it will be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and

this funding will be used before further allocations are made through the Local Mobilisation Planning process.

The funding that has been made available to Fife is £43.961m

9. Reserves

Reserves totalling £29.643m are held by Fife Council on behalf of the IJB. £13.719m relates to Covid-19 and a further £9.036m is ear-marked for specific use. Expenditure recorded in the LMP is expected to be funded in the first instance from the Covid-19 reserve.

Appendix 2 shows commitments of £1.532m against general reserves with the balance of £5.356m remaining uncommitted as at January 2022. Work continues to refine the commitments and will be updated in future reports as required.

10. Risks and Mitigation

10.1 Covid-19

The risk that the additional costs of Covid-19 will not be fully funded by the Scottish Government is mitigated due to information received from Scottish Government. However, the HSCP will continue to contain costs or reduce them wherever possible and to use all funding streams available to them in order to mitigate these new financial pressures.

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

The Scottish Government have confirmed that support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. It is important that Integration Authorities take appropriate action to reduce this request for support as far as possible.

10.2 Savings

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

The senior leadership have committed to keep savings under continual review and develop delivery plans that provide clarity in terms of delivery timescales. This will remain under review during financial year 2022-23 to ensure every effort is made to contain expenditure within the parameters of the budget set.

10.3 Forward Planning

The impact on future year budgets and the requirement to review the recurring pressures which will result from the remobilisation of services is required and will be reported and reflected in the budget model as part of the 2022-23 budget process.

11. Key Actions / Next Steps

The Senior Leadership Team (SLT) is reviewing the medium-term financial strategy that will span the period 2022-23 to 2024-25. The SLT believe that it is important to fully engage with all stakeholders and as a result we will be holding development sessions with both Board members and the Local Partnership Forum.

We will continue to refine our projected outturn position to ensure that all costs are appropriately coded against Covid-19 and reflected in the final LMP for submission for financial year 2022-22. The recurring costs included within the LMP have been factored into the budget model as areas of pressure for 2023-24 when it is projected that Scottish Government funding is likely to cease.

Audrey Valente
Chief Finance Officer
1 March 2022

Fife H&SCP – Reserves

	2021-22
	£m
Balance at 1 April	(29.643)
Budgets transferred (to)/from Reserves	
* Estimated Balance at 31 March 2021	(29.643)
Of which: Earmarked Reserves	
PCIF	2.524
Action 15	1.349
District Nurses	0.030
Fluenz	0.018
Alcohol and Drugs Partnerships	0.315
Community Living Change Plan	1.339
Free Style Libre/ Other	2.000
Urgent Care	0.935
Care Homes	0.526
Covid-19	13.719
Total Earmarked at 31 March 2021	22.755
Uncommitted at 31 March 2021	6.888
Total Balance at 31 March 2021	29.643

Earmarked Reserves	Total Held at March 21	Allocated at Jan 2022	Balance to be utilised
	£m	£m	£m
PCIF	2.524	1.011	1.513
Action 15	1.349		1.349
District Nurses	0.030		0.030
Fluenz	0.018		0.018
Alcohol and Drugs Partnerships	0.315		0.315
Community Living Change Plan	1.339		1.339
Free Style Libre/ Other	2.000	2.000	0.000
Urgent Care	0.935	0.408	0.527
Care Homes	0.526	0.082	0.444
Covid-19*	13.719	13.719	0
Total Earmarked	22.755	17.220	5.535

* Covid-19 Earmarked amount reduced, Urgent Care and Care Homes are no longer included in LMP and have therefore been separated in the Earmarked Reserve.

* Spend at quarter 3 is £22.232 million. The shortfall of £8.513m will be met from additional funding detailed in paragraph 7 of Appendix 1.

Uncommitted Reserve	£m
Total Uncommitted Balance at 31 March	-6.888
Proposed Commitments	
Review of Care at Home Packages	0.415
Project Support Officers (2 x FTE)	0.117
MORSE	0.800
Medicines Efficiencies	0.200
Balance remaining after Commitments	-5.356

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

Grant	£m
Self Directed Support	0.683

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

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

Previously Approved Savings

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

Community Care	2020-23	Re-provision of Care	0.525	0.000	(0.525)	Red
Community Care	2019-22	Previously Approved - Day Care services	0.184	0.184	0.000	Green
Grand Total			5.484	2.934	(2.550)	53.5%

Rag Status Key:-

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

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

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

Summary			
Rag Status	Savings Target £m	Overall Forecast £m	(Under)/ over £m
Green	9.858	9.858	0.000
Amber	1.999	0.555	(1.444)
Red	2.350	0.000	(2.350)
Total	14.207	10.413	(3.794)

73%



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board
Meeting Date: 25 March 2022
Agenda Item No: 8
Report Title: Revenue Budget 2022-23
Responsible Officer: Nicky Connor, Director HSCP
Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Awareness
- Discussion
- Decision

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

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

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

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

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

2 Route to the Meeting

Discussed with both NHS Fife and Fife Council Finance Team Colleagues. Was also discussed at the Finance and Performance Committee on 11 March 2022 and the Local Partnership Forum on 16 March 2022.

Various discussions took place at the Finance and Performance Committee around setting a one year budget, funding of cost pressures within the budget model and also potential future cost pressures that are likely to have an impact eg energy costs.

3 Report Summary

3.1 Situation

This report provides information on the estimated resources available to the Integration Joint Board over the 2022-25 period. Over this planning period, and based on the assumptions in this report, there is scope for investment due to additional funding becoming available during 2021-22. This additional funding has been included within the Local Government finance settlement on a recurring basis. Despite this additional investment the estimates indicate that a gap in funding still remains over the final two financial years, 2023-24 and 2024-25, of analysis.

This paper is recommending that the budget is set for a one-year period only, 2022-23 however in setting the core revenue budget for 2022-23 members should seek to maintain a 3-year focus recognising the significant financial challenge that lies ahead. Whilst there is uncertainty in relation to the figures beyond 2022-23, high-level projections point to a budget gap in both 2023-24 and 2024-25. In light of these projections, members are advised to give full consideration to the longer-term consequences of any decisions made in setting the 2022-23 budget.

The information in this report will enable decisions to be made on the level of expenditure for the financial year 2022-23 in order to set a balanced budget. The report contains details in relation to year 1 (Appendix 1) and high-level estimates for year 2 and 3. The year 2 and 3 information will be used to inform the strategic direction for the IJB with a plan to align the reporting deadline of any future transformation and savings plans with the production of the refreshed strategic plan.

The Medium-Term Financial Strategy (MTFS) which was approved at the IJB in March 2021 illustrated the clear intent to develop a future operating model that delivers care in a home or homely setting, that ensures we continue to deliver on the national outcomes; the 6 'Indicators for Integration' that are to be monitored by the Ministerial Steering Group (MSG) and is also clearly aligned to our 2019-22 strategic plan.

This paper presents a balanced budget position for next financial year 2022-23 that does not require any additional savings to be delivered.

In order to determine the core revenue budget gap for 2022-23 a comparison of the recurring funding that the IJB is expected to receive with the cost of continuing existing service provision has been made. The latter assumes that the Council continues to provide the range of services that it currently does in a similar manner. The cost of continuing is illustrative only as it assumes that the IJB responds to demand and operates in the same way as it does currently. This comparison demonstrates a challenging position from 2023-24 onwards. Consideration of the temporary financial impact as a result of the pandemic in 2022-23 onwards, is considered later in this report

The model also incorporates new cost pressures which are likely to be incurred during the medium term as well as known inflationary pressures such as pay uplifts, drug costs inflation and the payment of £10.50 as part of the Living Wage commitment for commissioned services for adult social care.

The recent finance update to the IJB indicated that unachieved savings of circa £3.7m remain undelivered at this point in the financial year. This budget is predicated on the delivery of these savings in 2022-23 to reach an overall balanced position.

There are also details on the funding provided by both our partners. The Local Authority budget was approved on 24 February 2021. The NHS budget will be presented to NHS Fife Finance Performance and Resources (FP&R) Committee on 10 May 2022 and on 31 May 2022 at its formal Board.

Members should note it has not been possible to use final approved figures from both partners, meaning that there is the potential that a revision to the budget may be required if NHS Fife figures were to change. However, the risk of this occurring is minimal.

As a result of this, the detailed budget breakdown and associated directions will be presented to a future meeting.

Savings opportunities have previously been identified for years 2 and 3 within the medium-term financial strategy but this paper is today proposing that consideration of the future year proposals are deferred. As the Strategic plan will be refreshed during next financial year, it is proposed that there is a need to align the production of our critical strategic documents to evidence the golden thread within our planning processes and to ensure that there are no unintended consequences of disparate decision making. This fits with our mission 25 objective and will ensure

also that our outcomes can be evidenced across all key pieces of work. Support from our partners will be essential to understand the impact across the whole system and regular reporting and governance will be provided through the Transformation Board, to ensure that there are no unintended consequences from these projects and that information and learning is shared across the whole system.

The financial consequences resulting from the COVID-19 pandemic continue to impact on the IJB and are likely to continue for some time to come. Net costs associated with the ongoing impact from COVID-19 are likely to continue for 2022-23.

Further funding has recently been announced by the Scottish Government to meet Covid-19 costs and to support the continuing impact of the pandemic. This funding is being provided on a non-repayable basis and includes provision for under-delivery of savings. It is being provided on a one-off basis and any unspent balance can be carried forward into 2022-23 to fund any additional costs associated with covid

As the impact continues to be far-reaching costs are difficult to predict but there is evidence that some of the financial consequences will continue into future years and have been estimated initially at circa £3.2m for both 2023-24 and 2024-25 respectively.

These costs will be fully funded from the COVID-19 funding which has been committed in balances as a result of additional funding received but remained unused in previous financial years. Funding these pressures in this way, means there is no impact on the core budget gap in the immediate term.

COVID-19 has caused increased financial pressures, however the Scottish Government (SG) have fully funded the additional costs relating to the pandemic in 2021-22. Agreed savings which were not achieved due to COVID-19 have also been met from SG support to breakeven. These savings were part of the plan to meet the budget gap in the two financial years of 2020-21 and 2021-22 and therefore are included in the cost of continuing and expected to be met in 2022-23. A plan was discussed in detail at a development session of the IJB in February 2022 and most of these savings will be delivered as originally intended however there are 2 in particular which will require temporary support and funding from reserves. It is proposed that funding from reserves is agreed to allow further analysis and robust challenge around deliverability. Should they not be met in year, a recovery plan will be actioned, the pressures will be reported in the regular Finance updates to both committee and IJB, and reserves utilised if available.

The 3-year IJB Strategic Plan (2019-22) was approved in September 2019 and is due to be refreshed during next financial year. Given the financial challenges that lie ahead, there is a need to ensure that delivery is considered in the context of the financial resources available over the medium term.

It should be noted that the Set Aside budget is not included in the below revenue budget for 2022-23. Since inception the set aside budget has been delegated to but not managed by the partnership. The Ministerial Strategic Group for Health and Community Care have published proposals for implementation, one of which is to shift the management of set aside into the partnership within 6 months of

publication. However, this has been delayed due to the pandemic and discussions are ongoing between partner organisations to agree the terms of the transfer.

Within Fife the set aside budget is projected to overspend by £6.589m as at January 2022. Given the current sustainability issues, significant work is required to provide a level of assurance that improvements can be delivered prior to any transfer. A whole system approach has already commenced and will continue to develop further during 2022-23. The Chief Officer will make arrangements to start discussions with Partners early in the new financial year.

3.2 Background

Budget Background 2022-23

The IJB is reliant on funding from Fife Council and NHS Fife. These Partners' contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. The budget setting process also requires that savings are identified where any funding shortfall exists once funding from both Partners has been confirmed.

The budget proposal provides a balanced budget for next financial year 2022-23. See Table 1 below.

Table 1

	2022-23 £m	2023-24 £m	2024-25 £m
Cost of Continuing	619.895	633.171	647.829
Funding Available	627.414	638.875	650.336
Shortfall/ (Surplus)	(7.519)	(5.704)	(2.507)
Cost Pressures	7.519	10.233	10,233
	0.000	4.529	7.726

2021-22 Financial Position

The total net spend available to the Health & Social Care Partnership is £596m (as at January 2022).

The 2021-22 budget was based on break even position across the Partnership after savings and investments were approved. As at 31 January 2022 the projected position for the Health and Social Care Partnership is an under spend of £0.573m.

The January position also includes recovery actions of circa £1.429m relating to various further savings across the broad spectrum of services within Fife IJB.

A breakdown of partner contributions is available in Chart 2 (Breakdown by Partner Contributions) and the detailed Service breakdown is available in Chart 1 (Budget Breakdown by Service).

Chart 1 – Budget Breakdown by Service

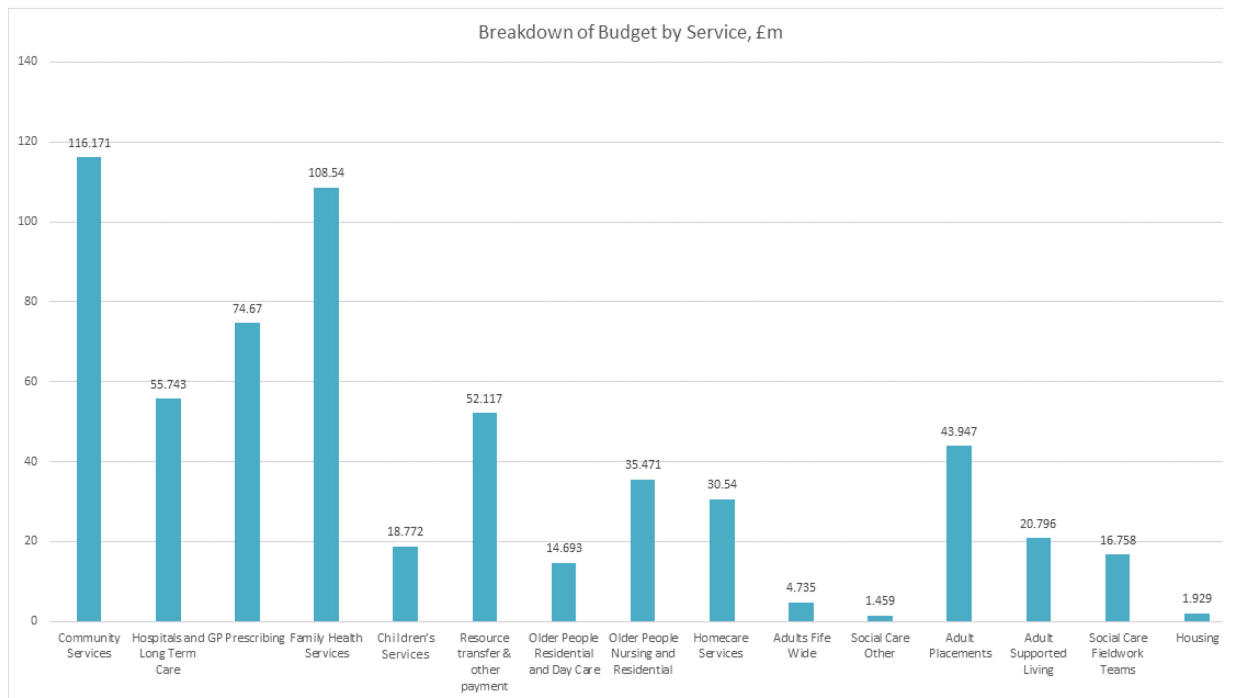
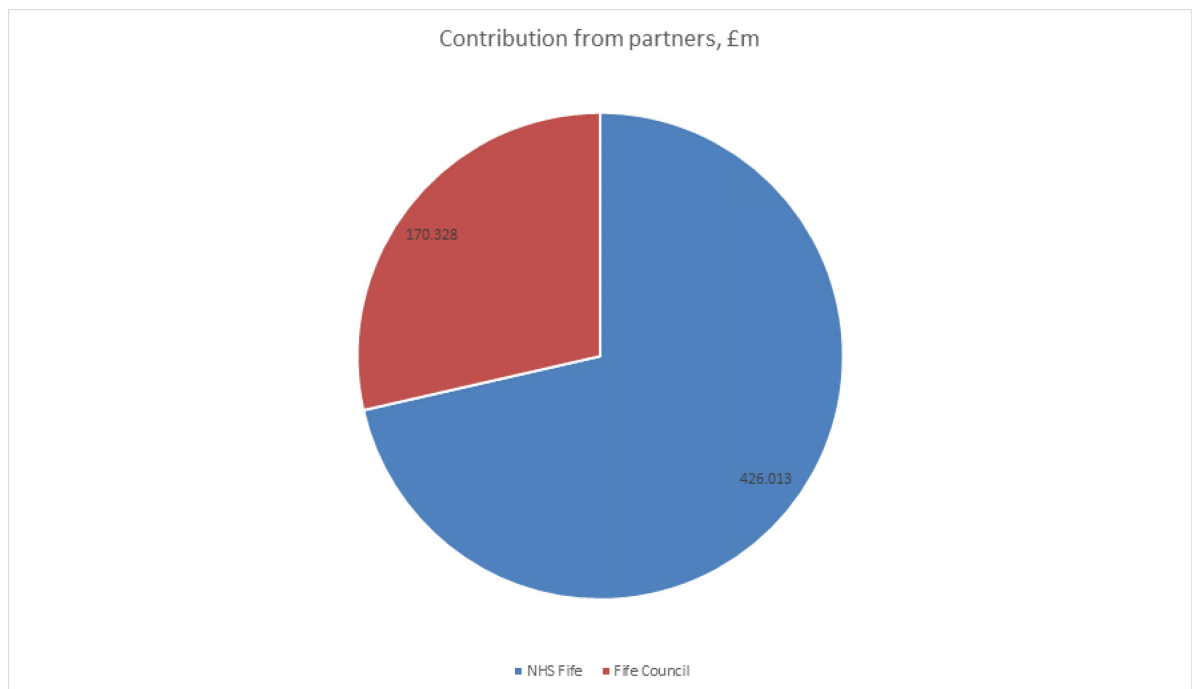


Chart 2 – Breakdown by Partner Contributions



3.3 Assessment

Key Issues for the Budget In-Year

Safe Staffing Legislation - Workforce Tools

The potential costs of compliance with the safe staffing tools has not been reflected in the budget position and will require funding from NHS Fife should additional staffing levels be required to ensure clinical safety of patients.

COVID-19

Significant additional expenditure in 2021-22 was incurred as a direct result of the pandemic, circa £32m. This was fully funded by Scottish Government. The H&SCP continues to operate in a climate of unprecedented uncertainty and the impacts remain unknown. It is anticipated that the costs of the pandemic are expected to continue well into 2022-23. It is unknown how these costs will impact on the budget although high level estimates have been reflected in the budget model. There may be significant implications.

Set Aside

As detailed above, Set Aside still requires to be transferred to the IJB. This was scheduled to take place in 2021-22, however due to pressures of COVID-19 this has not happened. Discussions are still ongoing as to the exact date of transfer. The current overspend levels are £6.589m. and prior to any transfer, strategic discussions require to be taken forward.

Charging

Charging is not within the gift of the IJB to govern and remains the responsibility of the Local Authority.

2022-23 Budget Position

A balanced budget for 2022-23 is reflected in this paper recognising the cost of continuing services as is which includes pay and price inflation, pressures and new developments whether they be health or social care related. Details of the net budget requirement are provided above in Table 1.

2023-25 Budget Position (Years 2 and 3)

The gap in years 2 and 3 is available at Appendix 1. You will note an assumption that the gap will increase by an average of £3m per annum over each of these 2 years.

Demographic growth is reflected in the model given the investment from Scottish Government in terms of the care at home budget. In addition to this there is also growth in terms of children transferring to adult services, otherwise known as transitions. As part of future budget planning there is a need to commission work to understand from a strategic perspective the impact of demographics on future Health and Social Care budgets. There is also a need to understand the implications of the National Care Service and what impact this will have on future models of care, and their associated cost implications.

The Partnership will be required to continue to deliver efficiencies whilst managing any increases in demand that exceed the levels that have been provided for within the budget model. To mitigate any risk associated with this strategy, the impact will be closely monitored, and alternative measures can be put in place if required.

Reserves

A reserves policy report was approved in September 2017. The Health and Social Care Partnership has not been in a position in previous years to create a reserve due to legacy overspends and budget pressures. However, for the first time ever reserves of circa £29m were carried forward by Fife Council on behalf of the Health and Social Care Partnership at the end of financial year 2020-21.

Significant funding from Scottish Government in respect of the costs of COVID-19 has recently been announced and will likely be received in the final quarter of 2021-22. As a result of this, funding will be available to carry forward to offset the continued costs of COVID-19 into 2022-23.

This funding, alongside the existing uncommitted reserves carried into financial year 2022-23 will allow an element of flexibility during the next financial year. Financial sustainability is a priority for the IJB and requires effective financial planning, as well as strategic planning to provide assurance to the board, partners and external audit that we can deliver services to the people of Fife that are both fit for purpose and sustainable.

The IJB is currently holding an unusually high level of reserves, mainly due to large amounts of funding relating to the COVID-19 pandemic. However, the IJB is also facing an unusually high level of risk and uncertainty. The financial consequences of COVID-19 are still being felt. It is estimated at this point that the earmarked COVID-19 funding will be sufficient to deal with the ongoing financial consequences.

Given the temporarily high level of balances and also the degree of future uncertainty, commitments against balances will continually be kept under review and any further recommendations will be made by the Section 95 Officer in future reports to the IJB.

Programme Investment

Given the type of services provided and the reliance placed on these by people, investment and Project Management Support is essential whilst the proof of concept and benefits are established in relation to the medium-term transformation projects in line with our commissioning intentions.

Specific areas of support are likely to be in relation to digital support, to carry out horizon scanning and gap analysis and Project Management support to lead the key transformation pieces of work.

Some of this resource will currently exist and be reprioritised within the Partnership. However, it is likely that there will be a requirement to allocate additional resources if transformation is to be implemented at pace, and this will form part of the discussion with our funding partners.

This level of investment will allow the IJB to progress their programme of transformational change at some pace through increasing capacity and capability.

As discussed at a recent development session it is proposed that there is recruitment to key posts utilising funding from reserves to allow us to progress with these plans as soon as possible

3.3.1 Quality / Customer Care

Year 2 and 3 will involve large scale reporting through the Transformation Board, to provide assurance that quality/customer care is being considered in full.

3.3.2 Workforce

It is recognised that transformation plans to meet the budget gap over the three years will have workforce implications which will be included in the PID EQIA. There will be ongoing engagement with LPF.

3.3.3 Financial

Various Scottish Government funding letters and information from funding partners.

3.3.4 Risk / Legal / Management

It is recognised that in bringing forward a balanced budget there are areas of risk that will be mitigated by production of an in- year recovery plan if required

3.3.5 Equality and Diversity, including Health Inequalities

EQIA will be completed for the key change activities that are required to be progressed in year 2 and year 3.

3.3.6 Other Impact

No other impact.

3.3.7 Communication, Involvement, Engagement and Consultation

The Integration Joint Board has carried out its duties to involve and engage external stakeholders (including communities and the public, Fife Council, NHS Fife, Third Sector and Independent Sector) where appropriate.

3.4 Recommendation

- **Decision - For Approval:** Discuss and approve the budget proposed in Appendix 1
- **Decision - For Approval:** Agree that the medium-term financial strategy is deferred and updated and aligned in conjunction with the strategic plan, A report to be brought back within a three to four month timescale.
- **Decision -** Instruct the Chief Officer to progress the recruitment plans and approve that reserves are utilised to progress these plans with a direction to both partner organisations.

4 List of Appendices

The following appendices are included with this report:

Appendix 1: 3 Year Budget Gap

5 Implications for Fife Council

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

6 Implications for NHS Fife

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

7 Implications for Third Sector

This report reflects payments made to Third Sector providers.

8 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To Be Completed by SLT Member Only

Lead	Audrey Valente
Critical	SLT
Signed Up	
Informed	

Report Contact

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FIFE HEALTH AND SOCIAL CARE DRAFT BUDGET OVERVIEW

	2022-23 £m Budget	2023-24 £m Budget	2024-25 £m Budget
Increase in Funding			
Budget Uplift Fife Council	-0.000	-0.000	-0.000
Budget Uplift NHS FIFE	-7.671	-13.542	-19.413
Additional Share of £554m	-38.674	-44.264	-49.854
Total	-46.345	-57.806	-69.267
Inflation Increases & Growth Costs			
Pay Inflation	7.552	12.827	18.102
Pharmacy Inflation @4%	3.483	6.966	10.449
External providers: living wage and funding requirements	16.500	22.400	28.300
Carers	1.409	1.409	1.409
Care at Home Costs	9.882	8.501	8.501
Total	38.826	52.103	66.761
Cost Pressures	7.519	10.233	10.233
Budget Gap	0	4.530	7.727

ADDITIONAL FUNDING 2022-23

Fife Council

In terms of the local government Finance settlement for 2022-23 flat cash has been passported onto the Health and Social Care Partnership by Fife Council. There is nothing additional reflected in the budget model.

In the February 2022 Budget announcement, the Scottish Government confirmed it was making available additional funding of £554 million in 2022-23 for local authorities for investment in social care and integration. The additional funding will support continued delivery of the living wage (£374.5 million), uprating of free personal nursing care payments (£15 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£20.4 million). Funding is also available to deliver care at home (£124million) and for Interim care beds (£20million). This funding is additional and not substitutonal to recurring budgets for delegated adult social care services. Fife share of the £554m is £38.674m.

NHS Fife

NHS Fife, as per all territorial boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In addition, those Boards furthest from NRAC parity will

receive a share of £28.6 million, which will continue to maintain all Boards within 0.8% of parity.

The letter from the Scottish Government suggested that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 2% over 2021-22 agreed recurring budgets. In terms of the national insurance increase effective from April 2022. 1.25% uplift, there is additional funding over and above the 2% which in total reflects an uplift of 2.6% on recurring budgets. This would require that an uplift of £7.671m is available for the Fife Health and Social Care Partnership based on a recurring 2021-22 budget of £293.533m. The recurring budget excludes Family Health Services and Primary Medical Services budgets as they are dealt with separately through Scottish Government Allocations.

Further to the above, funding over various SG priorities will also be made available in 2022-23. Currently there is circa £6.372m to reflect additional funding in relation to the national vaccination programme, Primary Care Improvement plan, mental health and multi-disciplinary teams.

This brings the total funding uplift to £14.043m from NHS Fife.

2022-23 BUDGET PRESSURES

Inflation

Inflationary costs are at levels of £11.035m in 2022-23. These inflationary costs are mainly pay related. However, uplifts in relation to prescribing and external care providers have also been assumed.

Commissioning and legislative requirements and additional pressures to fund the uplift in the Living Wage and the National Care Home Contract Rate (NCHC rate) are included. The NCHC rate is negotiated nationally via the cost of care calculator by Convention of Scottish Local Authorities (COSLA), Chartered Institute of Public Finance and Accountancy (CIPFA) and external care providers. Latest draft figures of 5% increase are currently included within the budget model.

PAY AWARDS

NHS Fife

In terms of NHS pay, funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

There is provision within budgeted expenditure that is sufficient to cover a pay award equivalent to the public sector pay policy. It is assumed if agreed awards are greater than the rates included in the model funding to meet the cost will be provided by NHS Fife.

Fife Council

The public sector pay policy sets out a clear policy for pay across the public sector in Scotland. It should be noted that the local government pay settlement is agreed in separate negotiations between COSLA and trade unions which have not yet been concluded.

For Local Authority Services there is no funding to meet the costs.

Cost Pressures

Included within the budget model provision has been made for areas of significant cost pressures during 2022-23.

It is recommended that a contribution of £1m is made to the Primary Care Improvement Plan to mitigate the significant budget gap that exists in delivering the memorandum of understanding.

There is also provision of circa £3.4m to reflect the additional costs associated with children transitioning to adult services within social work.

The full year effect of care packages commissioned during 2021-22 has also been provided for with an expected cost of £1.6m

THIRD PARTY PAYMENTS

Externally Commissioned Packages

An uplift to £10.50 for the Real Living wage has been included, the uplift relates to the wage element of the contracted hourly rate. It is assumed if agreement is reached to uplift the full contracted hourly rate and not only the pay elements, then further funding will be provided by Scottish Government.

4% uplift has been included for prescribing costs.

Unachieved Savings 2021-22

COVID-19 has caused increased financial pressures, however the Scottish Government (SG) have fully funded the additional costs relating to the pandemic in 2021-22. Agreed savings which were not achieved due to COVID-19 have also been met from SG support to breakeven. These savings were part of the plan to meet the budget gap in the two financial years of 2020-21 and 2021-22 and therefore are included in the cost of continuing and expected to be met in 2022-23. A plan was discussed in detail at a development session of the IJB in February 2022 and most of these savings will be delivered as originally intended however there are 2 in particular which will require temporary support and funding from reserves. It is proposed that funding from reserves is agreed to allow further analysis and robust challenge around deliverability. Should they not be met in year, a recovery plan will be actioned, the pressures will be reported in the regular Finance updates to both committee and IJB, and reserves utilised if available.

Demographics

There has been some provision included for demographic growth but this will be considered at a more detailed level as part of future budget planning. There is an expectation that where there is no provision within budgets that this will be managed within existing budgets and services are expected to redesign to meet the cost of additional pressures within the resources available to them.

Set Aside

Since inception the set aside budget has been delegated to but not managed by the partnership. The Ministerial Strategic Group for Health and Community Care have published proposals for implementation, one of which is to shift the management of set aside into the partnership within 6 months of publication.

“Delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20.”

Within Fife the set aside budget is overspent by in excess of £6 million as at January 2022. Given the current sustainability issues, significant work is required to provide a level of assurance that improvements can be delivered prior to any transfer. A whole system approach has already commenced and will continue to develop further during 2022-23. The Chief Officer will make arrangements to start discussions with Partners early in the new financial year.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	25 March 2022
Agenda Item No:	9
Report Title:	Performance Report – Executive Summary
Responsible Officer:	Nicky Connor, Director of Health & Social Care Partnership
Report Author:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning

1 Purpose

This Report is presented to the Board for:

- Awareness

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

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

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

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

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

2 Route to the Meeting

Health and Social Care Integration Joint Board – 25 March 2022 ?

3 Report Summary

3.1 Situation

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

3.2 Background

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

3.3 Assessment

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

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

3.3.1 Quality/ Customer Care

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

lead service / divisional manager.

3.3.2 Workforce

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

3.3.3 Financial

No financial impact to report.

3.3.4 Risk/Legal/Management

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

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

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

3.3.7 Communication, Involvement, Engagement and Consultation

No consultation is required..

3.4 Recommendation

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

4 List of Appendices

The following appendices are included with this report:

Appendix 1 - IJB Executive Summary – March 2022

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Independent Sector

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact:

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Fife Health & Social Care Partnership



Performance Report Executive Summary

March 2022

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LDP Standards Summary.....8
Management Summary.....10

Executive Summary

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

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

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

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

In light of this the Partnership have started a review of the data to consider the following:

- Benchmarking across Scotland in particular with the MSG indicators.
- Consideration of Best Value linked to outcomes for people.
- Update on actions for each priority will have updated actions if required from each portfolio area.
- Consider stretch targets for local performance

Summary of Performance

The Partnership have some significant challenges over January/February in respect of hospital delays due to the high level of admissions to hospital, work is underway with the investment planning to utilise interim care home beds to allow people to leave hospital and be admitted to a care home to await a care at home provision. This information will be available and added to the performance data as we move forward to ensure we can demonstrate the significant work with the care at home collaborative set up in Fife to ensure people's outcomes are achieved and they can return home as soon as a care at home provision is available.

Fiona McKay
Head of Strategic Planning, Performance and Commissioning

Performance Matrix & Information

National Health & Social Care Outcomes

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

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

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

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




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


MSG Indicator	MSG Description	Latest Available Month	Previous Rolling Year	Fife Previous Rolling Year Total	Fife Current Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	Nov-21	Nov-20	38,225	41,172	↑ 2,947	7.71%
1b.1	Emergency Admissions from A&E	Nov-21	Nov-20	19,300	20,594	↑ 1,294	6.70%
1b.2	A&E Conversion Rate (%)	Nov-21	Nov-20	24.72%	26.40%	↑ 1.67%	1.67%
2a.1	Unscheduled hospital bed days	Oct-21	Oct-20	229,335	219,981	↓ 9,354	-4.08%
2b.1	Unscheduled hospital bed days - GLS	Oct-21	Oct-20	10,288	10,547	↑ 259	2.52%
2b.2	Unscheduled hospital bed days - Mental Health	Oct-21	Oct-20	84,316	81,054	↓ 3,262	-3.87%
3a	A&E Attendances	Nov-21	Nov-20	78,060	78,012	↓ 48.00	-0.06%
3b	A&E % seen within 4 hours	Nov-21	Nov-20	93.38%	85.72%	↓ 7.66%	-7.66%
4.1	Delayed discharge bed days: All reasons	Dec-21	Dec-20	32,196	45,533	↑ 13,337	41.42%
4.2	Delayed discharge bed days: Code 9	Dec-21	Dec-20	11,649	14,785	↑ 3,136	26.92%
4.3	Delayed discharge bed days: Health and Social Care Reasons	Dec-21	Dec-20	20,114	30,536	↑ 10,422	51.81%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons	Dec-21	Dec-20	433	212	↓ 221	-51.04%
5a.1	Percentage of last six months of life: Community	Feb-22	Feb-21	93.40%	94.36%	↑ 0.96%	0.96%
6.1	Percentage of population in community or institutional settings (65+)	2019/20	2018/19	92.89%	93.02%	↑ 0.13%	0.13%


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



Combined Performance Scorecard


Performance Report Scorecard - February 2022						Meet/Exceed Target		
						Target not Met		
Performance Section	Performance Indicator	Current Target	Reporting Period	Performance Yr previous	Performance Month previous	Current Performance	Movement in Indicator	Performance against Target
Internal Indicator	Assessment Beds - Length of stay upon discharge	42 Days	Monthly	42	71	91	↑	
	STAR Beds - Length of stay upon discharge	42 Days	Monthly	87	155	127	↓	
	START - Length of stay upon discharge	42 Days	Monthly	69	131	92	↓	
	Nursing & Residential Long Term Care Population		Monthly	2,370	2,408	2,394	↓	
	Demand for new Care at Home Services - No. Waiting		Monthly	200	414	382	↓	
	Demand for new Care at Home Services - No. hrs		Monthly	1,646	3,105	2,891	↓	
	Weekly Hrs Externally Commissioned Care at Home - Older People		Monthly	18,477	16,073	16,206	↑	
	Weekly Hrs Care at Home Internal Services		Monthly	12,680	11,671	11,671	↔	
	Externally Commissioned No. Adult packages of Care		Monthly	771	1,197	1,170	↓	
	Technology Enabled Care - Total No. Provided in Month		Monthly	8,762	8,570	8,633	↑	
	Technology Enabled Care - Total No. New Services in Month		Monthly	214	158	217	↑	
Integrated Performance and Quality Report (IPQR) - Local Delivery Plan Standards (LDP)	Operational Performance - Delayed Discharge (% of Bed Days Lost)	5%	Monthly	Dec-20 5.3%	Nov-21 10.6%	Dec-21 6.0%	↓	
	Public Health & Wellbeing - Smoking Cessation	473	YTD	Dec-20 243	Sep-21 272	Oct-21 250	↓	
	Public Health & Wellbeing - CAHMS Waiting Time	90%	Monthly	Dec-20 85.8%	Nov-21 71.2%	Dec-21 68.2%	↓	
	Public Health & Wellbeing - Psychological Therapies Waiting Time	90%	Monthly	Dec-20 80.8%	Nov-21 78.8%	Dec-21 81.8%	↑	
Management Information	Health & Social Care Partnership (H&SCP) Staff Absence		Monthly	Dec-18 combined 6.6%	Oct-20 8.7%	Oct-20 8.7%	↔	
	NHS Staff Absence		Monthly		Dec-21 6.18%	Jan-22 6.16%	↓	
	Complaints to H&SCP responded to within statutory target	80%	Monthly	Feb-21 74%	Jan-22 57%	Feb-22 65%	↑	
	Information Requests to H&SCP responded to within statutory target	80%	Monthly	Feb-21 91%	Jan-22 82%	Feb-22 77%	↓	


	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Local Performance Indicators				
Assessment Unit - Assessment Beds	42 Days	Dec-21	91 days	Feb-22 
<p>This model supports people to leave hospital and finalise their assessment within a Care Home. Currently nine care homes offer 48 Assessment Beds in Fife.</p> <p>Average Length of Stay on Discharge for individuals at week ending the 28th February 2022 was 91 days. This is above the service expectation, which is that an individuals' stay in an assessment unit on discharge does not exceed 42 days. During the month of February there were 3 admissions and 9 discharges. Of those 9 discharges (only 2) 22% were below or met the service expectation of 42 days. Of those over the service expectation the highest length of stay at discharge was 465 days which had an impact in the overall average. The average length of stay over the previous 6 months had been decreasing closer to the target figure. It is always the intention to provide an individual's first choice care home as part of a person-centred approach. This will respectively impact on the average number days on discharge being higher than the expected performance level. The average length of stay in Assessment beds has increased since March 2020 due to the Covid-19 pandemic and the result of residents not moving care home to care home. MARCH UPDATE - The use of Assessment beds is still high due to the demand in the system due to Covid - the use of these care home beds gives the person and their family time to make choices around their destination.</p>				
Short Term Re-ablement (STAR) beds	42 Days	Sep-21	127 days	Feb-22 
<p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home</p> <p>Average Length of Stay on discharge at 28th February 2022 was recorded at 127 days, which is above the target. There was 1 admission and 1 discharge during the month of February 2022. One of the three STAR Bed locations (Ostlers House) was closed in February due to Covid.</p> <p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home. MARCH UPDATE - The STAR beds have now been able to allocate beds for local GPs to avoid hospital admission, this had been paused due to the pandemic, this will give GPs options to avoid admission to hospital if clinically safe to do so and support carers.</p>				
START (Short Term Assessment & Review Team)	42 Days	Aug-18	92 days	Feb-22 
<p>The START service is delivered by Fife Health & Social Care partnership Home Care service. The data is measured on the number of individuals whose service has stopped in the month and the average of days calculated for all.</p> <p>In February 2022, START recorded 92 days for an average period of support to individuals who finished their involvement with the service. This is above the service expectation level of 42 days.</p> <p>In February 2022 there were 49 new services started and 27 discharges, compared to the previous month which had 51 starts and 51 discharges.</p> <p>The length of stay in the service has been increasing over the past 2 years and although still above the Service Expectation, the average days supported had been falling in the 5 month period between April and August before increasing again during the period September to January with February being the first significant reduction. MARCH UPDATE - The START service continued to manage high level of referrals and transfer to either mainstream services or external providers is a priority.</p>				

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Management Performance Indicators				
Complaints and Compliments	80% *	Mar-21	65%	Feb-22 
* 80% of Complaints responded to within statutory timescales				
<p>During February 2022 the Partnership closed 23 complaints. This included 9 complaints closed by Social Care, and 14 complaints closed by NHS Fife. Of these, 20 (87%) were identified as Stage 1 complaints, and 3 (13%) were classified as Stage 2 complaints. In February 2022, 65% of complaints were responded to within the statutory timescales. This is slightly lower than in February 2021 (74%) and higher than February 2021 (47%).</p> <p>During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.</p> <p>Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.</p>				

Information Requests	80% *	Jan-22	65%	Feb-22 
* 80% of Complaints responded to within statutory timescales				
<p>During February 2022, the Health and Social Care Partnership closed 35 information requests, of these 27 (77%) were responded to within required timescales. In comparison, during 2021 the Partnership closed an average of 24 information requests each month, this is an average of 7 NHS Fife, and 16 Social Care, requests each month. The IJB closed 3 information requests during 2021. The Partnership has received and closed, a higher number of information requests than usual during the coronavirus pandemic.</p> <p>Prior to the coronavirus outbreak we were developing processes that will enable us to report monthly on all information requests for the Partnership (FOISA and Subject Access Requests). This work has been delayed and the details provided in this report do not include SAR's for NHS Fife. It is intended that this data will be included in future reports</p>				

	Standard/Local Target	Last Achieved	Current Performance		Benchmarking
LDP Standards					
Smoking Cessation	473	N/a	250	Oct-21	
In 2021/22, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife					
CURRENT CHALLENGES					
Remobilising face to face delivery in a variety of settings due to venue availability and capacity Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting Potential for slower recovery for services as they may require to rebuild trust in the brand Re-establishment of outreach work					
Action 1 - Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans. Early discussions with 2 GP practices to restart in second week of January; remobilisation plan to go to remobilisation committee on 9th December.					
Delayed Discharge (% of Bed Days Lost)	5%	Jan-21	6.00%	Dec-21	
Reduce the hospital bed days lost due to patients in delay, excluding code 9, to 5% of the overall beds occupied					
CURRENT CHALLENGES					
Capacity in the community – demand for complex packages of care has increased significantly Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision					
Action 1 - Progress HomeFirst model - The Oversight “Home First” group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Seven subgroups are taking forward the operational actions to bring together the “Home First” strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.					
Action 2 - Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community - An SBAR was submitted to the Senior leadership Team and the test of change started on 4th October, running for 6 months					
Action 3 - Reduce number of delays due to awaiting the appointment of a Welfare Guardian. Project working with families/carers to ensure that they can navigate the system to apply for private guardianship started last May and will be taken forward by Circles Project. A review of the guardianship paperwork and templates is complete, and the refreshed document has been approved by H&SC and NHS Fife (Acute). It will be held within patient notes to provide an overview and audit trail.					
Action 4 - Develop capacity within START plus additional investment to develop a programme of planning with the private agencies supported by Scottish Care. Development of Care at Home Collaborative, supported by Scottish Care, started in November. This will bring together 10-12 care at home providers to work together, to maximise resources and capacity to help service user return to their own home, following a period in a care home interim placement. Recruitment is ongoing.					
Action 5 - Surge capacity established to support admission demand. QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham), VHK (Ward 6/9)					

CAHMS Waiting Time	90%	Feb-20	68.20%	Dec-21	
At least 90% of clients will wait no longer than 18 weeks from referral to treatment					
CURRENT CHALLENGES					
<p>Implementation of additional resources to meet demand Development of workforce to meet National CAMHS Service Specification Impact of COVID-19 relaxation on referrals Change to delivery 'models' to reflect social distancing</p>					
<p>Action 1 - Build CAMHS Urgent Response Team (CURT) - The CURT model is in place - full implementation will be delivered on the successful recruitment of an additional Senior Nurse and support worker. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Activity has been significantly higher than anticipated with 60% increase in presentations to Emergency department due to self harm/suicidal ideation. This has resulted in all of the available capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Review of activity and effectiveness of the model is ongoing with a full review of the original proposed model once staffing is at optimum level.</p>					
<p>Action 2 - Recruitment of Additional Workforce - Recruitment is ongoing. To address immediate capacity issues, 7 of the 8 allocated posts have been appointed with 6 of these staff now in position and 2 temporary staff due to take up post in February to work on longest waits. Vacant posts continue to be advertised and review of banding is underway. All staff recruited have no CAMHS experience therefore induction/training period will be extended before active clinical caseloads can be allocated. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment is with HSCP SLT for approval. Additional workspace and re-design of East and West CAMHS geographical boundaries has started.</p>					
<p>Action 3 - Workforce Development -A revised development and training programme will start in. Three Programmes have been developed, to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed to ensure the right skills and competencies exist across the range of teams in CAMHS.</p>					

Psychological Therapies Waiting Times	90%	Feb-20	81.10%	Dec-21	
At least 90% of clients will wait no longer than 18 weeks from referral to treatment					
CURRENT CHALLENGES					
<p>Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource Recruitment of staff required to achieve the above at a time of national workforce pressures Progressing vision for PTs within the timeframe required to sustain improved performance</p>					
<p>Action 1 - Waiting list management within General Medical Service in Clinical Health. Staff are undertaking a focused piece of work to clear the backlog on the assessment waiting list. A key driver is the need to differentiate patients with functional neurological disorder from those with other needs in order to inform development of appropriate clinical pathways. The work will ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways.</p>					
<p>Action 2 - Recruit new staff as per Psychological Therapies Recovery Plan -Recruitment is on-going for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion. A national issue with workforce availability has impacted anticipated timelines around recruitment. The psychology service has therefore progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.</p>					
<p>Action 3 - Programme of training to increase capacity for work with more complex patients. The AMH psychology service have implemented a structured programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology. This will reduce the demand upon the Clinical Psychologists in the service who are able to work with people with more complex presentations.</p>					



Meeting Title: Integration Joint Board

Meeting Date: 25 March 2022

Agenda Item No: 10

Report Title: Code of Conduct for Members of Fife Integration Joint Board

Responsible Officer: Nicky Connor, Director of Health & Social Care

Report Author: Norma Aitken, Head of Corporate Services

1 Purpose

This Report is presented to the Board for:

- Decision

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

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

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

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

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

2 Route to the Meeting

This report was discussed at the Audit & Risk Committee on 9 March 2022 and the Committee recommended that the Integration Joint Board approve the new Code of Conduct for Members of Fife IJB>

3 Report Summary

3.1 Situation

The Standards Commission for Scotland has revised the Model Code of Conduct which needs to be adopted by all Health and Social Care Partnerships across Scotland. They have also revised the Guidance provided to members of devolved public bodies.

The Code, on which your public body's code is based, was approved by the Scottish Parliament and issued on 7 December 2021.

This Guidance is effective from 7 December 2021 and replaces the previous version, which was issued on 1 February 2014.

The main areas of change from the previous version are the inclusion of a section on Respect and Courtesy, covering bullying and harassment, the addition of a section on the use of social media and greater clarity on registration of interests.

3.2 Background

The Model Code of Conduct (Code) required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) was most recently reviewed and re-issued in 2021. It sets out the principles and rules governing the conduct of members of devolved public bodies. Fife Health & Social Care Partnership's Code of Conduct is based on this Code. All references to the Code in the Guidance

should be understood as references to the Code as adopted by Fife Health & Social Care Partnership. A copy of the Model Code can be found at: <https://www.standardscommissionscotland.org.uk/codes-of-conduct/members-model-code-of-conduct>.

3.3 Assessment

The Guidance has been produced by The Standards Commission for Scotland (Standards Commission) and contains case illustrations (some of which are based on cases from Scotland, Northern Ireland and Wales, and some of which are hypothetical) and examples of factors that members of devolved public bodies (members) may wish to consider when applying the requirements of the Code. In cases where a provision of the Code mirrors that contained in the Councillors' Code of Conduct, examples of complaints concerning councillors have been included.

Members should be mindful, when seeking to apply the Code to their own situation or circumstances, that the lists of factors in the Guidance and examples provided are not exhaustive. All members have a personal responsibility to ensure that they comply with the provisions of the Code.

While members should observe any guidance from the Standards Commission, it is not a substitute for the Code. The purpose of the Guidance is to provide supplementary information to aid members in interpreting the Code. Members are, therefore, obliged to ensure they have read and understood the provisions of the Code itself. Reading the Guidance should, in no way, be considered a substitute for doing so.

The document is a standalone version of the Guidance, without the Code embedded. It is intended to provide easy access to the Guidance itself.

The Standards Commission will continue to review the Guidance on a regular basis to ensure it is relevant and fit for purpose.

3.3.1 Quality / Customer Care

Not applicable.

3.3.2 Workforce

Not applicable.

3.3.3 Financial

Not applicable.

3.3.4 Risk / Legal / Management

There is a risk of reputational damage to the Partnership if Board members fail to comply with the Code of Conduct.

Board members have the responsibility to ensure the effective governance and financial management of the Health & Social Care Partnership in the context of public service delivery and reform for the benefit of the Scottish public.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed because it is not required in this instance.

3.3.6 Other Impact

No other relevant impact.

3.3.7 Communication, Involvement, Engagement and Consultation

3.4 Recommendation

The Board is asked to approve the adoption of this version of the Model Code of Conduct and associated Guidance.

4 List of Appendices

The following appendix is included with this report:

Appendix 1 – Code of Conduct

5 Implications for Fife Council

Not applicable.

6 Implications for NHS Fife

Not applicable.

7 Implications for Third Sector

Not applicable.

8 Implications for Third Sector

Not applicable.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To Be Completed by SLT Member Only

Lead	Nicky Connor
Critical	
Signed Up	
Informed	

Report Contact

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**Fife Health & Social Care
Partnership**

Supporting the people of Fife together

Code of Conduct for Members of Fife Integration Joint Board

March 2022

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SECTION 1: INTRODUCTION TO THE MODEL CODE OF CONDUCT

- 1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).
- 1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.
- 1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

- 1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.
- 1.5 I will comply with the substantive provisions of this Code, being Sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.
- 1.6 I will comply with the substantive provisions of this Code, being Sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.
- 1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.
- 1.8 I will not, at any time, advocate or encourage any action contrary to this Code.
- 1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

- 1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

- 2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.
- 2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in Sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
 - a) a one-off incident,
 - b) part of a cumulative course of conduct; or
 - c) a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.
- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.
- 3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.
- 3.10 I will respect and comply with rulings from the Chair during meetings of:
- a) my public body, its committees; and
 - b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.
- 3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

- 3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

- 3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.
- 3.14 I will never **ask for** or **seek** any gift or hospitality.
- 3.15 I will refuse any gift or hospitality, unless it is:
- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
 - b) a gift being offered to my public body;
 - c) hospitality which would reasonably be associated with my duties as a board member; or
 - d) hospitality which has been approved in advance by my public body.
- 3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.
- 3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

- 3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.
- 3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.
- 3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.
- 3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

- 3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.
- 3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.
- 3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).
- 3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

- 3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.
- 3.27 I will not use, or in any way enable others to use, my public body's resources:
- a) imprudently (without thinking about the implications or consequences);
 - b) unlawfully;
 - c) for any political activities or matters relating to these; or
 - d) improperly.

Dealing with my Public Body and Preferential Treatment

- 3.28 I will not use, or attempt to use, my position or influence as a board member to:
- a) improperly confer on or secure for myself, or others, an advantage;

- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

- 4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.
- 4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".
- 4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.
- 4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.
- 4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.7](#) of this Code.
- 4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.
- 4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.
- 4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

- 4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.
- 4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with my public body:
- a) under which goods or services are to be provided, or works are to be executed; and
 - b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registrable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

- 5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.
- 5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.
- 5.3 A connection includes anything that I have registered as an interest.
- 5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:
- a) The matter being considered by my public body is quasi-judicial or regulatory; or
 - b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.
- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.
- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the

public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

- 6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a) any role I have in dealing with enquiries from the public;
 - b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
 - c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/ procurement).
- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.
- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.
- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.
- 6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the

basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

INTRODUCTION

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/ or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
 - **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
 - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
 - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in Section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
 - That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
 - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which maybe offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the

general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks, bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.



Meeting Title: Integration Joint Board
Meeting Date: 25 March 2022
Agenda Item No: 11
Report Title: Approved Integration Scheme
Responsible Officer: Nicky Connor, Director of Health & Social Care
Report Author: Nicky Connor, Director of Health & Social Care

1 Purpose

This Report is presented to the Board for:

- Assurance

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

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

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

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

2 Route to the Meeting

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

A public consultation was conducted and the results of the consultation were incorporated into the Scheme.

This report was discussed at the Finance, Performance & Resources Committee on 7 September 2021 and the Clinical Governance Committee on 17 September 2021. The Committees recommended approval to the Board of the revisions to the Integration Scheme, to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval which has now been granted on 8 March 2022.

3 Report Summary

3.1 Situation

The Public Bodies (Joint Working) Scotland Act 2014 set out the requirements to review the Integration Joint Board (IJB) Integration Scheme within a 5-year period which required both NHS Fife and Fife Council to submit an updated scheme by 31 March 2021. The Scheme was delayed due to the Covid-19 Pandemic and an extension was granted by Scottish Government.

3.2 Background

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

3.3 Assessment

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

Scottish Government have indicated that they did not expect full reviews of Integration Schemes to be submitted by 31 March 2021 due to the constraints placed on Boards caused by the pandemic. They were content that a local review was concluded, and information and indicative timescales

provided on when the additional outstanding issues would likely be concluded. A letter was sent to Scottish Government confirming the conclusion of the local review and outlining the timeline of September for submission.

Following a review of the Scheme, it was concluded that no significant changes were required. The format of the reviewed Scheme continues to follow the Model Integration Scheme but has been refreshed to give more clarity to the agreed arrangements and to remove repetition and duplication. The approved Scheme is attached as Appendix 1

Meetings took place regularly between December 2019 and March 2020 until this work was paused due to the global pandemic. The review was recommenced in August 2020 and has concluded within the revised timescale of December 2021. The revised scheme was then submitted to Scottish Ministers for formal sign off and this was granted on 8 March 2022.

3.3.1 Quality / Customer Care

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

3.3.2 Workforce

The refresh of the Integration Scheme provides greater clarity around roles and responsibilities for the workforce and will have a positive impact on the workforce.

3.3.3 Financial

The integration scheme includes clarity for financial arrangements.

3.3.4 Risk / Legal / Management

The integration scheme includes reference to risk management.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

Not applicable.

3.3.7 Communication, Involvement, Engagement and Consultation

Integration Scheme Working Group consisting of representatives from the IJB, NHS Fife and Fife Council. A public consultation was conducted and the results of the consultation were incorporated into the Scheme.

3.4 Recommendation

Assurance – the Board to be assured the attached Integration Scheme for Fife Health and Social Care Partnership has been formally signed off by Scottish Ministers to support the integration of Health and Social Care in Fife.

4 List of Appendices

The following appendix is included with this report:

Appendix 1 – Ministerial Signed Integration Scheme (March 2022)

5 Implications for Fife Council

Awareness of New Integration Scheme for Fife.

6 Implications for NHS Fife

Awareness of New Integration Scheme for Fife.

7 Implications for Third Sector

Awareness of New Integration Scheme for Fife.

8 Implications for Independent Sector

Awareness of New Integration Scheme for Fife.

9 Directions Required to Fife Council, NHS Fife or Both

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

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Fife Health and Social Care Integration Scheme

between

Fife Council and NHS Fife

March 2022

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INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 (“The Act”) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social services.

The Act requires NHS Fife and Fife Council to prepare jointly an Integration Scheme setting out how this joint working is to be achieved.

Between Fife Council and NHS Fife it has been agreed that this delegation will be a third body called the Integration Joint Board (“IJB”) (under S1 (4) (a) of the Act commonly referred to as a “Body Corporate” arrangement.

This document sets out the integration arrangements adopted by NHS Fife and Fife Council as required by Section 7 of the Act. This Integration Scheme follows the format of the model document produced by the Scottish Government, and includes all matters prescribed in the regulations.

As a separate legal entity, set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB has full autonomy and capacity to act in its own behalf and can, accordingly, make decisions about the exercise of its functions as it sees fit. However, the legislation that underpins the IJB requires that its voting members are appointed by the relevant Health Board and Council. While serving on the IJB its members carry out the functions under the Act on behalf of the IJB itself, and not as delegates of their respective Health Board or Council. This work is carried out in accordance with the Standards Commission Model Code of Conduct for Members of Devolved Public Bodies.

The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of the services conferred on it by the Act through the locally agreed arrangements set out in this Integration Scheme. This Integration Scheme should be read in such a way as to follow the spirit of the agreement. Any questions on interpretation should be based on reading the implied terms in order to make the interpretation compatible with the purpose of the agreement. This purpose is to achieve a unified and seamless health and social care service for the people of Fife. All individuals work together to achieve the same outcomes and follow the same vision, philosophy and principles.

AIMS, OUTCOMES AND VALUES OF THIS INTEGRATION SCHEME

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. This Integration Scheme is intended to support achievement of the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5 (1) of the Act, namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently, and resource allocation is underpinned by the principle of delivering “value based” health and social care services.

The IJB is committed to enabling the people of Fife to live independent and healthier lives. We will deliver this by working with individuals and communities, using our collective resources effectively to transform services, ensuring these are safe, timely, effective, high quality and based on achieving personal outcomes. This will be underpinned by our agreed values to be person focused, respectful, inclusive, empowering and acting with integrity and care. The IJB is committed to the protection and enhancement of equality and human rights.

Service users and carers will see improvements in the quality and continuity of care and smoother transitions between services and partner agencies. These improvements require planning and co-ordination. By efficiently deploying multi-professional and multi-agency resources, integrated and co-ordinated care systems will be better able to deliver the improvements we strive for; faster access, effective treatment and care, respect for people's preferences, support for self-care and the involvement of family and carers.

The IJB will be committed to ensuring that service transformation takes place. It will operate in a transparent manner in line with the Langlands Good Governance Standards and the Nolan Principles that underpin the ethos of good conduct in public life. These are selflessness, integrity, objectivity, accountability, openness and honesty. The IJB will demonstrate these principles in the leadership of transformational change. By adhering to an open and transparent approach it will ensure that it is well placed to satisfy our moral duty of candour as well as any developing legal requirements in this area.

Integration must be about much more than the structures that support it and must reflect the values of integrated and collaborative working. It is only by improving the way we work together that we can in turn improve our services and outcomes for individuals and communities who use them.

THE HEALTH AND SOCIAL CARE INTEGRATION SCHEME FOR FIFE

The Parties:

Fife Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Fife House, North Street, Glenrothes Fife KY7 5LT ;

And

Fife Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Fife”) and having its principal offices at Hayfield House, Hayfield Road, Kirkcaldy, Fife KY2 5AH (“NHS Fife”) (together referred to as “the Parties”)

Hereby agree to the following:

1. DEFINITIONS AND INTERPRETATION

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

The “Chief Officer” (Director of Health and Social Care) undertakes a joint function and is the Accountable Officer to the IJB.

“Directions” means the legal mechanism intended to direct and allocate responsibilities between partners as set out in section 52 the Act. Directions are the means by which the IJB directs NHS Fife and Fife Council what services are to be delivered using the integrated budget to achieve to agreed outcomes.’

The “Director of Health and Social Care” is the operational Director jointly responsible to the Chief Executives of the Health Board and Local Authority.

“IJB Order” means the Public Bodies (Joint Working) (IJBs) (Scotland) Order 2014;

“Integration Joint Board” or “IJB” means this Integration Joint Board for Fife established by an order made under section 9 of the Act;

“Health and Social Care Partnership” is the name given to the delivery of services under the leadership of the Director of Health and Social Care for functions which have been delegated to this Integration Joint Board.

“Outcomes” means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Scheme” means this Integration Scheme;

“Strategic Plan” means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

2. LOCAL GOVERNANCE ARRANGEMENTS

- 2.1 The Parties have agreed to proceed by way of adopting the body corporate model of integration and to establish an IJB as provided for in Section 1(4)(a) of the Act.
- 2.2 The arrangements for appointing the voting membership of this Integration Joint Board are that Fife Council will appoint 8 Councillors and NHS Fife will appoint 8 Board members to be members of this Integration Joint Board in accordance with article 3 of this Integration Joint Board Order. The Board members appointed by the Parties will hold office for a maximum period of 3 years and will be bound by the Standards Commission Advice for IJB Members. Board members appointed by the Parties will cease to be members of the Board in the event that they cease to be a Board member of NHS Fife or an Elected Fife Councillor.
- 2.3 The Chair of the IJB will serve a three-year term and will rotate between the voting members nominated by Fife Council and NHS Fife. The Vice-Chair will also serve a 3-year term and will be selected from the partner body which does not hold the chair.
- 2.4 In addition to the voting members described in paragraph 2.2 above, the IJB will also comprise the non-voting members specified in article 3(1) of the IJB Order.
- 2.5 The IJB will appoint non-voting members in accordance with articles 3(6) and 3(7) of the IJB Order and may appoint additional nonvoting members in accordance with article 3(8) of the IJB Order.

3. DELEGATION OF FUNCTIONS

- 3.1 The functions that are delegated by NHS Fife to the IJB (subject to the exceptions and restrictions specified or referred to in Part 1 of Annex 1) are set out in Part 1 of Annex 1. The services currently provided by NHS Fife in carrying out these functions are described in Part 2 of Annex 1.
- 3.2 The functions that are delegated by Fife Council to the IJB (subject to the restrictions and limitations specified or referred to in Parts 1A and 1B of Annex 2) are set out in Parts 1A and 1B of Annex 2. For indicative purposes only the services which are currently provided by Fife Council in carrying out these functions are described in Part 2 of Annex 2.

4. LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

The local operational arrangements agreed by the Parties are:

- 4.1 The Integration Joint Board has a responsibility for the planning of Services. This will be achieved through the Strategic Plan.
- 4.2 The Integration Joint Board directs the Parties to deliver services in accordance with the Strategic Plan.

- 4.3 The Integration Joint Board, through the Chief Officer, is responsible for the operational oversight of Integrated Services, through the issuing and monitoring of Directions.
- 4.4 The Chief Officer as Director of Health and Social Care will be responsible for the operational management of Integrated Services in line with the Parties respective Schemes of Delegation.
- 4.5 The Integration Joint Board is responsible for the planning of Acute Services in partnership with the hospital sector, for those hospital services most commonly associated with the urgent, unscheduled and emergency care pathways, alongside primary and community health care and social care. The Act and regulations require that the budget for these hospital services for Fife's population is included in the scope of the strategic plan. The Director of Acute Services will be a member of the IJB Strategic Planning Group. In line with the Act NHS Fife is required to provide financial, activity and performance monitoring reports to the Chief Officer and Integration Joint Board at a frequency in line with the IJB performance framework and directions. The Chief Officer and Director of Acute Services will work closely together to support a coherent single cross-sector system. An Accountability Framework has been developed between the Parties to ensure there is a clear understanding of the balance of risk between this integration authority and NHS Fife and how any variances will be addressed in line with national guidance on financial planning for large hospital services and hosted services.
- 4.6 The Integration Joint Board will be responsible for monitoring and reporting in relation to the oversight of delivery of the integrated services. This Integration Joint Board will receive detailed work plans and reports from the Parties outlining the key objectives for the year against the delivery of the Strategic Plan. This Integration Joint Board will receive reports for performance monitoring and for informing the future Strategic Plans from the Parties.
- 4.7 The Parties have identified a core set of indicators that relate to services from publicly accountable and national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions are collated to form a Performance Framework which provides information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators with the Chief Officer and Head of Strategic Planning, Performance and Commissioning to enable an Integrated Performance Report to be presented to this Integration Joint Board. The improvement measures are a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures are linked to the national and local Outcomes to assess the timeframe and the scope of change.
- 4.8 The Performance Framework also states where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement

in respect of organisational accountability for a performance target for NHS Fife or Fife Council, this is taken into account by this Integration Joint Board when preparing the Strategic Plan and is requested through the use of Directions and a suite of performance measures reported to the IJB.

- 4.9 The Performance Framework is used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to this Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by this Integration Joint Board when preparing the Strategic Plan. Information will be requested through the use of Directions and a suite of performance measures reported to the IJB.
- 4.10 The Performance Framework is reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.
- 4.11 In line with Section 43 of the Act the Integration Joint Board will prepare an Annual Performance Report for the reporting year relating to the planning and carrying out of integrated functions and delivery of the Strategic Plan. The parties are required to provide the information to the Chief Officer that this Integration Joint Board may reasonably require for the purpose of preparing the Annual Performance Report and Strategic Plan.
- 4.12 The Parties provide support to this Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures in line with the Strategic Plan and National Reporting Framework.
- 4.13 The reporting and measurement arrangements are reviewed regularly in line with the Strategic Plan and any emerging guidance. A range of performance monitoring reports covering both finance and activity measures is in place.
- 4.14 The Parties provide support to the Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures and delivery of the Strategic Plan.
- 4.15 The Parties agree that the current support will continue until new models of service delivery have been developed.
- 4.16 The NHS Fife Board will share with this Integration Joint Board the necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other health boards.
- 4.17 Fife Council will share with this Integration Joint Board necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other councils.
- 4.18 The Chief Officer will ensure that, where there is an impact of the Strategic Plan on the Integration Authorities for the Council areas within the health board

areas of Tayside, Forth Valley and Lothian, then arrangements will be in place to identify any risks and management plans required.

- 4.19 The Parties will ensure that their officers acting jointly will consider the Strategic Plan of the other Integration Joint Boards or this Integration Authorities for the Council areas within the health board areas of Tayside, Forth Valley and Lothian to ensure that they do not prevent the Parties and Fife's Integration Joint Board from carrying out their functions appropriately and in accordance with this Integration Planning and Delivery principles and to ensure that they contribute to achieving the National Health and Wellbeing Outcomes.

5. CLINICAL AND CARE GOVERNANCE

The arrangements for clinical and care governance agreed by the Parties are:

- 5.1 The Executive Medical Director, Director of Public Health and Executive Nurse Director, NHS Fife are accountable to the NHS Fife Clinical Governance Committee for quality of care delivery and professional governance in relation to the delegated NHS Fife functions.
- 5.2 The Chief Social Work Officer, Fife Council is accountable for ensuring proper standards and values are maintained in respect of the delivery of Social Work Services delegated to this Integration Joint Board. The Chief Social Work Officer provides specific reports including the annual report and assurance to the relevant committee of Fife Council.
- 5.3 The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.
- 5.4 The Parties will continue to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.
- 5.5 The Executive Medical Director, the Director of Public Health and the Executive Nurse Director continue to attend the NHS Fife Clinical Governance Committee which oversees the clinical governance arrangements of all NHS Fife service delivery divisions.
- 5.6 Professional oversight, advice and accountability in respect of care and clinical governance are provided throughout the Partnership by the Executive Medical Director Executive Nurse Director, and Professional Lead Social Worker.
- 5.7 Professional advice is provided to this Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be fully involved in Strategic Planning processes.

- 5.8 Assurance will be given through arrangements which will come together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks.
- 5.9 The Parties will ensure clinical and/or care governance arrangements are congruent with those of the IJB. Any changes to these arrangements will be agreed between the Parties and implemented through a minute of variation signed on behalf of both Parties and the IJB.
- 5.10 This Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43).
- 5.11 The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

6. CHIEF OFFICER

The IJB shall appoint a Chief Officer in accordance with the Act. The arrangements for the Chief Officer are:

- 6.1 The Chief Officer as Director of Health and Social Care reports to the Chief Executive, Fife Council and the Chief Executive, NHS Fife. Joint performance review meetings involving both Chief Executives and the Director of Health and Social Care take place on a regular basis in accordance with each organisation's normal performance management arrangements.
- 6.2 The Chief Officer in their role as Director of Health and Social Care has delegated operational responsibility for the delivery of integrated services as outlined in Annex 1 and 2 of this Scheme.
- 6.3 The Chief Officer has a senior team of 'direct reports'. The Chief Officer will nominate one of the Direct Reports to act for him or her during periods of absence. In the absence of a nomination the Chair and Vice-Chair of the IJB and the Chief Executives of both Parties will agree a person to act.
- 6.4 The Chief Officer as Director of Health and Social Care is a member of the Senior Management Teams of NHS Fife and Fife Council.

- 6.5 It is recognised and accepted that all members of the Senior Management teams of both NHS Fife and Fife Council have key roles to play in supporting Health and Social Care Integration and delivery of the Strategic Plan.
- 6.6 The Chief Officer is the Accountable Officer to this Integration Joint Board for Health and Social Care. A key element of the role is to develop close working relationships with elected members of Fife Council and NHS Fife Board members.
- 6.7 In addition, the Chief Officer has established and maintains effective relationships with a range of key stakeholders including Scottish Government, the third and independent sectors, service-users, trade unions and professional organisations.

7. WORKFORCE

The arrangements in relation to the respective workforces agreed by the Parties are:

- 7.1 The IJB will approve a Joint Workforce and Organisational Development Strategy in order to support delivery of effective integrated services as an integral component of the Strategic Plan. The Strategy will be updated in line with each revision of the Strategic Plan to support this Integration Joint Board to carry out its functions.
- 7.2 Workforce planning information continues to be provided by the Human Resource functions in Fife Council and NHS Fife. The parties will ensure that the IJB is consulted on their Strategic Workforce Plans which must incorporate the IJB Joint Workforce and Organisational Development Strategy. The parties will provide assurance to the IJB on the delivery of those aspects relevant to the functions of the IJB as well as on the implementation of staff governance standards and training and development where relevant to the Strategic Plan.
- 7.3 Core Human Resource services continue to be provided by the appropriate corporate Human Resource and workforce functions in Fife Council and NHS Fife.
- 7.4 The employment status of staff has not changed as a result of this Integration Scheme i.e. staff continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.
- 7.5 The Parties are committed to the continued development and maintenance of positive and constructive relationships with recognised trade unions and professional organisations involved in Health and Social Care Integration.
- 7.6 Trade Union and professional organisation representatives continue to be very much involved in the process of health and social care integration. Senior staff-side representatives from the Parties are members of the Strategic Planning Group.
- 7.7 The establishment of any group including employees or trade union representatives will not replace or in any way supersede the role and functions

of existing established consultative and partnership arrangements within Fife Council and NHS Fife.

- 7.8 Future service changes will be developed on a planned and co-ordinated basis involving the full engagement of those affected by the changes in accordance with established policies and procedures. This includes NHS Scotland's legal commitment to its employees to act as an exemplar employer under staff governance standards.
- 7.9 It is recognised that those currently involved in service delivery are well placed to identify how improvements can be made and to determine how the Parties can work together to provide the best services with, and for, the people of Fife.
- 7.10 The Parties are committed to ensuring staff possess the necessary knowledge and skills to provide service-users with high quality services.
- 7.11 The Parties are committed to an integrated management approach where individuals may report through a person employed by either Party. The Parties are in agreement that staff employed by their organisations will take and follow instruction from a manager employed by either Party.
- 7.12 Arrangements continue to ensure statutory professional supervision for clinicians and social workers.
- 7.13 The need to take due cognisance of extant recruitment policies and procedures within NHS Fife and Fife Council is well recognised. A fair, equitable and transparent recruitment process will be followed.

8 FINANCE

8.1 Resources

- 8.1.1 The Parties agree the allocations to be made available to the IJB in respect of each of the functions delegated by them to the IJB. The allocations will reflect those services which are delegated by virtue of this Scheme.
- 8.1.2. The resources to be made available to the IJB fall into two categories:
- (a) Allocations for the delegated functions, any exclusions to be agreed by both parties.
 - (b) It is the intention that resources used in "large hospitals" that are set aside by NHS Fife are made available to the IJB for inclusion in the Strategic Plan, subject to the quantum being agreed by the Parties.

Allocations to the IJB for delegated functions

- 8.1.3 The method for determining the annual allocations to the Integrated Budget will be aligned with and be contingent on the respective financial planning and budget-setting processes of both Parties. To allow timely financial planning, an early indication of the allocation for the following

financial year is required. This should be provided by the parties during the 3rd quarter of each financial year and confirmed as early in the 4th quarter as is possible. This will allow early discussions about spending plans and a collective focus on the financial sustainability of the IJB.

8.1.4 The Director of Health and Social Care and the Chief Finance Officer will develop a proposed Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget-setting process. The case will be evidence-based with full transparency on its assumptions on the following:

- Activity changes.
- Cost inflation.
- Efficiency savings.
- Performance against outcomes.
- Legal requirements.
- Transfers to/from the amounts made available by NHS Fife for hospital services.
- Adjustments to address equity of resources allocation across the integrated budget.

8.1.5 The Parties evaluate the proposal for the Integrated Budget against their other priorities and will agree their respective allocations accordingly.

Method for determining the resources set aside for large hospital services

8.1.6 The resources set aside by NHS Fife reflect those services currently provided in large hospital service settings for the Fife population. As Fife is a coterminous partnership, the total resources available to deliver those health care services will be identified. Cost and activity information will be identified taking into account any planned changes due to the implementation of existing or new interventions in the Strategic Plan.

Method for determining the resources set aside for large hospital services in future years

8.1.7 The future resources set aside shall be determined in response to changes in hospital activity and case mix due to interventions in the Strategic Plan and changes in population need. Timing differences between reduction in capacity and the release of resources will be taken into account.

8.2 Financial Management Arrangements and Budget Variations

Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health and Social Care strives to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational integrated budget, the Director of Health and Social Care, the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must

agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the IJB.

8.2.2 The IJB may re-align budgets to address an overspend by either:

- Utilising an underspend in an element of the operational Integrated Budget to reduce an overspend in another element. An assessment should be made on the forecast annual requirement of the underspending element to ensure sufficient resource remains to cover all costs in that area and the transfer of resource should be on a non-recurring basis; and/or
- Utilising the balance on integrated general fund, if available, of the IJB in line with the reserves policy.

8.2.3 If the recovery plan is unsuccessful and there are insufficient underspends or where there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the IJB, shall have the option to:

- Make additional one-off payments to the IJB; or
- Provide additional allocations to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.

8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB less:

- the adjustment for allocations which fall outside the scope of the agreed risk share methodology where agreed between the parties and
- any adjustment to reflect agreed in-year, non-recurring budget realignment where the source relates to the transfer of an underspend in one element of the annual allocations to another area.

Process for Resolving Budget Variances in Year - Underspend

8.2.5 Where there is a forecast underspend in an element of the operational budget, the first priority for use of the forecast underspend will be to offset any forecast overspend within the operational integrated budget. In the event of an overall underspend which is not planned by the IJB, the underspend will be returned to the Parties based on the proportion of their current year final allocations to the IJB. Where there is an overall planned underspend this will be retained by the IJB and transferred to reserves.

8.2.6 Underspends in “ring-fenced” allocations may not be available for alternative use and may need to be returned to the Scottish Government.

- 8.2.7 Any changes to the allocations to the IJB in year by either of the Parties is expected to be in extremis. In such circumstances, a report will be provided to the IJB to seek agreement to the change in annual allocations justification and the recalculation of the relevant amounts.

Process for a balancing cash payment between the Parties in the event of variances

- 8.2.8 The net difference between allocations made to the IJB, as agreed by both parties, and actual expenditure incurred by the Parties as directed by the IJB, will require the balance to be transferred between the Parties as a final adjustment on closure of the Annual Accounts.

8.3 Reporting Arrangements

- 8.3.1 Fife Council's Section 95 Officer, NHS Fife's Director of Finance and the IJB Chief Finance Officer have established a process of regular in-year reporting and forecasting to provide the Director of Health and Social Care with management accounts for both arms of the operational budget and for the IJB as a whole.
- 8.3.2 The Chief Finance Officer provides the Director of Health and Social Care with financial advice for the respective operational budgets.
- 8.3.3 The preparation of management accounts in respect of the delegated functions includes an objective and subjective analysis of budget and estimated outturn and is provided monthly in arrears to the Director of Health and Social Care. This may be amended to a monthly accruals basis should Fife Council change its accounting basis.
- 8.3.4 NHS Fife provides financial monitoring reports to the IJB in respect of the set aside functions at least quarterly in arrears. The report includes activity, the content of which will be agreed with the Director of Health and Social Care.
- 8.3.5 The IJB receives financial management support from the Chief Finance Officer.
- 8.3.6 Accounting records and financial ledgers are held independently by Parties. IJB Financial Reporting and year-end accounts are consolidated using Excel spreadsheets.
- 8.3.7 Financial services are provided to the Director of Health and Social Care and the IJB, as appropriate, to carry out their functions i.e. the staff and other resources are made available to support the preparation of the annual accounts, the financial statement prepared under Section 39 of the Act, the financial elements of the Strategic Plan, and any other such reports on financial matters as may be required.
- 8.3.8 The IJB financial statements are completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). The timetable

ensures that NHS Fife and Fife Council can meet their statutory audit and publication requirements for their individual and group financial statements as appropriate.

8.3.9 Reserves and transactions are reviewed on a quarterly basis during the financial year by the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and the NHS Fife's Director of Finance to help to ensure that the timetable of the IJB will be met. This quarterly review will be a formal meeting and actions and agreements so recorded.

8.3.10 An annual accounts timetable is agreed in advance with the external auditors of the Parties and the IJB.

8.4 Arrangements for use of Capital Assets

8.4.1 The IJB does not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. The Parties continue to own and manage any property and assets used by the IJB. Access to sources of funding for capital expenditure will be retained by each Party. The Parties will set out any relevant revenue consequences of capital expenditure made by either Party, including confirmation of the recurring funding source of any revenue consequences and subsequent agreement from the IJB.

8.4.2 The Director of Health and Social Care consults with the Parties to ensure best value from resource allocation and will participate in the development of relevant future capital programmes.

9. PARTICIPATION AND ENGAGEMENT

9.1 Consultation on the original Integration Scheme was undertaken in accordance with the requirements of the Act. This was the start of an ongoing dialogue recognising that there is ongoing engagement regarding the development of the Strategic Plan and public involvement in the decisions made by the Integration Joint Board.

9.2 The IJB will approve a Participation and Engagement Strategy to fully implement the recommendations within the National Planning for People Guidance (2021) And some of the recommendations made in the Independent Adult Review of Adult Social Care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. Through the Health and Social Care Partnership there will be public engagement processes linked to the unique requirements of the seven locality profiles and this will report into the governance structures of the IJB and connect with the arrangements in place within both parties.

9.3 The aim of this is to ensure engagement processes are meaningful, effective, measurable and involves public representatives in a way that builds and develops a working relationship between communities, community organisations, public and private bodies to help them to identify and act on community needs and ambitions and be involved in the planning, design and delivery of health and social care services.

- 9.4 This will allow the Health and Social Care Partnership to develop stronger collaborative relationships between members of the public and communities, local engagement processes within the NHS, Fife Council and linked to the third and independent sectors to ensure public participation engagement networks are joined up for the people of Fife and aligned to the responsibilities held by the IJB to support localities and community engagement.

10. INFORMATION SHARING AND DATA HANDLING

- 10.1 Fife Council, NHS Fife and the IJB have developed and agreed an overarching Information Sharing Agreement (“ISA”) which governs and supports the sharing of personal information between the Fife partner agencies.
- 10.2 The ISA utilises the templates and guidance provided in the Scottish Government’s Information Sharing Toolkit, which was developed as a data sharing standard for public bodies. The Toolkit aligns with the Data Sharing Code of Practice published by the Information Commissioner and takes account of changes introduced through the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.
- 10.3 The ISA will be reviewed by the IJB every two years, or sooner if appropriate. To support the ongoing integration of health and social care services, further data sharing agreements, work instructions and related guidance for practitioners will be developed as required together with relevant data processing agreements. This approach ensures that information sharing and processing arrangements will continue to meet both operational needs and the legislative requirements of the evolving external environment as the IJB is now a Category 1 Responder in terms of the Civil Contingencies Act 2004.

11. COMPLAINTS

- 11.1 The Parties agree that complaints received from one or more members of the public about the actions or lack of action by either Party in respect of the Integrated Services, or about the standard of Integrated Services, or about the standard of Integrated Services provided by or on behalf of either of the Parties shall be handled in accordance with the following provisions.
- 11.2 Where the complaint involves more than one Party, agency or service, the Parties shall work together and agree which Party, agency or services will take the lead in handling the complaint (“the Lead Party”). The Lead Party shall inform the complainant that they are leading this process.
- 11.3 Where possible, complaints shall be resolved by front line staff. In these cases, a decision will be given within 5 working days or less, unless there are exceptional circumstances. If it is not possible to resolve a complaint at this stage, the complainant will be advised of this and it may be suggested that they escalate their complaint to the next stage.
- 11.4 If a complaint has not been resolved by front line staff, is particularly complex or requires further investigation, the Lead Party will carry out a detailed investigation and give a full response within 20 working days where possible. If it is not possible to meet this timescale, the Lead Party will advise the complainant and agree a revised time limit.

- 11.5 If a complainant remains dissatisfied at the end of the investigation stage, the Lead Party shall direct them to the Scottish Public Services Ombudsman , if appropriate. There will be no further level of appeal to either of the Parties.
- 11.6 The Parties shall ensure that details of how to make a complaint are readily available to members of the public, online and in their respective premises.
- 11.7 A report shall be provided to the IJB on a six-monthly basis advising of the complaints received by the Parties, resolution timescales and complaint outcomes.

12. CLAIMS HANDLING, LIABILITY and INDEMNITY

- 12.1 The Parties and the IJB recognise that they could receive a claim arising from, or which relates to, the work undertaken on behalf of the IJB.
- 12.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them and in accordance with any relevant requirement relating to insurance cover.
- 12.3 So far as reasonably practicable, the normal common law and statutory rules relating to liability will apply.
- 12.4 Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.
- 12.5 Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.
- 12.6 In the event of any claim against the IJB, or in respect of which it is not clear which Party should assume responsibility, then the Director of Health and Social Care (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

13. RISK MANAGEMENT

- 13.1 The Parties and the IJB have jointly agreed a shared Risk Management Strategy which identifies, assesses and prioritises risks related to the planning and delivery of integrated services, particularly any which are likely to affect this Integration Joint Board's delivery of the Strategic Plan regardless of whether these are held by the IJB, NHS Fife or Fife Council. This included the development of an IJB Strategic Risk Register that sets out the key risks that apply to the delivery of the Strategic Plan and the carrying out of integrated functions. Any updates to the shared Risk Management Strategy shall be approved by the IJB and the Parties.
- 13.2 The shared Risk Management Strategy identifies and describes processes for mitigating those risks and sets out the agreed reporting standard that will enable other significant risks identified by the Parties to be compared across the organisations.

- 13.3 The Risk Management Strategy and the Risk Register have been approved by this Integration Joint Board. The Risk Management Strategy allows for any subsequent changes to the Strategy to be approved by this Integration Joint Board.
- 13.4 The shared Risk Management Strategy includes an agreed Risk Monitoring Framework and arrangements for reporting risks and risk information to the relevant bodies. It also sets out the arrangements for providing assurance on both operational and strategic risks and how and by whom these will be disseminated to all bodies.
- 13.5 The Chief Officer ensures that the Risk Register is reported to this Integration Joint Board on a timescale and format agreed by this Integration Joint Board, this not to be less than twice per year.
- 13.6 The process for amending this Integration Joint Board Risk Register is set out in the risk management strategy.
- 13.7 The Parties provide sufficient support, from their existing risk management resources, to this Integration Joint Board to enable it to fully discharge its duties in relation to risk management. The Parties also make appropriate resources available to support this Integration Joint Board in its risk management.

14. DISPUTE RESOLUTION MECHANISM

- 14.1 Where the Parties fail to agree on any issue related to this Scheme, then the following process will be followed:
- (a) The Chief Executives of the Parties will meet to resolve the issue and if resolved will report through the appropriate governance routes of the partner organisations.
 - (b) If unresolved, the Parties will prepare and exchange a written note of their position within 10 working days of the date of the decision to proceed to written submissions or such period as the Parties agree.
 - (c) In the event that the issue remains unresolved, representatives of the Parties will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue. The cost of mediation will be shared equally between the Parties.
 - (d) If the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree they will notify the Scottish Ministers that agreement cannot be reached; the notification will explain the actions taken to try to resolve the dispute and request that the Scottish Ministers give directions.

PART 1 - Functions Delegated by NHS Fife to the IJB

Column A The National Health Service (Scotland) Act 1978	Column B
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of - section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children) section 38a (breastfeeding) section 39 (medical and dental inspection, supervision and treatment of pupils and young persons) section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 (use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency) section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of (Non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018.
The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;
The National Health Service (General Dental Services) (Scotland) Regulations 2010.
The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.

All sections, duties, functions and Services as they relate to adult carers as defined in the Carer Act”

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by -
section 22 (approved medical practitioners);
section 34 (inquiries under section 33: cooperation)
section 38 (duties on hospital managers: examination, notification etc.) (c);
section 46 (hospital managers' duties: notification)
section 124 (transfer to other hospital);
section 228 (request for assessment of needs: duty on local authorities and Health Boards);
section 230 (appointment of patient's responsible medical officer);
section 260 (provision of information to patient)
section 264 (detention in conditions of excessive security: state hospitals);
section 267 (orders under sections 264 to 266: recall)
section 281 (correspondence of certain persons detained in hospital);
and functions conferred by—
The Mental Health (Safety and Security) (Scotland) Regulations 2005;
The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005
The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and
The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or Except functions conferred by by virtue of, the Public Services Reform

Section 31(public functions: duties to provide (Scotland) Act 2010 information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient All functions of Health Boards conferred by, the Patient Rights (Scotland) Act 2011

Rights (complaints Procedure and by or virtue of, Consequential Provisions) (Scotland) Regulations 2012/36

Carers (Scotland) Act 2016

Section 31

(Duty to prepare local Carers Strategy)But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014, so far as they extend to the services detailed in Part 2 of Annex 1 of this Scheme.

PART 2**Services Currently Provided by NHS Fife Which Are to be Integrated**

Interpretation of this Part 2 of Annex 1 In this part —

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, and includes any secure forensic mental health services;

“out of hours period” has the same meaning as in Regulation 3 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018.; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

PART 2A**Provision for People Over the Age of 18**

The functions listed in Part 1 of Annex 1 are delegated to the extent that:

- a) The function is exercisable in relation to persons of at least 18 years of age;
- b) The function is exercisable in relation to care or treatment provided by health professions for the purpose of health care services listed at numbers 1 to 22 below: and
- c) The function is exercisable in relation the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) inpatient hospital services relating to the following branches of medicine —
 - (i) general medicine;
 - (ii) geriatric medicine;
 - (iii) rehabilitation medicine;
 - (iv) respiratory medicine; and
 - (v) psychiatry of learning disability,
 - 3) palliative care services provided in a hospital;
 - 4) inpatient hospital services provided by general medical practitioners;
 - 5) services provided in a hospital in relation to an addiction or dependence on any substance;
 - 6) mental health services provided in a hospital, including secure forensic mental health services.
 - 7) district nursing services;
 - 8) services provided outwith a hospital in relation to an addiction or dependence on any substance;
 - 9) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 10) the public dental service;
 - 11) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978;

- 12) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- 13) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- 14) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
- 15) services providing primary medical services to patients during the out-of-hours period;
- 16) services provided outwith a hospital in relation to geriatric medicine;
- 17) palliative care services provided outwith a hospital;
- 18) community learning disability services;
- 19) mental health services provided outwith a hospital;
- 20) continence services provided outwith a hospital;
- 21) kidney dialysis services provided outwith a hospital;
- 22) services provided by health professionals that aim to promote public health.

PART 2B

NHS Fife has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services:

Provision for People Under the Age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:

- a) the function is exercisable in relation to persons of less than 18 years of age; and
- b) the function is exercisable in relation to the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 3) the public dental service;
 - 4) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978;
 - 5) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
 - 6) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
 - 7) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
 - 8) services providing primary medical services to patients during the out-of-hours period;
 - 9) community learning disability services;
 - 10) mental health services provided outwith a hospital including Child and Adolescent Mental Health services;
 - 11) Community Children's Services - Health Visitors, School Nursing, Community Children and Young Persons Nursing Service, family Nurse Partnership Team, Child Health Admin Team, Allied Health Professions, Child Protection Nursing Team.

Part 1A

Functions Delegated by Fife Council to the IJB

Functions prescribed for the purposes of section 1(7) of the Act.

Column A

Enactment conferring function

Column B

Limitations

National Assistance Act 1948

Section 48

(duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958

Section 3

(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(local authorities for the administration of the Act)

So far as it is exercisable in relation to another integration function.

Section 4

(provisions relating to performance of functions by local authorities)

So far as it is exercisable in relation to another integration function.

Section 8

(research)

So far as it is exercisable in relation to another integration function.

Section 10

(financial and other assistance to voluntary organisations etc. for social work)

So far as it is exercisable in relation to another integration function.

Section 12

(general social welfare services of local authorities)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 12A

(duty of local authorities to assess needs)

So far as it is exercisable in relation to another integration function.

Section 12AZA

(assessments under section 12A - assistance)

So far as it is exercisable in relation to another integration function.

Section 13

(power of local authorities to assist persons in need in disposal of produce of their work)

Section 13ZA

(provision of services to incapable adults)

So far as it is exercisable in relation to another integration function.

Section 13A

(residential accommodation with nursing)

Section 13B

(provision of care or aftercare)

Section 14

(home help and laundry facilities)

Section 28

(burial or cremation of the dead)

So far as it is exercisable in relation to persons cared

for or assisted under another integration function.

Section 29
(power of local authority to defray expenses of parent, etc.,
visiting persons or attending funerals)

Section 59
(provision of residential and other
establishments by local authorities and maximum period for
repayment of sums borrowed for such provision)

So far as it is exercisable in
relation to another integration
function.

Carers (Scotland) Act 2016

Section 6
(Duty to prepare an adult support plan)

Section 21
(duty to set local eligibility criteria)

Section 24
(duty to provide support)

Section 25
(provision of support to carers: breaks from caring)

Section 31
(duty to prepare local carers strategy)

Section 34
(information and advice service for carers)

Section 35
(short breaks services statement)

The Local Government and Planning (Scotland) Act 1982

Section 24(1)

(The provision of gardening assistance for the disabled and the elderly)

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 2

(rights of authorised representatives of disabled persons)

Section 3

(assessment by local authorities of needs of disabled persons)

Section 7

(persons discharged from hospital)

In respect of the assessment of need for any services provided under functions contained in welfare enactment within the meaning of section 16 and which are integration functions.

Section 8

(duty of local authority to take into account

In respect of the assessment of need for any services provided under functions abilities of carer) contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.

The Adults with Incapacity (Scotland) Act 2000

Section 10

(functions of local authorities)

Section 12

(investigations)

Section 37

(residents whose affairs may be managed)

Section 39

(matters which may be managed)

Section 41

(duties and functions of managers of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Only in relation to residents of establishments which are managed under integration functions.
Only in relation to residents of

establishments which are managed under integration functions.

Section 42

(authorisation of named manager to withdraw from resident's account)

Only in relation to residents of establishments which are managed under integration functions.

Section 43

(statement of resident's affairs)

Only in relation to residents of establishments which are managed under integration functions.

Section 44

(resident ceasing to be resident of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Section 45

(appeal, revocation etc)

Only in relation to residents of establishments which are managed under integration functions.

The Housing (Scotland) Act 2001

Section 92
(assistance to a registered for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Community Care and Health (Scotland) Act 2002

Section 5
(local authority arrangements for residential accommodation outwith Scotland)

Section 14
(payments by local authorities towards expenditure by NHS bodies on prescribed functions)

The Mental Health (Care and Treatment) (Scotland) Act 2003

Section 17
(duties of Scottish Ministers, local authorities and others as respects Commission)

Section 25
(care and support services etc)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26
(services designed to promote well-being and social development)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27
(assistance with travel)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 33
(duty to inquire)

Section 34
(inquiries under section 33: Co-operation)

Section 228
(request for assessment of needs: duty on local authorities and Health Boards)

Section 259
(advocacy)

The Housing (Scotland) Act 2006

Section 71(1)(b)
(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Section 4
(council's duty to make inquiries)

Section 5
(co-operation)

Section 6
(duty to consider importance of providing advocacy and other services)

Section 11
(assessment Orders)

Section 14
(removal orders)

Section 18
(protection of moved persons property)

Section 22
(right to apply for a banning order)

Section 40
(urgent cases)

Section 42
(adult Protection Committees)

Section 43
(membership)

Social Care (Self-directed Support) (Scotland) Act 2013

Section 5
(choice of options: adults)

Section 6
(choice of options under section 5: assistances)

Section 7
(choice of options: adult carers)

Section 9
(provision of information about self-directed support)

Section 11
(local authority functions)

Section 12
(eligibility for direct payment: review)

Section 13
(further choice of options on material change of
circumstances)

Only in relation to a choice under
section 5 or 7 of the Social Care
(Self-directed (Support)(Scotland)Act 2013

Section 16
(misuse of direct payment: recovery)

Section 19
(promotion of options for self-directed support)

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Act.

Column A
Enactment conferring function

Column B
Limitation

The Community Care and Health (Scotland) Act 2002

Section 4
The functions conferred by Regulation 2 of the
Community Care (Additional Payments)
(Scotland) Regulations 2002

In each case so far as the functions are exercisable in relation to persons of at least 18 years of age.

PART 1B

In addition to the functions that must be delegated, Fife Council has chosen to delegate the functions listed in Part 1A as they relate to Adult Social Work Services provided to persons aged 16-18 years.

PART 2

Services Currently Provided by Fife Council Which Are to be Integrated

Set out below is an illustrative description of the services associated with the functions delegated by the Council to the IJB as specified in Parts 1A and 1B of Annex 2.

- Adult Social work services for people aged 16 and over
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

PARTICIPATION AND ENGAGEMENT

Our key stakeholders for the review of the participation and engagement strategy will include:

- individual members of the public, identified communities and protected characteristics providers/contractors of health and social groups (including marginalised groups, Black Asian and Minority Ethnic groups, non-English speakers, those who are non-IT organisations literate).
- public, third and independent sector.
- patients, service users, carers, their families and their representatives or advocates.
- equality group representatives.
- Fife Community Planning Partnership.
- HSCP staff and linked professionals (for networks example GPs).
- Fife Community Councils.
- Professional networks.
- Fife IJB Members.

We will use a variety of medium to communication and receive feedback to inform the strategy building on the profile of the first strategy and supporting our locality working.



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 7TH JANUARY 2022, 1000hrs - MS TEAMS

- Present:** Councillor Tim Brett (Chair)
Councillor Rosemary Liewald
Christina Cooper, NHS Board Member
Martin Black, NHS Board Member
Councillor David J Ross
Councillor Jan Wincott
- Attending:** Dr Helen Hellewell, Associate Medical Director
Nicky Connor, Director of Health & Social Care
Bryan Davies, Head of Preventative and Primary Care Services
Lynne Garvey, Head of Community Care Services
Sinead Braiden, NHS Fife Board Member
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Simon Fevre, HSCP LPF Co-Chair (Staff Side)
Fiona Forrest, Head of Pharmacy – Clinical Services
Michael Scanlin, Supervising Senior Practitioner, Children & Families and Criminal Justice Services
Lynn Gillies, Service Manager, Education & Children's Services
Elizabeth Butters, Co-ordinator, Fife Alcohol and Drug Partnership
Anne McAlpine, Clinical Service Manager
- In Attendance:** Jennifer Cushnie, PA to Associate Medical Director (Minutes)
- Apologies for Absence:** Chris McKenna, Medical Director
Lynn Barker, Associate Director of Nursing
Rona Laskowski, Head of Complex and Critical Care Services
Wilma Brown, Employee Director
Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO)
Catherine Gilvear, Quality Clinical & Care Governance Lead
Janette Owens, Director of Nursing
Scott Garden, Director of Pharmacy & Medicines

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS Cllr Brett welcomed everyone to the meeting and indicated he would like to raise an item under Declaration of Members' Interest.	

2	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>Cllr Brett wished to raise awareness of his involvement in the Tayport Community Trust. He advised he intends to participate in item 6.2 as he does not anticipate there will be any discussions/decisions relating to the Larick Centre which is run by the Trust and may be an older people's day care centre.</p>	
3	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 12 NOVEMBER 2021</p> <p>The minutes were agreed as an accurate record of the meeting.</p> <p>MB wished to raise two items:</p> <p>Item 6.3, which stated, "LG thanked MB for his input and advice, his suggestions would be given consideration". MB asked if this has been progressed.</p> <p>LG advised there has been considerable work since MB's suggestion of involvement from the Third Sector. FMcK, who has led this work, stated there has been involvement from Fife Shopping and Support Services and Later Life Choices (formerly Age Concern), to extend the Help to Stay at Home Service. She told of a programme which is being developed called The Settling Service. The service is for patients leaving hospital who need support at home. This is part of the work which is supported by the winter planning investment funds.</p> <p>MB's second query:</p> <p>Item 6.4, which stated, "needs to be a clear plan of hours GPs are working and what services are being delivered" MB asked if this was forthcoming.</p> <p>NC described planning work across the system as a whole, which is being progressed at Gold Command. An assessment takes place each Friday, which includes Primary Care, and is analysed at Gold Command. BD added Primary Care is also part of the daily Bronze Command structure, feeding into all planning and escalation.</p> <p>HH advised she will answer this query under Item 6.1.</p>	
5	<p>ACTION LOG</p> <p>No comments.</p>	
6	<p>GOVERNANCE</p>	
	<p>6.1 Professional Lead Update</p> <p>HH reminded Members, it was agreed at the previous meeting, there would not be a Quality Report brought in January as there would not be</p>	

sufficient meaningful data to review. HH updated around the very difficult situation and pressures being experienced due to the Omicron variant and the need to move back to a Command Structure. She understood MBs exasperation and explained why a simple message to the public would not be straightforward as the situation is not static day to day. She added, all GP Practices are currently open. Members of the public can 'phone their Practice for help and Practices are operating to their normal hours. Due to the pressures, there is a need for all Services to prioritise clinically urgent issues. She told of a very informative YouTube video with Dr McKenna advising how tricky the situation would be across January and how we must concentrate on the clinically urgent. The video outlines where the Public can access help in various difficult situations. HH assured that Primary Care are continually striving to give people the best possible service in a very difficult time.

NC fully endorsed HH's comments and added the situation is live, at the moment, first emerging through the Christmas / New Year period. She advised it has been necessary to retract services to generate the workforce required to sustain the most critical services. She added, communications are going out to the Public through the Partner bodies and it is important to avoid causing confusion.

Cllr Ross commented, he felt communications to the public were very good. He queried staff shortages and the impact this is having on Services. NC outlined the various problems being encountered – closure of care homes, impact on social care systems, however, vaccination hubs are performing well and have achieved over 80% uptake of booster vaccination.

MB felt communication from Primary Care is lacking and the public are in doubt how to access their GP. Cllr Brett agreed, he felt there is a dis-connect and more can be done.

NC stated she will seek advice from experts in the Comms Team, taking on board the feedback.

Cllr Liewald appreciated MB's concerns, however, felt comments on social media represent the minority and from the feedback she receives from within the community, the vast majority of resident are impressed with the communication flow coming from HSCP and they recognise this is a continually changing plan.

6.2 Fife HSCP Day Services for Older People

This Report was requested by Cllr Brett at a previous meeting. FMcK explained, the Paper is for discussion, but also decision on whether it is taken to IJB.

FMcK gave background to the paper and the current situation within Day Services for older people in Fife. She advised Day Services are working with the Third Sector and through conversations, are exploring various options for re-commencing services once Covid restrictions allow.

FMcK felt Third Sector organisations are extremely efficient at delivering Day Services and she was very supportive of HSCP working

more closely with them. She also outlined the other options which are described for consideration in the Paper.

Care Inspectorate registration and the requirements around this were discussed and funding to Third Sector Organisations.

The general feedback from the meeting was, Day Care Services are a lifeline for many people in Fife and are in keeping with the overall objectives of the HSCP to keep people at home, health and happy. It was recognised, however, there may not be an appetite for traditional Day Care Centres and FMcK advised feedback from the voluntary sector indicates café-type environments are the preference.

MB urged feedback be sought, not only from people who use the Services, but also from those who do not, to discover why not. Also, to discover what services the public would like to have access to. FMcK agreed and gave examples of good conversations which have taken place. It was agreed, there is real concern around mental health and wellbeing, worsened by the Pandemic.

6.3 Fife Community Frailty Services Redesign

LG introduced Anne McAlpine who would talk to the Paper. LG explained the Paper previously came to Committee prior to the Pandemic, however, there has been no movement since this time. She advised the Paper is brought to C&CGC for discussion to help steer progress

AMcA gave an outline of the objectives of the Redesign as detailed in the report. She explained the various streamlining improvements which have been made to the model, taking into account the impact of the Pandemic.

Cllr Liewald queried whether the Service would be brought to the wider community, in particular the Health and Wellbeing Hubs in Lochgelly and Kincardine. AMcA confirmed this would be the aim, also linking with Housing One-Stop Shops in the Lochore area and GP Fellows, which she explained.

Cllr Ross queried workforce resources required and how confident could these be met. 7-day referrals were also queried. AMcA felt there would be sufficient resource, however, advised a complete re-design of what is currently in place would be required and described preparatory work with possible Advanced Nursing roles and funding secured for GP Fellows. AMcA told of a referral pathway which will be developed for the 7-day referrals over the next 3-6 months.

Cllr Brett thanked LG and AMcA and suggest it would be helpful to know the numbers using Hospital at Home and the Intermediate Care Service. Going forward, could timescales be provided, initially for roll-out to the first 3 centres mentioned, and then to the rest of Fife. He hoped another update would come back to C&CGC in due course.

6.4 Fife Alcohol & Drug Partnership Annual Report

Cllr Brett welcomed Elizabeth Butters to the meeting. EB introduced the Fife Alcohol & Drug Partnership Annual Report, which is the return to the Scottish Government detailing all the activity across the ADP at strategic and operational level, also detailing Fife's response to Covid during 2020-2021 period.

The 2nd report introduced was the Annual Drug Related Deaths Report, which EB remarked, has been produced for a number of years. EB explained the report provides detail, scrutiny and analysis of the deaths related to drugs in Fife during 2020/2021 and spoke of this in detail.

EB went on to outline the background to the reports and the very clear principles the ADP work to. These are set out in the National Strategy, around the rights of people who are having difficulties with alcohol and drugs, either by their own use, or by being effected by someone else's use.

The work the ADP is involved in was discussed at length with several questions and input from the Committee.

MB queried if there is learning from people with lived experience. EB told of the work of the Lived Experience Panel which sits under ADP as a strategic sub-group. The Panel is chaired by an employee of the Scottish Recovery Consortium, who has a vast amount of lived experience. The Panel of 8 people have contributed hugely to the redevelopment of the structure and governance of the ADP.

Cllr Liewald was particularly pleased to see community engagement at the level of Children's Services, Education and Kinship Carers. She asked for further details around the Advocacy Service and also the possibility of expanding the work which has taken place within Levenmouth, into the 7 localities. EB explained, the funding route for the Advocacy Service and also new funding which is being sought. The work which has taken place within Levenmouth is very specific to that particular area, however, she told of similar work which is taking place within the other localities.

SB expressed her disappointment at the lack of psychological therapies available.

The idea of an ADP Development Session was suggested and Cllr Brett asked Members to indicate to him whether this is something they would be interested in attending.

6.5 Corporate Parenting

Lynn Gilles, Service Manager, Education & Children's Services, introduced the report and introduced Michael Scanlin, Lead Officer for Corporate Parenting. LG explained the Paper is for awareness and provides an update on developments in the Corporate Parenting Agenda within Fife. She told of a huge amount of work which has gone into re-development, based on National Drivers and within the

	<p>confines of Part 9 of the Children & Young People Scotland Act. The Report gives a detailed picture of the new structure and framework which is in place and the Strategic Oversight Group.</p> <p>Cllr Liewald, who is Chair of the Corporate Parenting Board, spoke of the series of workshops attended by several elected members. The workshops gave information and knowledge to elected members. She felt, the stage has been reached to bring Corporate Parenting to Area Committees</p> <p>Sinead Braiden commented that she was encouraged to see the mental health of looked after young people being given priority.</p> <p>Cllr Ross noted the significantly reduced number of young people in residential care and asked the reason for this and was it expected to continue to decrease. LG stated that earlier intensive services are 'wrapped around' families to take a preventative approach to the most vulnerable in communities. She advised, the voluntary sector and social work are developing services which support families who are on the cusp of children/young people going into care and long-term placements are only used where absolutely necessary.</p>	
7	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 13.10.21</p> <p>No issues to draw to the attention of C&CGC.</p> <p>Cllr Brett was interested to noted, the nasal spray, Naloxone, was approved, which was mentioned in the ADP Annual Report.</p> <p>7.2 Minute of the Infection Control Committee Unconfirmed Minute from 07.10.21</p> <p>No items to highlight.</p>	
8	ITEMS FOR ESCALATION No items for escalation.	
9	AOCB The C&CGC in the diary for 03 May C&CGC will be changed due to the Council elections.	NA
10	DATE OF NEXT MEETING Friday 04 March 2022 at 1000hrs MS Teams Apologies noted from MB	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 14 JANUARY 2022 AT 10 AM VIA MICROSOFT TEAMS

Present: Cllr David Graham [Chair]
Martin Black, NHS Board Member
Cllr Rosemary Liewald
Arlene Wood, NHS Board Member

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Rona Laskowski, Head of Critical and Complex Care Services
Bryan Davies, Head of Integrated Primary and Preventative Care Services
Tracy Hogg, Partnership Finance Manager
Alan Adamson, Service Manager, Quality Assurance
Norma Aitken, Head of Corporate Service, Fife H&SCP
Elizabeth Butters, Co-ordinator, Fife Alcohol and Drug Partnership (joined 11.45am)

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

Apologies for Absence: Helen Hellewell, Associate Medical Director
Cllr David Alexander
Euan Reid, Lead Pharmacist Medicines Management
Fiona McKay, Head of Strategic Planning, Performance & Commissioning

		Action
1.	WELCOME AND APOLOGIES Cllr Graham thanked everyone for attending the first committee meeting of the year and welcomed Arlene Wood to her first committee meeting. He thanked Alan Adamson for attending to represent Fiona McKay in her absence.	
2.	DECLARATIONS OF INTEREST There were no declarations of interested noted.	
3.	MINUTE OF PREVIOUS MEETINGS – 10 NOV. 2021 Minutes agreed as an accurate record of the meeting	
4.	MATTERS ARISING / ACTION LOG – 10 NOV. 2021 Nicky Connor advised with regards the HR Electronic System that Fife Council were still experiencing challenges in pulling information from Oracle and	

	<p>retrieving any information from the system continues to be undertaken manually and noted that there has been multiple meetings and the issue has been raised as a risk to the organisation.</p> <p>Cllr Graham asked that a specific date is to be added to the action log for Public Sector Climate Change Duties Action.</p>	CN
5.	<p>FINANCE PAPER</p> <p>Audrey Valente noted that the report presents the projected outcome position at November 2021. She confirmed that the delegated services are projecting an overspend of £1.050m which is a movement of £3M from the previously projected figure in September. This is due in the main to the recovery actions which was presented at the last committee meeting, the continued refinement of the costs associated with covid and the ongoing vacancies across community services.</p> <p>Audrey noted that although the report is advising of a £1.050M overspend, additional income of £2.1m has been received by Fife Council relating to the living wage from the Scottish Government. This will reduce the overspend by circa £2m resulting in an underspend. Audrey asked if the committee would approve the report being changed to reflect this revised position to ensure that there is consistent reporting across the Partners as Fife Council will be reporting this to their Scrutiny and P&C Meetings.</p> <p>Martin Black queried with regards the £5m underspend within community due to the difficulties in recruiting to vacant posts and asked how many posts are vacant, how long they have been vacant and what the critical impact these vacancies have had on the services. Nicky Connor noted that the point is well made as the ongoing vacancy issue is a big concern for the Partnership. She advised that Roy Lawrence has joined the Senior Leadership Team with a key role in Workforce and Leadership, noting that he has convened a group, that includes representation from both partners HR Departments along with service managers, as part of the workforce strategy that the Partnership is bringing forward. This group will be investigating in-depth the situation to ensure that the actions that are being put in place are achievable. Audrey Valente advised that a multi-disciplinary approach is required with the business partners identifying the number of vacancies that are being reported. Once this has been collated then liaison with services regarding how long the posts have been vacant and the impact this has had on their service can take place. Audrey agreed to pull a template together and bring a report back to a future meeting.</p> <p>Martin Black also queried the unallocated budget for ADP of £1.3m that is being reported and noted that this could be utilised to support an alcohol rehabilitation facility within NHS Fife. Audrey Valente confirmed that these funds are held by Finance until the service draws the funds down, there is a chance that the service has plans/ or has committed this money that has not been actioned to date and noted that the service would require to respond to this question and when Elizabeth Butters joins them meeting for agenda item 7 would be better placed to provide a response.</p> <p>Cllr Liewald queried with regards a previous discussion with Lynne Barker which noted a review of roles within children's services and whether this had been actioned and could it be rolled out further in areas that were experiencing challenging recruitment such as health visiting teams. Nicky Connor advised this was the potential development of Band 4 staff within general nursing which is a national initiative. Nicky confirmed that roles have been explored but there are some roles that cannot change such as a health visitor as there is</p>	AV

	<p>specific training required which is non-negotiable in order to undertake this role. Nicky noted that to support the health visiting teams nursery nurses are being utilised to free up the health visitor from roles that do not require a registered staff member to undertake.</p> <p>Arlene Wood queried whether the reserves would be required to cover the forecasted £1.050M overspend. Audrey Valente noted that the Partnership tries to identify where funding has been earmarked for specific purposes but noted that there was a £6.8 underspend from the core budget last year which has been carried forward and there is more flexibility with this. Audrey confirmed that the £6.8M was non-recurring but would continue to be carried forward until the commitments have been made.</p> <p>Cllr Graham confirmed that the committee were happy to approve the recommendations outlined in the report and confirmed that report could be amended prior to submission to the IJB to reflect the additional funding received to Fife Council relating to the living wage.</p>	
<p>6.</p>	<p>PERFORMANCE REPORT</p> <p>Cllr Graham thanked Alan Adamson for attending and presenting the Performance Report in Fiona McKay's absence.</p> <p>Arlene Wood noted that the data is quite challenging for members and queried the STAR and Short-Term Assessment Beds noting since 2019 the target has not been met and asked if something needs to change in terms of improvement or is the target not achievable from the outset?</p> <p>Alan Adamson agreed that the data was challenging, and the team were striving to make improvements, but they relied on other services for the data and they too have been under significant work pressures. Alan acknowledged the STAR Bed situation and noted that the service will review the target and if there are any changes to be made a report would be brought back to this committee at a later date.</p> <p>Martin Black queried what actions could be taken to address the issue with delayed discharges as there is now 120 delayed discharges which is the highest number since the recording of statistics began. Nicky Connor noted that the number of delayed discharges is a concern for the Partnership and an area that the service is striving to see an improvement. She noted that a range of improvement actions have been put in place but over the Christmas period the Public Health Team has been working with the majority of care homes within Fife which has added significant pressures to the service.</p> <p>Martin Black noted that he had previously suggested thinking out with the box and moving people into hotel/hostel accommodation and queried whether there was additional capacity within Cameron or Stratheden Hospital. Nicky Connor noted that there are additional areas open at this time due to the pressures in the community hospitals but staffing them is a critical issue as registered medical and nursing staff is required to have a ward open. Alan Adamson explained utilising hotel and hostels would require to be regulated by the care inspectorate and this would need to be factored into any planning.</p> <p>Arlene Wood noted that the care at home service data looks fairly predictable in terms of demand and wondered if the capacity is fixed or is it flexible. Arlene also noted that there is no performance data around mental health services and wondered if this would be included at a later date. Alan Adamson advised that the demand for Care at Home fluctuated daily and is a continual challenge and the team works collectively with external partners to maximise the service. He acknowledged there was a growing demand and staffing remains a challenge. Nicky Connor confirmed the Care at Home is a significant challenge</p>	

	<p>that the Partnership is facing noting that demand is outstripping capacity. She advised that the Contracts Team is looking at the situation and investigating a collaborative approach with external providers.</p> <p>Alan Adamson advised that there is the intention to bring back Mental Health Service's performance data in future reports.</p> <p>Cllr Liewald asked if a fuller explanation with regards telecare could be given as the figures appear to be advising that there is only a 2% increase in the service at the end of the year and asked if there was any particular reasons why this could not be rolled out further as the pods set up in Rosewell were very successful. Alan advised that the community alarms is part of the assessment process and if telecare alarm is identified clients would be encouraged to get an alarm set up in their home. He advised that it is a self-referral assessment therefore the demand fluctuates but it confirmed that the overall numbers show that it has not changed much. Cllr Liewald confirmed that she would like to see an increase in the use of bed sensors as there is significant benefits for clients who have these installed in their homes.</p> <p>Martin Black noted that the psychological therapies waiting times chart on page 49 continues to concern him with 438 people waiting over 52 weeks to access the service which he noted much as an impact on the service user. Cllr Graham noted reluctance to discuss a report which the other committee members had not seen and noted that it would be helpful if the report could be shared with the wider committee to allow full discussion.</p> <p>Cllr Graham thanked Alan again for talking to the paper and confirmed that the committee had discussed the paper.</p>	
<p>7.</p>	<p>FIFE ALCOHOL AND DRUG PARTNERSHIP (ADP) UPDATE REPORT</p> <p>Cllr Graham welcomed Elizabeth Butters to the committee who advised that this paper was to raise awareness and support discussion regarding the funding that has been made available to the ADP from various Scottish Government funding allocations. She noted that the ADP budget had originally been £5.1M but with the recent funding allocation this has been raised to £7.1M which is a significant increase for the service.</p> <p>Arlene Wood queried how the outcomes are measured and reported to ensure that the services funded across the initiatives are value for money and making a difference for the service user. Elizabeth Butters noted that the service follows the Council's Contract and Monitoring process with Service Level Agreement in place with all outcome and output activity recorded. In addition, each provider is asked to report back on a 6-monthly basis, and is monitored on a regular basis. Elizabeth noted that some of the projects are independently evaluated and there is also a Lived Experience Panel that has been in place for over a year that sit as a sub-group under the ADP which monitor and scrutinise the service through this panel. Elizabeth assured that the Service was working with Scottish Recovery Consortium and SDF measuring output and activities to ensure that there is value for money and having a service that is making a difference for those who use it.</p> <p>Martin Black noted that the report concentrated more on the drug issues and noted as the service is called Alcohol and Drug Partnership, he found this concerning. He asked how many deaths there had been in Fife related to alcohol. Elizabeth advised that in 2018, 58 people had died from alcohol specific death, in 2019 this increased to 70 people and in 2020 this reduced slightly to 69 people. She confirmed that the report has more information relating to drugs because this is where the funding has been made available</p>	

	<p>from drug mission work. Elizabeth advised that the ADP has mitigated this as much as possible by ensuring that service is planning and auditing problems around alcohol on a local basis and a Alcohol Death Group has been set up. Public Health has been asked to undertake analysis for those who died last year, this project had been planned for prior to the pandemic and Caldicott agreement has been agreed. In addition, there is a hospital liaison service that has been able to engage with over 300 individuals who had been admitted to hospital due to alcohol problem. Elizabeth advised that places for residential rehabilitation has been increased and other work is planned with primary care to have early intervention in place and there is also a new social work service being implemented that will work with people who are struggling to get into the system of care who have complex needs.</p> <p>Martin Black noted concern that the Finance Report advises that there is currently £1.3M unallocated funding for ADP and it is fast approaching the end of the financial year and asked if this funding had been committed. Elizabeth advised that most of this funding was provided in the second the third quarter last year and there had been much planning work with the Joint Commissioning Group that sits under the ADP to analyse gaps and undertake audits to consider how this money is used. Within the last month a request has been issued to the current providers to submit bids for dealing with waiting lists and a review of the submissions received will take place shortly. Elizabeth wished to stress to the committee that the service was being very careful with this £1.3M budget as it is recurring for the next 5 years it is so important that it is spent wisely.</p> <p>Cllr Graham noted with regards the £1.3M, that this will result in an underspend and asked how much this will be and can it be carried forward. Audrey Valente advised that this means that the service is currently underspent by £2m and this will be carried forward until the ADP service is ready to spend the funds. Cllr Graham confirmed that the committee would not like to see the carry forward go towards the general funds and that it is ring-fenced for ADP.</p> <p>Martin Black noted that Fife is the only major authority in Scotland who does not have an alcohol rehabilitation centre and has to pay other boards to use their services and suggested that the underspend is put towards the development of a centre within Fife. Elizabeth Butters noted that while it would be useful to have a centre within Fife it may indirectly limit the choice that the clinicians have for patients and how the service is currently set up allows people to make choices of what therapy they wish to support.</p> <p>Cllr Liewald queried with regards the drug mission policy funding and the centring on family support in particular additional support or kinship care and asked if there would be additional support for care leavers. Elizabeth Butters noted that this was an important point and would investigate as the service was currently writing the kinship care proposals.</p> <p>Cllr Graham confirmed that the committee was content with the recommendations outlined in the report and noted that he looked forward to receiving an update from the service.</p>	
<p>8.</p>	<p>SOCIAL CARE PACKAGES – TRANSITIONS</p> <p>Rona Laskowski advised that this report had been a long-standing request from the committee to bring clarity to the situation regarding the transition from Childrens to Adult Care. It has been acknowledged that the transitioning period is a difficult point for children, young people as well as their families but it is out with the gift of both organisations to make changes as the law in</p>	

	<p>Scotland changes when the parental duties stop, and welfare guardianship commences. Rona advised that there is not always a direct pathway from children's services and for the majority of care users their care changes to being co-ordinated by their General Practitioners as an adult service user.</p> <p>Rona advised that the number of young adults transition varies year on year and during 2021 there were 43 who transitioned all with different needs. It is anticipated that there will be 33 young adults transitioning in 2022 with the negotiations with them and their families currently ongoing.</p> <p>Rona Laskowski confirmed the service would like to put in place a 3-year forecast to anticipate the requirements of the young adults about to transition to the adult services as there are 18,000 children across Fife who have a registered disability. Rona recommended that a further report with the forecast is brought to a future committee.</p> <p>Arleen Wood noted 2 items from the report, the impact on the transition of the young person and their families as well as the fiscal implications and asked if there is any way that there could be a more seamless pathway?</p> <p>Rona Laskowski noted that the organisation Real Change advocates for multi-agency arrangements, but the discussions ideally should be triggered by the school at the age of 14 years, as they are the primary agency for the child. Rona noted that there are good relationships in Fife with the Special Needs Schools with robust arrangements in place, but further work is required to have the same robust arrangements in place with head teachers across all the schools.</p> <p>Cllr Liewald queried during 2021 the Health and Social Care Scotland had put out a vacancy asking for a post to be filled for a parent who had 'lived experience' working with parents during the transitioning period, she was not aware if this was a local or Scotland-wide initiative but would like to see someone in a similar role within Fife. Rona Laskowski noted that she was not aware of this post and would investigate.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report and confirmed that the Committee would be keen to see the further report at a future Committee and requested that item was added to the workplan.</p>	<p>RL</p> <p>CN</p>
<p>9.</p>	<p>FOR INFORMATION</p> <ul style="list-style-type: none"> WORKFORCE PAPER <p>Nicky Connor advised that the Workforce Paper had been issued with the papers for information to ensure that the committee was sighted on the report and confirmed that it had been reviewed at the Scrutiny Committee.</p>	
<p>10.</p>	<p>ITEMS FOR ESCALATION</p> <p>It was agreed the only issue to escalate to the IJB is the staffing pressures across the whole service which is causing issues.</p>	
<p>11.</p>	<p>AOCB</p> <p>No other issues were raised under AOCB.</p>	
<p>12.</p>	<p>DATE OF NEXT MEETING:</p> <p>11 March 2022 at 10.00 AM via MS Teams</p>	



CONFIRMED MINUTES OF MEETING OF THE AUDIT AND RISK COMMITTEE THURSDAY 13 JANUARY 2022 AT 10.00 AM VIRTUAL TEAMS MEETING

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

No	Agenda Item	Action
1.	WELCOME AND APOLOGIES Cllr Dempsey thanked everyone for coming to the first committee meeting of 2022 and wished to welcome Sinead Braiden to her first committee meeting. No apologies were noted.	
2.	DECLARATION OF INTEREST No declarations of interest were noted.	
3.	DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 19 NOVEMBER 2021 Tim Bridle requested that paragraphs 8 & 9 on page 2 are joined up, with this change the minutes were agreed as an acute record of the meeting. Cllr Dempsey queried Section 6 noting that many of the actions are linked to the Integration Scheme and asked for an update on the approval process for the integration scheme. Norma Aitken advised that comments have been received from the Scottish Government and it is anticipated that the revised document will be submitted to the March IJB.	CN
4.	IJB STRATEGIC RISK REGISTER REVIEW Audrey Valente wished to thank Avril Sweeney for all the work that has been	

undertaken with the Senior Leadership Team to get the Risk Register to this point.

Avril Sweeney noted that the report was for both discussion and decision as Members are asked to recommend the Risk Register to the IJB for approval.

Avril Sweeney noted that the review has taken into consideration the learning from various meetings, development and drop-in sessions during 2021 and the decision has been to separate out the operational risks to allow the IJB to focus on the key strategic risks to support the delivery of the Strategic Plan.

Sinead Braiden advised that she welcomed the differentiation between the operational and strategic risks but queried whether the current scoring of orange for the Transformational risk was appropriate. She noted if the Partnership does not achieve transformation then the organisation does not meet its strategic targets. Audrey Valente advised that progress has been made to progress transformation within the Partnership which may have been the reasoning for the moderate risks scoring but agreed to review the score again with Avril Sweeney.

Alastair Morris noted that the revised register was a significant improvement to the previous document and wished to remind all that the strategic level risks needs to translate into what is happening in the organisation now.

Cllr Ross noted that he had some concerns with the Primary Care risks in addition queried how the Partnership is going to keep the Risk Register relevant.

Nicky Connor advised that the Senior Leadership Team has put in place dedicated Senior Leadership Team Business and Assurance meetings to monitor and review the risk register and will also ensure issues are being escalated to the correct source such as Fife Council, NHS Fife or IJB Committee.

Cllr Dempsey noted concern that Risk 22/Business Continuity has been removed from the Strategic Register as it includes the issue of access to GP's which is currently an area of interest for the people of Fife and implementing this change would result in removing the risk from the oversight of the IJB. Avril Sweeney noted that there will be a resilience risk on the register as the Partnership is a Category One Responder but the specific risk relating to GP is currently worded in an operational format. Avril Sweeney advised that the GP risk could be included and built into the Category One Responder Risk. Cllr Dempsey noted that there were subtle differences, but he was comfortable with this approach.

Cllr Dempsey noted with regards Appendix 2 that the format although improved was still challenging to read on the screen, he noted that he liked the split to internal controls and SMART actions.

Cllr Dempsey queried with regards Risk 3 where it notes a Finance Governance Board that is being created and asked who would be included

AV/AS

	<p>within its membership. Audrey Valente advised that the Senior Leadership Team and Business Partners from both organisation's will be members of the meeting.</p> <p>Cllr Dempsey noted that he had reviewed the actions column and highlighted that there are 34 actions to be completed by 2022 and asked whose task was it to monitor to ensure that the actions were completed in a timely fashion. Nicky Connor advised that the Senior Leadership Team will be responsible, and these will be reviewed and monitored against progress at the Assurance Senior Leadership Team Meetings that have been set up.</p> <p>Sinead Braiden queried if there had been or were there going to be any development sessions relating to risk. Norma Aitken advised that there had been a recent development session that had looked at risk appetite and noted that plans are being drawn up for 2022 development sessions which could include risks. Cllr Ross suggested waiting until after the Council Elections in May as there were likely to be new Council members on the committee following the elections. Audrey Valente/ Norma Aitken to ensure that follow up Risk Appetite Sessions is tabled at a future Development Session.</p> <p>Cllr Dempsey confirmed that the Committee were content that the risk register had been discussed and were happy to recommend the revised Risk Register to the IJB.</p>	AV/NA
<p>5.</p>	<p>PROGRESS ON INTERNAL AUDIT PLAN 2021/22</p> <p>Tony Gaskin advised that there was not much to update the committee on this occasion, the Internal Audit Team are currently working through the ongoing governance work but confirmed that he fully expected to be able to provide full report by year end.</p> <p>Cllr Dempsey noted that FO2 relating to liaison with management was an entry that was going to be static for the rest of time. Tony Gaskin confirmed that this was the case although the personnel would change with time.</p> <p>Cllr Dempsey asked what the notable changes were. Tony Gaskin confirmed that 2 assignments plans had been completed noting that the slow progress is expected at this time of year.</p> <p>Cllr Dempsey confirmed that the committee had noted the report.</p>	
<p>6.</p>	<p>AUDIT & RISK WORKPLAN 2022</p> <p>Audrey Valente advised that the work plan had been attached for information and asked if there were any reports or updates not noted that the committee would like to see that they contact Audrey to advise.</p> <p>Cllr Dempsey requested that the size of the columns are reduced to ease reading on the screen and noted that there appears to be a considerable amount of papers to be tabled at the March meeting but confirmed that this may be due to required deadlines. Audrey Valente agreed to review the content and where possible postpone reports to April Meeting to reduce the burden for the End of Year committee meeting, but it was agreed that a longer meeting could be held if required.</p>	

	<p>It was noted that due to the Council Elections the Meeting that was proposed to be held in May has been brought forward to April.</p> <p>Cllr Dempsey confirmed that the committee had noted the work plan.</p>	
7.	<p>ITEMS FOR ESCALATION</p> <p>Cllr Dempsey noted the requirement of this committee to recommend the revised Risk Register but agreed that there was nothing else requiring to be escalated to the IJB.</p>	
8.	<p>AOCB</p> <p>No items were raised under AOCB.</p>	
9.	<p>DATE OF NEXT MEETING</p> <p>9th March 2022 – 10.00 AM – 12.00 NOON</p>	



UNCONFIRMED MINUTES OF MEETING OF THE AUDIT AND RISK COMMITTEE WEDNESDAY 09 MARCH 2022 AT 10.00 AM VIRTUAL TEAMS MEETING

- Present:** Dave Dempsey (Chair), Fife Council
David J Ross, Fife Council
Alastair Morris, NHS Fife Board Member
Sinead Braiden, NHS Fife Board Member
- Attending:** Audrey Valente, Chief Finance Officer (Fife H&SCP)
Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Tony Gaskin, Chief Internal Auditor (NHS Fife)
Norma Aitken, Head of Corporate Services (Fife H&SCP)
Avril Sweeney, Risk Compliance Manager (H&SCP)
Carol Notman, Personal Assistant (Minutes)
Tim Bridle, Audit Scotland (Observer)
Katie Caldwell, Community Staff Nurse (Observer)
Shona Slayford, Principal Auditor (Observer)

No	Agenda Item	Action
1.	WELCOME AND APOLOGIES Cllr Dempsey welcomed everyone to the meeting.	
2.	DECLARATION OF INTEREST No declarations of interest were noted.	
3.	DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 13 JANUARY 2022 The minutes of the last meeting were agreed to be an accurate record of the meeting. Norma Aitken advised that the integration scheme has been approved and returned from Scottish Government on 13.3.22.	
4.	PROGRESS ON 2021/22 INTERNAL AUDIT PLAN Tony Gaskin provided an update on the progress of the internal audit plan. He noted in terms of governance and assurance the Internal Audit Team have	

	<p>been providing comments and providing support and the team are currently carrying out an audit of Clinical & Care Governance.</p> <p>Tony advised that realistically the deadline to complete the internal audit plan will not be available for the April 2022 meeting but will be ready to be taken to the July meeting, but confirmed that the team were continuing to work on the recommendations and noted that the year-end assurances will be provided.</p> <p>Dave Dempsey noted there had been reference to Strategic Commissioning Plan and queried whether the Internal Audit Team were looking at the mechanism of this rather than the content. Tony Gaskin confirmed that they were looking at the intended content and how it will be applied. Tim Bridle wished to clarify the terminology regarding the plan, as there is a separate Strategic Plan? Audrey Valente asked that going forward this document is referred to as the Strategic Plan to avoid any confusion.</p> <p>Dave Dempsey queried with regards SMART Objectives and asked if the Internal Audit Team were in a position to support the implementation of these within the Strategic Plan. Tony Gaskin confirmed that they were a key element to implement at the planning stage to ensure that the objectives that are put into the Strategic Plan are measurable and achievable.</p> <p>Dave Dempsey confirmed with the Committee that they were content with the recommendations.</p>	
<p>5.</p>	<p>FIFE IJB DRAFT INTERNAL AUDIT JOINT WORKING PROTOCOL</p> <p>Tony Gaskin advised that the joint working protocol, which lays out the interrelation between the two partnering bodies, has been approved in principle by all parties and noted that if this committee was content with this draft version of the document it could be shared with the partnering bodies to allow it to go through their governance process with any suggested amendments being returned to this committee for final approval.</p> <p>David Ross noted the section in the assessment regarding individual audits are available to IJB Members on request and asked if the IJB Members were aware of this and will this information be disseminated to them? Audrey Valente advised that currently the IJB members would not be aware of this and if the document was agreed it could be shared with the members.</p> <p>Dave Dempsey queried in the appendix, paragraph 1.2, makes reference to Chief Accountable Officer and queried who this would be for the IJB. Tony Gaskin confirmed that this was generic terminology as it would be different roles if it was relating to Health Board or Council. He confirmed that the accountable officer for Fife IJB would be Nicky Connor. Dave Dempsey queried, as this is a document specifically for the Fife IJB whether it would be more suitable to change this to Chief Officer to make it clearer. Tony Gaskin agreed to revise the document to reflect this change.</p> <p>Dave Dempsey noted that there is a reference to IRAC and queried what this stood for. Tony Gaskin agreed to investigate and feedback.</p> <p>Dave Dempsey confirmed that the Committee endorsed the draft document and asked Tony Gaskin to get agreement from the Partnering Bodies and feedback when this has been received.</p>	<p>TG</p> <p>TG</p> <p>TG</p>

<p>6.</p>	<p>UPDATED GOVERNANCE ACTION PLAN</p> <p>Audrey Valente advised that the paper provided an update for actions from the internal, external and annual accounts but advised that it did not include the MSG action plan as they will be brought separately to the next audit committee. Audrey advised that there are a number of actions relating to the Integration Scheme, and as the Scheme has now been approved these actions will be able to be moved forward at pace.</p> <p>Sinead Braiden queried with regard the best value framework and whether there was any information/material available to support her understand this better as she was new to the committee. Tim Bridle noted that he was sure that there is supporting documentation and would investigate and forward on and advised he would be happy to discuss further out with meeting with committee members.</p> <p>David Ross noted the paper outlines that some of the actions have been prioritised due to the pandemic and asked whether this has happened. Audrey Valente confirmed that she, Norma Aitken, Avril Sweeney and Shona Slayford have met on a number of occasions to look at the process of rationalising and confirmed that the immediate priorities have taken place and this had been referenced in the appendix where actions had been amalgamated to avoid duplication. Audrey confirmed that the actions have been closed off if they have been completed and any actions remaining will be reviewed regularly until they have been closed.</p> <p>Tony Gaskin advised that prioritising the actions cannot be finalised until the MSG actions has been reviewed and taken into consideration.</p> <p>David Ross queried how often these actions should be reviewed at this committee, following discussion it was agreed that they should be placed on the work plan for an update on a 6 monthly basis.</p> <p>Dave Dempsey confirmed with the committee as the recommendations outlined, the paper had been raised for awareness and discussed in full.</p>	<p>TB</p> <p>CN</p>
	<p>IJB RISK REGISTER</p> <p>Avril Sweeney advised her risk register report was for discussion noting that the IJB Strategic Risk Register was last presented to the Committee at its meeting of 13 January 2022. Avril noted that the only updates is where there had been SMART Actions with deadlines of January 2022.</p> <p>Avril noted that there are 5 risks graded as high within the strategic register and appendix 3 was the suggested alternative format to report the strategic risks.</p> <p>Sinead Braiden advised that she was aware that there was a review of BAF within the health board that used a similar format. Avril confirmed that she was aware of the NHS Review and advised that she works closely with both NHS and Fife Council's Risk Teams.</p> <p>Dave Dempsey requested that the format remains within 1 page if possible while still providing all the information required for the Committee to undertake its role.</p> <p>Dave Dempsey confirmed that the committee had discussed the risk register and had given thoughts on improvements going forward.</p>	

	<p>CODE OF CONDUCT FOR MEMBERS OF FIFE INTEGRATION JOINT BOARD</p> <p>Norma Aitken advised that the Standards Commission for Scotland had revised the Model Code of Conduct and issued to all Board on 7 December 2021 for all Health and Social Care Partnerships across Scotland to adopt. In addition, the guidance provided to members of devolved public bodies has been revised.</p> <p>Tony Gaskin confirmed that the previous advice note specifically for IJB Members still stands.</p> <p>Dave Dempsey confirmed that the Committee were happy to accept the recommendation and adopt the code of conduct.</p>	
7.	<p>ITEMS FOR ESCALATION</p> <p>Cllr Dempsey noted the requirement of this committee to recommend the adoption of the Code of Conduct but agreed that there was nothing else requiring to be escalated to the IJB.</p>	DD
8.	<p>AOCB</p> <p>No items were raised under AOCB.</p>	
9.	<p>DATE OF NEXT MEETING</p> <p>27th April 2022 – 10.00 AM – 12.00 NOON</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 19 JANUARY 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Angela Kopyto, Community Dental Officer
Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing and Absence, H&SC
Jane Brown, Principal Social Work Officer, H&SC
Kenny McCallum, UNISON
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Roy Lawrence, Principal Lead Organisation Development and Culture
Bryan Davies, Head of Primary & Preventative Care Services
Susan Young, Human Resources, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Hazel Williamson, Communications Officer
Carol Notman, Personal Assistant (Minute Taker)

APOLOGIES: Lisa Cooper, Immunisation Programme Director
Lynn Barker, Associate Director of Nursing
Eleanor Haggett, Staff Side Representative
Rona Laskowski, Head of Complex & Critical Care Services

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 14 December 2021	
	The Minute from the meeting held on 14 December 2021 was approved as an accurate record of the meeting.	
2.2	Action Log from 3 November 2021	
	The Action Log from the meeting held on 14 December 2021 was updated and approved.	

NO	HEADING	ACTION
3	JOINT CHAIRS UPDATE	
	<p>Nicky Connor advised that all services were experiencing very challenging times which would be highlighted in more detail as the meeting progresses through the agenda.</p>	
4	HEALTH AND SAFETY UPATE	
	<p>Anne-Marie Marshall advised that the H&S Team were reviewing the MH/LD-LRA-01 Ligature Risk Assessment and Escalation Procedure which is anticipated to be completed and published by the end of March 2022.</p>	
	<p>Face Fit Testing continues to be led by Iain with weekly clinics held every Wednesday and advised that there is currently a healthy stock of FFP3 Masks.</p>	
	<p>Anne-Marie noted that there are new transparent facemasks available for use in health and social care settings and area's looking to order these are to contact her for support with purchasing details.</p>	
	<p>Anne-Marie noted that the H&S Team's attendance at Bronze Meetings has supported the service in knowing where and when the surge wards are opening allowing training to be organised easier. Anne-Marie noted that Brian has supported the opening of Ward 8 and 8a and has provided training at the weekend to support as many staff as possible receive their manual handling training.</p>	
	<p>There is concern within the H&S Team that new staff are missing their manual handling training as they are being immediately redeployed but communication with the Corporate Training Team has helped to mitigate this issue.</p>	
	<p>Anne-Marie advised that there has been 4 reportable RIDDOR incidents recorded on DATIX since October 2021, all 4 were related to violence and aggression. Three of these four incidences have been closed with an email reminder issued to the SCN regarding the remaining incident that has been under review since 9th November 2021.</p>	
	<p>Nicky Connor asked that the thanks of the committee is fed back to the Health & Safety Team for their efforts to ensure that staff don't miss their manual handling training. Simon Fevre wished to note the positive feedback that has been received from the Ward 8 staff with regards the manual handling training that they have received noting how they appreciated the extra effort that has been made by the H&S Team to support them.</p>	
5	FINANCE UPDATE	
	<p>Audrey Valente advised that the finance report had been discussed at the Finance & Performance Committee on 14 January 2022 where it had been reported that there has been a significant movement in the overspend from £4M to £1M since the last report in November 2021.</p>	

NO HEADING**ACTION****5 FINANCE UPDATE (Cont)**

This is due in main to the recovery plan, continual refinement of costs associated to Covid-19 and ongoing vacancies throughout the Partnership. She advised between the report being issued and the meeting date funding has been received from Scottish Government relating to the uplift in minimum wage which changes the proposed overspend to a £1M underspend as at November 2021. The Finance & Performance Committee agreed that the attached report could be updated to reflect this change prior to submission to the IJB on 28 January 2022.

Simon Fevre queried with regard the underspend and whether this was positive as the acute services lost any underspend at the end of the financial year and asked if this was the same for the Partnership. Audrey confirmed that Health & Social Care Partnerships is a Section 106 Governing Body and can carry funds forward with the Council undertaking this on the Partnership's behalf. Audrey noted that the Partnership carried forward £30M reserves into this financial year albeit some is ringfenced for the purpose it was carried into reserves.

6 IMMUNISATION WORKFORCE

Bryan Davies advised that there has been a lot of planning required for the immunisation workforce due to the frequently changing picture associated with the various guidance being issued. Bryan advised that the current workforce model is based on everyone over the age of 12 requiring a booster every 12 months in addition to the annual flu vaccination programme.

Bryan advised that Scottish Government has recently announced funding for recruitment for permanent immunisation personnel, noting that the current workforce are on temporary contracts or redeployed. Bryan advised that the service will need to initially focus on the key roles as the recruitment will need to span all roles including logistical and support staff who are vital for the smooth running of the vaccination programme.

Bryan advised that HR Partners have been involved with the current workforce and the new recruitment drive as the Scottish Government have provided a target of 75% of workforce to be employed on a permanent basis and noted that a paper is being developed that has been approved by both the Senior Leadership Team and the equivalent NHS Team.

Bryan advised that 6 Engagement Events have been organised, commencing 4 February 2022.

Nicky Connor wished to thank the Immunisation Team including those deployed from across Fife to support the boosted by the bells campaign.

NO	HEADING	ACTION
6	<p>IMMUNISATION WORKFORCE (Cont)</p> <p>Thanks to Lisa Cooper, Bryan, Lynn and the HR Team for the work that has been undertaken in a complex situation to bring forward the workforce proposal and agree that the issue is significant and appropriate to be sighted by this committee.</p>	
7	<p>COVID 19- POSITION & WORKFORCE UPDATE</p> <p>Current Position</p> <p>Nicky Connor wished to acknowledge that the last few weeks has been amongst the most challenging that the NHS and Health and Social Care has experienced. She wished to extend her thanks to everyone for the work that has been done since the Omicron wave has resulted in the most recent significant challenges coupled with winter pressures. These have included the need to enact business continuity plans and increased staff absences, all while there has been additional demand for people requiring health and social care services from both community and hospital discharge pathways.</p> <p>Nicky advised that the service has had to increase surge wards and capacity within the community hospitals and there has been challenge with the social care capacity with both care at home and significant care home closures. Due to increased outbreaks in community hospitals, Hospital Visiting is now at essential visiting only and this is in line with infection control advice. There has been a requirement to retract some services in both health and social care to release capacity to support the deployment of staff. This is in line with Business Continuity Plans and monitored daily at Bronze.</p> <p>Nicky advised that it has been recognized that is the pressures continue there are concerns regarding sustainability. A request has been made to the Local Resilience Partnership (LRP) and the Council Incident Management Team (IMT) for a wider response.</p> <p>Lynne Garvey reported back from Bronze Meeting advising that currently there are 27 Care Homes closed, as well as a number of Wards/Bays within the community hospitals closed. It was reported that the Community Hospitals are currently at 120% occupancy.</p> <p>Agile / Flexible Working</p> <p>Elaine Jordan advised that there had been communication issued to all Fife Council staff last week seeking support for social care and a lot of work has been going on with managers being asked to release staff. Staff who currently have hold a PVG Membership and Manual Handling Training are being urged to provide support if they can.</p> <p>Susan Young advised that similar communication has been issued within NHS Fife with a number of the HR staff being deployed.</p>	

7 COVID 19- POSITION & WORKFORCE UPDATE (Cont)**Agile / Flexible Working (Cont)**

Susan wished to highlight the changes in guidance for self-isolation. Simon Fevre advised that he had read some conflicting advice noting that the guidance changing on such a frequent basis was very confusing for both managers and staff.

Simon Fevre noted he was aware of the challenging times that the Partnership is currently experiencing but wished to highlight that there is a detrimental impact for the people of Fife and staff when services are retracted. Nicky acknowledged the challenging position being faced and recognised the staff concern regarding being deployed away from their core service and service impact. Nicky confirmed that this will require an ongoing balance of risk, that will need to be closely monitored with a focus on safety and the ability to be agile if any risks emerge due to the retraction of services. The decisions are logged and monitored at Bronze which has engagement from all services and then there is escalation to Silver. Nicky assured that as soon as we are able to safely start reducing our surge capacity and sustain critical service then there will be a managed process to plan release staff back to substantive services. Simon wished to confirm that the frustrations that are being raised from managers is directed at the situation and not at the Senior Leadership Team and the staff has been in contact with him do feel that their problems have been listened to.

Debbie Thompson noted that the Community Support Team have been on redeployment for 2 years there is concern that they are not doing the job that they were employed to do and advised that communication with these staff would be beneficial. Lynne Barker advised that the Workforce Hub try to keep staff up to date as much as possible and manage their expectations and anxieties.

Nicky Connor acknowledged that the service was facing difficult times, and was glad that staff felt comfortable raising their concerns and thanked everyone for their update and thanked colleagues for the support of the Local Partnership Forum.

8 HEALTH & WELLBEING**Attendance Information**

Susan Young outlined the absence record for NHS Fife staff members noting that there was more than 6% absence rate for each of the months which was an increase from previous year. As expected at this time of year the high reasons for absences are Anxiety, Stress and Depression followed by Coughs, Colds and Gastro related illnesses.

Elaine Jordan advised that the absence levels for week commencing 10 January 2022 were high at 14.08% of which 1.67% was recorded as covid related. She acknowledged that this figure is thought to be under reported within Oracle and communication to Managers has been

NO **HEADING** **ACTION**

8 **HEALTH & WELLBEING (Cont)**

Attendance Information (Cont)

issued to remind all that absences are to be coded appropriately including 'self-isolation'. Following this it is anticipated that the covid related absences figures will increase and become more realistic. Elaine advised that MSK and work-related stress are the top two reasons for staff absences.

Elizabeth Crichton advised that there will be interviews held this week for 3 additional support staff who will have a broad remit to support managers with high absence levels within their teams.

Elizabeth noted that there has been a low uptake on the support that is being provided to staff. Alison Nicoll advised that there are a few reasons that staff are not engaging with the support, one being they are frustrated with computer and do not want to log on while they are at home, the other being time factor due to the amount of travelling involved in the role.

Alison advised that there has been some reluctance for staff to undertake additional hours as they have not been paid for the previous overtime because they were not aware of forms that require to be completed in order to get the overtime payments. Lynne Garvey thanked Alison for raising this and AN/LG will discuss further out with meeting to ensure that support for the staff. Susan Young recommend that they link with Payroll colleagues as there may be a system solution to help with the overtime issue.

LG/AN

Staff Health & Wellbeing

Elizabeth acknowledged that the majority of support for staff wellbeing was computer based but there is a face-to-face pilot session at Stratheden on 27 January, 8 February and 23 February where the sessions will be limited to 14 staff members to allow appropriate social distancing. Nicky Connor asked Hazel Williamson to investigate how these could be promoted across the staff groups via the staff briefing and cascade.

11 **ITEMS FOR BRIEFING STAFF**

Via Directors Brief / Staff Meetings

Nicky Connor requested that Hazel Williamson support the draft briefing for the Directors Brief acknowledging the challenging position and the support that is needed. Nicky noted concern being raised at the LPF with providing false hope for an end to the situation when the situation remains uncertain. Simon Fevre recommended that wording around acknowledging the stress relating to the impact of being deployed and ask staff to bear with us. Debbie Thompson suggested recognizing the

NO	HEADING	ACTION
11	ITEMS FOR BRIEFING STAFF (Cont)	HW
	<p>effort the staff have made and acknowledged that a positive message was required without over-reaching as there is still some degree of uncertainty to when services will pick up again and business will go back to normal.</p> <p>It was agreed that the communication will be issued as a co-chair message.</p>	
12	AOCB	SY/WMcC
	<p>Susan Young advised that Alison McArthur has been appointed as International Recruitment Lead with the first international recruits arriving in February with more anticipated on a monthly basis following this. Susan advised that the first recruits will be placed within the acute services. Wendy McConville noted her interest in the international recruitment and agreed to discuss with Susan out with meeting.</p> <p>Debbie Thompson wished to thank Lynne Garvey for the support that has been provided to the Care at Home Services during this very difficult period and noted that it is hoped that the addition of new staff will release some of the pressures on the team. Lynne confirmed that it had been a whole system approach with excellent support from the Trade Unions and Senior Leadership Team.</p> <p>Anne-Marie Marshall advised that the Health and Safety Manager position is out for Advert with the closing date being 25 January 2022.</p>	
13	DATE OF NEXT MEETING	
	Tuesday 15 February 2022 – 9.00 am – 10.00 am	



Fife Health & Social Care Partnership

Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM TUESDAY 15 FEBRUARY 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Eleanor Haggett, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Bryan Davies, Head of Primary & Preventative Care Services
Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence, H&SC
Hazel Williamson, Communications Officer, H&SC
Kenny McCallum, UNISON
Lynne Parsons, Society of Chiropractors 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
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Jane Brown, Principal Social Work Officer, H&SCP
Kenny Grieve, Health & Safety Adviser, Fife Council
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Steven Hands, Health & Safety Adviser, Fife Council
Susan Young, HR Team Leader, NHS Fife
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	
	As above. Morag Stenhouse, Health & Safety Adviser, Fife Council attended the meeting in place of Kenny Grieve and Steven Hands.	
2	PREVIOUS MINUTES	
2.1	Minute from 19 January 2022	
	With one small amendment, the Minute from the meeting held on 19 January 2022 was approved as an accurate record of the meeting.	

NO	HEADING	ACTION
2.2	Action Log from 19 January 2022	
	Several items on the Action Log from the meeting held on 19 January 2022 were updated then the document was approved.	
3	WINTER / STAFFING ISSUES	
	This is an additional LPF meeting with the single agenda item to monitor and discuss the current pressures due to covid and winter.	
	Nicky Connor began by outlining the current position which is gradually improving although pressures remain across all parts of the system. Thanks are extended to all staff in the HSCP and to those that are working in different roles support the current pressures.	
	Work is ongoing through the Heads of service to bring forward the recovery plan. A new system Operational Pressures Escalation Levels (OPEL) has been introduced through the Bronze Command Group which gives a whole system approach to service planning and will ensure the use of a common language. Three main areas are looked at – Flow, Workforce and wider service sustainability.	
	Work continues on absence management of both covid and non-covid long term absences to support staff health and wellbeing. Nicky thanked Elaine Jordan and Elizabeth Crichton for their update on this.	
	As restrictions ease SLT members are increasing their visibility both virtually and via face-to-face meetings.	
	Bryan Davies advised that his management team meets regularly. One area they have focused on recently are staff who have been redeployed and the impact this has had on all teams. Bryan is currently undertaking physical site visits and spending time with each of his Managers in an informal setting.	
	The changes to Immunisation Team was discussed. Work is ongoing, in conjunction with Lisa Cooper to support sustainable staffing to support a high quality immunization service for the people of Fife.	
	Rona Laskowski provided an update for complex and critical care services and also community care services on behalf of Lynne Garvey.	
	Rona discussed violence and aggression, vacancies and staff wellbeing. Debbie asked to discuss adult resources vacancies and absences further.	DT/RL
	There are a number of Level of Change programmes ongoing at the moment, some from pre-covid. Debbie Thompson has asked to meet with Rona outwith the meeting to discuss these further.	
	Heads of service are developing the retraction plans to support a planned approach to retraction and bring stability across the workforce. Simon thanked Nicky, Bryan and Rona for their updates and confirmed we are still on an emergency footing and challenges continue.	
	Elaine Jordan confirmed that updated absence statistics were being prepared for the next SLT Formal meeting and these would be brought to the LPF meeting on 16 March 2022.	

NO	HEADING	ACTION
3	WINTER / STAFFING ISSUES (Cont)	Co-Chairs/ HW
<p>Discussion took place on staffing pressures due to surge capacity / absences and vacancies and the reasons for these.</p> <p>Nicky Connor advised that SLT meetings are looking at these issues in conjunction with current Strategic Plan priorities and the Workforce Strategy.</p> <p>Bed modeling and also the home first strategy remain in development. Consideration is also being given to the refresh of the strategic plan. Work is ongoing behind the scenes to assess population needs, how best to meet the needs of people in the most appropriate setting and benchmarking against other IJBs. This information will be shared with the LPF when available for fuller discussion.</p> <p>Discussion then took place around what could be done proactively to re-engage community-based staff at what will be a vulnerable time as we move through the covid recovery period.</p> <p>Hazel Williamson had suggested a six-week series of targeted communications for staff on specific topics eg impact of working from home, rise in cost of living. To be launched Spring 2022.</p> <p>Elizabeth Crichton gave details of two initiatives she has undertaken recently in connection with wellbeing - one for staff which took place online during 2021 and a community based wellbeing event in Dundee. Both were very well received and could be replicated.</p> <p>Thought to be given, outwith the LPF meeting, to ideas which could make a difference to staff, focusing on staff health and wellbeing. Further discussion at future meetings.</p>		
4	DATE OF NEXT MEETING	
Wednesday 16 March 2022 – 9.00 am – 11.00 am		