



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 26 MAY 2023 AT 10.00 AM
THIS WILL BE A VIRTUAL MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	Arlene Wood	-
2	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
3	MINUTES OF PREVIOUS MEETING AND ACTION NOTE 31 MARCH 2023	Arlene Wood	3-12
4	CHIEF OFFICER UPDATE	Nicky Connor	-
5	STRATEGIC PLANNING & DELIVERY 5.1 Palliative Care Transformation 5.2 Commissioning Strategy 2023 – 2026 including Market Facilitation and Delivery Plan 2023 – 2026 5.3 Advocacy Strategy and Delivery Plan	Lynne Garvey Fiona McKay Fiona McKay	13-27 28-152 153-253
6	LIVED EXPERIENCE & WELLBEING 6.1 Lived Experience - My Home from Home	Lynn Barker	
7	INTEGRATED PERFORMANCE & QUALITY 7.1 Finance Update 7.2 Performance Report - Executive Summary	Audrey Valente Fiona McKay	254-270 271-283
8	GOVERNANCE & OUTCOMES 8.1 Locality Planning 2023	Fiona McKay	284-293

9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 9.1 Annual Assurance Statements From Governance Committees	Vanessa Salmond	294-318
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Audit & Assurance Committee Confirmed Minute from 22 March 2023 Verbal Update from 10 May 2023 Finance, Performance & Scrutiny Committee Confirmed Minute from 17 March 2023 Verbal Update from 12 May 2023 Quality & Communities Committee Confirmed Minute from 10 March 2023 Verbal Update from 3 May 2023 Local Partnership Forum Unconfirmed Minute from 29 March 2023 Verbal Update from 23 May 2023 Strategic Planning Group Verbal Update from 17 May 2023	Dave Dempsey Alistair Grant Sinead Braiden Simon Fevre / Nicky Connor David Graham	319-345
11	AOCB	All	-
12	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 23 JUNE 2023 INTEGRATION JOINT BOARD – FRIDAY 28 JULY 2023	All	-

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 31 MARCH 2023 AT 10.00 AM

Present	Arlene Wood (AW) (Chair) David Graham (DG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Alistair Morris (AM), John Kemp (JK), Sinead Braiden (SB) Chris McKenna (CM), Medical Director, NHS Fife Janette Keenan (JK), Director of Nursing, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Debbie Fyfe (DF), Joint TU Secretary, Fife Council Eleanor Haggett (EH), Staff Representative, Fife Council Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director Kathy Henwood (KH), Chief Social Work Officer, Fife Council Lynn Barker (LB), Associate Director of Nursing
Attending	Lisa Cooper (LC), Head of Primary & Preventative Care Services Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Lindsay Thomson, Head of Legal and Democratic Services, Fife Council Alan Small, Independent Chair of Fife Adult Support and Protection Committee Danielle Archibald, Service Manager Ronan Burke, Quality Assurance Officer Hazel Williamson (HW), Communications Adviser Cara Forrester (CF), Communications Adviser Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO TITLE

ACTION

1 CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES

Arlene Wood, Chair of the Integration Joint Board, welcomed everyone to the meeting

Arlene Wood then congratulated Kerys Russell, an Upper GI Cancer Clinical Nurse Specialist and Leanne Patrick, a Gender Based Violence Nurse Specialist

NO	TITLE	ACTION
1	<p>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES (CONT)</p> <p>who have been selected to take part in the unique professional development programme to become a Queen's Nurse.</p> <p>Apologies had been received from Amanda Wong and Joy Tomlinson.</p> <p>Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen was in use at the meeting to assist with Minute taking and the media had been invited to listen in to the proceedings.</p>	
2	<p>DECLARATION OF MEMBERS' INTERESTS</p> <p>There were no declarations of interest.</p>	
3	<p>MINUTES OF PREVIOUS MEETING & ACTION NOTE 27 JANUARY 2023</p> <p>The Minute and Action Note both needed small adjustments and once these have been done these will be considered accurate records.</p>	
4	<p>CHIEF OFFICER UPDATE</p> <p>Arlene Wood handed over to Nicky Connor for this item.</p> <p>Nicky Connor updated on the Lived Experience segment (Item 6.1) which was being reintroduced to the IJB agenda post covid. These would come to IJB meetings regularly.</p> <p>Jennifer Rezendez has been appointed Principal Social Work Officer, she takes up post on 16 May 2023 and will attend the May IJB meeting.</p> <p>There has been excellent feedback following the recent Care at Home Inspection and Nicky Connor commended all staff and leadership from the Service.</p> <p>At the IJB Development Session in February 2023 discussion had taken place on Risk, Risk Appetite and the Medium-Term Financial Strategy, which is on the agenda for this meeting.</p> <p>The consultation on the Commissioning Strategy is nearing an end and board members are encouraged to given their views as well as sharing and promoting this with others.</p>	
5	<p>STRATEGIC PLANNING & DELIVERY</p> <p>5.1 - STRATEGIC PLAN DELIVERY FOR 2023/24</p> <p>This report had been discussed at the Strategic Planning Group (SPG) on 1 March 2023, Finance, Performance & Scrutiny (FP&S) Committee on 17 March 2023 and the Local Partnership Forum (LPF) on 29 March 2023. Arlene Wood introduced Fiona McKay who presented the report which covers the first year of the Strategic Plan which was approved in January 2023. The Directions which accompany the report will be updated prior to being sent to NHS Fife and Fife Council.</p>	

NO	TITLE	ACTION
5	STRATEGIC PLANNING & DELIVERY (CONT) 5.1 - STRATEGIC PLAN DELIVERY FOR 2023/24 (CONT)	
	<p>Arlene Wood then invited David Graham, Chair of SPG, Alastair Grant, Chair of FP&S and Simon Fevre, Co-Chair of the LPF to comment on discussions at their respective meetings before questions from Board members. All three confirmed that their meetings had raised no significant issues and supported the plan.</p>	
	<p>Discussion took place around post-diagnostic support for newly diagnosed dementia sufferers, which was not specified in the delivery plan and would be part of the Dementia Strategy and added to the workplan. Questions were raised around the one-stop drop ins for drugs and alcohol and the provision in more rural areas. Fiona McKay advised that as well as fixed locations for these, there would also be mobile provision across rural Fife. The proposed Directions were discussed.</p>	FM
	<p>The Board reviewed and approved the final draft of the Delivery Plan 2023 and identified and approved the preferred option for Directions, which should be finalised and sent to NHS Fife and Fife Council.</p>	
6	LIVED EXPERIENCE & WELLBEING 6.1 - LIVED EXPERIENCE	
	<p>Arlene Wood introduced Lynn Barker who outlined the format for this item, which pre-covid were called Person Stories. These will allow the board to hear directly from the public and staff and will support our equality outcomes and strategic plan.</p>	
	<p>Katie's story was shared in a short video giving her experience with Audiology and the Deaf Communications Service and the difference they have made to her. This was a good example of partnership working and how technology is being used to improve outcomes for patients.</p>	
	<p>Feedback from the Board was positive and Arlene Wood asked that the thanks of the Board be passed to Katie and all of the staff involved in the making of the video</p>	
7	INTEGRATED PERFORMANCE 7.1 - BUDGET 2023-2024 AND MEDIUM-TERM FINANCIAL STRATEGY	
	<p>This report had been discussed at the FP&S Committee on 17 March 2023 and the LPF on 29 March 2023. Arlene Wood handed over to Nicky Connor who introduced the report which Audrey Valente, as Section 95 Officer, would present. Each IJB must agree their budget by 31 March each year.</p>	
	<p>The IJB budget is delegated from NHS Fife and Fife Council and the Board is empowered to utilise the funding to meet the needs of the people of Fife and focus on outcomes. The financial challenges are significant and proposals cover a mix of efficiency, redesign and transformation. To reach this point there has been considerable consultation, including a development session, meetings with trade unions and staff side and drop-in meetings. Feedback from these have been incorporated into the budget.</p>	

7 INTEGRATED PERFORMANCE (CONT)

7.1 - BUDGET 2023-2024 AND MEDIUM-TERM FINANCIAL STRATEGY (CONT)

There is a commitment that if the budget is signed off at this IJB, a report on business cases will be brought to the IJB in July 2023 to give detail of each of the budget proposals.

Audrey Valente then presented the report which provided information on the estimated resources available to the IJB over the 2023-26 period. The paper asked the IJB to approve the budget for next financial year and gave an indication of the medium-term financial position.

The potential budget gap is currently £21m, rising to approx £35m in 2025-2026 and budget assumptions will be refined as more robust financial intelligence becomes available. The Year 1 funding gap will require to be met from savings but earmarked Reserves of £10m could be used to address and mitigate the risk. This will be monitored closely throughout 2023-24 with a view to reducing the commitment against reserves when the opportunity to do so arises.

Appendix 2 contained the proposed Directions to Fife Council and NHS Fife. Appendix 3 to the report was the Medium-Term Financial Strategy which contained the proposals to close the budget gap.

Audrey Valente reinforced Nicky Connor's commitment to bringing a report on the business cases to the IJB meeting in July 2023.

Arlene Wood then invited Alastair Grant, Chair of FP&S and Simon Fevre, Co-Chair of the LPF to comment on discussions at their meetings before questions from Board members. Alastair Grant advised that the FP&S Committee were happy to agree the budget, proposed Directions and the use of Reserves. Simon Fevre advised that the LPF had a frank and robust discussion on the proposals and concerns had been raised regarding the impact on the workforce.

This was a comprehensive report with ambitious plans to transform the partnership. Based on information currently available things could change adding additional cost pressures going forward.

Discussion took place around the risks involved in ensuring safe staffing in all areas of the partnership.

Some members raised concern about the lack of information currently available on the savings proposals and the methodology behind the proposals, but others felt it was unreasonable to expect detailed business plans at this point in the process

Audrey Valente thanked those present for their input to the discussions, noted the concerns raised and reiterated that a report on the business cases would be brought to the IJB meeting in July.

NC/AV

Arlene Wood summed up the discussions and thanked the team for the work which had gone into this paper. Nicky Connor proposed that a further recommendation be added to the paper – *a commitment to ongoing engagement and partnership working for our areas of transformation with the aim of supporting high-quality, person-centred care which will be scrutinised through governance structure of the IJB and we will bring a report to the July IJB.*"

7 INTEGRATED PERFORMANCE (CONT)**7.1 - BUDGET 2023-2024 AND MEDIUM-TERM FINANCIAL STRATEGY (CONT)**

The Board examined and considered the budget for 2023/24 and associated savings, agreed the budget for next financial year 2023-24, considered and agreed the Direction to both partner organisation's and instruct both NHS Fife and Fife Council as appropriate, agreed to earmark £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24 and examined and considered the medium-term financial position of the IJB, recognising that the information may be subject to change as a result of various potential external factors, such as Scottish Government funding, changes in Inflation, demographic growth to name but a few.

The Board also approved the additional recommendation proposed by Nicky Connor.

7.2 - FINANCE UPDATE

This report had been discussed at FP&S Committee on 17 March 2023. Arlene Wood introduced Audrey Valente who presented the report which detailed the financial position of the delegated and managed services based on 31 January 2023 for NHS/31 December 2022 for Fife Council. The forecast for Fife Health & Social Care Partnership is currently a surplus £11.307m. The key areas of over and underspend were detailed within the report.

Arlene Wood then invited Alastair Grant, Chair of FP&S to comment on discussions at the Committee before questions from Board members. Alastair Grant confirmed that the committee had no concerns regarding the report.

The Board were assured that there is robust financial monitoring in place, approved the financial monitoring position and the use of Reserves as at December 2022/January 2023.

8 GOVERNANCE & OUTCOMES**8.1 – REVIEW OF THE IJB RISK MANAGEMENT POLICY AND STRATEGY**

This report had been discussed at the SPG meeting on 1 March 2023, Quality and Communities (Q&C) Committee on 10 March 2023, FP&S on 17 March 2023 and Audit and Assurance (A&A) Committee on 22 March 2023. Arlene Wood introduced Audrey Valente who presented the report which will support the delivery of the Strategic Plan. The Policy and Strategy were created by the partner bodies in 2016 in line with the Integration Scheme. It was refreshed in 2019 and required to be reviewed again following the approval of the updated Integration Scheme in March 2022.

The Policy and Strategy had been discussed at the IJB Development Session in February 2023 and a short life working group was set up to complete the review.

The refresh considered the development of Risk Appetite, the distinction between processes for IJB strategic risks and partner operational risks, the removal of the "Corporate" risk category and the IJB Governance and HSCP organisational structure changes, including the roles and responsibilities of the Governance Committees.

8 GOVERNANCE & OUTCOMES**8.1 – REVIEW OF THE IJB RISK MANAGEMENT POLICY AND STRATEGY (CONT)**

Arlene Wood then invited David Graham, Chair of SPG, Rosemary Liewald (for Sinead Braiden, Chair of Q&C), Alastair Grant, Chair of FP&S and Dave Dempsey, Chair of A&A to comment on discussions at their meeting before questions from Board members. Each of them confirmed that their groups were happy to recommend this for approval.

The Board approved the Risk Management Policy and Strategy, to support delivery of the Strategic Plan 2023-2026.

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**9.1 - CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021-2022**

This report had been discussed at Q&C Committee on 10 March 2023 (not 9 March as in IJB papers). Arlene Wood introduced Kathy Henwood who presented the report which is based on a Scottish Government template, which has changed since the previous CSWO report and gives consistency across all local authorities and IJB's in Scotland. The report covers 2021-2022 and showed areas of improvement, transformation and development.

Arlene Wood then invited Rosemary Liewald (on behalf Sinead Braiden, Chair of Q&C) to comment on discussions at that meeting before questions from Board members. Rosemary Liewald confirmed the Committee had discussed the report which was well received.

Kathy Henwood will be moving on from the Partnership and moving to a new role in Lothian. Nicky Connor expressed her thanks to Kathy Henwood both personally and professionally.

Discussion took place around the position with looked after children both pre and post covid. Kathy Henwood confirmed that pre covid there were approximately 150 children placed outwith Fife, these children had been brought back into Fife and in most cases this had worked well. Three new permanent Corporate Parenting Development Worker posts have been created and filled by care experienced employees.

The Board were assured by the report which describes the role and range of functions covered by the Chief Social Work Officer including social work and social care services provided by both the authority and by the Health and Social Care Partnership.

Arlene Wood thanked Kathy Henwood and her team for this report which provided a lot of learning for Board members.

This report had been discussed at Q&C Committee on 10 March 2023 (not 9 March as in IJB papers). Arlene Wood then introduced Alan Small who presented this report which is based on a Scottish Government template to encourage consistency in returns. The report was submitted to Scottish Government in October 2022 and covers the period 1 April 2020 – 31 March 2022.

Alan Small covered the key points in the report which included issues with double counting of data regarding large scale investigations, which has now been resolved.

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)**9.2 - FIFE ADULT SUPPORT AND PROTECTION COMMITTEE BIENNIAL REPORT 2020-2022**

The Board took assurance on the work being progressed in support of the protection of adults as outlined in the Fife Adults Support and Protection Committee Biennial Report 2020-2022.

Arlene Wood thanked Alan Small and the team for the report which gave excellent feedback on the work undertaken in the last few years.

9.3 - MAINSTREAMING THE EQUALITY DUTY AND EQUALITY OUTCOMES PROGRESS REPORT – JANUARY 2023

This report had been discussed at the Strategic Planning Group on 1 March, Q&C Committee on 10 March 2023 and FP&S Committee on 17 March 2023. Arlene Wood introduced Fiona McKay who presented this report which had been delayed due to covid. Joint meetings have been held with other partnerships and the Equality & Human Rights Commission to ensure plans are robust. Appendix 2 show the Action Plan and the EQIA is also included, which will be used in the production of the savings proposals in the Medium-Term Financial Strategy..

Arlene Wood then invited David Graham, Chair of SPG, Rosemary Liewald (for Sinead Braiden, Chair of Q&C) and Alastair Grant, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members.

The SPG had raised several issues with the report and these had been rectified. Q&C had examined the report closely and no specific points had been raised. Alastair Grant confirmed FP&S had discussed the report and had nothing to highlight.

Morna Fleming asked that an addition be made to Equality Outcome 6 (page 293 of the final papers) where she would like to see specific mention of carers being included. Also in Equality Outcome 7 there should be some indication of attempts to reach carers in particular. Fiona McKay confirmed that the work undertaken with the Commission on this report means that we should be looking back on what has been achieved to ensure delivery of outcomes, going forward we will ensure the voice of carers, veterans and children will be included. These outcomes will be strengthened.

FM

Discussion took place around the improving outcomes in the report, how do we measure progress and reducing stigma around dementia diagnosis.

Arlene Wood felt this was a meaningful report, made more pertinent after hearing Katie's story earlier in the meeting. Arlene Wood has a question relating to the LGBT needs assessment and further work which would be taken forward, which is not mentioned in the Action Plan. Arlene Wood also asked about identifying improvements around equalities and asked Nicky Connor to comment. Joy Tomlinson had recently shared a Health Improvement Scotland report showing information on inequalities, Arlene Wood wondered if this should be included as part of the Action Plan. Nicky Connor had shared this report with colleagues and this is being looked at through the lens of performance and what we are doing in relation to Localities and ensuring that intended actions do not have unintended consequences.

FM

NO	TITLE	ACTION
9.3 - MAINSTREAMING THE EQUALITY DUTY AND EQUALITY OUTCOMES PROGRESS REPORT – JANUARY 2023 (CONT)		FM
The Board discussed the report and provided final approval of the Mainstreaming Report and Equality Outcomes Progress Report 2023.		
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED	
	Audit & Assurance Committee	
	Dave Dempsey confirmed he had nothing to add from the meeting held on 19 January 2023. At the meeting on 22 March 2023 the main area of discussion was Risk.	
	Finance, Performance & Scrutiny Committee	
	Alastair Grant had nothing to add from the meeting held on 20 January 2023. Discussions from the meeting held on 17 March 2023 had been updated during previous items.	
	Quality & Communities Committee	
	Sinead Braiden has no items for escalation from the meeting on 18 January 2023. As Sinead did not attend the meeting on 10 March 2023, Rosemary Liewald advised that there was nothing to raise from the March meeting.	
	Local Partnership Forum	
	Simon Fevre had nothing more to add from the meeting held on 24 January 2023. Discussion at the meeting held on 29 March 2023 included the Budget, compliance with mandatory training, improving staff attendance, system pressures and the recent Care at Home Inspection .	
	Strategic Planning Group	
	The Equality Duty/Outcomes report had been discussed on 1 March 2023 and suggested changes had been taken on board.	
11	AOCB	
	As Arlene Wood had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by updating on the dates of the next meetings.	
12	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 28 APRIL 2023 INTEGRATION JOINT BOARD – FRIDAY 26 MAY 2023	

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 31 MARCH 2023

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Strategic Plan: Delivery Plan 2023 - Directions to be finalised and sent to NHS Fife/Fife Council	Fiona McKay	26 May 2023	Completed
2	Budget 2023-2024 And Medium-Term Financial Strategy – Directions to be finalised and sent to NHS Fife/Fife Council	Audrey Valente	26 May 2023	Completed
3	Budget 2023-2024 And Medium-Term Financial Strategy - full Business Cases to developed and report to be brought to July IJB on the ongoing engagement and partnership working for our areas of transformation with the aim of supporting high-quality, person-centred care	Nicky Connor / Audrey Valente	28 July 2023	Currently being Developed - On Track
4	Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2023 – Morna Fleming asked for Quality Outcomes 6 and 7 to be updated.	Fiona McKay	26 May 2023	Both outcomes updated Completed
5	Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2023 – Arlene asked for information on the LGBT needs assessment and Health Improvement Scotland report being added to the Action Plan.	Fiona McKay	26 May 2023	Completed

COMPLETED ACTIONS

<p>Strategic Plan 2023-2026 - approved, relevant delivery plan to be developed / progressed through the FP&S Committee to IJB. Strategic Plan will now be published on the Health and Social Care Partnership website.</p>	<p>Fiona McKay</p>	<p>31 January 2023 (for publication of Scheme on website)</p> <p>March IJB for Delivery Plan for the underpinning strategies.</p>	<p>Completed</p>
<p>Ministerial Strategic Group (MSG) Indicators – Arlene Wood asked if original MSG report could be circulated to IJB members.</p>	<p>Fiona McKay</p>	<p>31 March 2023</p>	<p>Circulated 2 February 2023</p> <p>Completed</p>
<p>Finance Update – IJB requested further reports on large overspends be taken via Finance, Performance & Scrutiny Committee (from IJB January 2023)</p>	<p>Audrey Valente</p>	<p>31 March 2023</p>	<p>This will be added to the Action Note of FP&S – report scheduled for July 2023 - Completed</p>
<p>AOCB - Ian Dall raised issue relating to closure of a Care Home in Fife.</p>	<p>Nicky Connor / Ian Dall</p>	<p>27 January 2023</p>	<p>Meeting has taken place and being progressed through the care home assurance group.</p> <p>Completed</p>



Meeting Title:	Integration Joint Board
Meeting Date:	26 May 2023
Agenda Item No:	5.1
Report Title:	Fife Specialist Palliative Care Services (FSPCS) – Enhanced 7-day community model
Responsible Officer:	Nicky Connor, Director, Health & Social Care Partnership Lynne Garvey, Head of Service, Community Care Services, HSCP
Report Author:	Karen Wright, Clinical Services Manager Joanna Bowden, Consultant, Palliative Care

1 Purpose

This Report is presented to the Board for:

- **Discussion and approval** of the issue of a direction to NHS Fife for the permanent re-provision of Specialist Palliative Care resource in Fife delivering an agile, multidisciplinary FSPCS Community Outreach Team, better meet the needs of patients and their carers in all care settings, including the hospice, community, people's own homes and hospital settings whilst securing best value.

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

- 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.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 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.
- Resources are used effectively and efficiently in the provision of health and social care services.

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

- Local
- Sustainable
- Wellbeing
- Outcomes.
- Integration

2 Route to the Meeting

The enhanced, 7-day community service model has been previously considered by various groups and committees as part of its development which has informed this final report to the IJB. In terms of this paper, it was discussed at the following session/ committees:

- IJB Development Session (28th April 2023) - At the IJB development session a video and presentation from the senior clinical team was shared which gave insight into the clinical model and perspectives from the family, staff and local General Practitioners. In addition to the Development Session, 4 drop-in sessions were arranged for all IJB members to facilitate further discussion and answer any informal questions.
- Quality and Communities Committee (3rd May 2023) - There was a full in-depth discussion regarding the paper. The team answered questions in relation to; choice, local access and participation and engagement. The paper was supported for progress to the IJB with acknowledgment that it did not have full consensus from all members of the committee.
- Finance, Performance & Scrutiny Committee (12th May 2023) - Following presentation of the paper there was full discussion the proposal. The team answered questions in relation to transport and supporting patient and family choice. There was also a request to have more information on participation and engagement and a commitment was made to issue a further briefing. The paper was supported to progress to the IJB with the acknowledgment that it did not have full consensus from all members of the committee.

3 Report Summary

3.1 Situation

Historically, 80% of the FSPCS budget has been allocated to specialist in-patient hospice care where only 4% of the Fife population die.

A commissioned independent evaluation of the Fife Specialist Palliative Care Service (FSPCS) by Macmillan was carried out prompted by the new national and local strategic focus on access to palliative care for all. This revealed rising demand, significant unmet need and inequities and a service which was insufficiently agile. Patients, families and carers told the service that they needed palliative care to be more responsive to support care at home. Health, social care and third sector colleagues told the service that while palliative care was their own core business, they needed greater access to specialist advice and to urgent clinical assessments for their patients with unmet needs.

In April 2020, the Fife Palliative Care Collaborative was established. The Fife Palliative Care Collaborative is an integrated forum with representation from health, social care and the third sector. A main function of the collaborative has been to lead improvement work in response to the

independent review, by driving change to ensure an integrated, co-ordinated, and person-centred approach to palliative care across Fife.

This report is being brought to the Integration Joint Board to describe the enhanced clinical service model of specialist palliative care for the future as a model which is aligned to local and national recommendations. The report is to support a decision being made to address the permanent re-provision of specialist palliative care services in Fife.

3.2 Background

Six months prior to the Covid-19 pandemic, the FSPCS reconfigured some of its resources to offer a professional-to-professional telephone hotline. This ensured immediate access for all professionals in Fife to specialist advice and clinical assessments and enabled efficient oversight and co-ordination of the FSPCS resource.

By April 2020, and in direct response to the emerging pandemic, many more people expressed a preference for home-based rather than in-patient care, resulting in under-utilised specialist in-patient hospice beds. In parallel, demand for community specialist palliative care rose significantly. In response to the expressed needs of patients, families, and carers, the FSPCS reduced the number of specialist in-patient hospice beds and aligned the staffing resource to establish an agile, multidisciplinary FSPCS Community Outreach Team, equipped to deliver high quality specialist palliative care across all care and residential settings 7 days a week.

This model is aligned to National and Local Strategy, specifically addressing the Scottish Government Strategic Framework for Action on Palliative and End of Life Care which set out the aim that “by 2021, everyone in Scotland who needs palliative care will have access to it” and NHS Fife’s Clinical Strategy which called for “robust 7-day specialist palliative care that is able to meet the needs of the most complex patients and their carers in all care settings (including hospice, community and hospital) as well as to support and lead the development, education and support of generalist palliative care across Fife.

The model is also closely aligned to the new NHS Fife Population, Health and Wellbeing Strategy, the HSCP Strategic Plan, the HSCP Carer's Strategy which is being developed and the anticipated new Scottish Government Palliative and End of Life Strategy with all strategies describing models of care closer to home based on people’s choice.

The Future of Hospice Care in Scotland document (Hospice UK 2021) describes hospice care as an ethos, rather than something that takes place in a specific building. It further states that the majority (81%) of hospice care is delivered to people at home or in the community. The revised clinical model goes a long way to address this in Fife

Having delivered this enhanced clinical service over the past three years, this is now being presented to the IJB with the evidence to support the recommendation to approve the Direction for the permanent re-provision of Specialist Palliative Care in Fife.

3.3 Assessment

The position since April 2020 is that a community based 7-day model of outreach specialist palliative care has been supporting care for people with the most complex needs (patients, families, and carers) in all care settings,

including hospice, community hospitals and the acute hospital, people's own homes and care homes.

This has been achieved and sustained through the successful re-provisioning of specialist palliative care resource across Fife and targeting our specialist palliative care resource according to the expressed needs of people who require this care with a significant increase in the specialist care offer in the community. These changes support the delivery of national and local strategic priorities to offer the population of Fife improved access to palliative care, 7 days a week.

The enhanced outreach model has resulted in greatly improved service performance and corresponding improvement in patient and carer experience, particularly in the community. Fife's model is regularly held up as an exemplar of innovative practice across Scotland and beyond. Fife is recognised nationally as delivering a model of care fit for the future and have been accepted to present at the Integrated Care Conference in Belgium in May 2023 on Innovation in Palliative and End of Life Care delivery in Fife, Scotland: an exemplar of Integrated Health and Social Care in action.

The sustained impact of this model is:

- Since April 2020, FSPCS has delivered a 7-day community outreach model, integrated with health (Primary and Secondary Care), social care and the third sector alongside maintaining our hospice care as needed.
- Many more people now benefit from FSPCS support than before, increasing from a previous daily maximum of 19 patients receiving specialist multidisciplinary care in the hospice to a community caseload of 60-70 patients and families.
- Twice as many people under FSPCS have been supported to receive end of life care and die at home, meeting their requested needs, increasing from 36% to 71% over the past two years.
- The specialist palliative care needs of the people of Fife are being met more quickly. Hospice bed availability in Fife is better than it ever has been, with our waiting list time more than halved (from mean of 3.4 days to 1.4) despite the reduction in the number of in-patient beds.
- FSPCS patients are spending significantly fewer days in hospital (a reduction of >3,000 hospital bed days in the last three months of life for people who died during 2021). This indicates that treatment is being delivered in the home preventing hospital admission, whilst reflecting patient choice.
- Feedback from patients and families is overwhelmingly positive. There is commitment to learn from examples where care could have been improved such as patients and carers needing access to community support advice overnight. As a response to this the Fife Palliative Support Line is now renamed as the District Nursing Palliative Care Helpline and is regularly audited; with results shared with the community nursing and palliative care teams to listen to calls and learn from them. The Palliative Care Collaborative, co-led by FSPC, has supported and driven many whole system improvements, including
 - The establishment and evaluation of a 24/7 District Nursing Palliative Care Helpline for people dying at home (receiving >12,000 calls since April 2020, with 85% of people registered with

- the line supported to die at home)
- Tailored education for a range of health, social care and third sector teams.
- Electronic health records on MORSE for FSPC and District Nursing, enabling better joined up care for shared patients
- Service planning and co-design of a breadth of service improvements including quality standards for inter-professional communication and information sharing, online multidisciplinary team meetings and daily care huddles facilitating integrated care across health, social care and the third sector.
- New clinical guidelines and pathways including medication guidelines and charts for people dying at home.

3.3.1 Quality / Customer Care

In response to a significant and sustained reduction in demand for specialist in-patient hospice beds since April 2020 across Fife, the FSPCS introduced a responsive, community-based service model to address and meet the increasing unmet need across the community setting. This enhanced service model ensures that patients are cared for in their preferred setting, to better meet the evolving needs of patients and those of their families and carers. The increased demand for community-based palliative and end of life care continues to be observed UK-wide.

Patients, families, and carers have shared their feedback over the last three years (face to face, compliments, care opinion and through research) with the service and the consistent message is that they require a responsive care at home service which is joined up with all other care providers.

An example of Carer feedback received is;

“My mum wanted to end her time at home to be comfortable and the whole team made sure that happened and I can’t thank them enough. They also went out of their way to offer me support and kindness at all times.”

The current model delivers palliative care in specialist beds in the hospice, in community hospitals and in the person’s home, including care homes. The specialist team are available to advise, care for, and support highest quality clinical care no matter what setting the person is in. Placing the person at the centre of care they need and in a setting they prefer.

The FSPCS have led a research study looking at the reality of being cared for at home – interviewing people near the end of life, their families and carers, including in bereavement. People have told FSPCS why home is where they want/or wanted to be; and the key message to emerge is that, for care at home to work, people need immediate access to responsive care and support; and for all services involved to be joined up. The enhanced community service model has made significant progress in this area, supporting people with advanced illness and their families at home, 7 days a week. FSPCS is now offering care to more people, more accessibly and more reliably than ever before.

This is a patient and clinically led model of palliative care based on service users feedback and expert professional advice. In terms of the clinical input, the model is fully supported by professional leads including Deputy Medical Director and the Director of Nursing HSCP. The Director of the Psychology department commented that the model looked very positive from the perspective of the service being able to provide more psychologically informed and trauma-informed care. This was based on the fact that there was now more choice for individuals and their families regarding where end of life care could take place, with expert support in all settings, and so the service is able to be more person-centred.

3.3.2 Workforce

Recruitment and retention of the workforce across the HSCP is challenging. Evidence from our model is that it is having a positive impact on our ability to attract and retain staff. It is expected this will continue as this approach embeds more fully.

Our workforce in FSPCS, and more widely across the HSCP and third sector, have been integral partners in the redesign, with ongoing refinements, to our service model. Overall there has been a positive impact on the FSPC workforce, through new development and training opportunities and more collaborative working. Going forward, we will ensure further training and collaboration opportunities, with anticipated positive impact on future recruitment and retention to FSPC.

Monthly staff engagement meetings have been in place since November 2022. The HSCP co-chair of the Local Partnership Forum has been instrumental in supporting staff at these meetings and the new ways of working.

3.3.3 Financial

The service model described within this report can be delivered within the existing revenue budget of the Fife Specialist Palliative Care Services and will deliver local and national strategy aspirations. Further, it describes how a transformational model can be delivered within an existing financial envelope.

This paper evidences the delivery of best value whilst achieving the triple aim of better population health, better quality of patient care, and financially sustainable services.

3.3.4 Risk / Legal / Management

This specialist palliative care model has proven to be successful across a range of outcome measurements. Evidence demonstrates that more people are now being cared for by the right person in their chosen place and people have more choice about where they die. The success of the model over the last three years offers substantial assurance that this is the correct model for Specialist Palliative Care in Fife.

There are significant risks in reverting to the previous clinical model, as the people of Fife would no longer have access to the specialist

professional support required to receive the care they need at home and be able to die in the place they choose. Unintended consequences will also be the impact on the specialist support provided to many other services including; primary care, district nursing, out of hours, acute services, the ambulance service and carers, which may in turn adversely impact care. In addition, in the previous model 91% of patients had a cancer diagnosis and within the current model there has been an increase from 9% to 30% for patient groups with non-cancer diagnoses receiving care. A reversion to the previous model of care risks disadvantaging people with non-cancer illness, who are often best supported in the community.

At each of the committees there has been opportunity for members to raise any risks they perceived relating to the new clinical model. The key issues explored were:

- Transport - Access for people who could not travel to the place where their loved one was being cared for. The service confirmed there are arrangements in place to support all visitors who have difficulty with travel arrangements.
- Choice - People being able to choose and also being able to change their minds and be flexible regarding where to die. The service advised that it is normal and expected that people's preferences change with time. The service therefore reviews patients' and families' wishes regularly and people are now better supported to change their preferences, with the specialist clinical care offer now responsive than ever.
- Participation and engagement - It was recognised that an extensive programme of engagement has taken place and a request was made for details of this to be shared with IJB members. An additional briefing has now been shared. This describes the considerable engagement from 2018 to date with patients, families, the public and key stakeholders. Care close to home - Access to specialist palliative care across Fife was raised and the risk that specialist in-patient care will not be delivered close to home, which would be at odds with the values in the HSCP Strategic Plan and the outcomes of integration. In fact, the specialist service changes now offer care for more people at home, or close to home, than under the previous model; and the service remains committed to providing choice for those receiving palliative and end of life care. The reconfiguration of the specialist palliative care service in 2020 has enabled greater patient choice to meet the increased demand for care away from an in-patient hospital setting, reducing the need for patients and their loved ones to travel. For those who are unable to or would prefer not to receive palliative care at home, there continues to be specialist palliative and end of life care available at Victoria Hospice in Kirkcaldy and within all of Fife's Community Hospitals and in the Victoria Hospital Kirkcaldy, with in-reach support from FSPCS (Appendix 1). There is a Fife-wide pathway for ensuring prompt admission to community hospitals for people with palliative care needs and this approach is meeting the needs of the Fife population.

- Access to Hospice – Waiting times for hospice inpatient care have been significantly reduced since the new model was introduced, with an average wait of 1.4 days (a reduction of more than half when compared with the previous two hospice model). Furthermore, for anyone who is waiting for a hospice bed, enhanced specialist support is available to them and their families in any care or residential setting, 7 days a week. Since 2020 the single hospice unit has served as a centre of intensive specialist inpatient care, accessed by patients and families from all over Fife.
- Financial Sustainability – As described in Section 3.3.3 above, the new model can be delivered with the current financial envelope. It must be noted that delivering a Specialist Community Model, an Inpatient Specialist Hospice and an Inpatient Specialist Ward in a Community Hospital is not sustainable within the same financial context.

3.3.5 Equality and Diversity, including Health Inequalities

An EQIA has been completed and is available on the NHS Fife's Equality and Human Rights web page. Within the EQIA the desired outcomes of the current clinical model are clearly stated as:

- People with advanced illness, their families and carers have equitable access to timely conversations with skilled professionals to plan their care and support towards the end of life (anticipatory care planning).
- People with advanced illness, their families and carers, receive, responsive, reliable, coordinated, compassionate palliative and end of life care, equitably and in all care and residential settings, 7 days a week.

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

- Build public understanding of why this change has occurred and how care can be delivered differently
- Demonstrate and reassure that the service redesign has improved the clinical model and will continue to make a positive difference to patients, their families and carers when they require to access palliative and end of life care.

3.3.6 Environmental / Climate Change

There are no issues relating to environment or climate change. The service will explore leasing fully electric cars to reduce the carbon footprint in Fife. The introduction of MORSE (electronic clinical system used in the community) within the service has significantly reduced the need for the retention of paper records.

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement and Engagement

Service Review 2018 - Engagement formally commenced in 2018 through the Service Review which outlined areas for development in the Fife's palliative care model.

Feedback from patients, staff and families - Engagement with patients, staff, carers and families who have been supported by the out-reach service have all informed the development of the model of care.

Palliative Care Collaborative - Engagement has been ongoing since this time supporting the range of rapid developments in FSPCS and in the delivery of palliative and end of life care more widely, led by the Palliative Care Collaborative which is an integrated forum overseeing service planning, education delivery and the production of new clinical guidelines and pathways.

Service Feedback – including a review of any complaints, compliments and care opinion.

Research Study - The FSPCS research study has heard directly from people near the end of life, their families and carers, including in bereavement.

Communication Plan - The FSPCS have worked with the Communications Team to develop and implement a comprehensive communications plan. This has included a programme of communications with patients and families, the wider public, stakeholders and our delivery partners. Several channels have been used including a dedicated webpage, social media, local and national press and media, as well as stakeholder briefings and updates. Extensive internal communications have gone to staff across NHS Fife and the Fife Health and Social Care Partnership, complimenting the external activity.

Participation and engagement - The FSPCS have worked with the Participation and Engagement Team to develop and implement further engagement and to engage widely with public groups across Fife. This includes partners, Fife HSCP, third and independent sectors and members of the public through on-line forums involving: Council's Peoples Panel, NHS Virtual Group and Carers engagement.

Citizens' Feedback – This feedback can be summarised below in relation to the positive feedback received and how all of the work described above has influenced the model.

Overall, the feedback following engagement with people across Fife was positive, some quotations from the citizens of Fife are detailed below:

“After listening to the presentation, there have been huge advances from 20 years ago when my wife and I were caring for parents. It's a great thing to take care of carers as this seemed to go unnoticed at that time and it almost broke my wife”

“It was a really positive presentation, I haven’t experienced palliative care services personally but from what’s described, this is what we would want”

“I was going to talk about all the failings, but I think you have sorted that out. When I needed end of life care for my husband we suffered from all the things you seem to have changed, so that’s good”

“I was glad to see an acknowledgement and mention in the details that the family and unpaid carers are as important as the patient within the palliative care journey”

“I am very much a "generalist" at heart and think the changes in Fife sound excellent.”

The service also sought opinions on areas for improvement. This valuable feedback has influenced, informed and enabled redesign of a new enhanced community out-reach model that better fits the needs of people receiving and delivering palliative care and support.

Through our extensive engagement, people in Fife have told us that what matters to them in relation to their palliative care is:

- Person-centered care – a personal experience of care where the care that is offered matches each person’s own goals and priorities. Access to care – to be cared for, and enabled to die, in the place of their choice, often in their own homes or close to home and family, but also in hospice where this is needed
- Equal access to palliative care for people with non-cancer conditions
- Assurance that their families and carers will receive support during their illness and when they die and following a bereavement.
- Holistic care – optimal symptom control with psychological, social, and spiritual support
- To be treated as individuals, with dignity and respect, and to have their voices heard in decisions about their treatment and care
- Sensitive face-to-face communication
- High quality and well-coordinated care, which is responsive to their changing needs, including in the out of hours period, 7 days a week.

The themes outlined above have become the cornerstones around which the proposed future model of specialist palliative care delivery in Fife has been built upon.

4 Recommendation

The Integration Joint Board is asked to:

Approve the issue of Direction at Appendix 2 for the permanent re-provision of Palliative Care in Fife delivering an agile, multidisciplinary FSPCS Community Outreach Team, meeting the needs of patients and their carers in all care settings, including the hospice, community, people's own homes and hospital settings whilst securing best value.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Palliative and End of Life Care bed availability across Fife

Appendix 2 – Direction Palliative Care

6 Implications for Fife Council

N/A

7 Implications for NHS Fife

Direction will be issued

8 Implications for Third Sector

Collaborative and enhanced working

9 Implications for Independent Sector

Collaborative and enhanced working

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

Direction To:		
1	No Direction Required	
2	Fife Council	
3	NHS Fife	X – will be issued once approved at IJB
4	Fife Council & NHS Fife	

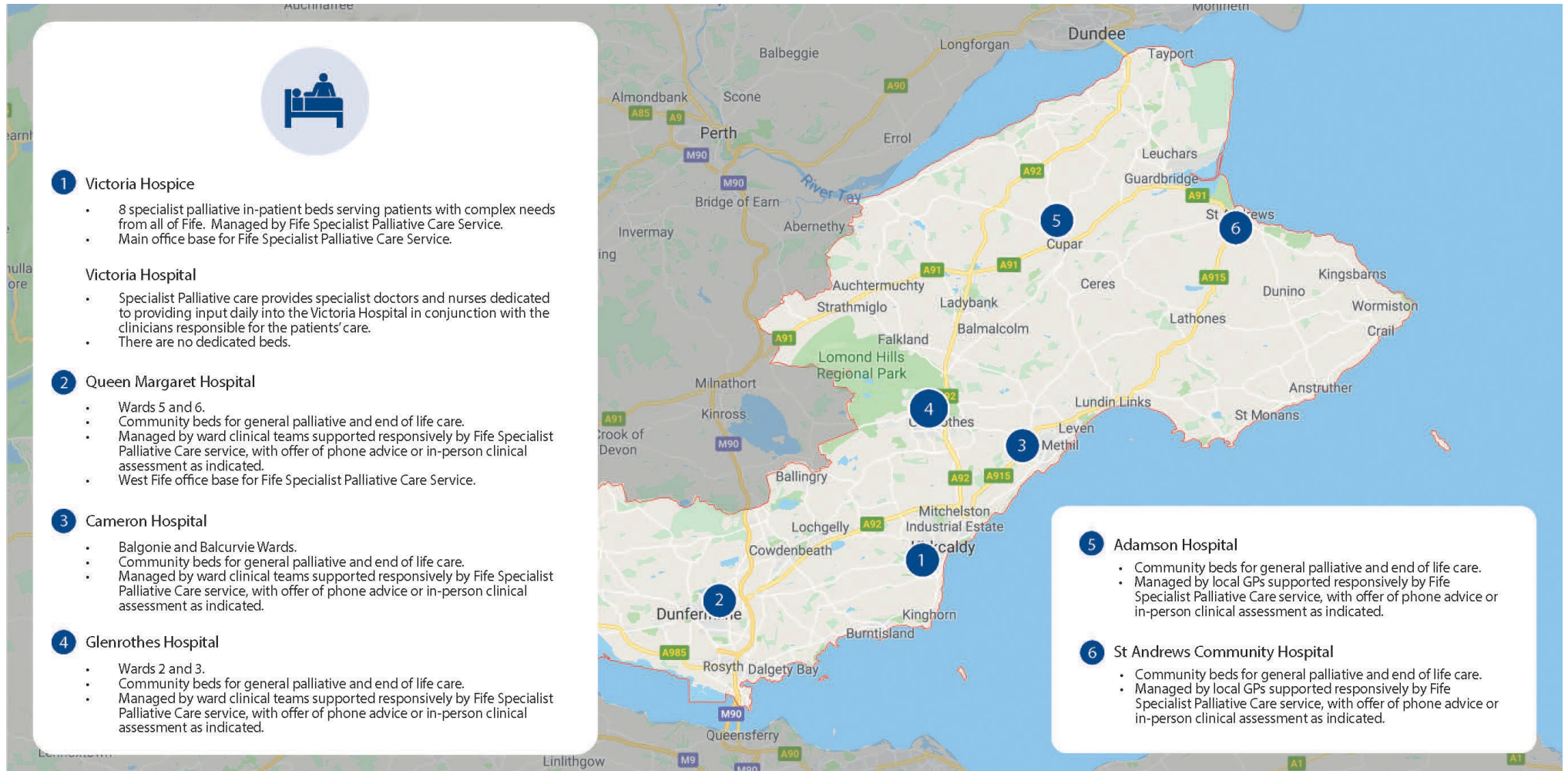
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Palliative and End of Life Care bed availability across Fife



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2023.005
2	Report Title	Fife Specialist Palliative Care Services (FSPCS) – Enhanced 7-day community service model
3	Date Direction issued by IJB	
4	Date Direction Takes Effect	
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	<p>Formal adoption of the enhanced community outreach specialist palliative care model which delivers 7-day specialist palliative care to meet the needs of the most complex patients and their carers in all care settings including hospice, community, peoples’ own homes and hospitals.</p> <p>Achieving this will require the re-provision of the specialist palliative care service in Fife. This will support delivery of the national palliative care strategic framework to enable everyone in Fife who needs palliative care to have access to it in the most appropriate setting.</p> <p>This will be achieved through the reprovisioning of the specialist service resource, focusing on a community team delivering enhanced specialist care at home, 7 days a week.</p>

8	Full Text of Direction	NHS Fife, through the Director of Health and Social Care are directed to permanently implement the re-provision of Palliative Care in Fife in accordance with the budget, locations specified and outcome measures in the IJB report number 5.1.
9	Budget Allocated by IJB to carry out Direction	<p>As a re-provision of service, the new service model will be delivered within the existing revenue budget of the Fife Specialist Palliative Care Service.</p> <p>The recurring budget for the whole of the Palliative Care service is £4.418m as at September 2022. This is broken down between Pays of £4.148m and non pays of £0.270m.</p> <p>In the current review of Specialist Palliative Care Services and the overall service that will be delivered, the budget is considered as a whole, rather than it being split between Community and In-Patients. Once the model is agreed, re-alignment all of the budget will be actioned to reflect the revised service.</p>
10	Performance Monitoring Arrangements	<p>Assurance that will be provided to the IJB:</p> <p>Re-provision of Specialist Palliative Care resources will ensure enhanced 7 day care across all Fife community and clinical settings to meet people’s needs delivering local and national strategy aspirations:</p> <ul style="list-style-type: none"> • Specialist Palliative Care advice is available 24/7 to all professionals delivering palliative care in Fife, as evidenced by audit of call times, nature of callers and agreed outcomes of each call. • The specialist service will continue to offer expert advice to over 150 new patients each month via the single point of access. An individualised, joined up plan of care will be developed for every patient referred, with direct clinical assessments offered to all those who need this (as evidenced by audit of calls received and agreed outcomes). • All patients receiving specialist palliative care in Fife will be offered informed discussions about place of care and death, with comprehensive care planning to support this, as evidenced by electronic records of care planning. • Responsive ‘on the day’ care will be accessed by patients and families with urgent needs, as evidenced by audit of time to review following urgent referral. • Patients with non-cancer illnesses will be able to access the palliative care they need, with their usual care teams accessing specialist service-delivered

		<p>education and feeling supported by the specialist service (audit of education provision and feedback from clinical teams) and with referrals to the specialist palliative care service direct care for those with the most complex needs (as evidenced by audit of referrals for patients with non-cancer illnesses, from a low of 9% prior to 2020).</p> <ul style="list-style-type: none"> • More patients receiving specialist palliative care will continue to be supported to die in their usual place of residence (currently two thirds of patients compared to previous level of less than one-third). • People dying in community hospital settings across Fife will be supported by specialist palliative care where needed, 7 days a week (with audit demonstrating this care offer). • A reduction in hospice waiting times to less than 2 days will be sustained (versus previously being an average of 3.4 days), as evidenced by audit. • Patients waiting on admission to the hospice will receive specialist care and support by the outreach team, wherever they are (all care and residential settings, 7 days a week), until a specialist bed becomes available. • Patients and carers will experience equitable access to palliative care across Fife, regardless of geography or other socio-demographic factors, as evidenced by audit.
11	Date Direction will be reviewed	<p>This Direction will be reviewed in terms of the outcome measures and the quality of the service being delivered by the Quality and Communities Committee on 2nd November 2023 and the Finance, Performance and Scrutiny Committee on the 10th November 2023.</p> <p>Assurance will be brought to the IJB following those committees on 24th November 2023.</p>



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 26 May 2023

Agenda Item No: 5.2

Report Title: Commissioning Strategy 2023 – 2026 including Market Facilitation and Delivery Plan 2023 - 2026

Responsible Officer: Fiona McKay, Head of Strategic Planning, Performance, and Commissioning

Report Author: Alan Adamson, Service Manager Quality Assurance

1 Purpose

This Report is presented to the Board for:

- The Commissioning Strategy and supporting documentation, is presented to the Integration Joint Board for final review and approval.

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

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

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

- Local.
- Wellbeing.
- Integration.

2 Route to the Meeting

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

- Commissioning Strategy Working Group
- Quality and Communities Committee, 3rd May 2023. The committee recognised the significant technical aspect of the report and commended the work required to ensure we have a strategy that supports our contracting and legal requirements.
- Strategic Planning Group, 17th May 2023. The Strategic Planning Group responded positively to the strategy and discussed the key elements. No changes were requested to the Commissioning Strategy and the SPG agreed that the strategy and supporting papers should progress to the Integration Joint Board for consideration and final approval. Some suggestions were received regarding the wording of priorities within the Delivery Plan, particularly to ensure they are relevant for members of the public. This will be progressed for the easy-read-versions that are produced.

3 Report Summary

3.1 Situation

The Commissioning Strategy 2023 – 2026 is identified as one of Fife’s Health and Social Care Partnerships enabling strategies within our newly published Strategic Plan 2023 – 2026.

The Commissioning Strategy is an overarching strategy that will detail our approach to the commissioning of social care services in Fife over the next 3 years.

As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan. The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions going forward over the period of the overarching Strategic Plan 2023 – 2026.

This Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plan 2023 – 2026 (Appendix 1) sets out our commissioning vision, principles, priorities, Partnership behaviours and expectations that we have of our providers. It sets out how we will work collaboratively with our partners to develop and deliver ethical, sustainable and innovative social care services that will ultimately improve the outcomes for the people of Fife.

3.2 Background

The Commissioning Strategy 2023 – 2026 builds on the commissioning foundations established in the Commissioning Strategy 2021 - 2023.

This document sets out the context in which we will develop our approach to commissioning and takes account of our vision and strategic priorities in our newly published Strategic Plan 2023 – 2026.

Our strategic direction is to deliver reform, transformation, and sustainability and to create clearer more service user- aligned care pathways.

Fife Health and Social Care Partnership is committed to meeting the needs of the people in Fife by providing access to high quality, flexible, and responsive, care and support services that meet our vision and mission, maintain our values, and promote good practice standards. These services are delivered

via a combination of direct support from the Partnership, or on our behalf by external providers in the voluntary or independent care sectors.

3.3 Assessment

3.3.1 Quality / Customer Care

The Commissioning Strategy 2023 – 2026 has been developed in line with our vision, mission and priorities set out in our Strategic Plan 2023 – 2026.

Our Commissioning Strategy seeks to ensure that our future way of working continues to embrace collaborative working and that a personalised approach is evident in all our activities and for individuals to have greater choice and control over the care and treatment that is offered to them.

Through our Commissioning Strategy and its connection to other Strategies we want to promote health and wellbeing and strengthen early intervention and prevention and we want to embrace the opportunities that digital platforms can provide. We want to work with our providers in the third and independent sectors to develop innovative social care solutions that are ethical, sustainable, and ultimately deliver improved outcomes for the people of Fife.

We are confident that our Commissioning Strategy 2023 – 2026 details a shared understanding and agreement of our approach to the commissioning of social care services in Fife to allow us to support our Strategic Plan Vision of enabling the people of Fife to live independent and healthier lives.

3.3.2 Workforce

The Market Facilitation and Delivery Plan acknowledges the workforce challenges and fragility across the social care, nursing and GP workforce at this current time and demonstrates a commitment to supporting our workforce both internally and our extended workforce through our third and independent sectors as we navigate our way through this challenging period. Our Commissioning Strategy and associated Market Facilitation and Delivery Plan is linked to our Workforce Strategy, this details our workforce planning approach in alignment with the Scottish Governments Fife Pillars framework and this has identified actions that will be taken forward over the short and medium term to support the ambition of recovery, growth and transformation.

In addition to this the Commissioning Strategy recognises the importance of the relationships that we have with our providers and that our providers in the third and independent sectors will benefit from access to support, advice and learning opportunities.

The Partnership will provide support through provider forums to support continuous improvement by maintaining positive working relationships and shared learning. We recognise that these forums are an invaluable resource for facilitating discussions about the current challenges that are being faced across the social care sector and also a space to discuss innovative social care solutions.

We will also seek to support our providers through ensuring that we offer our providers access to timely, clear and transparent information about our expectations and future intentions.

Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership is committed to supporting providers through the Supplier Development Programme. Small and Medium Enterprises (SME) and third sector organisations that are interested in working with the public sector can access free training, support and information from the Supplier Development Programme including the opportunity to attend 'Meet the Buyer' events ([Supplier Development Programme | Helping you bid better \(sdpscotland.co.uk\)](https://www.sdpscotland.co.uk)).

Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership has adopted UNISON's Ethical Care Charter for the commissioning of homecare services. The Charter's objective is to establish a baseline for the safety, quality, and dignity of care by ensuring employment conditions which do not routinely short-change clients and ensure the recruitment and retention of a more stable workforce through sustainable pay, conditions, and training levels.

In line with the Procurement Reform (Scotland) Act 2014 Statutory Guidance, Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership considers fair work practices in all procurement activity.

3.3.3 Financial

Both the Commissioning Strategy 2023 – 2026 and the Market Facilitation and Delivery Plan are linked to the Medium-Term Financial Strategy and acknowledge the current and anticipated financial gap and the need to develop and deliver services differently.

The Market Facilitation and Delivery Plan will be developed in line with the Medium-Term Financial Strategy and in line with any efficiency/savings opportunities as these are developed and are progressed by the relevant opportunity lead.

3.3.4 Risk / Legal / Management

A Risk Register for the activities involved in the development of the Commissioning Strategy is included in Appendix 3.

3.3.5 Equality and Diversity, including Health Inequalities

An EQIA has been completed and is included in Appendix 4.

3.3.6 Environmental / Climate Change

The Commissioning Strategy details one of its priority aims as maximising opportunities for collaborative commissioning with our partners with the aim of improving services, outcomes, processes and efficiency.

Development of more collaborative commissioning approaches with our partners may lead to an added benefit of minimising unnecessary travel for providers and reduction in environmental impacts in line with Fife Council's Climate Change agenda.

No additional environmental impacts are anticipated.

https://www.fife.gov.uk/data/assets/pdf_file/0032/39587/ClimateActionPlan2020_summary.pdf

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

Our Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plan has been developed with a diverse range of individuals across the Partnership as well as our external partners in the third and independent sectors and members of the public.

We identified key areas of our Commissioning Strategy that we wanted to consult on, these were:

- Our draft Vision
- Our draft Commissioning Principles
- Our draft Commissioning Priorities
- Partnership Behaviours
- Expectations of Providers

There was also opportunity for further comments via open text boxes.

The consultation was open for a 6-week period between mid-February and end of March. An MS Form was created and distributed through a number of wide reach networks:

- Independent Care Homes
- Third Sector Organisations
- Care and Support Providers including Day Care and Respite
- Fife Voluntary Action
- Locality Core Groups
- ELT Teams site
- Directors Briefing to staff (including NHS)
- Peoples Panel
- NHS Virtual Group
- Equalities Groups (various)

A full report of the engagement activity and feedback that has been considered and incorporated into the development of the Commissioning Strategy can be seen in Appendix 5.

4 Recommendation

- The Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plan, is presented to the Integration Joint Board for final review and approval.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Commissioning Strategy 2023 – 2026

Appendix 2 – Market Facilitation and Delivery Plan

Appendix 3 – Risk Register

Appendix 4 – EQIA

Appendix 5 – Participation and Engagement Report

6 Implications for Fife Council

No additional implications.

7 Implications for NHS Fife

No additional implications.

8 Implications for Third Sector

No additional implications.

9 Implications for Independent Sector

No additional implications.

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

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

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Commissioning Strategy 2023 – 2026



Supporting the people of Fife together



 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.020
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Forward

The Commissioning Strategy 2023 – 2026 is identified as one of Fife’s Health and Social Care Partnerships enabling strategies within our newly published Strategic Plan 2023 – 2026.

The Commissioning Strategy is an overarching strategy that will detail our approach to the commissioning of health and social care services in Fife over the next 3 year period.

We want to ensure that our future way of working continues to embrace collaborative working, we want a personalised approach to be evident in all our activities and for individuals to have greater choice and control over the care and treatment that is offered to them.

We want to promote health and wellbeing and strengthen early intervention and prevention and we want to embrace the opportunities that digital platforms can provide. We want to work with our Providers to develop innovative social care solutions that are ethical, sustainable, and ultimately deliver improved outcomes for the people of Fife.

Our Commissioning Strategy 2023 – 2026 has been developed with a diverse range of individuals across the Partnership as well as our external partners in the third and independent sectors, those who use social care services, carers of individuals who use social care services and members of the public. We would like to acknowledge that this diverse range of input has been invaluable to the development of this Commissioning Strategy.

We are confident that our Commissioning Strategy 2023 – 2026 details a shared understanding and agreement of our approach to the commissioning of health and social care services in Fife to allow us to support our Strategic Plan Vision of enabling the people of Fife to live independent and healthier lives.

Executive Summary

As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan. The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions going forward over the period of the overarching Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#).

This Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plan 2023 – 2026 (Appendix 1) sets out our Commissioning Vision, Principles, Priorities, Partnership behaviours and expectations that we have of our Providers. It sets out how we will work collaboratively with our partners to develop and deliver ethical, sustainable and innovative social care services that will ultimately improve the outcomes for the people of Fife.

Our Market Facilitation plan details a number of our challenges and the supports that we are committed to embedding to support our workforce both internally and our extended workforce through the third and independent sectors as we navigate our way through a difficult and challenging period.

Our Commissioning Strategy is interlinked with a number of the Partnerships other strategies and approaches including locality planning, participation and engagement, prevention and

early intervention, digital, workforce, the medium term financial strategy and many others. We hope that this Commissioning Strategy and Market Facilitation and Delivery Plan demonstrates the interconnectivity of how our Commissioning approach spans across the entirety of our activity as a Partnership.

Introduction and Context

Welcome to the refreshed Commissioning Strategy for Fife Health and Social Care Partnership 2023 – 2026. The Commissioning Strategy 2023 – 2026 builds on the commissioning foundations established in the Commissioning Strategy 2021 - 2023.

This document sets out the context in which we will develop our approach to commissioning and takes account of our vision and strategic priorities in our newly published Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

Our strategic direction is to deliver reform, transformation, and sustainability and to create clearer more service user- aligned care pathways. This approach seeks to create conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards and business enabling and support services.

Fife Health and Social Care Partnership is committed to meeting the needs of the people of Fife by providing access to high quality, flexible, and responsive, care and support services that meet our vision and mission, maintain our values, and promote good practice standards. These services are delivered via a combination of direct support from the Partnership, or on our behalf by external providers in the voluntary or independent care sectors.

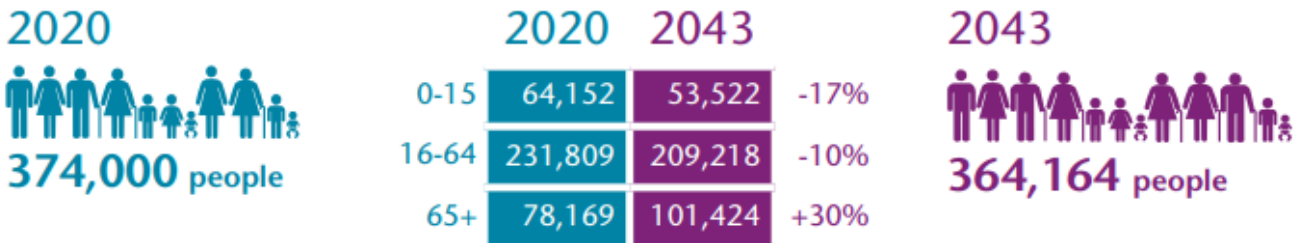
Our commissioning directions, standards and activities will continue to be informed by our ongoing engagement with local people and local providers both in the private and third sector. Only by working collaboratively, can we achieve an improvement in the overall health and wellbeing of the people of Fife.



Fife communities have changed significantly over the years, the size, the health conditions that people live with for longer, healthcare and how people use digital technology have all changed and continue to change. The demand for social care services remains one of the greatest challenges facing Fife.

In June 2022, a Joint Strategic Needs Assessment (JSNA) was carried out to ensure that the Health and Social Care Partnership’s strategic plans and supporting strategies are based on robust understanding of current and predicated future needs of the local population.

By 2043 Fife’s population is expected to decrease to 364,164. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers. The following images and information gives an overview of the predicted changes in the population of Fife, more detail can be found within the Strategic Plan 2023 – 2026.



Life expectancy for women in Fife is 81 years with 59 years expected to be in relatively good health. Life expectancy for Men in Fife is 77 years with 57 years expected to be in relatively good health.

Other population factors which affect the way in which we design and deliver services to ensure the best outcomes for the people of Fife are:

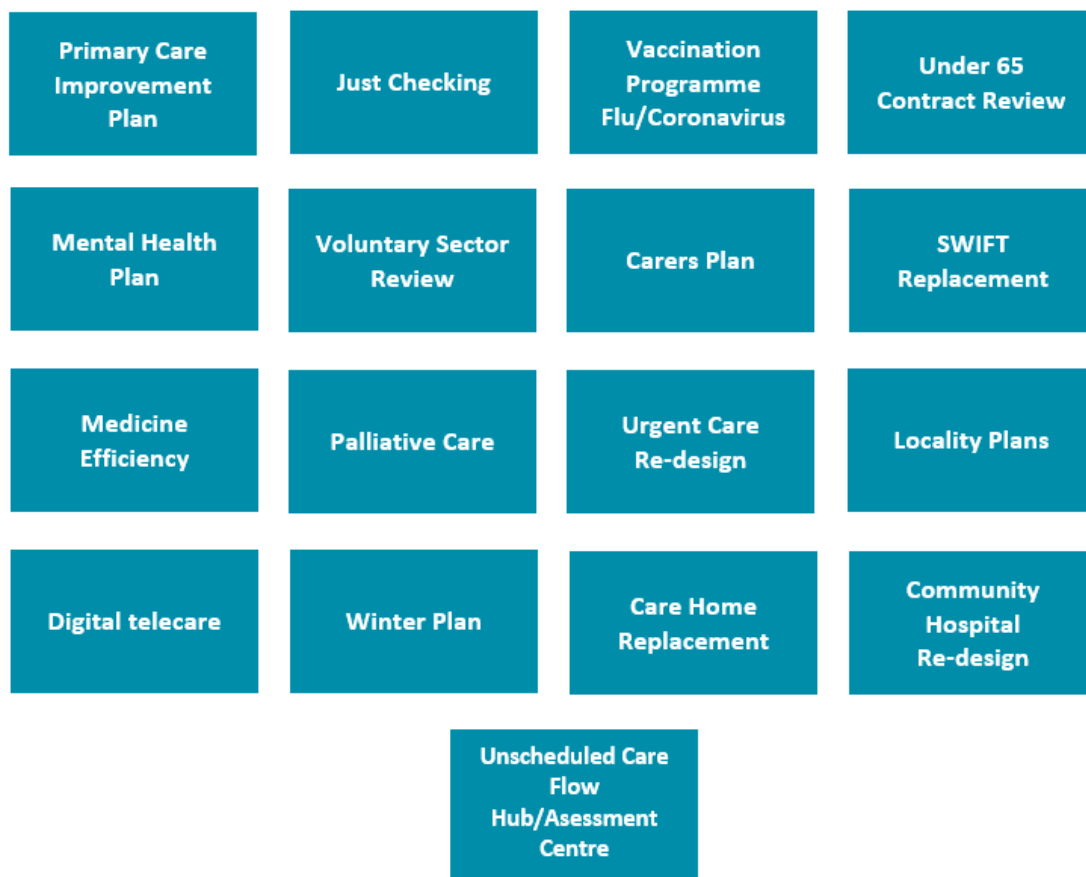
- Poverty and deprivation - there are significant health inequalities between the most deprived and most affluent areas.
- Housing and Homelessness - people living in areas of multiple deprivation are more likely to experience housing issues leading to poor health and well-being, including

overcrowding, fuel poverty, poorer housing quality and housing that does not meet their needs.

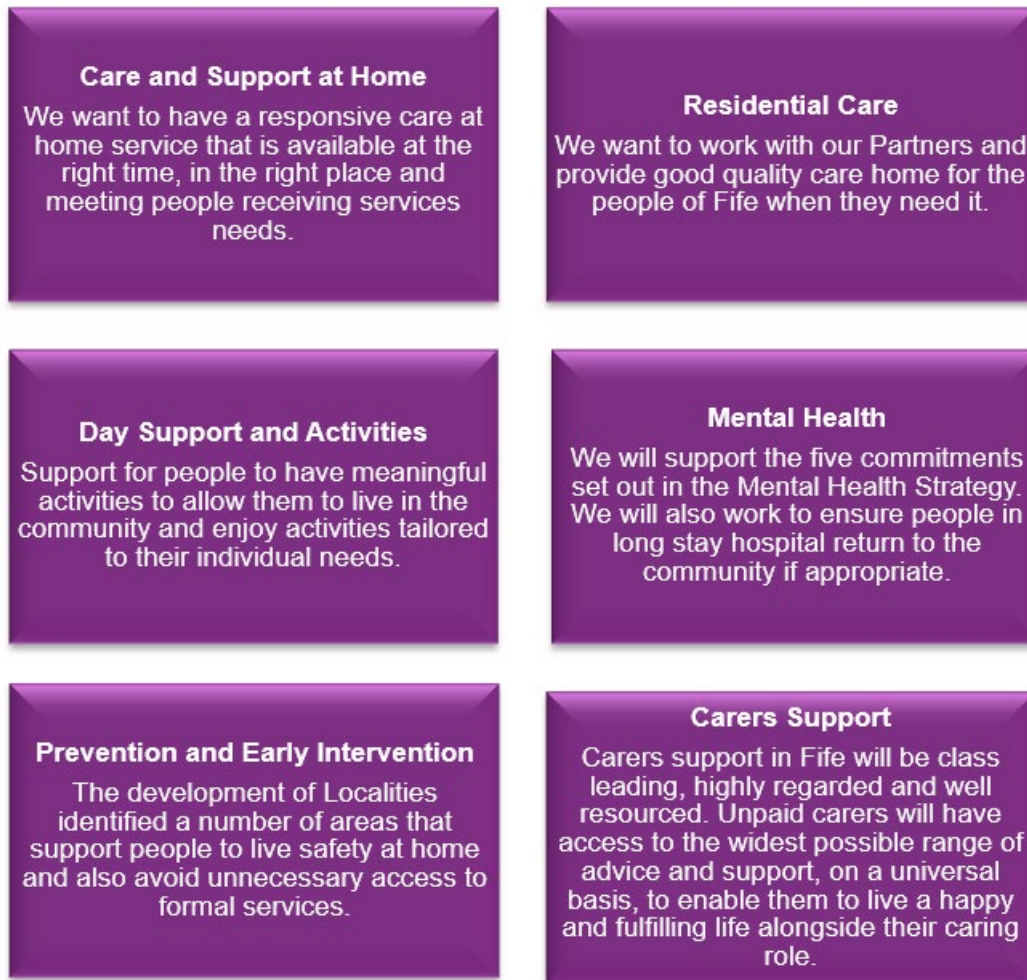
- Coronavirus Pandemic – the pandemic has had a substantial impact on the health and wellbeing of individuals and their communities. It has also increased the demand for social care services, highlighted high levels of inequalities in the health of the population and changed the way that we all live our lives.

Since the previous Strategic Commissioning Plan 2021 – 2023, lots of things have changed, both nationally and locally.

Our Strategic Commissioning Plan 2021 - 2023 identified a number of initiatives and strategies where work was already underway, these are shown below:



Our Strategic Commissioning Plan 2021 – 2023 also identified six areas that would be instrumental to the success of the Partnership ensuring that the people of Fife have access to the right services, in the right place and at the right time to achieve their individualised outcomes. The six areas are not exclusive of any redesign following the impact of the coronavirus pandemic. The six areas focussed the Partnerships attention on ‘home and homely’ settings, supporting people to enjoy their lives in a safe environment and also to support carers in the communities that they live in. To achieve this a number of services were redesigned in partnership with our independent and voluntary sector partners, these are shown in the diagram below:



There has been significant progress in a number of these areas identified in the seventeen initiatives and strategies diagram as well as the six key areas identified above, and we are proud of the progress that we have made. We have achieved a lot over the last three years but recognise that there is much more that we can do.

The Annual Performance Report 2021 – 2022 provides a final progress update in accordance with the Strategic Plan 2019 to 2022 which highlights the progress made in these areas as well as other activities that have taken place. The most recent Annual Performance Report 2021 - 2022 can be viewed on our website along with all previous annual performance reports. www.fifehealthandsocialcare.org/publications

What is Strategic Commissioning?

Strategic commissioning is the term used for all activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

The focus of strategic commissioning is about how things should be done in the future and recognising that the way in which things are done currently can be built upon and improved to

deliver better outcomes for the people of Fife. There is significant value in strategic commissioning through enabling the shift of resources to deliver commissioning intentions within an outcome based performance framework.

Strategic commissioning is therefore about establishing strong relationships between different partners from across the public, third and independent sectors in a way which will help to achieve the best services for the people of Fife. Every partner has a role to play in the strategic commissioning process and that is why it is important that local arrangements promote positive relationships and constructive dialogue.

What do we mean by Joint Commissioning?

The creation of integration authorities, as a result of the Public Bodies (Joint Working) (Scotland) Act 2014, requires us to undertake joint commissioning between Fife Council and NHS Fife. Joint commissioning is a complex strategic activity combining strategic planning, service design, procurement, internal service planning and performance management and applying all these activities in a multiagency environment.

What do we mean by Operational Commissioning?

Operational Commissioning in a Social Care context generally means the commissioning of an individual care package or service from an already contracted provider under a Framework Agreement.

Commissioning is:

Planning the Services that are needed by the people who live in the area that it covers.



Commissioning is not:

Commissioning is not the same thing as Procurement. Procurement is about acquiring services – the process of putting a service requirement out to tender and awarding a Contract.



The table below details some of the other terminology used in the context of this Commissioning Strategy.

Contract	A contract is awarded to one provider via a formal tendering process.
Framework Agreement	A framework is awarded to multiple providers via a formal tendering process.
Grant	A grant is awarded via a competitive grant process, using a Service Level Agreement as the basis of the agreed outcomes and performance monitoring. Grants can be recurring. Grant funding is reviewed as appropriate.
Tendering	Tendering is the formal process for advertising and awarding a contract in the marketplace via Public Contract Scotland.

Vision for our Commissioning Strategy 2023 - 2026

Fife Health and Social Care Partnership are committed to meeting the health and social care needs of the people in Fife by providing access to high quality, flexible and responsive, care and support services that meet our strategic vision and mission, maintain our values and promote good practice standards. We will maximise opportunities for collaborative commissioning with the aim of improving services, outcomes, processes and efficiency. Our commissioning activity will support the Partnerships strategic priorities and aspirations as well as the delivery of transformational change.

To support this our commissioning vision and supporting statement for our Commissioning Strategy 2023 – 2026 are detailed below:

Our Commissioning Vision

To commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place, and enable people to live independent and healthier lives in their own home, and within their own community.

How will we achieve this Vision?

We will make a commitment to delivering an outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, high-quality, individualised care provisions and support solutions, that are aligned to strategic priorities and local needs. Our contracting and commissioning activity will encompass a commitment to community wealth building, sustainable and ethical purchasing and the climate change agenda.

Strategic Plan 2023 - 2026

Fife Health and Social Care Partnership has a three-year 'Strategic Plan 2023 to 2026' that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership's Strategic Plan 2023 to 2026 is available here: [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026-FINAL.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))



National Outcomes

We have a range of national and local performance measures that allow us to measure how well we are doing against local and national targets. The National Health and Wellbeing Outcomes for Health and Social Care and the Public Health Priorities for Scotland are shown below and details of how we will contribute to the achievement of these can be seen in our Strategic Plan 2023 – 2026.

National Health and Wellbeing Outcomes for Health and Social Care

-
- NW01** People are able to look after and improve their own health and wellbeing and live in good health

 - NW02** People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

 - NW03** People who use health and social care services have positive experiences of those services, and have their dignity respected.

 - NW04** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

 - NW05** Health and social care services contribute to reducing health inequalities.

 - NW06** People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring roles on their own health and well-being.

 - NW07** People using health and social care services are safe from harm.

 - NW08** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

 - NW09** Resources are used effectively and efficiently in the provision of health and social care services.

Public Health Priorities for Scotland

PHP1	A Scotland where we live in vibrant, healthy and safe places and communities.
PHP2	A Scotland where we flourish in our early years.
PHP3	A Scotland where we have good mental health.
PHP4	A Scotland where we reduce the use of harm from alcohol, tobacco and other drugs.
PHP5	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
PHP6	A Scotland where we eat well, have a healthy weight and are physically active.

Fife Health and Social Care Strategic Priorities

The Partnership’s Strategic Plan 2023 to 2026 sets out the health and social care vision for Fife, this includes our five identified strategic priorities which support achievement of the National Health and Wellbeing Outcomes and the Public Health Priorities for Scotland.



The **Commissioning Strategy** has been developed to support the delivery of these strategic priorities by embedding these priorities into our commissioning principles and across all of our commissioning and contracting activity.

The Commissioning Strategy is identified as one of the Strategic Plan’s five enabling Strategies.



Medium-Term Financial Strategy

The financial position for public services continues to be challenging and the Integrated Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore critical that our resources and commissioning activity are targeted at the delivery of the strategic priorities identified in the Strategic Plan 2023-2026. To support this the IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan 2023 – 2026. The MTFS will inform decision making and actions required to support financial sustainability in the medium term.

The MTFS acknowledges the financial challenges ahead, estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife and identifies measures required to address these challenges including:

- Ensuring best value in all our purchasing activity.
- Developing a whole system working approach by building strong relationships with our partners.
- Transforming models of care to support people to live longer at home, or in a homely setting.

- Prevention and Early Intervention – supporting people to stay well and remain independent.
- Developing our third and independent sectors.
- Adopting a technology first approach to enhance self-management and safety.
- Reducing medicines waste by adopting a ‘realistic prescribing’ approach.

We recognise the scale of the financial challenge facing the Partnership and in order to respond to this challenge, we must explore service re-design opportunities with a view to developing and delivering more efficient and sustainable services for the people of Fife.

Further detail on our plans to bridge the budget gap can be seen in our Medium-Term Financial Strategy ([Publications | Fife Health and Social Care](#))

Our commissioning activity will be carried out in line with our Medium-Term Financial Strategy and the funds made available to commission health and social care services in Fife.

Locality planning approach



An important part of Fife health and social care integration was the creation of localities, bringing decision making about health and social care local priorities closer to communities. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

Localities provide one route, under integration, for communities and professionals (including GPs, acute clinicians, social workers, nurses, allied health professionals, pharmacists, and others) to take an active role in, and provide leadership for, local planning of health and social care service provision. Promoting equality and improving the health and wellbeing outcomes for the people in Fife is at the heart of locality planning.

Our understanding of our seven localities across Fife is taken from:

- Area Profiles – both national and local data and statistics.
- Stakeholder Engagement – experience and knowledge of people who use services and staff working in the localities.

Our Commissioning Strategy supports our Locality Planning approach by demonstrating commitment to:

- Collaborative Working.
- Adopting a community wealth building approach.
- Robust communication and engagement activity.
- Supporting and enabling better care co-ordination.
- Building on our existing relationships with our third and independent sector partners.
- Adopting a sustainable and ethical commissioning approach.

More detail on the Partnerships locality planning approach including links to the current locality guidance documents can be seen on Page 11 and 12 of the Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://www.fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026-final.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))

Governing legislation, key drivers and challenges.

Our Commissioning Strategy 2023 – 2026 is underpinned by legislation and policy drivers, national and local strategies, professional codes and regulatory standards across health and social care services. The diagram below demonstrates the key internal and external drivers that shape the Commissioning Strategy, commissioning principles and priorities as well as our subsequent Market Facilitation and Delivery plan.



We recognise that there are a number of significant challenges facing the social care sector and in order to respond to these challenges, the traditional ways in which Health and Social Care Services are structured and delivered are becoming unsustainable. We are committed to delivering more seamless services through transformation, collaboration and integration. The diagram below highlights our key challenges:



Relationship between Strategic Commissioning, Procurement and Contracting

Our commissioning activity is governed by procurement legislation known as the Public Contracts (Scotland) Regulations 2015. The regulations relating to the procurement of social care services allow for a more flexible and creative approach to the purchase of these services known as The Light Touch Regime (LTR).

The Fife Integrated Joint Board is not a contracting authority and as such directions must be issued by the IJB to Fife Council and NHS Fife to procure health and social care services on their behalf.

Fife Council has adopted the National Procurement Journey which supports all levels of procurement activity and provides guidance for public sector buyers. The National Procurement Journey provides one source of guidance and documentation for the Scottish public sector which is updated on a continual basis with any changes in legislation and policy and it also facilitates best practice and consistency.

Procurement planning is the connector between strategic commissioning and procurement. We aim to work collaboratively with our procurement partners in Fife Council and NHS Fife to deliver on our contracting and commissioning requirements. Our contracting and

commissioning activity encompasses a commitment to community wealth building, sustainable and ethical purchasing, and the climate change agenda which will be embedded in our purchasing processes, approach, and decisions.

Coronavirus Pandemic Impact ('new reality')

Over the last few years and during the period that the Strategic Commissioning plan 2021 – 2023 spanned, the coronavirus pandemic has had a substantial impact on the health and wellbeing of individuals and their communities. It has increased the demand for social care services, highlighted high levels of inequalities in the health of the population, and changed the way that we live our lives.

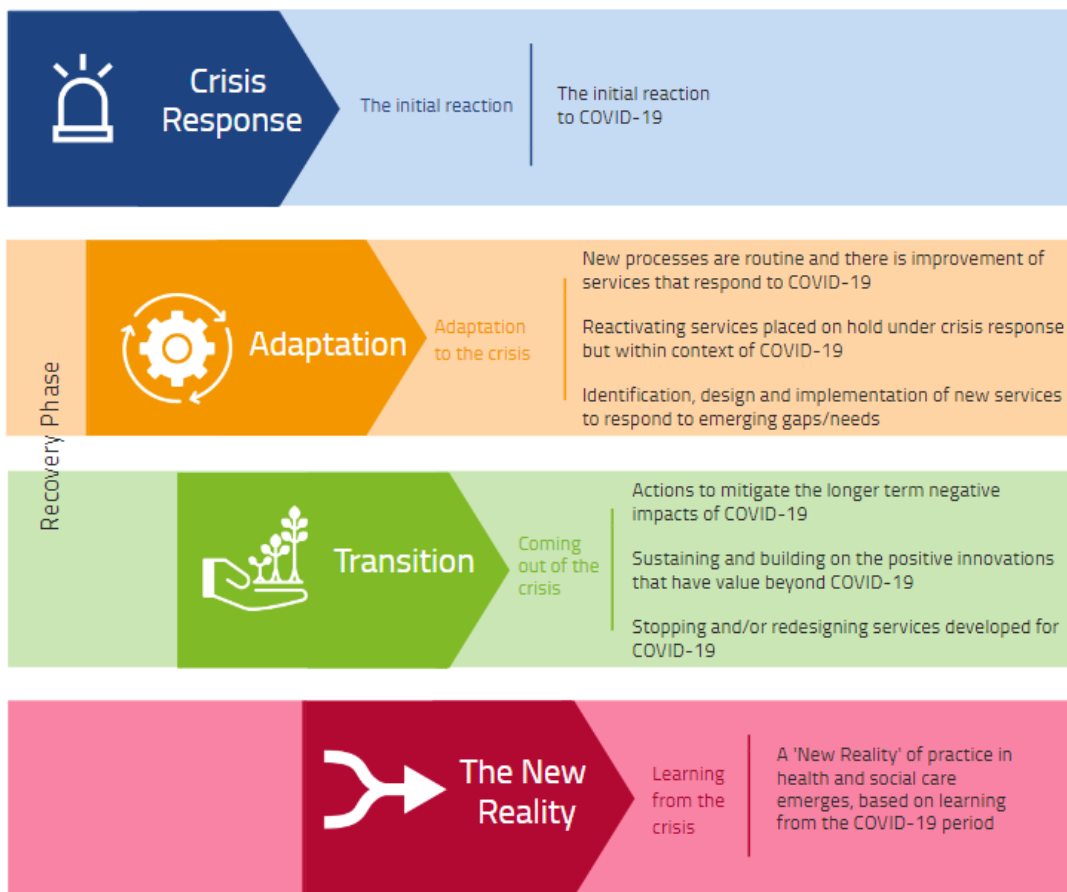
Despite the success of the vaccination programme in reducing significant illness and death, the pandemic has starkly demonstrated the importance of health to the normal functioning of society. Whilst all groups of people faced considerable impact from the coronavirus pandemic, not all social groups and communities experienced the same level of impact and it is important to recognise that the pandemic continues to have a disproportionate impact on health outcomes.

The ongoing impact of the pandemic, and unprecedented demand over the winter period has created increased demand for health and social care services and reduced options through both ward and care home closures, and challenges in community care capacity. These factors have created additional pressures on our workforce.

We recognise that the impact of these pressures will continue into the future and we are committed to working collaboratively to reduce these inequalities and improve outcomes for individuals and their communities.

The Partnership is committed to transforming the services that it delivers through the Transformation and Change Portfolio, this portfolio spans the entirety of the Partnership's business and will scrutinise what services are delivered, how they are delivered and where they are delivered from.

The Healthcare Improvement Scotland IHub have developed a model which demonstrates how systems are likely to act and evolve in response to the coronavirus pandemic. The model is shown below and reflects the activities that take us from the crisis response stage through to the new reality phase. The new reality phase is about taking the learning from the crisis period and using this to inform our new practice and approach to delivering social care services post pandemic. The Partnership is committed to the ambition of recovery, growth and transformation of health and social care services in Fife.



Independent Review of Adult Social Care in Scotland - Recommendations

In 2020 the Scottish Government initiated an Independent Review of Adult Social Care in Scotland. The purpose of the Independent Review was to identify improvements for adult social care, primarily in terms of the outcomes achieved by, and with, people who use services.

The Independent Review was completed in January 2021, and a key recommendation was the establishment of a National Care Service, which will be accountable to Scottish Ministers, with services designed and delivered locally. The Scottish Government has started to design the new National Care Service and Fife Health and Social Care Partnership will be involved in this work.

In a commissioning context the review of adult social care identified the need for the introduction of more ethical commissioning models that take into account factors beyond price including fair work, terms and conditions and trade union recognition. The recommendations include an end to emphasis on price and competition and the establishment of a more collaborative, participative, and ethical commissioning framework for adult social care services and supports which are focused on achieving better outcomes for the people using these services and improving the experience of the staff delivering them. Other recommendations include greater emphasis and focus on prevention and early intervention and greater transparency in relation to how people's rights have been taken into account.

The full recommendations of Chapter 9 of the Independent Review of Adult Social Care in Scotland (Commissioning for Public Good) can be seen below and also on page 78 of the published report [Adult social care: independent review - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Fife Health and Social Care Partnership are already working towards embedding a number of these recommendations into our commissioning practice which can be seen throughout our commissioning principles, priorities, partnership behaviours and provider expectations.

Recommendations

We have identified a range of changes needed in commissioning and procurement practices:

32. Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.
33. A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.
34. The establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices must be agreed and set at a national level by the new National Care Service, and delivered locally across the country.
35. To help provide impetus and support to the adoption of a collaborative and ethical approach to commissioning, the idea from CCPS of pressing pause on all current procurement should be fully explored in the context of a National Care Service, with a view to rapid, carefully planned implementation.
36. The care home sector must become an actively managed market with a revised and reformed National Care Home Contract in place, and with the Care Inspectorate taking on a market oversight role. Consideration should be given by the National Care Service to developing national contracts for other aspects of care and support. A 'new deal' must form the basis for commissioning and procuring residential care, characterised by transparency, fair work, public good, and the re-investment of public money in the Scottish economy.
37. National contracts, and other arrangements for commissioning and procurement of services, must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.
38. A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.
39. A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.
40. Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.
41. Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.

Ethical and Sustainable Commissioning

An ethical approach to commissioning in a social care context has a person centred and human rights approach at its core. Ethical commissioning includes a commitment to fair work practices, supporting the climate change agenda, full involvement of people with lived experience and accountability of all partners involved in service delivery.

UNISON's Ethical Care Charter

Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership has adopted UNISON's Ethical Care Charter for the commissioning of homecare services. The Charter's objective is to establish a baseline for the safety, quality, and dignity of care by ensuring employment conditions which do not routinely short-change clients and ensure the recruitment and retention of a more stable workforce through sustainable pay, conditions, and training levels.

Fair Work Practices

The Procurement Reform (Scotland) Act 2014 Statutory Guidance requires public sector organisations to consider fair work practices in all procurement activity. Fair work is central to achieving the Scottish Government's priority for sustainable and inclusive growth as we transition out of the Covid-19 pandemic and into a period of economic recovery and renewal.

Fair work is now more important than ever before and requires businesses bidding for public sector contracts to adopt the following:

- Appropriate channels for effective voice such as trade union recognition.
- Investment in workforce development.
- No inappropriate use of zero hours contracts.
- Action to tackle the gender pay gap and create a more diverse and inclusive workplace.
- Provide fair pay for workers (for example, payment of the real Living Wage)
- Offer flexible and family friendly working practices for all workers from day one of employment.
- Oppose the use of fire and rehire practices.

Community Wealth Building

Fife Council has committed to delivering on a community wealth building agenda in Fife with a focus on five strategy areas in relation to inclusive growth and community-led delivery.

Procurement features as one of the five main strands of this work, termed 'Progressive Procurement.'

Progressive procurement of goods and services is a means through which benefits can be achieved for local people and place. The two key objectives of this strand of work are:

- Identify opportunities to increase the supply chain of local enterprises to enable increased local spend to create jobs, contributing to a multiplier effect which in turn creates additional jobs via increased demand for local goods and services.
- Review the Fife elements of the national Supplier Development Programme to support increased capacity for delivery of local supply chain opportunities.

Fife Council's, Procurement Team are committed to support this work and are actively involved in the applicable reform groups and boards as appropriate. There is recognition that an opportunity exists to utilise the powers and potential provided by existing procurement legislation around the Sustainable Procurement Duty to ensure public sector spend contributes to supporting recovery and maximises the economic impact from investment programmes on goods, works and services by shaping relevant future procurements to promote greater levels of local supply chain content and wider social value.

Participation and Engagement

Participation is central to the work of the Health and Social Care Partnership and we are committed to listening to people and taking views into account to achieve the best possible outcomes for everyone.

The **Participation and Engagement Strategy** sets out the principles, and approaches for participation work across all Adult Health and Social Care Services in Fife. This Strategy will help us not just to listen, but also to act on the thoughts and feelings of the public on health and social care services, and to use feedback as part of ongoing quality and service improvement.

The Participation Team will provide an important service in helping teams and services across the health and social care partnership to develop their participation practice.

The Partnership is committed to using a participation review process to reflect on practice and ensure that the views of carers, those who use adult health and social care services, individuals, families, and communities, are used to the greatest effect.

Collaborative commissioning

Collaborative commissioning means taking a systems-wide approach to commissioning to achieve better outcomes for the People of Fife. In practice this takes the form of collaborative decision-making with our partners about how to achieve defined, agreed and jointly owned outcomes, with a view to generating a broader and more innovative range of options.

The Coalition of Care & Support Providers in Scotland (CCPS) offers the following definition for Collaborative Commissioning (2021)

‘Collaborative commissioning involves working together as equals, to plan, design and provide social care services which are easy to access, give choice and meaningfully involve people in understanding the outcomes they want to achieve to have a good life.’

We understand that in order to meet the challenges facing Fife Health and Social Care Partnership that we need to build on the work that we have already done working in partnership with our providers and our local communities to seek out the opportunities that will make best use of the resources available to us. We know that safe and sustainable health and social care services will only be delivered through a whole system collaborative approach.

A collaborative commissioning approach allows the Partnership to take a wider view in addressing some of the key challenges facing the social care sector. Through bringing together all partners, we will design and deliver proactive, joined up services and supports that enable people to live as independently as possible within their communities.

Commissioning Cycle

The Commissioning Cycle illustrated below shows the 4 key areas of the commissioning process and demonstrates the crucial links between commissioning and procurement. Our commissioning activities are highlighted in the outer circle which inform the ongoing development of procurement activities which are illustrated in the inner circle with better outcomes for the people of Fife being illustrated at the centre of the diagram.

The 4 key areas:

Analyse	This stage is about gathering information and using this to understand what is needed at all levels.
Plan	This stage is about determining how the needs can be best met and what can be put in place to do so. It involves understanding the market, service design, and translating the priorities identified at the analyse stage into real services.
Do	This stage is about putting the services in place that have been specified and determined by need.
Review	This stage is about ensuring that what is being delivered is meeting the needs and achieving the outcomes identified earlier in the process.



Best Value

The Local Government in Scotland Act 2003 introduced a statutory framework for Best Value for local authorities and in 2020 the Scottish Government published its revised statutory guidance on best value within which Public Bodies should now work.

This refreshed guidance regroups the Best Value characteristics in a way which both emphasises the connections between the characteristics and assists partnership working between Public Bodies and their partners as they deliver their outcomes.

Any organisation who has a duty of best value must be able to demonstrate a focus on continuous improvement in performance around each of these themes.

The five themes are:

- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources, and
- Performance Management

The guidance also identifies two cross-cutting themes:

- Equality, and
- Sustainability

The Scottish Public Finance Manual (SPFM) describes each themes characteristics in relation to best value as shown in the table below:

Vision and Leadership	<i>Commitment and leadership, responsiveness and consultation and sound governance at a strategic and operational level.</i>
Effective Partnerships	<i>Joint working and responsiveness and consultation.</i>
Governance and Accountability	<i>Responsiveness and consultation, commitment and leadership and accountability.</i>
Use of resources	<i>Sound management of resources and use of review and options appraisal.</i>
Performance Management	<i>Sound governance at a strategic and operational level and responsiveness and consultation.</i>
Equality	<i>Equal opportunities arrangements</i>
Sustainability	<i>A contribution to sustainable development.</i>

Re-imagining Third Sector Commissioning Project

In October 2021, the Re-imagining Third Sector Commissioning project commenced. The aim of this project is to make sure that the third sector health and social care services that we fund, reflect our strategic priorities and the needs of local people.

The rationale to support the delivery of the project is summarised into 8 key points in the diagram below. The project is about having the right processes and tools in place to support collaboration between the Partnership, the third sector and supported people, to plan services and work together to use the resources that we have to build capacity in our communities and respond to local needs and challenges effectively.



Through the re-imagining third sector project. We will develop a framework and the tools to enable the third sector to contribute more effectively to setting and responding to the strategic priorities of the Partnership and evidencing how these priorities are being met. We are committed to facilitating involvement from people receiving services from the third sector and developing the monitoring and evaluation process in a way that generates meaningful information about what is available and how local needs are being met with a view to sharing best practice service delivery models and responding collaboratively to address local challenges.

It is anticipated that this project will come to a close in June 2023, the outcomes and recommendations will inform further investigation and analysis into specific areas and will ensure that the Partnership makes the best use of limited budgets and resources, in accordance with the priorities identified in our Strategic Plan 2023 – 2026 and our Commissioning Strategy 2023 - 2026.

Commissioning Principles

Our Commissioning principles have been developed in line with our Strategic Priorities identified within our Strategic Plan 2023 – 2026.

To achieve our Commissioning Strategy vision, we will embed the following principles into our commissioning practices:



- We will commission social care services locally wherever possible.
- We will work with our localities to ensure that they have an active role in local planning of health and social care service provision.



- We will demonstrate a commitment to community wealth building and embed sustainable and ethical purchasing practices in all our commissioning activity.
- We will make a commitment to work collaboratively with our partners to create innovative and sustainable health and social care solutions.
- We will balance innovation and risk in our commissioning practice.



- We will actively promote commissioning solutions that enable prevention and early intervention.
- We will actively promote self care and self management.
- We will continue to support our unpaid carers and ensure that their needs are met.



- We will invest in enablers to support integration.
- We will adopt a whole system approach to our commissioning practice.
- We will co-design and co-produce solutions with our partners and communities.



- We will commission services with an outcome focus.
- We will ensure feedback from those who use social care services is at the heart of our development and improvement plans.

Our commissioning priorities

Our Commissioning Strategy is closely linked to a number of the Partnerships other transformational and enabling strategies, this is reflected in the diagram below as well as in our Commissioning Strategy priorities.



Our Commissioning Strategy identifies the following five priorities to enable achievement of our Commissioning Strategy vision and strategic priorities within our Strategic Plan 2023 – 2026. This is not inclusive of all the Partnerships re-design, improvement and development work, however these have been identified as significant to responding to the challenges that we face within the social care sector and achievement of the Partnerships vision, mission and priorities. We will work closely with our other strategy leads to deliver these priorities. The action plan included within our Market Facilitation/Delivery Plan (Appendix 1) will be closely linked to the action plans within the relevant Strategies.

Commissioning Strategy Priorities

Priority	The Changes we need to make.	What will success look like?	Where we want to be in 2026
1	Through our commissioning practice, there will be an increase in the choice and availability of social care services through implementation of digital solutions where appropriate in line with our Digital Strategy.	An increase in technology enabled care, empowering individuals to successfully manage their own care and wellbeing, where suitable to individual needs.	Alternative models of care embedded across all relevant health and social care services (video conferencing, the use of self-assessment tools, technology enabled care). This will compliment non-digital services which will continue to be available as appropriate.
2	Through our commissioning practice, we will make a commitment to commission services locally wherever possible, maximising opportunities for collaborative commissioning with our partners with the aim of improving services, outcomes, processes, and efficiency. Our commissioning activity will also demonstrate a commitment to community wealth building and sustainable and ethical purchasing practices.	An increase in the number of local providers that we commission and an increase in the number of collaborative commissioning projects underway.	Collaborative commissioning is embedded in all commissioning practice and services are commissioned locally wherever possible. Consistency of service/carer for the service user leading to improved service user satisfaction. Minimising unnecessary travel for providers and reduction in the environmental impacts in line with Fife Council's climate change agenda.
3	Commissioning practice will actively promote solutions that enable prevention and early intervention in line with our Prevention and Early Intervention Strategy.	A service model which focusses on prevention and early intervention and promotes community-based supports over residential settings and builds resilience through self-care and self-management. Commissioning activity that promotes positive health and wellbeing choices.	Our social care provider partners will actively support our prevention and early intervention strategy by building resilience, encouraging independence, and enabling individuals to take ownership of their own health and wellbeing.
4	Commissioning practice will adopt a whole system approach with solutions co-designed and co-produced with our partners and communities. We will ensure that feedback from those who use and those who deliver social care services is at the heart of our development and improvement plans through ongoing engagement activity in line with our Participation and Engagement Strategy.	Collaborative working with all partners, communities, and localities to inform decision making around our commissioning plans.	Robust participation and engagement with our partners and service user groups including those groups who are hard to reach and protected characteristic groups. Commissioning decisions based on proactive input from people with lived experience evidenced through increased participation and engagement activity e.g. collaborative meetings and market engagement activity.
5	Our commissioning activity in line with our Medium-Term Financial Strategy will encompass our duty of 'Best Value' delivering on continuous improvement through effective ways of working, finding innovative and creative social care solutions and using our financial resources effectively to deliver better outcomes for the people of Fife.	Best Value principles embedded in our commissioning approach and effective use of our financial resources to transform services.	Maximisation of our resources to transform models of care leading to more sustainable care models and better outcomes for the people of Fife.

Partnership behaviours and expectations of our Providers

The delivery of high quality, person-centred health and social care services is fundamental to achieving our vision. We will work collaboratively with our providers to encourage a culture of innovation, best practice and continuous improvement.

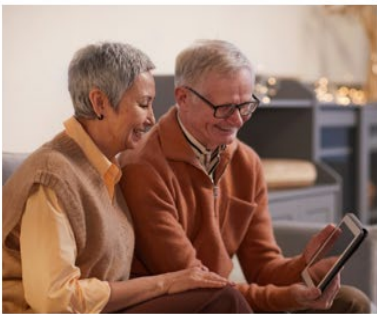
We will build on our existing good working relationships with our voluntary and independent sector care providers and demonstrate a shared commitment to partnership working as well as ensuring that feedback from those who use, and those who deliver, social care services is at the heart of our development and improvement plans.

With this in mind, we have developed several behaviours that our providers can expect from the Partnership and a number of expectations that we would expect our providers to display.

In addition to this, the Partnership will also demonstrate a commitment to developing our workforce to ensure that those members of staff who undertake health and social care commissioning planning and activity have a robust understanding of:

- The concept and principles of ethical commissioning.
- Current policy and legal frameworks that underpin health and social care planning and purchasing.
- The necessary skills and knowledge to apply ethical and sustainable commissioning practices.

We aim to do this through offering access to bespoke training, embedding our commissioning strategy in operational teams and sharing best practice.



**Partnership
Behaviours**

We will be open and fair in all aspects of procurement and tendering.

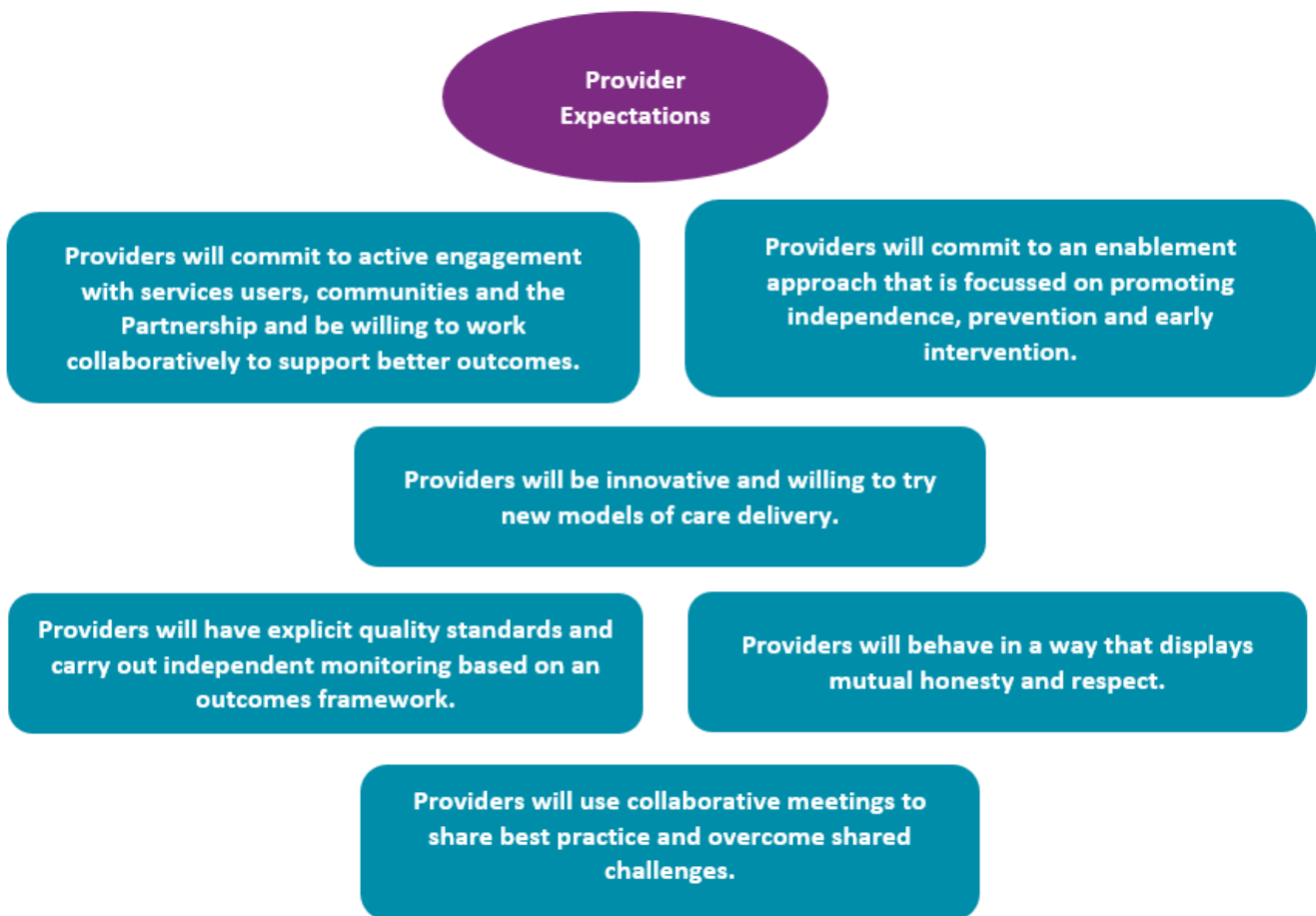
We will work collaboratively with providers about our commissioning plans for the future.

We will behave in a way that displays mutual honesty and respect.

We will be proactive in identifying and supporting potential partnership working between providers.

We will use collaborative meetings to share best practice and overcome shared challenges.

We will support and encourage innovation and new ways of working.



Delivery Plan

A Market Facilitation and Delivery Plan can be seen at Appendix 1.

Monitoring and Review

Monitoring the Commissioning Strategy 2023 to 2026

The Strategic Plan 2023 to 2026 is supported by nine transformational strategies and five enabling strategies. The Commissioning Strategy 2023 – 2026 is identified as one of the Partnerships enabling strategies.

A performance reporting process has been developed to provide a performance reporting framework for each of the supporting and enabling strategies to the Strategic Planning Group.

Each strategy will have an approved Action/Delivery Plan that sets out how and when key priorities will be delivered. Quarterly flash reports for each strategy will be provided to the Strategic Planning Group to enable effective performance monitoring. The flash reports will form the basis of an annual report for each strategy. Regular reporting of progress will be reviewed by the Finance, Performance and Scrutiny Committee. All of the strategy annual reports will feed

into the Strategic Plan's Annual Performance Reports which will be reported and approved through the Integrated Joint Board (IJB).

Monitoring Commissioned Services

The Health and Social Care Partnership have a team who carry out quality assurance and contract monitoring of care services for adults and older people.

Commissioned services via grant awarded funding to third sector providers are subject to monitoring in line with Fife Council's Monitoring and Evaluation Framework whilst our contracted providers are subject to contract monitoring via our contractual terms and conditions.

Our contract monitoring activity allows the Partnership to work with and provide support to voluntary and independent sector organisations, ensures organisations have good governance and control systems, ensures that there is a mechanism in place to measure how well organisations are meeting their agreed objectives and provides the Partnership with a framework to demonstrate that public money is being spent efficiently and effectively.

Appendices

Market Facilitation and Delivery Plan
Engagement Report

Appendix 1
Appendix 2

References

HSCP Strategic Plan for Fife 2023 – 2026.

[Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

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[CCPS Collaborative Commissioning-Background to Principles.pdf \(ccpscotland.org\)](#)

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[Best Value: revised statutory guidance 2020 - gov.scot \(www.gov.scot\)](#)

Participation and Engagement Strategy 2022 – 2025.

[HSCP-participation-and-engagement-plan-2022.pdf \(fifehealthandsocialcare.org\)](#)

Revision History

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Date Approved by IJB:		Revision Number:	0.1
Implementation Date:		Review Date:	



Commissioning Strategy 2023 – 2026 Market Facilitation and Delivery Plan



Supporting the people of Fife together



 Fife Health & Social Care Partnership Supporting the people of Fife together	Document Owner:	Strategic Planning Group	Document Number:	IJB.020
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Document Title:	HSCP Commissioning Strategy – Market Facilitation and Delivery Plan 2023 - 2026			

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Delivery Plan	Pages 15 to 21

Introduction

Welcome to the Market Facilitation and Delivery Plan for our Commissioning Strategy 2023 – 2026. This should be read in conjunction with the Commissioning Strategy 2023 - 2026 to gain a better understanding of the context and approach that has been developed with regards to our Commissioning principles and activity.

As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan. The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care Commissioning Priorities and intentions going forward over the period of the overarching Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#).

Our Strategic Plan Vision is:

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

Our Strategic Plan Mission is:

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

Our Values are:

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

To support our Vision, Mission and Values as detailed in our Strategic Plan 2023 – 2026, our Commission Vision is:

To commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focussed, that support the delivery of care provision at the right time and in the right place and enable people to live independent and healthier lives in their own home, and within their own community.

We aim to achieve this Commissioning Vision by:

We will make a commitment to delivering an outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, high-quality, individualised care provisions and support solutions, that are aligned to strategic priorities and local needs. Our contracting and commissioning activity will encompass a commitment to community wealth building, sustainable and ethical purchasing and the climate change agenda.

We are committed to a Partnership that has strong, meaningful connections with our localities in Fife to ensure people have the right care and support at the right time and in the right place. We will achieve this by actively listening, learning and responding to feedback from those who use our services, carers of those who use our services and our partner agencies in the third and independent sectors. We are committed to continuous service improvements focusing not only on “what” we do to improve our performance, outcomes and sustainability but also “how” we do things.

We want to ensure our future way of working continues to embrace collaborative working, we want a personalised approach to be evident in all our activities and for individuals to have greater choice and control over the care and treatment that is offered to them.

We want to promote health and wellbeing and strengthen early intervention and prevention and we want to embrace the opportunities that digital platforms can provide. We want to work with our Providers to develop innovative social care solutions that are ethical, sustainable, and ultimately deliver improved outcomes for the people of Fife.

Financial position and commissioning spend

This section is supplementary to the Medium Term Financial Strategy section within the Commissioning Strategy 2023 – 2026.

The financial position for public services continues to be challenging and the Integrated Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities of the Strategic Plan 2023 - 2026. To support this the IJB has developed a Medium Term Financial Strategy which provides an opportunity for the IJB to plan based on the totality of resources across the health and social care system to meet the needs of the local people and support delivery of the priorities in the Strategic Plan 2023 – 2026.

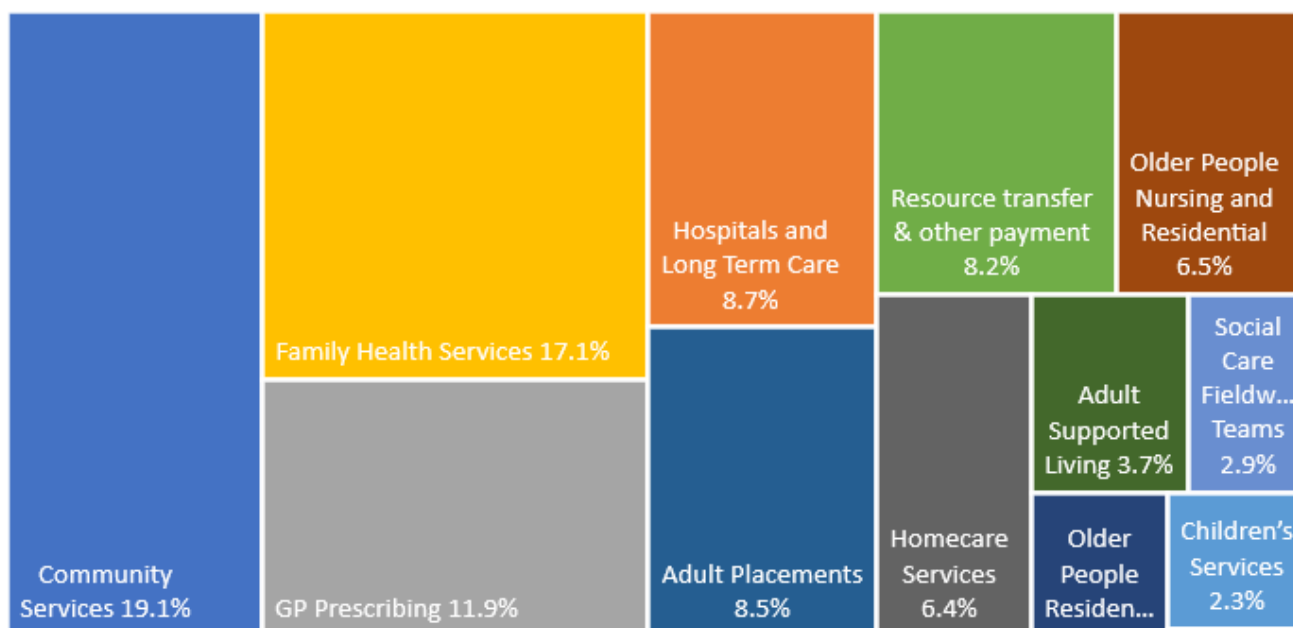
2022-23 Financial Position

The total contributions from partners to the HSCP is £645.582m (as at January 2023). These contributions become the ‘Fife IJB £’ and the budgets available to spend are as follows:



The detailed service breakdown is as follows:

Budget split by Service area



As at January 2023 the projected underspend for the HSCP is £11.307m. It should be noted that the underspend at March 2023 will be carried forward into reserves. The reserves balance at January 2023 is £25m, of which £16m is earmarked and £9m is uncommitted. The uncommitted balance of £9m alongside the current projected underspend suggests a reserve balance of £20m will be available from April 2023.

In the next few years, it is likely that health and social care budgets will reduce in real terms while the demand for services will increase. We will need to be realistic and responsible in how we manage our resources to deliver outcomes that meet our strategic vision, mission and priorities and that meet the needs of the people of Fife.

The integration of health and social care services has offered us the opportunity to reflect on what we currently do and to agree what we could and should be doing differently as we move

forward. We recognise the scale of the financial challenge facing the Partnership and in order to respond to this challenge, we must explore service re-design opportunities with a view to developing and delivering more efficient and sustainable services for the people of Fife.

Further detail on our financial position and plans to bridge any anticipated funding gaps can be read in our Medium-Term Financial Strategy ([Publications | Fife Health and Social Care](#))

Market Position and Forces

Market Position

The Fife commissioned market reflects a diverse range of providers including third/voluntary, independent and private sectors as well as Fife HSCP's in-house provision.

Many providers particularly across the third and voluntary sector typically fall into the Small to Medium Enterprise (SME's) category, whilst those across other sectors (including Care at Home and Care Homes), due to their size and volume of business are typically categorised as Large Enterprises (LE's).

The market currently comprises of over 300 services inclusive of Self-Directed Support (SDS). Current contracts include a mixture of individual contracts awarded to one provider, block, spot, and framework agreements, some of which are commissioned locally whilst others for example, the National Care Home Contract are commissioned nationally via Scotland Excel.

The Partnership also commission a number of services from the third and voluntary sector via grants. Our grant funded services are subject to scrutiny through Fife Council's Monitoring and Evaluation Framework. This framework allows the Partnership to work with and provide support to voluntary sector organisations, ensures organisations have good governance and control systems, ensures that there is a mechanism in place to measure how well organisations are meeting their agreed objectives and provides the Partnership with a framework to demonstrate that public money is being spent efficiently and effectively.

The monitoring and evaluation framework ensures that with the Partnership's support, voluntary sector organisations are able to:

- Provide high quality services that complement without duplicating Partnership services.
- Be responsive, flexible and accessible.
- Provide best value and can show they are effective and efficient.
- Create and maintain financial and operational records.
- Refine, revise and develop service quality.
- Establish good working and employment practices.

Market Forces/Challenges

Our key challenges were identified in our Commissioning Strategy 2023 – 2026 and are shown again below.



A number of these challenges have been addressed in more detail within our Strategic Plan 2023 – 2026 and we would encourage our readers to view the Strategic Plan for more information and detail on these challenges [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](https://fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026-final.pdf).

Fragility across the Care at Home and Care Home sectors remains an on-going concern. This is due to a combination of factors including:

- Entry level wages.
- Lack of stability in contracts of employment.
- Lack of investment in training for staff.
- Competition with other providers/sectors for limited resource.
- Increasing demands on services.

There are also a number of potential changes on the horizon with regards to our social care workforce regulations that could increase the sector workforce fragility:

- Personal carers may become subject to regulation.

- The regulated workforce will have shorter periods to qualify, reducing from five years to three years.
- There will be a new model of continuous professional learning (CPL) introduced by SSSC in consultation with the sector. This will form part of service inspection.
- The SSSC will include more information on specialist qualifications and fitness to practice on the public register.

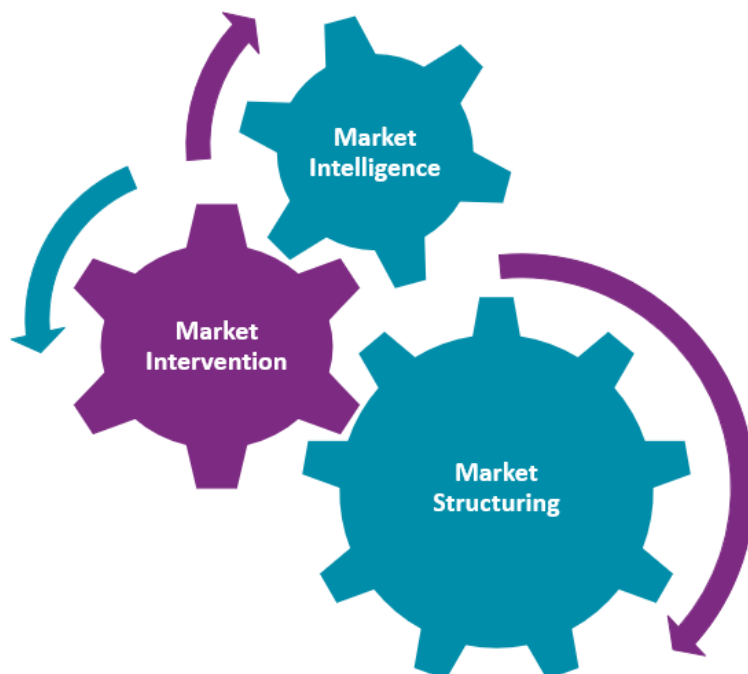
The workforce crisis is not unique to the social care sector, the NHS workforce statistics show the number of nursing and midwifery vacancies had increased to over 6,300 at the end of September 2022, representing a vacancy rate of 9% across Scotland. The workforce crisis is also being seen in general practice, with difficulty recruiting and retaining GP's being reported.

Uncertainty across the sector has been heightened by COVID-19 which continues to destabilise the market. Market fragility, however, is not just a local issue, it extends beyond Fife.

The Partnership is committed to supporting our workforce both internally and our extended workforce through our third and independent sectors as we navigate our way through this difficult and challenging period.

Market Facilitation/Stimulation

There are three commonly understood elements of market facilitation:



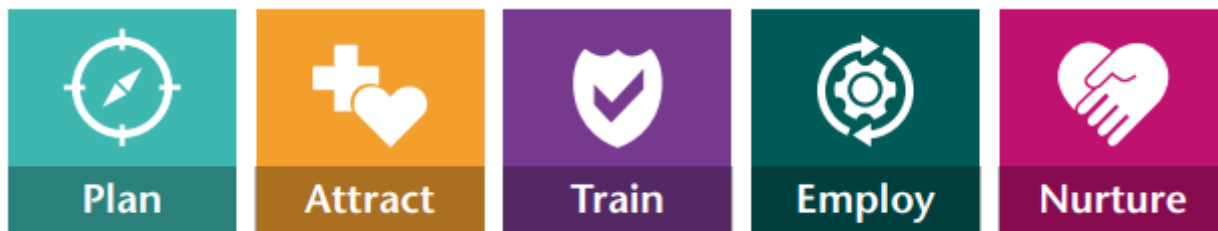
The three elements of Market Facilitation are explained further in the table below:

<p>Market Intelligence</p>	<p>Market intelligence means a comprehensive understanding of the evidence base for future local supply and demand and is the foundation of successful market facilitation.</p> <p>Market intelligence helps commissioners to understand the structure of the market, the key players, current market, scope for innovation, market capacity and capability and barriers to entry to the market. It involves ensuring that we are well informed about the market, understand the factors that influence demand and supply and that we have a clear vision of what good quality care looks like and the outcomes that it will achieve.</p> <p>It will ensure we are aware of any deficiencies in current provision and preventing or managing supplier and market failure.</p>
<p>Market Structuring</p>	<p>Making our intentions to providers clear on how we plan to influence the market through communications with providers and service users, ongoing planning, quality assurance or performance management arrangements designed to encourage desired services and discourage those that are not needed.</p> <p>It may mean identifying and removing barriers to market entry faced by specific providers, developing channels to produce ideas from providers of new models of care or piloting innovative approaches. As strategic commissioners, we also need to understand and take into account the impact our decisions may have on the overall structure of the market.</p>
<p>Market Intervention</p>	<p>This brings the results of the intelligence activity and the market structuring together into a potential number of intervention activities.</p> <p>Helping to support investment may include:</p> <ul style="list-style-type: none"> • Stimulating particular parts of the market with incentives. • Offering specialist training. • Providing support with business planning. • Working with providers and service users in order to deliver good quality information. • Encouraging and developing tools to gain feedback on service provision or stimulate community based partnerships.

The Partnership recognises the need to be flexible, responsive and innovative in order for care and support to be designed and delivered collaboratively with an individualised outcome focus.

Workforce

Our Workforce Strategy details our approach to workforce planning across our partner agencies. Our workforce planning activity is linked to the Scottish Government's Five Pillars framework, and we have identified actions that will be taken over the short and medium term to support the ambition of recovery, growth and transformation of health and social care in Fife.



Through the implementation of our Workforce Strategy, we aim to:

- Create the conditions through which our workforce, by extending our health and social care services, can successfully recover from the pandemic.
- Grow the health and social care workforce sustainably, in line with Fife's population demographics and the demands on health and social care services.
- Transform the ways in which our workforce is trained, equipped, and organised to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

Our common purpose is to deliver the outcomes of Integration which enable the people of Fife to live independent and healthier lives. This involves championing and role modelling a "Team Fife" culture – 'One voice, one Health & Social Care Partnership', working with all our Partners across NHS Fife, Fife Council, Third and Independent Sectors, and valuing the importance of working collectively across all sectors to enable joined up care for the people of Fife.

We will achieve this by:

- Prioritising engagement.
- Being transparent about the work being undertaken and defining who is leading specific work.
- Involving all key critical contributors.
- Ensuring support by key stakeholders being signed up.
- Keeping people informed throughout.

Commissioning Support

Our procurement partners in Fife Council and NHS Fife will continue to support the Partnership on matters relating to commissioning, procurement, contracting and market facilitation.

Our procurement partners will continue to support the Partnership to:

- Ensure best value is obtained in all our commissioning activity.
- Ensure financial benefits/savings are met where applicable.
- Practice a risk optimisation approach to procurement activity where appropriate.
- Improve collaborative working across the organisation by practising a responsive, proactive and agile approach.
- Ensure activity is compliant with applicable procurement legislation and is aligned with the strategic direction.
- Ensure the Partnership meets its aim of having as much of the procurement spend spent with local suppliers as possible, where legally possible, where best value can be achieved by doing so and in having due regard to individual choice.
- Promote sustainability in line with best practice/regulation requirements.
- Develop policy and processes to tackle fraud in procurement, i.e., prevention, detection and reporting, and
- Consider and articulate the Partnerships significant role as a buyer in influencing inclusive growth.

Locality Core Groups

Our Locality Core Groups across our 7 localities are well established and connected to operational service delivery. The membership of our locality core groups reflects the diversity of the partnership's activities, and the groups are uniquely positioned to inform our priorities as well as discuss and identify solutions to challenges presented in each locality.

Support for Providers

The relationships that we have with our commissioned providers is important to us and we recognise that providers will benefit from access to support, advice and learning opportunities to support them in the delivery of high-quality health and social care services.

Fostering good relationships/collaborative meetings

The Partnership is committed to co-creating provider collaborative meetings and working together as equals, to plan, design and deliver social care services. These collaborative meeting spaces will focus on maintaining positive working relationships, encouraging innovation and will provide the opportunity for shared learning and best practice. We want to achieve collaborative decision making with our partners about how to achieve defined, agreed and jointly owned outcomes with a view to generating a broader and more innovative range of options. Through bringing together all partners, we will design and deliver proactive, joined up services and supports that enable people to live as independently as possible within their communities.

Our commitment to a collaborative commissioning approach can be demonstrated through the creation of the Care at Home Collaborative which was established to support capacity and efficiency improvements within the independent care at home sector. A Collaborative was established where independent care providers have a regular meeting with the Commissioning Team to assess capacity and to better coordinate planning with regards to the delivery of packages of care. Significant progress has been made in this area with positive results and further plans are underway to extend this approach into other areas.

The Partnership will also support providers through ensuring that we offer access to timely, clear and transparent information about our expectations and future intentions. We will keep our providers up to date with any significant changes in our workforce so that they know who to contact and how to escalate issues.

Supplier Development Programme

Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership is committed to supporting Providers through the Supplier Development Programme. Small and Medium Enterprises (SME) and third sector organisations that are interested in working with the public sector can access free training, support and information from the Supplier Development Programme including the opportunity to attend 'Meet the Buyer' events. ([Supplier Development Programme | Helping you bid better \(sdpscotland.co.uk\)](https://www.sdpscotland.co.uk)).

Ethical Care Charter

Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership has adopted UNISON's Ethical Care Charter for the commissioning of homecare services. The Charter's objective is to establish a baseline for the safety, quality, and dignity of care by ensuring employment conditions which do not routinely short-change clients and ensure the recruitment and retention of a more stable workforce through sustainable pay, conditions, and training levels.

Fair Work Practices

In line with the Procurement Reform (Scotland) Act 2014 Statutory Guidance, Fife Council as the contracting body on behalf of Fife Health and Social Care Partnership considers fair work practices in all procurement activity.

Participation and Engagement

Participation and engagement is central to the work of the Health and Social Care Partnership and we are committed to listening to people and taking views into account to achieve the best possible outcomes for the people of Fife. The Partnership is committed to using participation and engagement activity to review process, develop services and reflect on current practice to ensure that the views of carers, those who use adult health and social care services, individuals, families, and communities is at the heart of our development and improvement plans.

Encouraging innovation

A key theme threaded through our Commissioning Vision and our Partnership behaviours and Provider expectations is 'Innovation.'

The Partnership is committed to encouraging innovation and we recognise that in order to create and support a more resilient and sustainable social care market that we need to support and embrace new ways of working and new models of care delivery. By working collaboratively with our partners, we believe that we can generate a broader and more innovative range of social care solutions which will ultimately deliver improved experiences and improved outcomes for the people of Fife.

Directions

The IJB will use Directions to agree and communicate with the Partners (Fife Council and NHS Fife) it's commissioning intensions in accordance with the Medium Term Financial Strategy.

References

HSCP Strategic Plan for Fife 2023 – 2026

[Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

Commissioning Strategy 2023 – 2026

[Publications | Fife Health and Social Care](#)

Workforce Strategy

[Fife-HSCP-Workforce-Strategy-and-Plan-2022-25.pdf \(fifehealthandsocialcare.org\)](#)

Supplier Development Programme

[Supplier Development Programme | Helping you bid better \(sdpscotland.co.uk\)](#)

UNISON Ethical Care Charter

[The Ethical Care Charter | Care workers: your rights | UNISON National](#)

Fife Council Social Care Category Strategy

Not published.

Commissioning Strategy 2023 – 2026 Delivery Plan

Our Commissioning Strategy 2023 – 2026 is identified as an enabling Strategy within our Strategic Plan 2023 – 2026. We are clear that our Commissioning Strategy is interconnected across a number of other transformational strategies. This means that our Commissioning Strategy delivery plan will continue to develop as other strategy leads progress through their strategy development journey(s). There are a number of other identified strategy delivery plans that will be fundamental to the further development of the Commissioning Strategy delivery plan.

We will work closely with our other Strategy leads as their strategies develop to include the appropriate actions within our Commissioning Strategy delivery plan. The actions below are related to **year one** of the Commissioning Strategy 2023 - 2026.

STRATEGY DELIVERY PLAN									
Commissioning Strategy Delivery Plan 2023 – 2024									
Responsible: Service Manager Quality Assurance									
Priority	Action/Activity	Lead	Resources needed (Internal/External)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/Outcome	Anticipated Completion Date	Completion Date
	Final review and approval of Commissioning Strategy 2023 – 2026 and supporting documents.	Service Manager, Quality Assurance.	Senior Leadership Team Strategic Planning Group Finance, Performance & Scrutiny Committee. Integrated Joint Board.	Commissioning Strategy is approved.	Final draft is not approved/does not meet expectations.	Established working group with diverse representation who have reviewed the Commissioning Strategy as it has developed. Engagement with our Partners, our staff and the	A robust Commissioning Strategy 2023 – 2026 has been developed in line with our best practice Strategy Development Pack (Templates and Guidance) and in line with our Strategic Plan 2023 – 2026.	SLT 3 rd May SPG 17 th May FPS 6 th July IJB 28 th July	

						public. Views have been considered and incorporated into the Strategy. Strategy Development Pack has been used to develop Commissioning Strategy.			
	Approved Commissioning Strategy is shared across HSCP and our Partner agencies.	Service Manager, Quality Assurance.	Support from HSCP Communications Team. Key contact distribution lists for our Partner agencies.	Strategic Plan is widely distributed and embedded across operational practice.	Strategy does not reach all areas of the Partnership or all of our Partners.	A plan will be developed to determine the best way to promote and embed the Commissioning Strategy.	Staff across H&SCP and our Partner agencies will have a robust understanding of our Commissioning Vision and how we aim to achieve this vision.	By October 2023	
	Build on our existing relationships with our Procurement partners in Fife Council and NHS Fife.	Service Manager, Quality Assurance.	Leads for each contract and Procurement Team(s).	Strengthened relationships and shared understanding of Commissioning & Contracting direction.	Procurement planning does not align with HSCP Commissioning Strategy and associated requirements.	HSCP will work closely with our Partner Procurement teams to ensure that a shared understanding and direction is achieved.	Strengthened relationships and shared understanding of Commissioning & Contracting direction.	Ongoing	
	Development of a skilled workforce	Service Manager, Quality Assurance.	Operational teams who carry out commissioning activity. Manager(s) to identify training /Trainer.	Members of staff who undertake social care commissioning activity will have a robust understanding of	Those who undertake commissioning activity do not have the appropriate level of knowledge or	A plan will be developed to support staff who carry out commissioning activity to develop their	Staff involved in commissioning activity will have a robust understanding of our commissioning	Ongoing	

				our commissioning approach, legal frameworks and the skills and knowledge to apply ethical and sustainable commissioning practices.	understanding to carry out commissioning activity in alignment with our Commissioning principles.	skills in this area through a variety of formats, including embedding the commissioning strategy in practice, sharing best practice and identification of bespoke training.	approach, legal frameworks and the skills and knowledge to apply ethical and sustainable commissioning practices.		
	Work with the Leads of identified opportunities for re-design projects in line with business cases that will detail efficiencies/savings. Incorporate relevant actions into this commissioning strategy delivery plan as appropriate.	Service Manager, Quality Assurance/Strategic Planning Team	Service Manager, Quality Assurance /Lead(s) for opportunities linked to other Strategy areas.	As opportunities are developed, scoped and business cases are approved, all necessary actions that impact the way we commission services linked to the identified opportunity are incorporated into this delivery plan.	Commissioning activity linked to opportunities is not carried out in alignment with our Commissioning principles.	The lead for the Commissioning Strategy will work closely with the identified re-design opportunity leads and the Strategic Planning Team to ensure that as business cases are developed and approved any impacts on Commissioning activity are discussed and actions are incorporated into this delivery plan as appropriate.	The Commissioning Strategy delivery plan will continue to develop throughout the lifespan of the Strategy and will be reflective of ongoing development activity relating to the identified opportunities.	Ongoing	
	Work with Strategy Leads to further develop delivery plan in line with the development	Service Manager, Quality Assurance/Strategic Planning Team.	Service Manager, Quality Assurance /Lead(s) for other Strategies linked to the Commissioning Strategy.	The Commissioning Strategy delivery plan is updated as appropriate as other	Action plans for other Strategies are not in alignment with the commissioning	The lead for the Commissioning Strategy will work closely with the identified Strategy leads	The Commissioning Strategy delivery plan will continue to develop throughout the	Ongoing	

	of other strategies.			Strategy leads develop their own strategies and identify deliverable actions that involve commissioning activity.	strategy vision, principles, and direction.	that link to the Commissioning Strategy priorities.	lifespan of the Strategy and will be reflective of ongoing dialogue with other Strategy leads.		
	Commission locally wherever possible.	Service Manager, Quality Assurance.	Procurement and Commissioning Teams	An increase in the number of local providers that we commission and an increase in the number of collaborative commissioning projects underway.	Failure to commission locally where possible would not meet the Strategic Plan Priority of 'Local,' would not meet one of the aims in the Procurement and Commercial Strategy and would not meet one of the priorities of the Commissioning Strategy.	Commitment through the Commissioning Strategy to collaborative commissioning being embedded in all commissioning practice and services will be commissioned locally wherever possible.	An increase in collaborative working opportunities underway. An increase in the number of local (fife) providers that are commissioned. Consistency of service/carer for the service user leading to improved service user satisfaction. Minimising unnecessary travel for providers and reduction in the environmental impacts in line with Fife Council's climate change agenda	Ongoing	

	Participation and engagement – ongoing engagement activity to inform service development and improvement plans.	Service Manager, Quality Assurance/ Service Manager, Participation & Engagement.	Participation and Engagement Team/Procurement	The voices of those who use and those who deliver social care services is heard and actively used to inform the development of services and improvement plans.	Failure to use lived experienced views and provider views when designing service improvement plans leading to poorer outcomes.	Robust participation and engagement with our partners and service user groups including those groups who are hard to reach and protected characteristic groups.	Commissioning decisions based on proactive input from people with lived experience evidenced through an increased participation and engagement activity e.g. care sector collaborative meetings and Market Engagement activity.	Ongoing	
	Annual review of EqlA	Service Manager, Quality Assurance/ Strategic Planning Team.	Strategic Planning Team	EqlA is reviewed following approval annually to reflect any relevant changes.	Failure to review the EqlA as appropriate may result in discrimination of protected characteristics.	Action added to this delivery plan to ensure EqlA is reviewed annually or as appropriate following any significant change that would require the EqlA to be updated.	A robust EqlA remains in place throughout the lifespan of the Strategy.	March 2024	

Fife Council's Procurement Social Care Category Strategy identifies the following intended activity over the first year of the Commissioning Strategy (2023). Please note that this activity may not reflect all Procurement activity as the contracting and commissioning activity is adaptable to change to meet the changing demands of the Health and Social Care Partnership.

Fife Council, Procurement Social Care Category Activity Plan.

Task	Description	Year	Comments	Responsible
Extend	Extend Advocacy Contract	2023	Start date February 2023. Extend for 9 months to allow time for the refreshed Advocacy Strategy to be finalised. The refreshed Strategy will support the development of the new Contract.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
Renew	Renew Advocacy Contract	2023	During extension period, progress the development of the documentation required for the renewal of the Advocacy Strategy. Contract Start date by January 2024.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
Renew	Care at Home Framework	2023	Contract start date 01/05/2023.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
Renew	Support Living Framework	2023	Contract start date 01/05/2023.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
New Contract/Renew	Commission individual Supported Living Agreements not covered by the Supported Living Framework over a range of providers.	2023	Contract start dates ranging from June 2023 to December 2023.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
New Contract	Commission Group Living Services not covered by the Supported Living Framework over a range of providers.	2023/24	Ongoing.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
New Contract/Renew	Commission Day Care Services for Adults and Older People over a range of providers.	2023	Contract start dates ranging from April 2023 to July 2023.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
New Contract	Care Homes for Adults	2023	Contract start date 01/10/2023.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.

New Contract	Residential Respite Framework for Adults and Older People (Building based)	2023/24	Contract start date 01/04/2024.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
Review and renew.	SDS Option 2 (Individual Service Fund) Framework Agreement	2023	Review and renew. SDS Option 2: Individual Service Fund (person can choose their provider, work with them to determine how the service/support is delivered, without the requirement of managing the budget. The budget can be managed by either the local authority, the provider or a third party/broker)	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
Variation(s)	National Care Home Contract	2023/24	Issue variation(s) as appropriate.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
Variation(s)/ Extension	Free Personal & Nursing Care Contract	2023/24	Issue variation(s)/extensions as appropriate.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
Market Engagement	Social Care Category will carry out market engagement activity with regards to contract renewal activity.	2023	Ongoing.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.
Supporting Supplier Development Programme	Social Care Category will continue to support the social care sector market by actively participating in the Supplier Development Programme.	2023	Ongoing.	Fife Council, Procurement, Social Care Category/Fife Council, Economic Development Team
Create New Contracts	Create further new Contracts as identified through continual discussions with client service and category profiling.	2023	Ongoing.	Fife Council, Procurement, Social Care Category/relevant HSCP Lead.

Risk Register - as at 23/01/2023					Original Risk Score			Residual Risk Score					Risk Ownership						
Ref.	Source	Date Added	Risk Heading	Risk Description	Likelihood	Consequence	Risk Grade	Mitigation/ Management Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Comments
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	Initial Risk	23/01/2023	Resources/ Timescales	There is a risk that insufficient resources are available to develop the new Commissioning Strategy within required timescales.	Possible (3)	Moderate (3)	(Moderate) 9	A resource has been identified within the Strategic Planning Team. A Working Group has been established including a series of working group meetings. A work plan is in place to support ongoing discussion and decision making with/from the working group. A robust governance framework is in place via Senior Leadership Team (SLT), Strategic Planning Group (SPG) and Integrated Joint Board (IJB) for approval.	Unlikely (2)	Minor (2)	(L) 4	(VLR) 3	Service Manager Quality Assurance, Health and Social Care Partnership	Service Manager Quality Assurance, Health and Social Care Partnership	NA	Risk reviewed 12/04/2023. Risk now (VLR) 3. Met target. No longer a risk - archive.	12/04/2012		Progress against target timescales assessed, Commissioning Strategy is on target to meet it's governance approval route timescales.
2	Initial Risk	23/01/2023	Alignment with Strategic Plan	There is a risk of failure to achieve alignment to the Strategic Plan 2023 - 2026 and develop the Commissioning Strategy in a way that aligns and supports delivery of the priorities in the Strategic Plan. This could lead to a risk of the Commissioning Strategy not being approved by SLT and therefore not going forward for approval by the SPG and IJB.	Possible (3)	Moderate (3)	(Moderate) 9	A Strategy Development Pack has been developed by the Strategic Planning Team and approved by SLT, SPG and IJB. This details best practice guidance and templates for developing the supporting strategies. A key component of the Strategy Development pack and Strategy Template is to align the supporting strategies to the Strategic Plan. The Strategy Development Pack will be followed in the development of the Commissioning Strategy to ensure that the Commissioning Strategy is in the approved format and alignment to the Strategic Plan is achieved. In addition the resource identified within the Strategic Planning Team to develop the Commissioning Strategy 2023 - 2026 has been involved in the development of the Strategic Plan 2023 - 2026, this will ensure that a robust understanding of the priorities within the Strategic Plan will be embedded within the Commissioning Strategy 2023 - 2026.	Remote (1)	Minor (2)	(VLR) 3	(VLR) 3	Service Manager Quality Assurance, Health and Social Care Partnership	Service Manager Quality Assurance, Health and Social Care Partnership	NA	Risk reviewed 12/04/2023. No change to residual risk grade. Met target. No longer a risk - archive.	12/04/2023		Commissioning Strategy assessed as demonstrating awareness and link to Strategic Plan 2023 - 2026 throughout.
3	Initial Risk	23/01/2023	Integration/ Engagement	There is a risk that the process of developing the Commissioning Strategy is undertaken in isolation and does not include our local government partners (Fife Council/NHS Fife). There is additional risk of not engaging wider with our third sector and independent sector providers.	Possible (3)	Major (4)	(Major) 12	The Commissioning Strategy Working Group will encompass members from our local government partners (Fife Council/NHS Fife) to ensure that both our local government partners are represented and involved in the development of the Commissioning Strategy. Participation and Engagement is a standing item on the Commissioning Strategy Working Group Agenda and the Service Manager Participation and Engagement is a member of the working group. An engagement plan will be developed with the Service Manager (P & E) to ensure that the appropriate level of engagement is carried out with the relevant groups to inform development of the Commissioning Strategy.	Unlikely (2)	Minor (2)	(L) 4	(VLR) 3	Service Manager Quality Assurance, Health and Social Care Partnership	Service Manager Quality Assurance, Health and Social Care Partnership	NA	Risk reviewed 12/04/2023. Risk now (VLR) 3. Met target. No longer a risk - archive.	12/04/2012		Working Group includes FC and NHS employee's third sector and private sector representation. Engagement activity has also been carried out with our partners in the independent and third sector.
4	Initial Risk	23/01/2023	Financial Viability /Best Value	There is a risk that unexpected events or drivers may impact on the financial viability and delivery of the Commissioning Strategy leading to restrictions on what we can realistically achieve over the next three years, for example: new variants of the Covid 19, and the cost of living crisis.	Likely (4)	Major (4)	(HR) 16	The Medium Term Financial Strategy considers external events and influences/ drivers. Ongoing monitoring and horizon scanning will ensure that unexpected events are considered and financial viability maintained. Risk reviewed 12/04/2023. No change to residual risk grade. Commissioning Strategy will be delivered in accordance with the medium term financial strategy.	Possible (3)	Major (4)	(MR) 12	(MR) 12	Chief Finance Officer	Partnership Finance Manager	17/05/2023		12/04/2012		
5	Initial Risk	23/01/2023	Decision Making	There is a risk that the development of the Commissioning Strategy is delayed due to poor decision making and/or lack of consensus on Strategy Content from the Working Group members.	Likely (4)	Major (4)	(HR) 16	The Commissioning Strategy Working Group and Teams site has been established to facilitate discussion and improved decision making. A regular programme of meetings has been established, and a Work Plan implemented to support ongoing discussion with the Working Group as the Commissioning Strategy develops. Risk reviewed 12/04/2023. No change to residual risk grade. Final working group taking place 12/04/2023. Suite of draft papers for governance approval route to be approved by working group.	Unlikely (2)	Moderate (3)	(LR) 6	(VLR) 3	Service Manager Quality Assurance, Health and Social Care Partnership	Service Manager Quality Assurance, Health and Social Care Partnership	17/05/2023		12/04/2012		

6	New Risk	12/04/2023	Governance Approval Route	There is a risk that the Commissioning Strategy 2023 - 2026 and supporting documentation fails to be approved during its governance approval route by one or more of the following: Senior Leadership Team, Strategic Planning Group, Finance, Performance and Scrutiny and the Integrated Joint Board.	Possible (3)	Moderate (3)	(Moderate) 9	The Commissioning Strategy has been developed using the approved strategy development pack to develop the strategy using specific templates and incorporating set content to ensure that it is aligned to the Strategic Plan 2023 - 2026. A working group has been created who have informed the development of the Commissioning Strategy and have approved content and supporting documentation throughout the strategy development journey. Robust participation and engagement activity has been carried out, considered and incorporated into the final version of the Commissioning Strategy 2023 - 2026.	Unlikely (2)	Moderate (3)	(LR) 6	(LR) 6	Service Manager Quality Assurance, Health and Social Care Partnership	Service Manager Quality Assurance, Health and Social Care Partnership	17/05/2023	12/04/2012		
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Risk= Likelihood x Consequence		Increasing likelihood				
		Remote (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Increasing consequence	Extreme (5)	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Moderate (3)	3	6	9	12	15
	Minor (2)	2	4	6	8	10
	Negligible (1)	1	2	3	4	5

Overall Risk Score	
P x I	Score
15 to 25	High Risk- Unacceptable risk to be eliminated
8 to 14	Moderate Risk- Undesirable risk to be avoided
4 to 7	Low risk- Acceptable provided management
1 to 3	Very low risk-No consideration

Probability/Likelihood Ratings

Descriptor	Unlikely	Possible	Likely	Almost Certain
Likelihood	Not expected to happen, but definite potential exists – unlikely to occur	May occur occasionally, has happened before on occasions – reasonable chance of occurring	Strong possibility that this could occur – likely to occur	This is expected to occur frequently / in most circumstances – more likely to occur than not

Impact/Consequence Ratings

Descriptor	Minor	Moderate	Major	Extreme
Project Objectives	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives
Partnerships/ Relationships	Minor effect on relationships with partners	Significant effect on relationships with key partners	Ineffective partnerships	Irreparable damage to partnership working
Service Disruption	Short term disruption to service with minor impact on supported person (or carer)	Some disruption in service with unacceptable impact on supported person (or carer)	Sustained loss of service which has serious impact on delivery of outcomes for supported person (or carer)	Disruption to service leading to significant “knock on” effect to quality of life for supported person or carer
Publicity/ Reputation	Minor effect on staff morale / public attitudes.	Significant effect on staff morale and public perception of the organisation	Public confidence in the organisation undermined	MSP / MP concern (Questions in Parliament). Court Enforcement or Public Enquiry

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Commissioning Strategy 2023 - 2026
Brief description of proposal (including intended outcomes & purpose)	<p>The Commissioning Strategy 2023 – 2026 builds on the commissioning foundations established in the previous Commissioning Strategy 2021 - 2023.</p> <p>The Strategy sets out the context in which we will develop our approach to commissioning and takes account of our vision and strategic priorities in our newly published Strategic Plan 2023 to 2026 (Fife-Strategic-Plan-2023-to-2026-FINAL.pdf (fifehealthandsocialcare.org))</p> <p>Our strategic direction is to deliver reform, transformation, and sustainably, and to create clearer more service user aligned care pathways. This approach seeks to create conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards and business enabling and support services.</p> <p>Our Commissioning Strategy seeks to set out the Partnership’s approach to commissioning by detailing our commissioning vision, commissioning priorities, standards, behaviours, and expectations of our partner providers.</p> <p>Our commissioning directions, standards and activities will continue to be informed by our ongoing engagement with local people and local providers both in the private and third sector. Only by working collaboratively, can we achieve a significant improvement in the overall health and wellbeing of the people of Fife.</p>
Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership
EqIA Lead Person	Alan Adamson, Service Manager Quality Assurance, Health and Social Care Partnership
EqIA Contributors	<ul style="list-style-type: none"> • Commissioning Strategy Working Group • Senior Leadership Team • Strategic Planning Group
Date of EqIA	March 2023

How does the proposal meet one or more of the general duties under the Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean). If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?)

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	<p>Fife Health and Social Care Partnership is committed to promoting dignity, equality and independence for the people of Fife. Our Strategic Plan and collection of supporting strategies, including the Commissioning Strategy, will ensure that we continue to work effectively with partners, local communities, and individuals, to challenge sources of inequality such as discrimination, harassment and victimisation, and to promote equality of opportunity for all.</p> <p>The Partnership’s Equality Outcomes and Mainstreaming Report has been refreshed (January 2023) and is currently pending approval by the IJB. This provides a summary of what we have completed over the last two years. The Partnership’s equality outcomes have been updated to align with the new Strategic Plan and the Commissioning Strategy supports the new equality outcomes.</p>
Advancing equality of opportunity	<p>The Commissioning Strategy aligns with the Partnership’s Locality Planning approach which brings decision making about health and social care local priorities closer to communities.</p> <p>The Commissioning Strategy supports our Locality Planning approach by demonstrating commitment to:</p> <ul style="list-style-type: none"> • Collaborative Working. • Adopting a community wealth building approach. • Robust communication and engagement activity. • Supporting and enabling better care co-ordination. • Building on our existing relationships with our third and independent sector partners. • Adopting a sustainable and ethical commissioning approach.

Locality Action Plans are currently being developed for each of the seven localities in Fife. The final versions of the Plans are due to be published in March 2023 and take account of extensive engagement carried out through wider stakeholder events that were run in each locality.

Participation and engagement is central to the work of the Health and Social Care Partnership and we are committed to listening to people to achieve the best possible outcomes for the people of Fife. The Participation and Engagement Team have carried out extensive and varied engagement with our partner agencies and members of the public during 2022 and this will continue. Our Participation and Engagement Strategy ensures that ongoing participation and engagement is embedded in our commissioning approach to all service review and delivery. This approach ensures that we offer equal opportunities for people's voices to be heard. We have strong links with a number of equality groups across Fife who support us in the development of appropriate engagement tools, policy and strategy. We are committed to tailoring our engagement materials to meet the needs of different groups and communities for example offering different formats of engagement materials as required so that everyone has an opportunity to participate in engagement opportunities.

Our newly published Strategic Plan 2023 – 2026 identifies a key Strategic Priority of 'Local: A Fife where we will enable people and communities to thrive'. The Commissioning Strategy is committed to supporting this priority by embedding the following local principles into our commissioning practices:

- We will commission Social Care Services locally wherever possible.
- We will work with our localities to ensure that they have an active role in local planning of health and social care service provision.

The IJB has a duty of Best Value under the Local Government in Scotland Act 2003 to demonstrate a focus on continuous improvement in performance around each of the Best Value themes. There are five themes and two themes are identified as cross-cutting themes, 'Equality' is identified as one of the cross-cutting themes. We are committed to demonstrating Best Value including the equalities theme in all our contracting and commissioning activity. This is demonstrated through our procurement practices which include requiring any organisation that we contract with to have an equalities policy in

	<p>place and ensuring that all contracts have robust terms and conditions that require organisations to comply with their responsibilities under the Equality Act 2010.</p> <p>Our grant funded third and voluntary sector organisations are also subject to these requirements. These organisations must have a robust equalities policy in place and must agree and adhere to the following conditions within the Service Level Agreement terms and conditions.</p> <p>Discrimination</p> <p><i>The Organisation shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the “Equality Act 2010” or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.</i></p> <p>Non-compliance of the Equality Act 2010 by any of our contracted providers in the third and independent sectors is addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>
Fostering good relations	<p>Our Commissioning Strategy aims to maximise opportunities for collaborative commissioning with the aim of improving services, outcomes, processes and efficiency.</p> <p>We are committed to working with our Procurement partners in Fife Council and NHS Fife to deliver on our contracting and commissioning requirements. We are also committed to building on our existing good working relationships with our third and independent sector care providers and will demonstrate a commitment to partnership working as well as ensuring that feedback from those who use and those who deliver social care services is at the heart of our development and improvement plans.</p> <p>An example of fostering good relations and working collaboratively is the Care at Home Collaborative which was established to support capacity and efficiency improvements within the independent care at home sector. A Collaborative was established where 15 independent care providers have a regular meeting with the Commissioning Team to assess capacity and to better coordinate planning with regards to the delivery of</p>

	<p>packages of care. Significant progress has been made in returning people from interim beds via the Care at Home Collaborative. It is thought that this way of working is a first in Scotland.</p>
<p>Socio-economic disadvantage</p>	<p>We recognise that low income and reduced access to resources, can impact negatively on people’s health and wellbeing. For example, it can affect an individual’s ability to:</p> <ul style="list-style-type: none"> • have safe, good quality, accessible housing, • access their local community and families for support, • access to nutritious food, and know how to prepare/cook fresh produce, • buy fuel to heat homes and cook nutritious meals. <p>Our Commissioning Strategy aligns to our Wellbeing priority in the Strategic Plan 2023 – 2026, ‘A Fife where we will support early intervention and prevention’. To support the ‘wellbeing’ theme we have developed the following principles to embed into our commissioning practices:</p> <ul style="list-style-type: none"> • We will actively promote commissioning solutions that enable prevention and early intervention. • We will actively promote self-care and self-management. • We will continue to support our unpaid carers and ensure that their needs are met. <p>The Commissioning Strategy also supports our prevention and early intervention approach to service delivery and this has been identified within our Commissioning Strategy as one of our key priority areas. We want our commissioning practices to actively promote solutions that enable prevention and early intervention in line with our Prevention and Early Intervention Strategy. We want to deliver on service models which focus on early intervention and prevention and that promote community-based supports over residential settings. We want to build resilience through self-care and self-management, and we also want to support people to develop and maintain the knowledge to manage their own health conditions and live healthier lives.</p>

<p>Inequalities of outcome</p>	<p>Outcomes is a key theme of the new Strategic Plan 2023 -2026, and the related strategic priority is ‘A Fife where we will promote dignity, equality, and independence’.</p> <p>This approach embeds equalities in our practice and ensures that we will, as appropriate, target specific actions to support communities and individuals most at risk of harm from inequalities. In addition, we will actively work to improve health and wellbeing outcomes across Fife.</p> <p>The Commissioning Strategy as one of the strategies that supports the delivery of the Strategic Plan will align with and embed the ‘Outcomes’ theme in the commissioning and delivery of social care services through our ‘Outcomes’ themed commissioning principles:</p> <ul style="list-style-type: none"> • We will commission services with an outcome focus. • We will ensure feedback from those who use social care services, their families and their carers, is at the heart of our development and improvement plans. <p>Through our commissioning priority of maximising opportunities for collaborative working with our partners with the aim of improving services, outcomes, processes and efficiency this will achieve consistency in services delivered to individuals and improved service user satisfaction.</p> <p>We will shape services with an outcome focus to deliver the outcomes that the people of Fife want by ensuring that we embed the voice of lived experience in our commissioning development plans for the delivery of social care services leading to improved outcomes.</p>
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Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Age (including older people aged 65+)	<p>Through our 'local' themed principles, we will commission services locally wherever possible allowing people to stay in their local area for example: If they require a residential facility. This ensures that a supported individual can stay close to their loved ones and remain within a community that they are familiar.</p> <p>Our contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers health and social care services on behalf of Fife Health and Social Care Partnership:</p> <p><i>'Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual</i></p>	<p>There is a potential negative impact of commissioning locally if for example a supported individual requires bespoke care that is not available in the local area or if a supported individual wants to move closer to their loved ones to give them more opportunities to spend quality time with them.</p>	<p>Our commitment to commissioning locally wherever possible is mitigated by only doing so where this is the right outcome for the individual and by having due regard to individual choice.</p> <p>Non-compliance of the Equality Act 2010 by any of our contracted providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p><i>orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the "Equality Act 2010" or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.</i></p>		
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	<p>Within our 'outcomes' themed commissioning principles we have made a commitment to ensure that feedback from those who use social care services, their families and carers, is at the heart of our development and improvement plans. By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of social care</p>	<p>Failure to consider and mitigate the specific barriers faced by people with mental and physical disabilities when developing the relevant commissioned services could serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them.</p>	<p>Discussion and collaboration with partners and community groups that have experience and expertise in engaging with people with mental and physical disabilities will enable the Partnership to identify and mitigate the potential barriers that disabled people face, and then take reasonable steps to reduce or remove these barriers.</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>services, these stakeholders will be able to provide feedback and lived experienced views on what person centred, outcome focussed services would make a difference to them.</p> <p>Our contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers health and social care services on behalf of Fife Health and Social Care Partnership:</p> <p><i>'Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the "Equality Act 2010" or other relevant or equivalent</i></p>	<p>Potential barriers include:</p> <ul style="list-style-type: none"> • arranging engagement activities in buildings that lack appropriate access, or venues that require significant or specific travel arrangements. • providing limited access options, for example digital-only consultations, or failure to provide easy-read versions. 	<p>Mitigations include:</p> <ul style="list-style-type: none"> • arranging physical engagement opportunities in locations with disabled access and appropriate facilities such as induction loops, interpreters, or extra staff assistance if required. • providing consultations and other information in alternative formats. • ensuring opportunities to engage are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<i>legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation</i>		Non-compliance of the Equality Act 2010 by any of our contracted providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.
Gender Reassignment	<p>Our contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers health and social care services on behalf of Fife Health and Social Care Partnership:</p> <p><i>'Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the</i></p>	<p>Failure to consider and mitigate the specific barriers faced by transgender people, their families and carers, when developing social care services could serve to exclude them from access to social care services.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> failure to provide sufficient individual services as some individuals may prefer not to access support in a group setting. 	<p>This is mitigated by:</p> <p>Non-compliance of the Equality Act 2010 by any of our contracted providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<i>“Equality Act 2010” or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.</i>	<ul style="list-style-type: none"> • providing forms or surveys which do not include appropriate options for pronouns and gender (natal, identified, and expressed). • arranging social care services/activities in venues that do not provide suitable facilities for transgender people, for example buildings which only provide gender-neutral or single sex, toilets, signage, and other amenities. 	
Marital Status (Marriage and Civil Partnerships)	It is unlikely that an individual’s marital status will have an impact on their opportunity to access social work and social care services.	N/A	N/A
Pregnancy and Maternity	Within our ‘wellbeing’ themed principles, we are committed to promoting commissioning solutions that enable prevention and early	Failure to consider and mitigate barriers faced by women who are pregnant in developing our prevention and early intervention approach to	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with women who are pregnant, will

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>intervention in line with our Prevention and Early Intervention Strategy. The commissioning strategy lead will work closely with the prevention and early intervention lead to identify the commissioning activity that will support achievement of the prevention and early intervention priorities which includes a life course approach meaning that it is never too early to embed prevention and early intervention which we believe starts with a fetus and continues to be an important factor throughout all life stages. We are committed to empowering individuals to take ownership of their own health and wellbeing.</p> <p>Our contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers health and social care services</p>	<p>commissioned services could lead to a failure of the life course approach, and result in poorer health and social care outcomes for those who are pregnant and breastfeeding.</p>	<p>enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> • ensuring that the appropriate social care support services are in place to support a prevention and early intervention approach in pregnancy and early motherhood. • providing multiple engagement opportunities so that individuals have several opportunities to get involved and provide their views on the types of services that may be an enabler to prevention

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>on behalf of Fife Health and Social Care Partnership:</p> <p><i>'Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the "Equality Act 2010" or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.</i></p>		<p>and early intervention for this group.</p> <ul style="list-style-type: none"> • providing appropriate support so that women can breastfeed whilst accessing services. <p>Non-compliance of the Equality Act 2010 by any of our contracted providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>
Race (All Racial Groups including Gypsy/Travellers)	<p><i>Our contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers</i></p>	<p>Failure to consider and mitigate the specific barriers faced by some ethnic and racial groups when developing social care services</p>	<p>Non-compliance of the Equality Act 2010 by any of our contracted providers in the third and independent sectors are addressed through</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p><i>health and social care services on behalf of Fife Health and Social Care Partnership:</i></p> <p><i>'Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the "Equality Act 2010" or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.</i></p> <p>The Equality Act 2010 includes a public sector equality duty (Section 149) which is also extended to those exercising</p>	<p>could serve to exclude them from access to social care services.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • not providing interpretation services as and when required to support ethnic and racial groups to access social care services. • failure to provide information in different languages. • arranging engagement activities in venues that may be difficult for some individuals to access, or at times that may be restrictive. <p>Failure of a provider to have due regard to the duties in section 149 may result in an employee from a protected</p>	<p>contract and service level agreement robust monitoring, assurance and complaints processes.</p> <p>Additional mitigations include:</p> <ul style="list-style-type: none"> • ensuring that interpretation services, including interpreting tools and face-to-face interpreters, are available if/when required. • providing consultations and other information in alternative formats and languages. • organising engagement events in accessible locations and offering tailored opportunities where required. <p>We will ensure that any provider delivering care and support services on the</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>public functions. The duty requires public bodies, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010. • advance equality of opportunity between persons who share a protected characteristic and persons who do not. • foster good relations between persons who share a protected characteristic and those who do not. 	<p>characteristic being discriminated against carrying out specific duties without reasonable enquiry or evidence to sustain a request. For example: A service user requesting a carer with a specific race.</p>	<p>Partnership's behalf has a robust Equality Policy in place which ensures any allegations of discrimination, harassment and victimisation of employees is taken seriously and that they will seek to resolve any issues and concerns raised. Providers are also required to have a robust Grievance Procedures to support this process.</p> <p>The Partnership will also make a commitment to meeting people's specific preferences with regards to their care and support, however not where it would breach the duties in the Equality Act 2010.</p>
Religion, Belief, and Non-Belief	Our contracting and commissioning activity ensures through our contractual terms	Failure to consider and mitigate the specific barriers faced by individuals with	Non-compliance of the Equality Act 2010 by any of our contracted providers in the

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>and conditions that any organisation that delivers health and social care services on behalf of Fife Health and Social Care Partnership:</p> <p><i>'Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the "Equality Act 2010" or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.</i></p>	<p>particular religious or philosophical beliefs, or individuals connected to someone who has a particular religion or belief, when developing social care services could serve to exclude them from access to social care services important to them.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • arranging social care services on specific days or at times that are likely to be restrictive for particular religious groups for example: day care centre(s). • only using religious venues, for example churches or denominational schools as venue's for delivering social care services e.g. The Wells. 	<p>third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p> <p>Additional mitigations include:</p> <ul style="list-style-type: none"> • ensuring opportunities to attend social care services e.g. day care are available on a variety of days and times so as not to restrict particular religious groups. • providing multiple venues to deliver social care services to ensure that churches for example are not the only place that a person from this protected characteristic group can

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		<ul style="list-style-type: none"> providing information and materials that contain content that could be perceived as discriminatory towards particular groups. 	<p>access social care services.</p> <ul style="list-style-type: none"> ensuring that information relating to social care services do not contain biased or potential discriminatory content.
Sex (Women and Men)	<p>Our contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers health and social care services on behalf of Fife Health and Social Care Partnership:</p> <p><i>'Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not unlawfully discriminate within the meaning and scope of the</i></p>	<p>Failure to consider and mitigate the specific barriers faced by individuals of a particular sex when developing social care services may serve to exclude them access to social care services.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> only offering access too specific social care services e.g. counselling services on specific days and times that are likely to be restrictive for particular groups for example, individuals with child-care responsibilities. 	<p>Non-compliance of the Equality Act 2010 by any of our contracted providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p> <p>Additional mitigations include:</p> <ul style="list-style-type: none"> ensuring access to social care services e.g. counselling services are offered on a range of

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p><i>“Equality Act 2010” or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.</i></p>	<ul style="list-style-type: none"> only offering face to face engagement opportunities on a specific day and times that are likely to be restrictive for particular groups for example individuals with child-care responsibilities. 	<p>days and times that offer flexibility for particular individuals for example those with child-care responsibilities.</p> <ul style="list-style-type: none"> providing multiple face to face engagement opportunities on a variety of days and times so that particular groups e.g. those with child-care responsibilities are not excluded from participating in face to face engagement opportunities. Ensure digital opportunities for access to services are available, for example: women/men who have caring responsibilities that limit face-to-face access. Offer alternative formats such as

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>The Equality Act 2010 includes a public sector equality duty (Section 149) which is also extended to those exercising public functions. The duty requires public bodies, in the exercise of their functions, to have due regard to the need to:</p> <ul style="list-style-type: none"> • eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010. • advance equality of opportunity between 	<p>Failure of a provider to have due regard to the duties in section 149 may result in an employee from a protected characteristic being discriminated against carrying out specific duties without reasonable enquiry or evidence to sustain a request. For example: A service user requesting a carer with a who is a specific gender.</p>	<p>consultations via Near Me.</p> <p>We will ensure that any provider delivering care and support services on the Partnership's behalf has a robust Equality Policy in place which ensures any allegations of discrimination, harassment and victimisation of employees is taken seriously and that they will seek to resolve any issues and concerns raised. Providers are also required to have a robust Grievance Procedures to support this process.</p> <p>The Partnership will also make a commitment to meeting people's specific preferences with regards to their care and support, however not where it would breach the duties in the Equality Act 2010.</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>persons who share a protected characteristic and persons who do not.</p> <ul style="list-style-type: none"> • foster good relations between persons who share a protected characteristic and those who do not. 		
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	<p>Our contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers health and social care services on behalf of Fife Health and Social Care Partnership:</p> <p><i>'Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the Organisation shall not</i></p>	<p>Failure to consider and mitigate the specific barriers faced by individuals who are (or who are perceived as) heterosexual, gay, lesbian or bisexual, when developing and delivering social care services could serve to exclude them from access to social care services.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • failure to provide sufficient individual social care services as some individuals may prefer not to access 	<p>Non-compliance of the Equality Act 2010 by any of our contracted providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p> <p>Additional mitigations include:</p> <ul style="list-style-type: none"> • ensuring that opportunities to access social care services are offered in a variety of formats for example,

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<i>unlawfully discriminate within the meaning and scope of the "Equality Act 2010" or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The Organisation shall take all reasonable steps to secure the observance of this Condition by all employees and representatives of the Organisation.</i>	<p>support in a group setting.</p> <ul style="list-style-type: none"> • providing forms or surveys which do not include appropriate options sexual orientation. • failure to provide sufficient privacy during engagement opportunities, as some individuals may prefer not to share their views in a public forum. 	<p>group and individual services.</p> <ul style="list-style-type: none"> • Ensuring that forms and surveys include the appropriate options for sexual orientation. • Ensuring that engagement opportunities allow for private discussions for those who wish to share their views privately and not in a public forum.

Please also consider the impact of the policy change in relation to:

	Positive impact	Negative impact	No impact
Armed Forces Community	Many members of the armed forces community are included in the protected characteristics groups highlighted above. This includes members of the armed forces community who are in protected characteristics	Changes to the way that services are delivered can impact on individuals, and the people who care for them. For example, reductions in service provision for the individual can have a negative impact on a	N/A

	<p>groups themselves, and their families that are in protected characteristics groups.</p> <p>All members of the armed forces community are included in the Partnership's Participation and Engagement activity in relation to the development of social care services, guidance, and procedures. This approach ensures that the voice of armed forces community members, and potential impacts on their health and wellbeing are considered in all planning and decision-making.</p>	<p>family members health and wellbeing, work role, financial situation, family relationships or other commitments.</p> <p>The risk of adverse impacts on members of the armed forces community and their families will be addressed through the proactive delivery of our statutory requirements within the Armed Forces Covenant.</p>	
<p>Carers</p>	<p>Many carers are included in the protected characteristics groups highlighted above. This includes carers who are in protected characteristics groups themselves, and individuals who care for other people that are in protected characteristics groups.</p> <p>All carers are included in the Partnership's Participation and</p>	<p>Changes to the way that services are delivered can impact on individuals, and the people who care for them. For example, reductions in service provision for the individual can have a negative impact on the carers' health and wellbeing, work role, financial situation, family relationships or other commitments.</p>	<p>N/A</p>

	Engagement activity in relation to the development of social care services, guidance, and procedures. This approach ensures that carers, requirements, and potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role, are considered in all planning and decision-making.	The risk of adverse impacts will be addressed through the implementation of the Carers Strategy and proactive inclusion of carers in service planning, decision-making, and delivery.	
Looked After Children and Care Leavers	These groups are included in the mitigations highlighted above.		X
Privacy (including information security, data protection, and human rights)	Fife Health and Social Care Partnership has robust procedures in place to ensure compliance with legislative requirements including data protection and privacy rights.		X
Economy	The Partnership's Medium-Term Financial Strategy includes appropriate mitigations for potential economic impacts.		X

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.

- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
1. Equality Outcomes and Mainstreaming Report	Legislative requirements, benchmarking, stakeholder input.
2. Locality Action Plans	Multi-agency discussions.
3. Commissioning Strategy Engagement Overview	Ongoing engagement with key stakeholder groups.
4. Annual Performance Report 2021 to 2022	Service updates and case studies.
5. Strategic Plan 2023 to 2026	Strategic Direction, Vision, Mission and Priorities

Part 3: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead Person	Timescale
1. <i>Consider review of this EQIA either by **/**/** or following a significant change relating to the policy/procedure/strategy/practice</i>		

Review	Lead Person	Timescale
This EqIA will be reviewed 12 months after final governance route approval and thereafter annually or following a significant change that requires the EqIA to be updated.	Strategic Planning Team/Service Manager Quality Assurance	12 months following approval, thereafter annually.

Sign off

(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed: March 2023	Date sent to Fife Health and Social Care Partnership Compliance Team: FOI.IJB@fife.gov.uk : 31/03/2023
Senior Officer Name: Alan Adamson	Designation: Service Manager Quality Assurance, Health and Social Care Partnership

EqIA Ref No.	2023.001
Date checked and initials	03/04/2023 AS



Commissioning Strategy 2023 – 2026 Consultation Feedback

Author	Tatiana Zorina Participation and Engagement
Date	5 April 2023

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Executive Summary

The Fife Health and Social Care Partnership's Participation and Engagement Team supported the Commissioning Strategy Working group from January 2023 to April 2023 to plan, develop and deliver a consultation on the draft of the Commissioning Strategy 2023 - 2026.

The consultation has taken place online, where stakeholders were asked to submit their views via Microsoft Forms.

Several stakeholders' groups were contacted including:

- Public representatives, via existing channels such as Fife Council Peoples Panel and NHS Virtual group
- Various Equality Groups and Forums
- Independent Sector Providers
- Third Sector Providers
- Fife Carers
- Lived Experience Group via FVA.

A total of 110 have responded to give us their views, where 21 were responses from the following organisations:

- | | |
|---------------------------------|------------------------------------|
| ➤ Avenue Care Services | ➤ Bandrum Nursing Home |
| ➤ Fife Council | ➤ Assisted Services |
| ➤ Deafblind Scotland | ➤ HC-One |
| ➤ Real Life options | ➤ FASS - ADAPT |
| ➤ Cera Care | ➤ J. C. Michael Groups Ltd |
| ➤ Circles Network | ➤ Link Living |
| ➤ ABBOTSFORD CARE | ➤ Food Train |
| ➤ Horizon Support | ➤ The Richmond Fellowship Scotland |
| ➤ Fife Sports and Leisure Trust | ➤ Nourish Support Centre |
| ➤ Connected Care Services Ltd | ➤ Age concern Cupar |
| ➤ St Serfs | |

There were also 89 responses from individuals. The consultation has received a significant response from members of the public which accounted for almost 30% of overall responses.

This report includes the views of those who have responded to the consultation, which was open for responses for a 6 week period from 16 February – 31 March 2023.

The consultation included several aspects of the draft of the Commissioning strategy 2023 - 26. Stakeholders were asked for their views on the following key areas:

- Draft Vision

- Draft Commissioning Principles
- Draft Commissioning Priorities
- Draft Partnership Behaviours
- Draft Expectation of Providers

Overall people have agreed with the proposed vision, principles, and priorities; however, there was some feedback around the use of the term 'best value' and some concerns around the use of digital technology to improve our services.

Respondents raised their concerns around the potential financial impact to individuals to keep up with digital developments, respondents also highlighted the importance of human contact.

The Partnership has received a significant number of positive comments during this consultation, complementing the vision with positive messages for example:

“who can disagree with that”

Some comments suggest that the partnership is already doing a great job looking after the people of Fife, while supporting our citizens to live longer and healthier lives.

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the draft of the Commissioning strategy 2023 – 2026.

Introduction

During the six week period of 16th February – 31st March, the Partnerships Participation and Engagement Team has engaged with various stakeholders on the draft of the Commissioning Strategy 2023 -2026.

The objective of the consultation was to gather feedback on several aspects of the draft Commissioning Strategy.

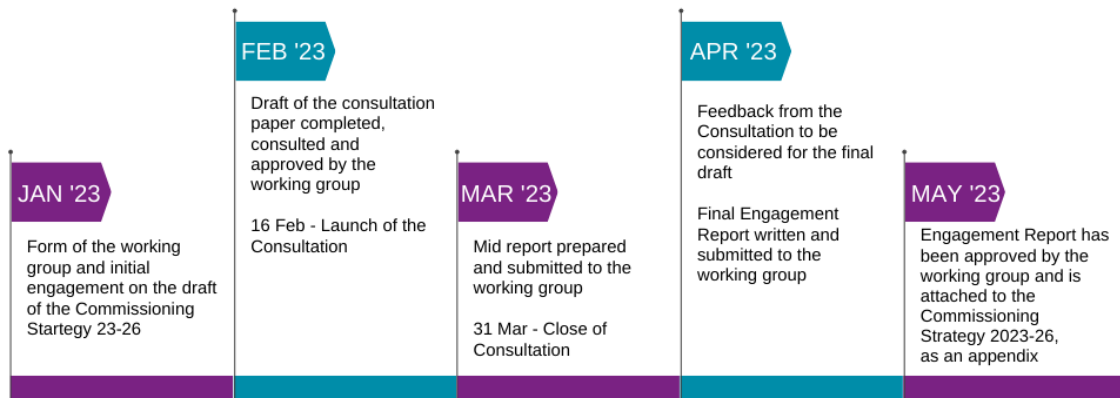
The feedback received during the consultation period, was used to inform the final draft of the Commissioning strategy 2023 – 2026, which will be submitted to the relevant committees and the IJB for approval. All comments were taken on board by the working group, and where appropriate changes were made.

This strategy was considered to be a high-level document, and we did not anticipate getting much interest from the public. However, the consultation has received a good response from members of the public as well as other stakeholders, which highlights the importance of engaging with all stakeholders.

The Engagement Timeline

The online consultation was launched on the 16th of February 2023 and was open for 6 weeks until the 31st of March 2023.

DRAFT Commissioning Strategy 2023 -2026 Consultation Timeline



Stakeholder Engagement

Designing the Consultation

The consultation questions have been designed around several aspects of the draft of the Commissioning strategy. Stakeholders were asked for their views on the draft vision, commissioning principles and priorities, as well as partnership behaviours and expectations of providers. Participants were asked a number of agree/disagree questions and were given the opportunity to comment further in open question spaces, for example: what else should the partnership be doing to achieve this priority? A full consultation questionnaire can be viewed in Appendix 1. Posters were produced to inform various groups of stakeholders of the ongoing consultation, inviting them to submit their views via a QR code.

Engagement Methods

Due to time constraints for this consultation, it was decided by the working group to consult with stakeholders using an online platform (MS Forms). This was widely shared through all our relevant networks via email, Facebook and internal communications.

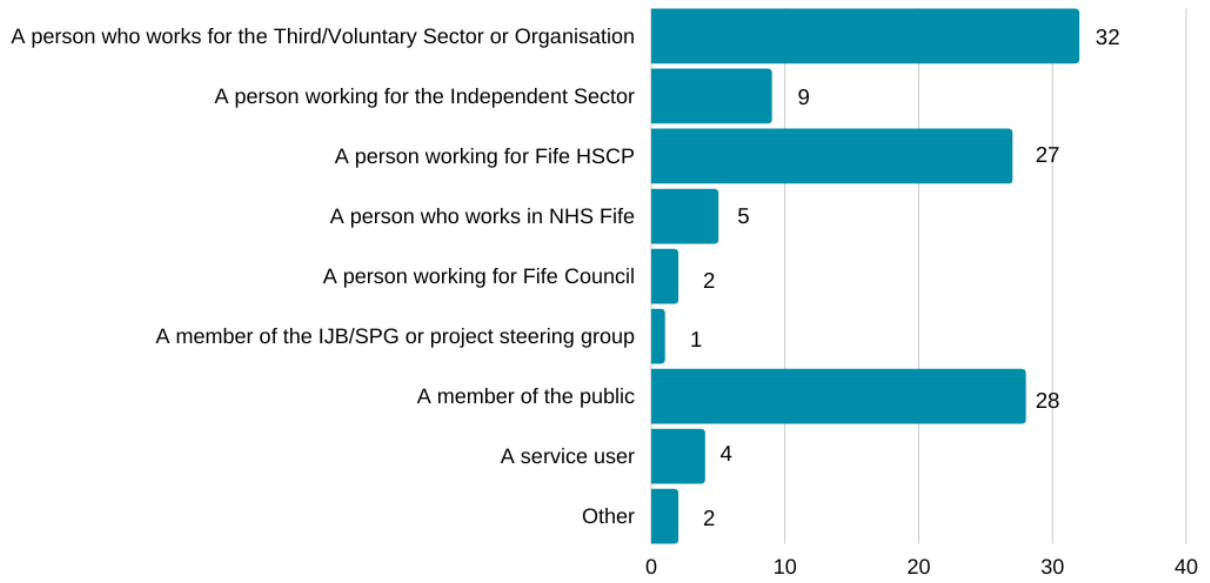
An easy read version of the consultation was made available and has been requested by one organisation.

The consultation was shared widely through our Locality Core Group members across all seven localities. Due to the timing of the consultation and locality core group meetings, the opportunity to engage was issued to the members mid-February and an offer to attend the locality core group meetings was made to the Localities Coordinator, however due to the timescales this wasn't requested. The Locality Core Group members were asked to display the posters in public areas for example GP surgeries and The Wells meeting spaces to raise awareness.

Who did we engage with?

The consultation has been shared with over 300 organisations (Appendix 2), who deliver health and social care services in Fife, as well as various Equality groups and forums. The public were invited to comment on the draft of the strategy through Facebook as well as other social media channels. GP Surgeries and other public facing organisations have displayed a poster with the information regarding the ongoing consultation, containing the QR Code for MS Form. The consultation was also featured in the weekly staff and partners update through SWAY, during the 6 weeks consultation period.

As a result, we have received 110 responses with a significant response from the Third/Voluntary & Independent sectors, staff working for Fife Health and Social Care partnership as well as members of the public.



Commissioning Strategy - The Vision

Vision

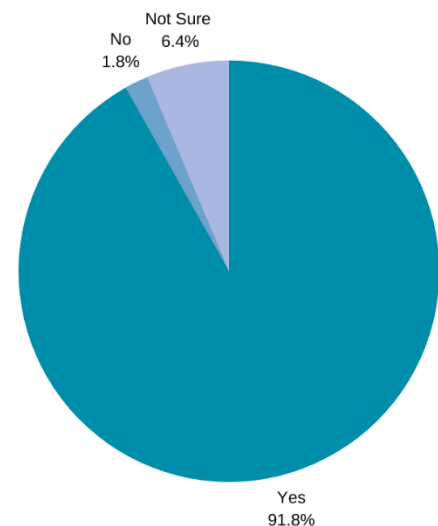
To commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focused, that support the delivery of care provision at the right time and in the right place and enable people to live independent and healthier lives in their own home, and within their own community.

How will we achieve this?

We will make a commitment to delivering an outcome focused approach to commissioning which supports all partners to work effectively together to create innovative, high-quality, individualised care provisions and support solutions, that are aligned to strategic priorities and local needs. Our contracting and commissioning activity will encompass a commitment to community wealth building, sustainable and ethical purchasing, and the climate change agenda.

Do you agree with our Vision?

The majority of those responded (91.5%) have agreed with the proposed vision; this question has received a further 63 comments, with overwhelming support for the vision; however, there were also some comments around how the partnership will achieve this vision....



“Sounds very good, but there will be challenges”

The majority of those that commented have agreed with the importance of person-centred and outcome focused approach.

Some further comments included:

“I think the idea of providing care that allows people to stay at home for as long as possible is good.”

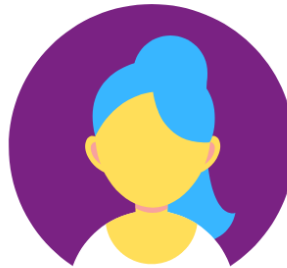
“Keeping people at home helps curing them quicker & keeps hospital beds free for seriously ill patients.”

“Keeping things local where possible is a good thing. For those without a car or suitable public transport in their area, it can be both expensive and time consuming to travel to appointments.”

"I totally agree with a vision of "sustainable, and collaborative services" to "enable people to live independent and healthier lives in their own home, and within their own community". This approach is long, long overdue."

"No one will say no to this vision!"

"This vision aligns seamlessly with that of our organisation. We provide outcomes-focused, trauma-informed support which recognises that people are different, with different needs at different times and support needs to be flexible to meet these changing needs."



The Commissioning Principles

Our principles have been developed in line with our identified Strategic Priorities as published in our Strategic Plan 2023 - 2026.

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

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

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

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

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



- We will commission social care services locally wherever possible.
- We will work with our localities to ensure that they have an active role in local planning of health and social care service provision.



- We will demonstrate a commitment to community wealth building and embed sustainable and ethical purchasing practices in all our commissioning activity.
- We will make a commitment to work collaboratively with our partners to create innovative and sustainable health and social care solutions.
- We will balance innovation and risk in our commissioning practice.



- We will actively promote commissioning solutions that enable prevention and early intervention.
- We will actively promote self care and self management.
- We will continue to support our unpaid carers and ensure that their needs are met.



- We will invest in enablers to support integration.
- We will adopt a whole system approach to our commissioning practice.
- We will co-design and co-produce solutions with our partners and communities.



- We will commission services with an outcome focus.
- We will ensure feedback from those who use social care services is at the heart of our development and improvement plans.

During consultation we have asked:

- Do you agree with our Commissioning Principles?
- What else should we be doing?

The majority of people agreed with the proposed principles and 88 people have submitted further comments, those include:

“The principles are good - we need to make sure that commissioning aligns with these in practice...”

“Sounds good! I hope you deliver!”

“Yes, agree these are proactive priorities.”

“Person centred approach - never forgetting it is people we serve.”

“I think you have covered all bases there”

“Yes. Early intervention and prevention is a key.”

The Commissioning Priorities

Priority 1

The changes we need to make

Through our commissioning practice, there will be an increase in the choice and availability of social care services through implementation of digital solutions where appropriate in line with our Digital Strategy.

What will success look like?

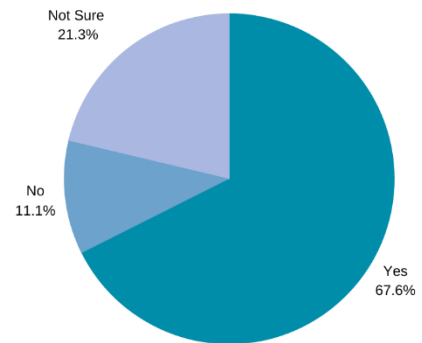
An increase in technology enabled care, empowering individuals to successfully manage their own care and wellbeing.

Where we want to be in 2026

Alternative models of care embedded across all relevant health and social care services (video conferencing, the use of self-assessment tools, technology enabled care).

Do you agree with this priority?

The majority of the people have agreed with this priority, however there was some concern that technology might replace a human contact. There were also further suggestions around support that people might need to be more familiar and open to a digital world.



We asked:

What else should the Partnership be doing to achieve this priority?

You said:

- Consider those who are digitally disadvantaged.
- Establish how we are going to support the users to embrace digital solutions.
- The use of digital and electronic devices is a positive aid for all; however, I feel it needs to be balanced with physical availability of services and human contact.
- Where this is appropriate and accessible to users.
- Technology cannot replace human care and support, relationships are important. Where the person wants technology enabled care this is appropriate but not in all scenarios.

- Through increased use of technology, independence can be maintained whilst keeping people safe.
- Provide training on new technology.

We did:

- We have amended our digital priority wording to ensure that it is clear that technology enabled care is not a replacement for other forms of care and support. We are committed to embracing digital platforms where appropriate and where it suits an individual's needs. Our digital priority is intended to enhance existing provision and does not replace it.
- We have linked with our digital strategy lead to share your feedback and concerns. Our digital strategy lead will consider training needs, those who are digitally disadvantaged and identify the appropriate supports to help individuals embrace digital solutions where this is their choice.

Priority 2

The changes we need to make

Through our commissioning practice, there will be a commitment to commission services locally wherever possible, maximising opportunities for collaborative commissioning with our partners with the aim of improving services, outcomes, processes, and efficiency.

Our commissioning activity will also demonstrate a commitment to community wealth building and sustainable and ethical purchasing practices.

What will success look like?

An increase in the number of local providers that we commission and an increase in the number of collaborative commissioning projects underway.

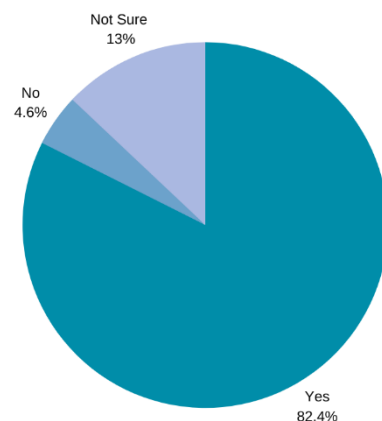
Where we want to be in 2026

- Collaborative commissioning is embedded in all commissioning practice and services are commissioned locally wherever possible.
- Consistency of service/carer for the service user leading to improved service user satisfaction.
- Minimising unnecessary travel for providers and reduction in the environmental impacts in line with Fife Council's climate change agenda.

Do you agree with this priority?

More than 82% of respondents have agreed that where possible we should be commissioning our services locally which as a result will improve experience for all stakeholders.

Further comments include: "continually support local commissioning"; however, there was also a suggestion that small local providers often get overlooked by national companies and perhaps are not being offered the chance to bid for service delivery.



"Totally agree I think Fife in particular minimising unnecessary travel we need to coordinate One Stop shop style ensuring if patient turns up a one service we use the opportunity to tap into their other needs and not have them having to come back again to access another service."



We asked:

What else should the Partnership be doing to achieve this priority?

You said:

- Continue to work with providers supporting recruitment in rural areas.
- Ensuring fair pay for all care workers across sectors.
- Strong partnership working needed with the third sector organisations out there already working in this area, buy in to what is already being done.
- Looking at working with providers in certain localities, to commission services to a provider that is already in a street or small area. Making everyone's client base geographically friendly, reducing costs overall for Local Authority and staff.
- Working more closely with the local providers they already have.
- The partnership needs to be aware of waiting lists for services and commission services appropriately with sufficient funding so that the services can deliver in a timely manner.
- Development of local services including specialist resources particularly in areas that are most lacking such as North East Fife.
- Supporting good practice in local services - promoting appropriate training, good pay, and support for well-being of staff providing services.

We did:

- Through our Workforce Strategy we have identified actions that will be taken over the short and medium term to support recovery, growth and transformation across the health and social care sector in Fife.
- We have adopted UNISON'S Ethical Care Charter to support the recruitment and retention of a more stable workforce through sustainable pay, conditions and training levels.
- We have made a commitment to ensuring that sustainable and inclusive growth is a priority through consideration of fair work practices in all our contracting and commissioning activity including payment of the real living wage.
- We have made a commitment through our commissioning strategy and practice to working collaboratively with our partners as equals to plan, design and deliver a broader and more innovative range of social care services that considers and addresses locality specific issues.

Priority 3

The changes we need to make

Commissioning practice will actively promote solutions that enable prevention and early intervention in line with our Prevention and Early Intervention Strategy.

What will success look like?

A service model which focusses on prevention and early intervention and promotes community-based supports over residential settings and builds resilience through self-care and self-management.

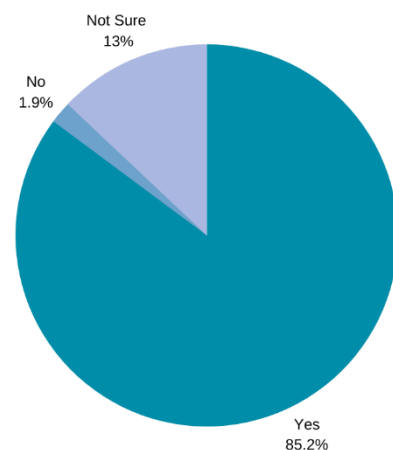
Commissioning activity that promotes positive health and wellbeing choices.

Where we want to be in 2026

Our Social Care Providers will actively support our Prevention and Early intervention strategy by building resilience, encouraging independence, and enabling individuals to take ownership of their own health and wellbeing.

Do you agree with this priority?

85.2% agree with priority 3. Some comments suggested that we need to provide better support in training carers and future carers, as well as providing adequate support to those from rural areas and those that are hard to reach. There is a concern that due to current pressures on services, we often deal with crisis rather than prevention.





We asked:

What else should the Partnership be doing to achieve this priority?

You said:

- Educating the public will play an important role in all of this.
- The practicalities are vital. How to reach those most in need who tend to be the least likely to regard prevention as important.
- Absolutely agree we need to invest resource adequately early intervention locally to have better long-term outcomes for our population and as a result less strain on resources at front door hospital.
- What are the steps to empower individuals to take ownership of their own health and wellbeing?
- Continue to fund low level preventative services like the One Stop Shop for autism in Kirkcaldy. Contribute towards national programmes like telephone helplines, post diagnostic support etc. Fife HSCP need to understand that there are individuals with lifelong conditions, who will always need support. These people will develop and change, and so will their support needs, but they will never be completely independent.

We did:

- Through our Prevention and Early Intervention Priorities we have made a commitment to introduce a targeted anticipatory approach which prioritises self-care and maximises opportunities for individuals to improve their knowledge and understanding of health and lifestyle choices, leading to more positive outcomes.
- We have worked closely with our Prevention and Early Intervention Strategy Lead to ensure that your comments and feedback relating to this priority are explored further and addressed in the development of the new Prevention and Early Intervention Strategy.
- Through our Prevention and Early Intervention Priorities, we will ensure that our resources are deployed effectively to increase the number of conditions that can be successfully addressed at an early stage.

Priority 4

The changes we need to make

Commissioning practice will adopt a whole system approach with solutions co-designed and co-produced with our partners and communities. We will ensure that feedback from those who use and those who deliver social care services is at the heart of our development and improvement plans through ongoing engagement activity in line with our Participation and Engagement Strategy.

What will success look like?

Collaborative working with all partners, communities, and localities to inform decision making around our commissioning plans.

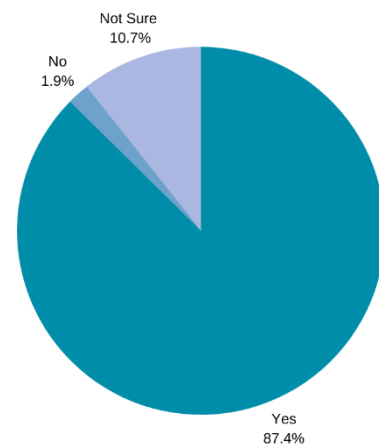
Where we want to be in 2026

Robust participation and engagement with our partners and service user groups including those groups who are hard to reach and protected characteristic groups.

Commissioning decisions based on proactive input from people with lived experience evidenced through an increase in participation and engagement activity e.g. Care Sector Forums and Market Engagement activity.

Do you agree with this priority?

87.4% of respondents agree with priority 4, further comments suggest that we need to get better at involving people within decision making and ensure that service users are at the heart of everything we do.



"We are excited to see the development of this priority and help shape the work going forward."



We asked:

What else should the Partnership be doing to achieve this priority?

You said:

- Robust systems to encourage feedback with clear outcomes. You Said we Did.
- Listen to the voice of the people who use services. Most services are created from the top down, from a policy or strategy point of view, then all else has to fall into place. Find the balance for what is needed, speak to the people, then create the systems that suit the needs of those using the services, then find the balance as to how the partnership, then creates the strategies that suits the need for all.
- Collaboration is imperative and requires to be adhered to by all participants.
- Think of people who have communication difficulties.
- Good communication is vital - sharing of information is important. Hence systems need to be robust.
- Does this mean that care receiving clients and care givers will be surveyed and the results used to inform a system of continuous quality improvement?
- Identify methods of engaging with local communities and service users to obtain reliable feedback.
- Make Participation and Engagement user friendly and very accessible.

We did:

- The Partnership has made a commitment to engaging with the people of Fife to design and deliver services that demonstrate the voice of lived experience and the voice of those who deliver services on our behalf in the third and independent sectors. We have recently created a Participation and Engagement Team who have developed robust and varied mechanisms to gather meaningful feedback from all of our stakeholder groups.
- We ensure through our participation and engagement that all our documents are available in easy read formats to suit a range of service user needs. We also offer further support where required.
- Since creation of our Participation and Engagement Team, we have introduced various engagement methods and we are always striving to improve this practice and develop new and innovative ways to gather meaningful feedback in a user-friendly manner.
- In line with our Participation and Engagement Strategy 2022-2025, we are in process of setting up a fife wide public engagement forum as well as a fife wide carers forum; we believe that this will offer more opportunities for the public to share their views and stay in touch with the Partnership.

Priority 5

The changes we need to make

Our commissioning activity in line with our Medium-Term Financial Strategy will encompass our duty of Best Value delivering on continuous improvement through effective ways of working, finding innovative and creative social care solutions and using our financial resources effectively to deliver better outcomes for the people of Fife.

What will success look like?

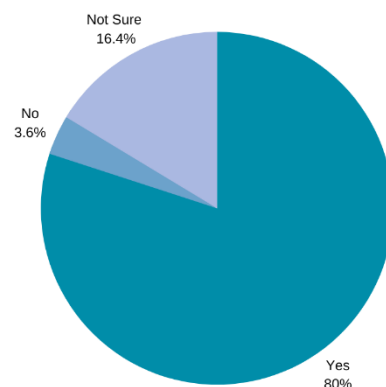
Best Value principles embedded in our commissioning approach and effective use of our financial resources to transform services.

Where we want to be in 2026

Maximisation of our resources to transform models of care leading to more sustainable care models and better outcomes for the people of Fife.

Do you agree with this priority?

The majority of respondents, 80%, have agreed with this priority, although there is some concern that best value means low quality service.



"This is another an important opportunity to strengthen partnerships between commissioners, communities and providers to co-design imaginative local solutions in order to deliver the best outcomes for individuals whilst ensuring value for money."



We asked:

What else should the Partnership be doing to achieve this priority?

You said:

- "Best value" worries me a bit.
- I do feel sorry for those having to make these decisions in such difficult economic times... Difficult choices ahead and I do believe that Fife HSCP will do their best to achieve this and on behalf of Fife's population.
- Monitor spend and what is achieved. Be brave enough to move resources to where need is.
- Resources need to be in the right place not just because they currently receive funding. There are services in Fife who are not value for money and if this is the case they shouldn't receive funding just because they always have done.
- My concern lies with who can determine best value?
- Innovative working models across the partnership, continue to build on successful creative models of partnership working across services.

We did:

- We have included within our Commissioning Strategy what we mean by 'best value' – this does not just mean price. The duty of best value applies to all public bodies in Scotland and is a statutory duty. Best Value is about ensuring that there is good governance and effective management of resources, with a focus on improvement to deliver the best possible outcomes for the public.
- We are clear that Best Value in a procurement context means awarding a contract based on evaluating and comparing all established quality criteria where cost is not the sole determining factor in the award. The evaluation outcomes are determined by an evaluation panel led by our procurement experts.
- We are committed to monitoring and evaluating our commissioned services through Fife Council's Monitoring and Evaluation Framework for our grant funded providers and through our contractual terms and conditions which our contracted providers are subject to. We continually monitor our commissioned services to determine how well organisations are meeting their agreed objectives in line with our Strategic Plan 2023 – 2026, Vision, Mission, and Priorities. Our monitoring arrangements are detailed within our Commissioning Strategy 2023 – 2026.
- Our Commissioning Strategy 2023 – 2026 makes a commitment to working collaboratively with our partners across the third and independent sectors as equals to plan, design and deliver innovative social care solutions that ultimately improve outcomes for the people of Fife.

Partnership behaviours and expectations of our Providers

As stated in the draft of the Commissioning Strategy: “The delivery of high quality, person-centred health and social care services is fundamental to achieving our vision. With this in mind, we have developed a number of behaviours that our providers can expect from the Partnership and a number of expectations that we would expect our providers to display.”

Both proposed Partnership Behaviours and Provider Expectations were shared with the stakeholders during the consultation. Comments were invited by asking:

- What else, if anything we should be doing as a Partnership?
- What else, if anything, should we be expecting from our Providers?



We asked:

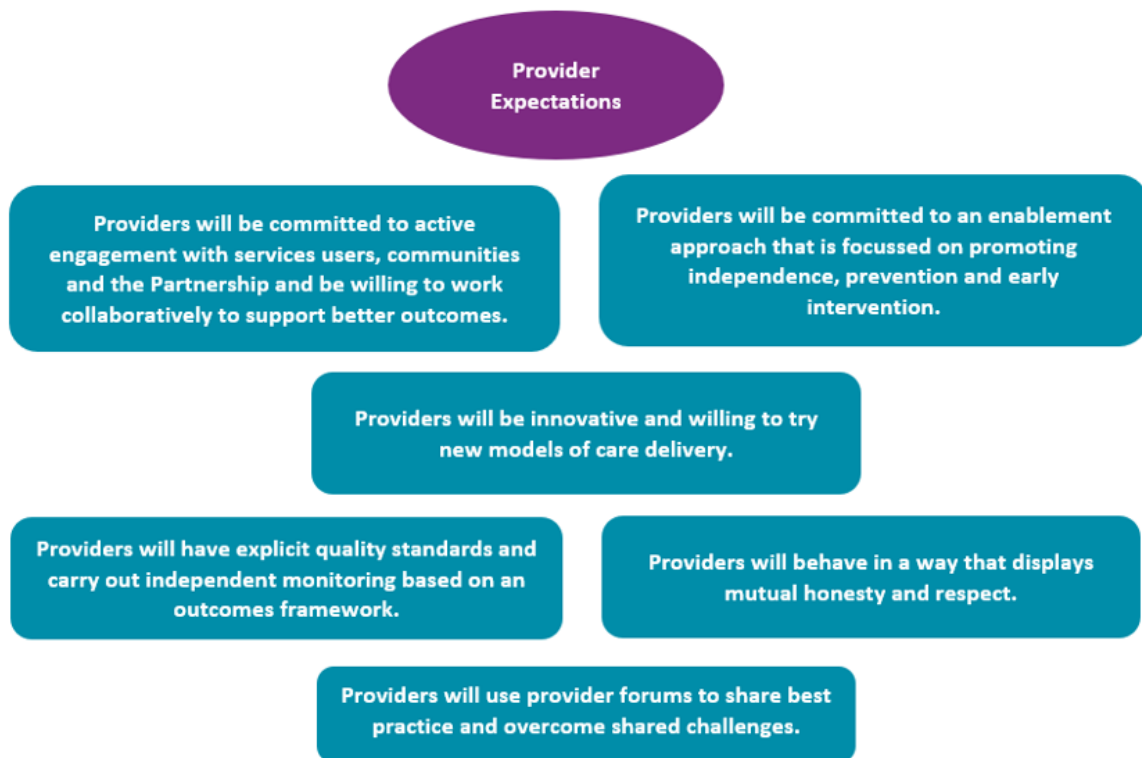
What else if anything we should be doing as a Partnership?

You said:

- Regular individual meetings with providers to build relationships and give opportunities for these discussions. Basically, reintroduce contract monitoring meetings, at least annually, but preferably twice a year.
- Making sure people know how & where to get help
- Ensuring the behaviours are adhered to from the outset and maintained - not gradually slipping further and further.
- Encouraging and supporting smaller community groups to seek advice and support/get started often communities have great ideas but no real clue in how to get started and how to maintain/grow the service/support they offer and end up abandoning ideas before they are really off the ground.

We did:

- Make a commitment to supporting small and medium sized enterprises and third sector organisations that are interested in working with the public sector to access free training, support and information from the Supplier Development Programme including the opportunity to attend 'meet the buyer' events. ([Supplier Development Programme | Helping you bid better \(sdpscotland.co.uk\)](https://sdpscotland.co.uk)).
- We are committed to contract monitoring and have detailed in our Commissioning Strategy our approach to monitoring commissioned services. Commissioned Services via grant awarded funding to third sector providers are subject to monitoring in line with Fife Council's Monitoring and Evaluation Framework whilst our contracted providers are subject to contract monitoring via our contractual terms and conditions. Our contract monitoring activity allows the Partnership to work with and provide support to voluntary and independent sector organisations, ensures organisations have good governance and control systems, ensures that there is a mechanism in place to measure how well organisations are meeting their agreed objectives and provides the Partnership with a framework to demonstrate that public money is being spent efficiently and effectively. We will take this comment regarding contract monitoring meetings on board and consider this further.
- We are committed to supporting our providers through ensuring that we offer our providers access to timely, clear and transparent information about our expectations and future intentions. We will keep our providers up to date with any significant changes in our workforce so that they know who to contact and how to escalate issues.



We asked:

What else, if anything, should we be expecting from our Providers?

You said:

- This is really for established providers. There needs to be something for small providers who are 'growing' in response to the needs they see around them, i.e. they will be nurtured to grow; and they will be supported/resourced to achieve the above expectations'.
- Providers showcasing the good work they do to support local people

We did:

- Make a commitment to supporting small and sized medium enterprises and third sector organisations that are interested in working with the public sector to access free training, support and information from the Supplier Development Programme including the opportunity to attend 'meet the buyer' events. ([Supplier Development Programme | Helping you bid better \(sdpscotland.co.uk\)](https://sdpscotland.co.uk)).

- We are committed to co-creating Provider Collaborative meetings with the aim of maintaining positive working relationships, encouraging collaboration to co-produce innovative social care solutions and provide the opportunity for shared learning.

Most comments were supportive of the Providers expectations saying:



Final Comments

And finally... we asked for further comments on the Draft of the Commissioning Strategy 2023 - 2026...

“As stated, I believe that Fife HSCP and relevant boards are making changes and are quite positive in achieving this.”

“It’s a full, ambitious, and positive strategy to support development of services post pandemic.”

“The theory is excellent and has been well thought out.”

“A good strategy and well presented. Only concern is that digital interfaces will replace human face-to-face contact.”

“It looks modern and fit for purpose”

“The commitments are good, hopefully they will improve people’s experiences and lives”

“We are excited to see this draft strategy and be involved in the opportunities to work with the partnership on delivery of these commitments.”

“It is a promising start looking forward to the results.”

“Thank you for inviting me to comment. Pleased to be part of the strategy.”

“I personally think this is a very positive, proactive way forward and appreciate that a lot of very hard work has went into this strategy. Well done to all involved and those who lead this.”

“The principles underpinning the strategy are sound and the commitments to early intervention / prevention / enablement as well as the emphasis on positive relationships with providers are welcomed. We need to ensure that the ambitions of the strategy translate into practice.”

Conclusion

The consultation highlighted the willingness and passion of Fife population to get involved in the shaping of the Fife Health and Social Care Services.

We have gathered a lot of quality data through this consultation that will not only inform the final draft of the Commissioning Strategy 2023 - 2026; but will also be used within the work that is currently ongoing around Digital and Prevention and Early Intervention Strategies.

It was evident through this consultation that although digital technology has its benefits; the human contact is a very important and we have addressed concerns by changing the wording of priority one which focuses on technology enabled care.

Overall, the response to the consultation highlighted the support for this ambitious strategy. We, as a Partnership looking forward to delivering on this strategy, while working together with our partners delivering health and social care service for people of Fife to enable them to live independent healthy lives.

Further information about the strategic planning process in Fife, including opportunities to get involved in consultation or other engagement events, is available on our website: www.fifehealthandsocialcare.org.

Appendices

Appendix 1: Consultation Paper

Fife HSCP Commissioning Strategy 2023 to 2026: Consultation

We are now seeking your views on the draft Commissioning Strategy. This short survey provides an opportunity for you to tell us what you think of the draft Plan.

The Commissioning Strategy sets out the context in which we will develop our approach to commissioning and takes account of our vision and strategic priorities in our newly published Strategic Plan 2023 – 2026

Fife-Strategic-Plan-2023-to-2026-FINAL.pdf (fifehealthandsocialcare.org).

Our commissioning directions, standards and activities will continue to be informed by our ongoing engagement with local people and local providers both in the private and third sector and we are keen to hear your views.

We are also keen to hear the views of our staff from across Fife Health and Social Care Partnership and NHS Fife

This consultation should take approximately 20 minutes to complete.

The information that you provide will be anonymised and included in reports and presentations – you will not be identified.

Further information on data protection is available on our website:
www.fife.gov.uk/kb/docs/articles/privacy-notice/health-and-social-care

If you require assistance, or would like this form in an alternative format, please contact HSCP.ParticipationEngagement@fife.gov.uk.

The closing date for responses is Friday 31st March 2023.

Thank you for taking the time to provide your comments and suggestions – your feedback is very important to us.

Section 1

About you

1. Which of the following best describes you

- A person who works for the Third/Voluntary Sector or Organisation
- A person who works for the Independent Sector
- A person working for Fife HSCP
- A person who works in NHS Fife
- A person working for Fife Council
- A member of the IJB/SPG or project steering group
- A member of the public
- A service user
- Other

2. Are you responding as an individual or an organisation

- Individual
- Organisation

3. Please name the organisation

Section 2

What is Commissioning?

Commissioning is the process by which health and social care services are planned, purchased and monitored.

Why is it important?

Commissioning helps us to determine the most effective and efficient way of using available resources to design and deliver services.

How does it affect me?

Our approach to commissioning supports how we design and deliver services which will ultimately improve outcomes for the people of Fife.

Additional Information

Our Commissioning Strategy 2023 – 2026 is a high level Strategy which details what our approach to our Commissioning activity will be over the next three years. Further tailored consultation will be developed for individual services and you will have the opportunity to give your views on the development of any social care services that are of interest to you.

We invite you to share your views on our refreshed Commissioning Strategy 2023 – 2026. You can choose what sections to complete, all questions are optional.

Section 3

The Vision of the Commissioning Strategy 2023 - 2026

Vision

To commission high quality, local, sustainable, and collaborative services that are person-centred and outcome-focused, that support the delivery of care provision at the right time and in the right place, and enable people to live independent and healthier lives in their own home, and within their own community.

How will we achieve this?

We will make a commitment to delivering an outcome focused approach to commissioning which supports all partners to work effectively together to create innovative, high-quality, individualised care provisions and support solutions, that are aligned to strategic priorities and local needs. Our contracting and commissioning activity will encompass a commitment to community wealth building, sustainable and ethical purchasing and the climate change agenda.

Do you agree with the vision?

- Yes
- No
- Not sure

Please provide comments to support your views

Section 4

Your views

We would now like to ask for your views on key areas of the Commissioning Strategy. This will cover:

- Our Commissioning Principles
- Our Commissioning Priorities
- Partnership Behaviours
- Expectations of Providers

Section 5

Our Commissioning Principles

- 
 - We will commission social care services locally wherever possible.
 - We will work with our localities to ensure that they have an active role in local planning of health and social care service provision.
- 
 - We will demonstrate a commitment to community wealth building and embed sustainable and ethical purchasing practices in all our commissioning activity.
 - We will make a commitment to work collaboratively with our partners to create innovative and sustainable health and social care solutions.
 - We will balance innovation and risk in our commissioning practice.
- 
 - We will actively promote commissioning solutions that enable prevention and early intervention.
 - We will actively promote self care and self management.
 - We will continue to support our unpaid carers and ensure that their needs are met.
- 
 - We will invest in enablers to support integration.
 - We will adopt a whole system approach to our commissioning practice.
 - We will co-design and co-produce solutions with our partners and communities.
- 
 - We will commission services with an outcome focus.
 - We will ensure feedback from those who use social care services is at the heart of our development and improvement plans.

Our principles have been developed in line with our identified Strategic Priorities as published in our Strategic Plan 2023 - 2026. Do you agree with our Commissioning Principles? What else should we be doing?

Section 6

Our Commissioning Priorities

Our Commissioning Strategy identifies the following five priorities to enable achievement of our Commissioning Strategy vision and strategic priorities within our Strategic Plan 2023 – 2026. This is not inclusive of all the Partnerships re-design, improvement and development work, however these have been identified as significant to responding to the challenges that we face within the social care sector and achievement of the Partnerships vision, mission and priorities. We will work closely with our other Strategy leads to deliver these priorities.

Priority 1

The changes we need to make

Through our commissioning practice, there will be an increase in the choice and availability of social care services through implementation of digital solutions where appropriate in line with our Digital Strategy.

What will success look like?

An increase in technology enabled care, empowering individuals to successfully manage their own care and wellbeing.

Where we want to be in 2026

Alternative models of care embedded across all relevant health and social care services (video conferencing, the use of self-assessment tools, technology enabled care).

Do you agree with this priority?

- Yes
- No
- Not sure

What else should the Partnership be doing to achieve this priority?

Priority 2

The changes we need to make

Through our commissioning practice, there will be a commitment to commission services locally wherever possible, maximising opportunities for collaborative commissioning with our partners with

the aim of improving services, outcomes, processes, and efficiency.

What will success look like?

An increase in the number of local providers that we commission and an increase in the number of collaborative commissioning projects underway.

Where we want to be in 2026

Collaborative commissioning is embedded in all commissioning practice and services are commissioned locally wherever possible.

Consistency of service/carer for the service user leading to improved service user satisfaction.

Minimising unnecessary travel for providers and reduction in the environmental impacts in line with Fife Council's climate change agenda.

Do you agree with this priority?

- Yes
- No
- Not sure

What else should the Partnership be doing to achieve this priority?

Priority 3

The changes we need to make

Commissioning practice will actively promote solutions that enable prevention and early intervention in line with our Prevention and Early Intervention Strategy.

Our commissioning activity will demonstrate a commitment to community wealth building and sustainable and ethical purchasing practices.

What will success look like?

A service model which focusses on prevention and early intervention and promotes community-based supports over residential settings and builds resilience through self-care and self-management.

Commissioning activity that promotes positive health and wellbeing choices.

Where we want to be in 2026

Social Care Providers who actively support our Prevention and Early intervention strategy by building resilience, encouraging independence, and empowering individuals to take ownership of their own health and wellbeing.

Do you agree with this priority?

- Yes
- No
- Not sure

What else should the Partnership be doing to achieve this priority?

Priority 4

The changes we need to make

Commissioning practice will adopt a whole system approach with solutions co-designed and co-produced with our partners and communities. We will ensure that feedback from those who use and those who deliver social care services is at the heart of our development and improvement plans through ongoing engagement activity in line with our Participation and Engagement Strategy.

What will success look like?

Collaborative working with all partners, communities, and localities to inform decision making around our commissioning plans.

Where we want to be in 2026

Robust participation and engagement with our partners and service user groups including those groups who are hard to reach and protected characteristic groups.

Commissioning decisions based on proactive input from people with lived experience evidenced through an increased participation and engagement activity e.g. Care Sector Forums and Market Engagement activity.

Do you agree with this priority?

- Yes

- No
- Not sure

What else should the Partnership be doing to achieve this priority?

Priority 5

The changes we need to make

Our commissioning activity in line with our Medium-Term Financial Strategy will encompass our duty of Best Value delivering on continuous improvement through effective ways of working, finding innovative and creative social care solutions and using our financial resources effectively to deliver better outcomes for the people of Fife.

What will success look like?

Best Value principles embedded in our commissioning approach and effective use of our financial resources to transform services.

Where we want to be in 2026

Maximisation of our resources to transform models of care leading to more sustainable care models and better outcomes for the people of Fife.

Do you agree with this priority?

- Yes
- No
- Not sure

What else should the Partnership be doing to achieve this priority?

Section 7

Partnership behaviours and expectations of our Providers

The delivery of high quality, person-centred health and social care services is fundamental to achieving our vision. We want to work collaboratively with our providers to encourage a culture of innovation, best practice and continuous improvement.

We want to build on our existing good working relationships with our voluntary and independent sector care providers and demonstrate a continual commitment to partnership working as well as ensure that feedback from those who use, and those who deliver, social care services is at the heart of our development and improvement plans.

With this in mind, we have developed a number of behaviours that our Providers can expect from the Partnership and a number of expectations that we would expect our Providers to display.

Section 8

Partnership Behaviours



What else, if anything, should we be doing as a Partnership?

Section 9

Expectations of providers



What else, if anything, should we be expecting from our Providers?

Section 10

Final Comments

Our Commissioning Strategy has been developed with the aim of improving services, outcomes, processes and efficiency and encompasses the following commitments:

- A commitment to maximising collaborative commissioning opportunities.
- A commitment to community wealth building.
- A commitment to sustainable and ethical purchasing practices and innovative solutions.
- A commitment to commissioning solutions that enable prevention and early intervention and promote self-care and self-management.
- A commitment to continued support for unpaid carers.
- A commitment to ongoing strengthened relationships with our partners.
- A commitment to ensuring that feedback from those who use and those who deliver social care services is at the heart of our development and improvement plans.

Are there any other comments that you would like to make about the Commissioning Strategy 2023 - 2026?

Appendix 2: List of contacted Stakeholders

Fife Wide Public Groups				
NHS Virtual Forum	Methven House	Excel Care Services	Hourglass Scotland	Later Life Choices Glenrothes
Fife Council Peoples Panel	Mossview Residential Home	Fife Care	Third Sector Organisations	LEAD - Scotland
Fife Care Homes	Newlands Residential Home	G&J Care	Abbeyfield Kirkcaldy Society Ltd	Link Living
Abbeyfield House	Orchardhead House	Gibson Training & Care Ltd	Abbeyview Day Centre	Marie Curie
Abbotsford Cowdenbeath Nursing Home	Pescshaven	Handy Services	Aberdour Day Care Association	NHS Fife Addiction Services
Abbotsford East Wemyss Nursing Home	Pittair House	Heartlink	Adapt (FASS/FCDS)	North East Fife Befriending Project
Abbotsford Glenrothes Nursing Home	Preston House	Hierarchy Support Services	Age Concern Cupar	Nourish
Abbotsford Headwell Nursing Home	Riverview	Hilcrest Futures (previously Gowrie)	Alzheimer Scotland	Psin Association Scotland
Abbotsford Kinglassie Nursing Home	Robert Allan Unit	Horizon Support	Arden House	PAMIS
Abbotsford Methil Nursing Home	Roselea Care Home	Integrity Social Care Solutions	Asian Older People Group	Penumbra
Abbotsford Raith Manor Nursing Home	Rosturk House	J.C.Mical Care Group	Auchtermuchty Middy Club	People First
Abbotsford Newburgh Care Home	Scoonie Care Home	Kenylink	Auchtermuchty Old Peoples Welfare	Phoenix Futures
Alexander House	St Andrews House	Kingdom Support & Care	Autism in Fife	Quarriers
Auchtermains Residential	St Serfs Care Home	Leonard Cheshire Disability	Care & Share Companionship	Restoration Fife
Balfarg Care Centre	Strathview	Link Living	Castle Furniture	Royal Voluntary Service
Balnacarron	The Beechez Care Centre	L-O-V-E Care	Citizens Advice Rights Fife	Sacro
Bandrum Nursing Home	Villa Atina	Oran Homecare	Continuing Care North East Fife	Safe Space
Barrogil Residential Home	Walton Care Home	Prestige (Previously Elite)	Couple Counselling (Relationships Scotland Couple Counselling Fife)	Samaritans Dunfermline
Benarty View Nursing Home	West Park Nursing Home	Quarriers	Cruise	Samaritans Kirkcaldy
Bennoch Lodge	Wilby House	Real Life Options	Dalgety Bay Day Care Association	SAMH
Benore Care Home	Willow House Nursing Home	Richmond Fellowship	Day Centre Services Ltd	Scottish Care
Camilla Nursing Home	Woodside Court Nursing Home	SAMH	Deaf Blind Scotland	Scottish Drugs Forum
Canmore Nursing Home	Jean Mackie Centre	Scottish Autism	Defence Medical Welfare Service (DMWS)	Scottish Huntingtons Association
Chapel Level Nursing Home	Ladywalk	Sense Scotland	Dementia Services Development Centre	Seescape
Craighead Nursing Home	Lindsay House	Thistle Care Solutions Ltd	Disabled Persons Housing Service Fife	SMART
Craigie House	Matthew Fyfe	Wheatley Group (was Barony Housing)	Dunfermline Advocacy	STAND (Striving for a new day)
Earlsferry House	Methilhaven	Time For You Care Group	Enable	Strathmiglo & District Lunch Club
Elizabeth House	Napier House	Fife Equalities groups	ENERGI	Support in mind Scotland
Farnlea Residential Home	Northeden	Fife Centre for Equalities	Equal Voice in Central Fife	Talk Matters
Finavon Court	Oatlers House	Transgender Fife	Express Group	The Autism Network
Forth Bay Nursing Home	Care at Home Providers	Fife International Forum	Fife Alcohol Support Service	Wheatley Care (Formerly Barony)
Forthview Care Home	1st Homecare	Fife LGBT+ Community	Fife Boomerang	We are with You (Formerly Addiction)
Gibson House	ACS	Al-Anon Family Groups	Fife Carers Centre	Fife Localities Groups
Glenburnie Care Home	Eidyn Care	Bluslight	Fife Chinese Older People	Cowdenbeath Locality Group
Glenside Lodge	Allied Health Care	Dunfermline Camera Club	Fife Circles Network	Dunfermline Locality Group
Gowrie House Nursing Home	Ark Housing	Dunfermline Central Mosque and Islamic Centre	Fife Day Care Services Ltd	Glenrothes Locality Group
Harbour Care	Assisted Services	Fife Breastfeeding Mums	Fife Employment Access Trust	Kirkcaldy Locality Group
Henderson House	Avenue	Fife Gingerbread	Fife Forum	Levenmouth Locality Group
Hilton Court	Avicenna Care Ltd	Fife Pride	Fife Rape & Sexual Assault centre	North East Fife Locality Group
Hepburn Court / West Lodge (Glamis Centre)	Balmoral	Fife Women's Aid	Fife Shopping & Support Services	South West Fife Locality Group
Leven Beach	Blue Star	Impact Funding Partners	Fife Voluntary Action	
Leys Park Nursing Home	Caley Home Care	Leonard Cheshire Services (Fife)	FIRST	
Links View	Capability Scotland	Loch of Shining Waters	Food Train	
Lizter House	Care Plus	Pink Saltire	Frontline Fife	
Lomond Court Nursing Home	Cora Care	Victim Support Fife And Central	Homelands Trust	
Lomond View	Connected Care	Dementia Friendly Fife	Homestart Glenrothes (Glenrothes Community House)	
Lunardi Court Nursing Home	Constance Care	Veterans First Point	IncludeME	
Marchmont	Crossroads Fife	A veterans best friend	KASP (Kingdom Abuse Survivors Project)	
	Enable Scotland	Greener Kirkcaldy	Kindred Advocacy	



Meeting Title:	Integration Joint Board
Meeting Date:	26 May 2023
Agenda Item No:	5.3
Report Title:	Advocacy Strategy
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance, and Commissioning

1 Purpose

This Report is presented to the Board for:

- The Advocacy Strategy, and supporting documentation, is presented to the Integration Joint Board for final review and approval.
- This report is presented to the Board to ensure that the Health and Social Care Partnership meets its statutory responsibilities for independent advocacy.

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.

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

- Local.
- Wellbeing.
- Integration.

2 Route to the Meeting

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

- Advocacy Strategy Working Group.
- External providers including Dunfermline Advocacy, Equal Voice, Fife Advocacy Forum, Fife Carers Centre and People First.
- Fife Health and Social Care Partnership Senior Leadership Team.
- Quality and Communities Committee, 3rd May 2023. The Committee welcomed the Advocacy Strategy and the Partnership's commitment to meeting its statutory requirements regarding independent advocacy. No changes were required, and the Committee agreed that the strategy should progress through governance routes to the Integration Joint Board.
- Strategic Planning Group, 17th May 2023. The Strategic Planning Group responded positively to the strategy and discussed the key elements. No changes were requested to the Advocacy Strategy and the SPG agreed that the strategy and supporting papers should progress to the Integration Joint Board for consideration and final approval. Some suggestions were received regarding the wording of priorities within the Delivery Plan, particularly to ensure they are relevant for members of the public. This will be progressed for the easy-read-versions that are produced.

3 Report Summary

3.1 Situation

Health Boards and local authorities have a statutory responsibility under a range of legislation affecting both children and adults to provide access to independent advocacy for specific groups of people.

In 2010, the Scottish Government imposed a duty on all local authorities and health boards to produce a regular plan which details the funded advocacy provision in their area.

In Fife, it is the responsibility of the Health and Social Care Partnership to commission the advocacy services required to meet these statutory responsibilities. The Advocacy Strategy 2023 to 2026 reflects on our achievements since the last Advocacy Strategy 2018 to 2021 and sets out our priorities for the period 2023 to 2026.

The Advocacy Strategy details:

- how we will meet our statutory obligations,
- how we will embed the Scottish Independent Advocacy Alliance (SIAA) principles and standards into our advocacy services, and,
- how we will achieve our national and local advocacy outcomes.

For the financial year 2023 to 2024, the funding awarded to advocacy services in Fife is over £1,272,000.

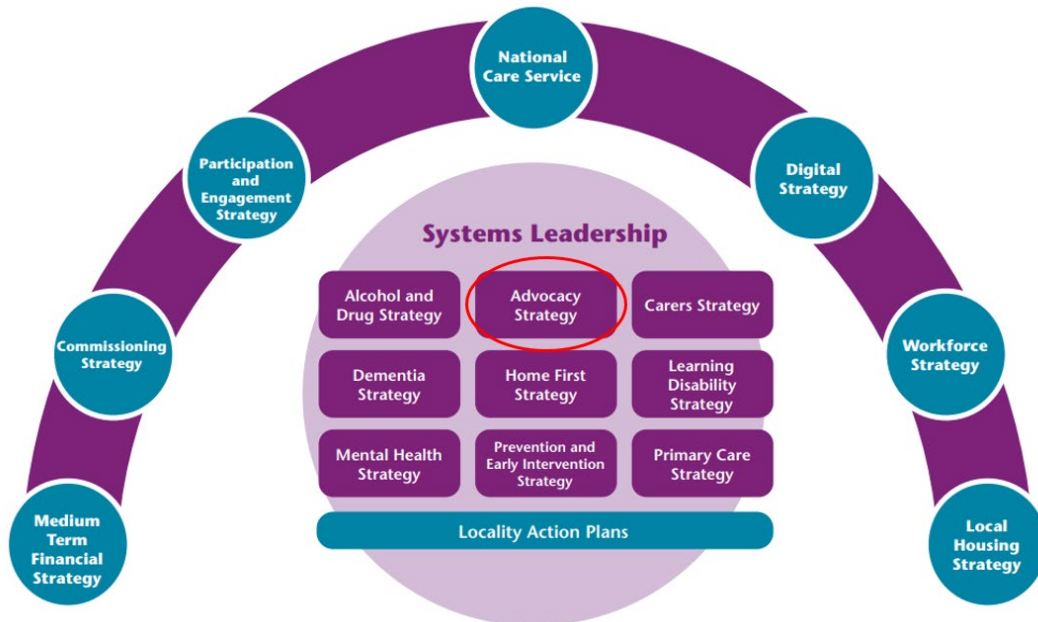
3.2 Background

A detailed list of the legislation related to advocacy services is provided on pages 11 and 12 of the Advocacy Strategy. In summary this includes mental

health legislation, the Carers Act, and legislation relating to children and young people.

The Scottish Independent Advocacy Alliance (SIAA) is the national intermediary organisation which supports and promotes independent advocacy across Scotland. The aims of the SIAA are to raise awareness about the value and impact of independent advocacy ultimately with a view to widen access to independent advocacy for all people who need it in Scotland.

Fife Advocacy Strategy is one of the nine transformational strategies that support the Partnership's Strategic Plan 2023 to 2026.



The Advocacy Strategy identifies five key priorities to enable achievement of both our local and national outcomes and to deliver on our statutory obligations in respect of advocacy provision in Fife.

Priority	The changes we need to make	What will success look like?	Where we want to be in 2026
1	We will complete an extensive gap analysis of our Advocacy Service provision and identify measures that will improve access and availability of Advocacy Services in Fife.	Completion of a gap analysis of Advocacy Service provision which will inform future planning for Advocacy Services.	An improvement in people's experience of access and availability of Advocacy Services in Fife evidenced by positive feedback and increased service user satisfaction.
2	We will work in partnership with Fife Advocacy Forum and other advocacy organisations to develop an effective communication strategy and raise awareness of Advocacy Services using a wide variety of communication methods.	Development and delivery of a robust communication strategy and an effective awareness raising campaign.	More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them. Evidenced through an increase in the number of referrals to advocacy organisations.

3	We will review our Service Level Agreements with local advocacy providers to ensure that these are fully reflective of the aims and objectives of the Advocacy Strategy and incorporate any necessary changes in policy, legislation, and guidance.	Completion of a review of Service Level Agreements with advocacy providers and development of a new SLA template where appropriate.	Service Level Agreements will be in place with advocacy providers (as appropriate) that are reflective of the Advocacy Strategy, current policy, legislation and guidance.
4	We will work in partnership with our advocacy providers to review eligibility criteria with a view to expanding the range of people who are eligible to receive advocacy services.	Completion of a review of eligibility criteria to advocacy services ensuring that the criteria are fit for purpose and are inclusive of all equality groups.	Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.
5	We will renew our independent professional advocacy contract to ensure provision of a comprehensive independent advocacy service which adheres to our legislative requirements and aligns with the priorities within our Advocacy Strategy.	Refresh and renewal of the Partnership's Advocacy Contract in accordance with current and identified future needs.	Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife.

These five high level priorities are supplemented by a Delivery Plan which details the specific actions that we will take to achieve our priorities. Our Delivery Plan also includes a number of additional priorities identified via discussion with Fife Advocacy Forum and as a result of our consultation and engagement activity.

3.3 Assessment

Our Advocacy Strategy 2018 to 2021 identified a number of key objectives and supporting actions. Unfortunately, during the period that the strategy covered (2018 to 2021) the coronavirus pandemic had a significant impact on the health and wellbeing of many individuals, their families and carers, and local communities. There was also a significant impact on our usual levels of service delivery as our workforce changed and adapted to the pressures of a quickly changing social care landscape.

All advocacy providers did continue to provide frontline advocacy support right through the pandemic, immediately responding with new ways of supporting people remotely to ensure vulnerable people had their voices heard and appropriate supports. However, the necessary reallocation of essential resources during 2020 to 2021 resulted in some of the objectives from the 2018 to 2021 Advocacy Strategy not being fully delivered.

The Advocacy Strategy 2023 to 2026 acknowledges these areas of work that are still ongoing. The new Strategy also aligns with the vision and the priorities of the Partnership's Strategic Plan 2023 to 2026, the principles of the

Commissioning Strategy 2023 to 2026, and has been developed with input from key stakeholders, including Fife Advocacy Forum.

Moving forward we will work with partners and providers to build on the objectives we have achieved, and continue to improve advocacy services for individuals and communities across Fife.

3.3.1 Quality / Customer Care

The Partnership's Strategic Planning Group has a key role in overseeing the implementation of the Strategic Plan 2023 to 2026 and all of the supporting strategies, including the Advocacy Strategy. Regular updates on are provided through the Partnership's quality and performance framework to the relevant Committees, and onwards to Fife Integration Joint Board.

The current Delivery Plan for the Advocacy Strategy covers the timescale 2023 to 2024. This will be updated and extended annually to cover the timescale of the Strategy (2023 to 2026).

3.3.2 Workforce

Any impact on the Partnership's workforce will be managed through the Workforce Strategy.

3.3.3 Financial

Financial activities are managed through the Medium-Term Financial Strategy, no additional financial impact is anticipated.

3.3.4 Risk / Legal / Management

The Advocacy Strategy Risk Register is included in Appendix 2 and includes details of potential risks and identified mitigations. The strategy supports our compliance with legislative requirements as detailed above, and on pages 11 and 12 of the Advocacy Strategy.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has been completed and is available in Appendix 4.

3.3.6 Environmental / Climate Change

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated.

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

An overview of engagement activities is included in Appendix 3. In summary, the Partnership's Participation and Engagement Team worked with Fife Advocacy Forum to develop consultation questions (including an easy-read version) which were circulated to service providers and members of the public. An online consultation was utilised to capture participant responses.

Considering the targeted audience, this consultation received a good response rate, achieving 49 service-user responses and 15 service provider responses. Within these responses was a lot of valuable information and feedback which agree with the priorities identified for the updated Advocacy Strategy 2023 to 2026.

From the service providers perspective, agreement was achieved across the priorities that have been established for the Advocacy Strategy. Service providers agreed that advocacy gives people a voice, is accessible and gives people choices and to help them better understand what they are entitled to. It represents the most vulnerable in our communities and ensures empowerment to make a positive difference in people's lives. Service providers suggested that Fife Health and Social Care Partnership could provide better support by allocating more funding to advocacy services and making this longer-term, by improving the involvement and awareness around advocacy across all services including social work, and taking into consideration that with more referrals will come more work and advocacy is stretched as it is so this must be recognised.

From the service-users perspective advocacy is a significant supporting mechanism for those who use advocacy services across Fife. Most respondents agreed that advocacy ensures their voice is heard, helps them to speak up for themselves on matters that are important to them, and also helps them to understand their rights and entitlements. In addition to this it was agreed by some respondents that advocacy gives them a sense of belonging and supports them to get to know people in a similar situation to them and to support them to socialise. Service users felt that the Partnership could better support advocacy by giving more funding, encouraging more volunteers and male staff, having more local staff who know their area, and improving the knowledge and awareness of advocacy between professionals.

Overall, respondents agreed with the priorities that will form the basis of the refreshed Advocacy Strategy and provided feedback to suggest an increase of funding is needed to develop advocacy services across Fife.

4 Recommendation

- The Advocacy Strategy, and supporting documentation, is presented to the Integration Joint Board for final review and approval.
- This report is presented to the Board to ensure that the Health and Social Care Partnership meets its statutory responsibilities for independent advocacy.

5 List of Appendices

Appendix 1 – Advocacy Strategy

Appendix 2 – Advocacy Strategy Risk Register

Appendix 3 – Participation and Engagement Overview

Appendix 4 – Advocacy Strategy Equality Impact Assessment

6 Implications for Fife Council

No additional directions required.

7 Implications for NHS Fife

No additional directions required.

8 Implications for Third Sector

Future activities will be developed in conjunction with the third sector as and when required.

9 Implications for Independent Sector

Future activities will be developed in conjunction with the independent sector as and when required.

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

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

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Advocacy Strategy 2023 - 2026

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Foreword

Fife Health and Social Care Partnership's Advocacy Strategy 2023 to 2026 is identified as one of the nine transformational strategies within our newly published Strategic Plan 2023 to 2026.

The Partnership recognises the important role that advocacy plays in helping to safeguard people who may be at risk of being treated unfairly as a result of circumstances that make them vulnerable. We understand that advocacy support plays a critical role in ensuring that people's rights are not infringed, and it also makes it easier for people to exercise those rights and have their voice heard when decisions are being made about their care.

In developing this Advocacy Strategy, we have worked in partnership with Fife Advocacy Forum, we have considered the recommendations of a number of local and national consultations relating to advocacy support and we have also carried out targeted engagement with our current advocacy providers and those who use our advocacy services. We would like to acknowledge that the input from our advocacy service providers and those with lived experience of using these services has been invaluable to the development of this Advocacy Strategy.

We are confident that our Advocacy Strategy 2023 to 2026 details a shared understanding of the importance of advocacy service provision in Fife and demonstrates a commitment to a continuous improvement approach in the development of advocacy services and the delivery of our identified advocacy priorities.

Executive Summary

Health Boards and local authorities have a statutory responsibility under a range of legislation affecting both children and adults to provide access to independent advocacy for specific groups of people.

In 2010, the Scottish Government imposed a duty on all local authorities and health boards to produce a regular plan which details the funded advocacy provision in their area.

In Fife, it is the responsibility of the Health and Social Care Partnership to commission the advocacy services required to meet these statutory responsibilities. The Advocacy Strategy 2023 to 2026 reflects on our achievements since the last Advocacy Strategy 2018 to 2021 and sets priorities for the period 2023 to 2026. This Strategy details:

- how we will meet our statutory obligations,
- how we will embed the Scottish Independent Advocacy Alliance (SIAA) principles and standards into our advocacy services and,
- how we will achieve our national and local advocacy outcomes.

Introduction and Context

Welcome to the refreshed Advocacy Strategy for Fife Health and Social Care Partnership for the period 2023 to 2026. The Advocacy Strategy 2023 to 2026 builds on the priorities and improvement work identified within our current Advocacy Strategy 2018 to 2021.

This document sets out the context in which we will develop our approach to meeting our statutory obligations in relation to independent advocacy provision as well as how we will meet our national and local outcomes and local priorities in relation to advocacy services. The refreshed Advocacy Strategy 2023 to 2026 also takes account of our vision and strategic priorities in our newly published Strategic Plan 2023 to 2026, available on our website here: www.fifehealthandsocialcare.org/publications.

The introduction of the Mental Health (Care and Treatment) Act (Scotland) 2003 created statutory rights for some people to have access to independent advocacy services. Since then, the value and importance of advocacy services can be seen threaded through all social care legislation. In 2010, the Scottish Government imposed a duty on all local authorities and health boards to produce a regular plan which detailed the funded advocacy provision in their area. In Fife this plan is the responsibility of Fife Health and Social Care Partnership.

Our Advocacy Strategy 2018 to 2021 identified a number of key objectives and supporting actions to deliver these objectives. The table on page five shows the areas where progress and achievement has been delivered, these are indicated with a tick. There are a number of other areas where development work has taken place, but more work is required to reach full delivery of the supporting actions, these have been identified as 'ongoing'.

It is important to note that during the period that the Advocacy Strategy 2018 to 2021 spanned, the coronavirus pandemic resulted in a significant impact on the health and wellbeing of individuals, their families and carers, and their communities. There was also a significant impact on our usual levels of service delivery as our workforce changed and adapted to the pressures of a quickly changing social care landscape. The coronavirus pandemic, and necessary reallocation of essential resources, is one of the main reasons that some of the supporting actions were not achieved in full. All advocacy providers did continue to provide frontline advocacy support right through the pandemic, immediately responding with new ways of supporting people remotely to ensure vulnerable people had their voices heard and appropriate supports.

Prior to the coronavirus pandemic, the Partnership had established a Joint Advocacy Planning Group (JAPG). The JAPG had overall responsibility for ensuring that the Advocacy Strategy and supporting Action Plan was implemented effectively during the period 2018 to 2021. The JAPG included representation from Fife Advocacy Forum, Health and Social Care Partnership, NHS Fife, Fife Council Housing Services and Police Scotland. The last meeting of the JAPG took place in January 2020. Due to the demands of the social care landscape at this time, the JAPG has not continued. The Partnership is keen to reinstate the JAPG as a key priority to support the delivery of the priorities and actions detailed in the Advocacy Strategy 2023 to 2026.

Fife Advocacy Strategy 2018 to 2021: Areas for ongoing Improvement

1	Objective one: To ensure that a wider range of people are eligible to receive advocacy services.	
1.1	Work in partnership with Fife Advocacy Forum and local advocacy organisations to review the eligibility criteria to advocacy services for adults and older people to ensure they are fit for purpose and includes access for carers.	✓
1.2	Monitor and review the impact of the eligibility criteria in terms of the service demand, service delivery and organisational capacity within the existing Monitoring and Evaluation framework. Make appropriate recommendations on any subsequent changes deemed necessary.	Ongoing
1.3	Further improve access to advocacy services for children and young people in Fife attending a Children's Hearing, building on the recent pilot in Fife and in line with Scottish Government guidance.	Ongoing
2	Objective two: To ensure that people can access a wider range of advocacy services.	
2.1	Tender and award a new professional advocacy contract for the period 2018-21 in line with the currently agreed eligibility criteria.	✓
2.2	Develop and implement Service Level Agreements for local advocacy providers to cover the period April 2018 to March 2021. This will include fully incorporating the aims and objectives of the advocacy strategy and existing eligibility criteria, and any appropriate updates in relation to changes in policy, legislation and guidance.	✓
2.3	Monitor and evaluate the ongoing impact of changes to contractual and Service Level Agreement arrangements. Consider further improvement of the advocacy services as required.	✓
2.4	Ongoing consideration of opportunities to further develop services for children and young people.	Ongoing
3	Objective three: To ensure more people are aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them.	
3.1	In partnership with Fife Advocacy Forum develop a communication strategy to ensure a wide reach using a variety of communication methods to include the use of websites, information leaflets, posters, and use of social media, awareness campaigns and other media as appropriate.	Ongoing
3.2	Make available appropriate training and awareness raising on the range of advocacy services available in Fife and how to access these services for frontline practitioners, including social workers, clinicians, teachers, police and independent and voluntary sector organisations.	✓
3.3	Establish appropriate links between the advocacy strategy and other key related strategies, including transitions for young people with special needs. These include the Carer's Strategy, Mental Health Strategy, Dementia Strategy, and Adult Support and Protection, to ensure the awareness and promotion of advocacy.	✓
3.4	Ensure an ongoing programme of consultation and participation with looked after children.	Ongoing
3.5	Through the Joint Advocacy Planning Group (JAPG) and Fife Advocacy Forum review and update information on advocacy services available to people in Fife	✓
3.6	In partnership with the Children's Rights Strategy Group promote further awareness of children's rights across Fife.	✓
4	Objective four: To ensure that local advocacy services are provided with appropriate support in order to help them develop their services in line with this strategy.	
4.1	The JAPG will oversee the development and implementation of the refreshed strategy and ongoing coordination of advocacy services in Fife over the period 2018 - 2021. Progress on implementation will be reported to the Senior Leadership Team and the Fife Health & Social Care Partnership Integrated Joint Board.	✓
4.2	The Fife Advocacy Forum will represent and coordinate the views and needs of local advocacy providers, service users and other key stakeholders with an interest in advocacy services in Fife and ensure these are represented to the JAPG.	✓
4.3	The JAPG will work with the Fife Advocacy Forum to develop a suitable work plan to enable them to support organisations to build capacity, develop their services and implement the requirements of this strategy.	✓
4.4	Through allocation of Patient's Rights monies we will make available resources to support the work of the Advocacy Forum and enable them to deliver their work plan objectives	✓

4.5	The JAPG will monitor and evaluate the implementation and impact of the advocacy strategy for Fife under the existing Monitoring and Evaluation framework and provide appropriate recommendations for future refinement of advocacy service provision in Fife.	Ongoing
4.6	Through the JAPG we will review, evaluate and make recommendations on changes to policy or guidance that have a bearing on advocacy provision in Fife, and incorporate any necessary changes within the monitoring and evaluation arrangements	Ongoing
4.7	Through contracts monitoring arrangements we will ensure advocacy services deliver in line with advocacy contract and Service Level Agreement requirements. This will ensure budgetary and financial oversight in line with the Monitoring and Evaluation Framework requirements.	✓

In addition to the progress detailed above, Fife Advocacy Forum were also involved in a number of other improvements and developments:

- **Logic Model** – The logic model was developed to measure and demonstrate the impact of independent advocacy and how that impact maps to local and national outcomes. More detail on the logic model can be see under the ‘national outcomes’ section of this strategy.
- **E-Learning Module** – Fife Advocacy Forum contributed to the development of the learningnexus ‘Advocacy in Fife’ e-learning module.
[Course: Advocacy in Fife \(learningnexus.co.uk\)](http://learningnexus.co.uk)
- **NHS Advocacy Policy launch events** – Fife Advocacy Forum were involved in several events at a variety of NHS sites across Fife to launch the NHS Fife Advocacy Policy in 2019.



Strategic Plan 2023 to 2026

Fife Health and Social Care Partnership has a three-year 'Strategic Plan 2023 to 2026' that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership's Strategic Plan 2023 to 2026 is available on our website here:

www.fifehealthandsocialcare.org/publications



National Outcomes

We have a range of national and local performance measures that allow us to measure how well we are doing against local and national targets. The National Health and Wellbeing Outcomes for Health and Social Care and the Public Health Priorities for Scotland are shown below.

National Health and Social Care 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 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 in the provision of health and social care services.

Public Health Priorities for Scotland

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

Fife Health and Social Care Strategic Priorities

The Partnership's Strategic Plan 2023 to 2026 sets out the health and social care vision for Fife, this includes our five identified strategic priorities which support achievement of the National Health and Wellbeing Outcomes and the Public Health Priorities for Scotland.

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

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

Wellbeing - A Fife where we will support early intervention and prevention.

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

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



The **Advocacy Strategy** has been developed to support the delivery of the Strategic Plan which states:

'Fife Health and Social Care Partnership is committed to promoting dignity, equality and independence for the people of Fife. Our Strategic Plan and collection of supporting strategies will ensure that we continue to work effectively with partners, local communities, and individuals, to challenge sources of inequality such as discrimination, harassment and victimisation, and to promote equality of opportunity for all'

Independent advocacy services are critical to safeguarding and empowering those who are most vulnerable and at risk and enabling them to express their views and have their voice heard. The Advocacy Strategy 2023 to 2026 sets out how we will provide independent advocacy services in Fife and how we will continue to improve awareness of and access to services to ensure better outcomes for people who are unable to speak up for themselves.

The Advocacy Strategy is identified as one of the Strategic Plan’s nine transformational strategies.



Medium-Term Financial Strategy

The financial position for public services continues to be challenging and the Integrated Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore critical that our resources are targeted at the delivery of the strategic priorities identified in the Strategic Plan 2023 to 2026. To support this the IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan 2023 to 2026. The MTFS will inform decision making and actions required to support financial sustainability in the medium term.

Our advocacy service provision will be delivered in accordance with the MTFS and the funds that are made available to meet our statutory obligations in relation to advocacy provision and our local and national outcomes in relation to independent advocacy.

The Medium-Term Financial Strategy can be seen under the publications section of our website: www.fifehealthandsocialcare.org/publications.

Locality Planning Approach



An important part of Fife health and social care integration was the creation of localities, bringing decision making about health and social care local priorities closer to communities. The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

Localities provide one route, under integration, for communities and professionals (including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists, and others) to take an active role in, and provide leadership for, local planning of health and social care service provision. Promoting equality and improving the health and wellbeing outcomes for the people in Fife is at the heart of locality planning.

Our understanding of our seven localities across Fife is taken from:

- Area Profiles – both national and local data and statistics.
- Stakeholder Engagement – experience and knowledge of people who use services and staff working in the localities.

Our Locality Core Groups support the Partnership to achieve its national and local advocacy outcomes and our advocacy strategy priorities by highlighting any identified need(s) for specific advocacy service provision in a particular locality. The locality core groups are an invaluable source of local information on unmet need. The locality planning approach demonstrates a commitment to:

- Collaborative Working.
- Supporting and enabling better care co-ordination.
- Capacity building in communities.
- Forging better connections to support integrated working.

More detail on the Partnerships locality planning approach including links to the current locality guidance documents is available on our website:

www.fifehealthandsocialcare.org/publications.

Legal and Strategic Context

Health Boards and local authorities have a statutory responsibility under a range of pieces of legislation affecting both children and adults to provide access to independent advocacy for specific groups of people. In Fife, it is the responsibility of the Health and Social Care Partnership to commission the advocacy services required to meet our statutory responsibilities.

The legal and strategic context in which advocacy operates is summarised in the table below:

<p>Mental Health (Care & Treatment) (Scotland) Act 2003</p> <p>This Act imposed a duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services in their area. The Act also gave everyone with mental illness, learning disability, dementia and related conditions the right to access independent advocacy support.</p>	<p>Adult Support and Protection (Scotland) Act 2007</p> <p>The Act states that local authorities must have regard to the importance of the provision of independent advocacy services for adults at risk of harm.</p>
<p>Mental Health (Scotland) Act 2015</p> <p>This Act builds on the rights of the 2003 Act by imposing a requirement on health boards and local authorities to tell the Mental Health Welfare Commission how they have ensured access to advocacy services covering a specific period and how they plan to do so in the future.</p>	<p>Adults with Incapacity (Scotland) Act 2000</p> <p>The Act states that a Sheriff at a hearing must 'take account of the wishes and feelings of the adult...so far as they are expressed by a person providing independent advocacy'.</p>
<p>Patient Rights (Scotland) Act 2011</p> <p>This Act allows for the provision of a Patient Advice and Support Service, which includes directing people to various types of support including advocacy services.</p>	<p>Carers Act (Scotland) 2016 and associated National Carers Strategy (December 2022)</p> <p>Both the Carers Act and the associated National Carers Strategy recognise the importance of advocacy provision for carers</p>
<p>Getting it Right for Every Child (2008) (GIRFEC)</p> <p>GIRFEC sets out a consistent operating framework for people who work with children and young people. It places the child at the centre of decision making, including providing support to allow the child to express their feelings and options. This can include, but is not restricted to advocacy support.</p>	<p>Children and Young People (Scotland) Act 2014</p> <p>The Act put the UNCRC into a Scottish statute for the first time. It encourages Scottish Ministers and public bodies to consider children's rights and requires them to prepare reports on what they are doing progress children's rights.</p>

<p>Children’s Hearing (Scotland) Act 2011</p> <p>This Act imposes that the chairing member of a Children’s Hearing must inform the child of the availability of children’s advocacy services.</p>	<p>Education (Additional Support for Learning) (Scotland) Act 2004</p> <p>The Act provides the right of advocacy to a child’s parents or a young person at an Additional Support Needs Tribunal.</p>
<p>The Mental Health Welfare Commission ‘The Right to Advocacy’</p> <p>Recommendations from the MHWC ‘The Right to Advocacy’ review have been considered in the development of this Strategy.</p>	<p>Children (Scotland) Act 1995</p> <p>The Act states that children under the age of 18 are entitled to have an advocate or other representative present at a Children’s Hearing.</p>
<p>Scottish Independent Advocacy Alliance</p> <p>Provides independent advocacy principles, standards and a toolkit for demonstrating the impact of advocacy services for use by service providers as a self-assessment tool.</p>	

Review of Relevant Key Legislation

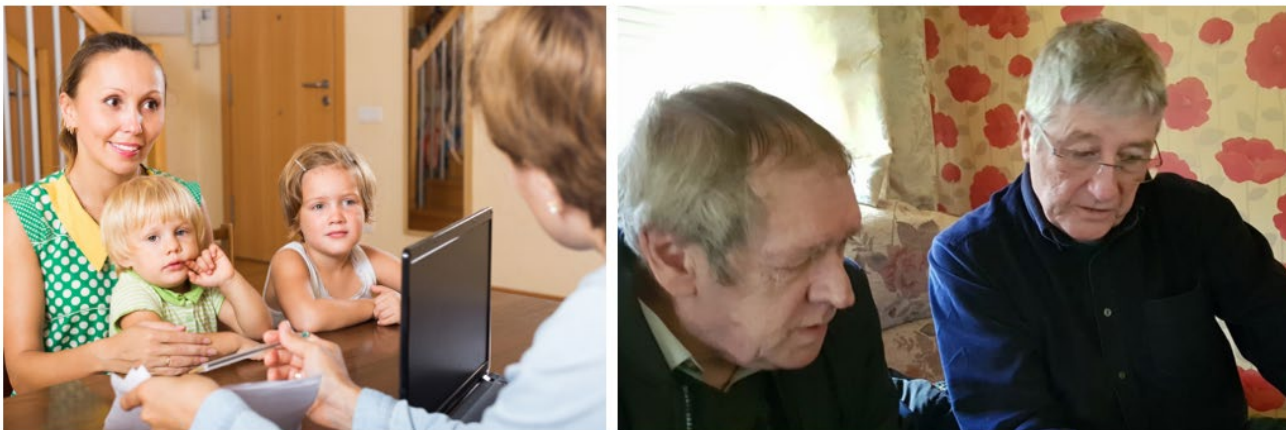
In 2022, the Scottish Government asked for an independent review of three key pieces of legislation relevant to this Advocacy Strategy, these are:

- Mental Health (Care & Treatment) (Scotland) Act 2003.
- Adults with Incapacity (Scotland) Act 2000.
- Adult Support and Protection (Scotland) Act 2007.

The aims of this review were to ‘improve the rights and protections of persons who may be subject to the existing provision of mental health, incapacity or adult support and protection legislations as a consequence of having a mental disorder’, and to ‘remove barriers to those caring for their health and welfare’.

There are a number of recommendations from this review that relate to advocacy, the Partnership is committed to continuing to work with the Scottish Government and the Mental Health Welfare Commission as the plans to implement these recommendations develop. A full list of the recommendations arising from this review can be seen in the Participation and Engagement Report at [Appendix 3](#).

What is Independent Advocacy?



Independent Advocacy is a way to support people to have a stronger voice and have as much control as possible of their own lives.

Advocacy can be defined as speaking up for, or acting on behalf of, yourself or another person. This can include helping someone to:

- Understand and protect their rights.
- To resolve problems, and
- To express their views in an effective and appropriate way.

The Mental Health (Scotland) Act 2003 states that advocacy is independent if it is not provided by any of the following:

- The relevant local authority.
- The relevant health board.
- Any members of the above for example: employees.
- Any person providing direct health and social care services to the person who is to be provided with advocacy on behalf of any of the above (including independent or voluntary sector organisations providing such services on behalf of the statutory body).

It is important to also distinguish what advocacy is not:



The Need for Advocacy

Independent advocacy services are designed to ensure that people's views are taken into consideration, particularly when decisions are being made about them. They also help people to understand their own rights, enable them to make informed choices and allow them to express themselves clearly.

Fife Health and Social Care Partnership, NHS Fife and Fife Council staff are most likely to encounter independent advocacy in formal settings, for example when supporting someone at a Mental Health Tribunal, Child Protection Hearing or during an Adult Protection Investigation.

The concept of 'independence' is key to the success of an advocate, an independent advocate must not be involved in providing any other services to the person receiving the advocacy support. The independent advocates loyalty lies with the person that they are supporting (often referred to as the 'advocacy partner').

Our provision of Advocacy services in Fife are in place to meet our statutory obligations, national and local advocacy outcomes and to ensure that people's voices are heard. We want individuals who require advocacy support to have as much control as possible over choices about their own lives.

Types of Advocacy

There are many different types of advocacy, the table below defines the most common types of independent advocacy and the types of advocacy service provision that are available in Fife.

Further detail on the different Advocacy Services that are available in Fife can be seen in the 'Fife Advocacy Services' section of this document and also within the Advocacy in Fife booklet which is developed and updated regularly by Fife Advocacy Forum.

Professional (Issue-Based) Advocacy	<p>This type of advocacy is professional, and issue based. A professional advocate will provide expert, specialist knowledge to help someone to have their say and resolve a specific issue. There is no long-term relationship between the professional advocate and their advocacy partner.</p> <p>This type of advocacy is closely associated with formal support for Mental Health tribunals, Child Protection hearings and other such statutory functions.</p>
Citizen Advocacy	<p>This is a person-based independent advocacy service that usually (but not always) takes place on a longer-term basis. The advocate is usually an unpaid volunteer, who builds a trusting relationship with their advocacy partner and supports them to resolve any issues they have in order to ensure they have an active life within the community.</p>
Non instructed Advocacy (professional or citizen)	<p>Non-instructed advocacy happens when a person who needs an independent advocate cannot tell the advocate what they want. This may be because the person has complex communication needs or has a long-term illness or disability that prevents them from forming or clearly stating their wishes and desires. This usually takes place with people who have dementia or profound and/or severe learning difficulties.</p>
Group Advocacy (Collective Self-Advocacy)	<p>Group advocacy is designed to allow people with the same concerns, issues or experiences to provide support to each other and to work together to highlight issues and campaign for improvement.</p> <p>This type of independent advocacy creates the opportunities for people to develop skills and confidence to be able to represent their own thoughts, feelings and choices for themselves on both a collective and individual basis and encourages debate and discussion within the group to represent views, preferences and experiences.</p>



Scottish Independent Advocacy Alliance

The Scottish Independent Advocacy Alliance (SIAA) is the national intermediary organisation supporting and promoting independent advocacy across Scotland. The aims of the SIAA are to raise awareness about the value and impact of independent advocacy ultimately with a view to widen access to independent advocacy for all people who need it in Scotland.

The SIAA also works to influence legislation, policy and practice in relation to independent advocacy. The SIAA's vision is:

We believe that everyone who needs independent advocacy should have access to it. Independent advocacy must be of the highest possible standard.

In recognition that all independent advocacy organisations share the same principles, the SIAA have developed a document detailing independent advocacy principles, standards and code of best practice. This has been developed to ensure that independent advocacy is being delivered consistently across Scotland and that it is of the highest possible standard. It is the Partnership's expectation that our advocacy service providers ensure that these principles, standards and code of best practice are being consistently applied and adhered to. The SIAA principles and associated standards can be seen at [Appendix 1](#) and also on the SIAA's website at: [Independent Advocacy Principles, Standards & Code of Best Practice - Scottish Independent Advocacy Alliance \(siaa.org.uk\)](https://www.siaa.org.uk/independent-advocacy-principles-standards-and-code-of-best-practice)

The SIAA's Code of Best Practice is separated into a list for an advocate and a list for an advocacy service provider, again the full code of best practice can be viewed on the SIAA's website: [Independent Advocacy Principles, Standards & Code of Best Practice - Scottish Independent Advocacy Alliance \(siaa.org.uk\)](https://www.siaa.org.uk/independent-advocacy-principles-standards-and-code-of-best-practice)

National Outcomes for Advocacy

In 2019 the Scottish Independent Advocacy Alliance (SIAA) underwent a period of consultation with its members to agree three **Independent Advocacy National Outcomes** shown below:

Outcome 1

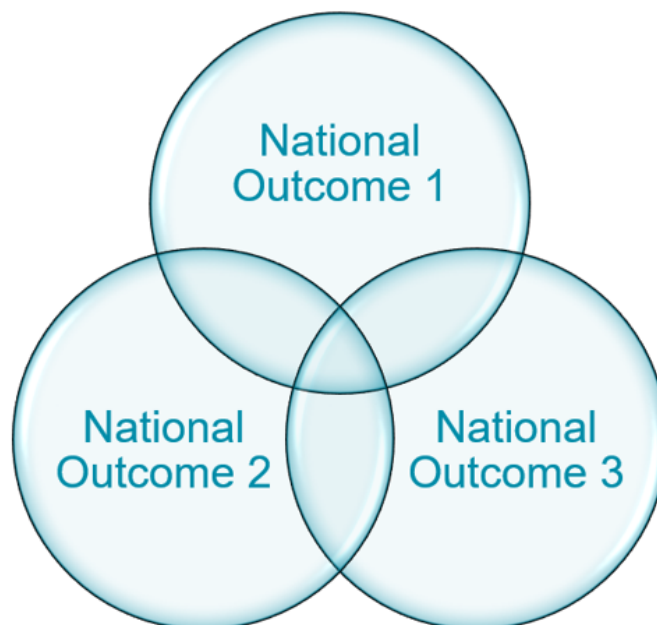
Independent advocacy enables people to be better informed about their rights, as well as understanding their needs and wishes and the choices they have. It increases their agency and power to choose their own actions freely, as much as possible.

Outcome 2

Independent advocacy supports people to recognise, understand and challenge power imbalances that influence their lives. It enables them to challenge these imbalances, in order to try and realise their rights, needs and wishes.

Outcome 3

Independent advocacy supports people to know that their voice is heard and their needs and wishes are understood.



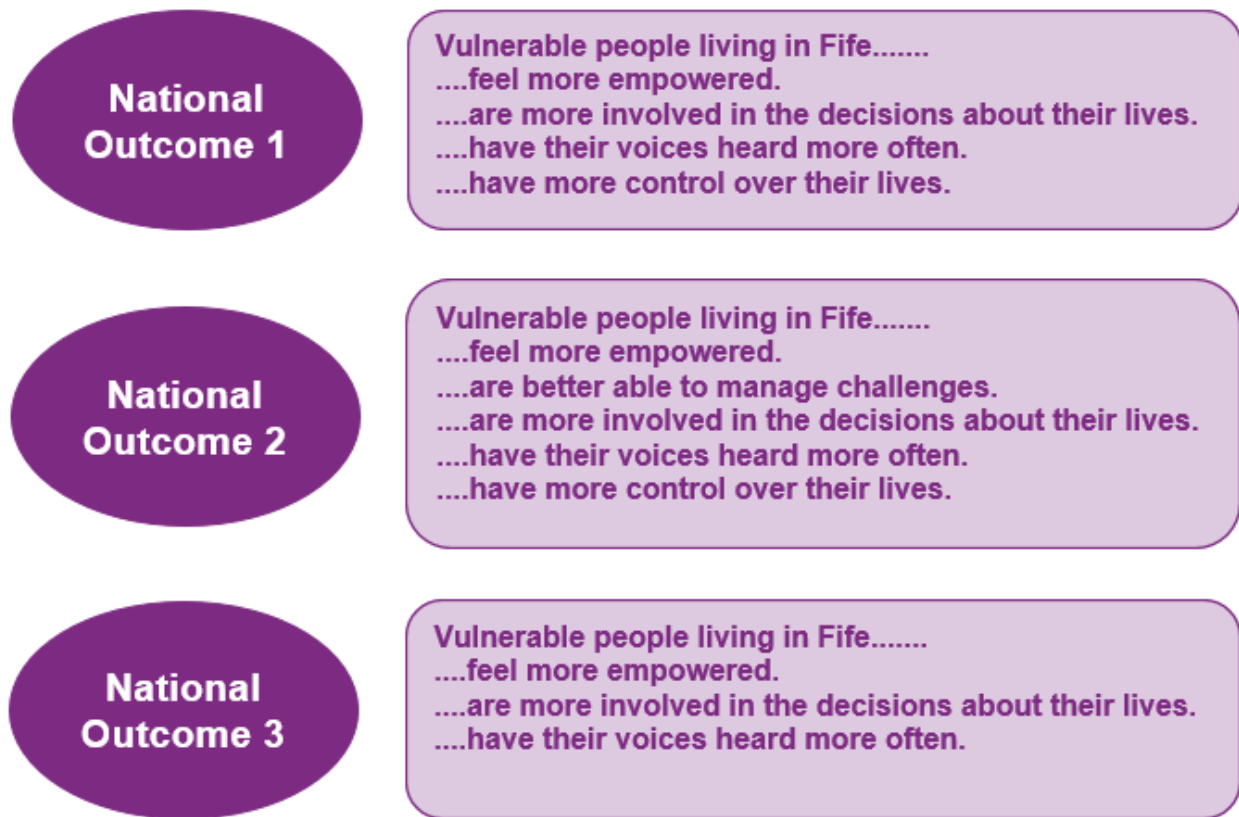
The Scottish Independent Advocacy Alliance have also developed a toolkit for demonstrating the impact of independent advocacy. This toolkit supports advocacy providers to measure and report on both Independent Advocacy National Outcomes and individual organisational outcomes. The SIAA expects all members to measure and report on Independent Advocacy National Outcomes.

The SIAA are currently (April 2023) working with their members to develop an outcomes framework; however, it is understood that the outcomes framework will look to incorporate the current principles and standards, national outcomes, code of best practice and toolkit into one single outcomes framework document. There is no intended change to the principles, standards, national outcomes and code of best practice as a result of the outcomes framework development work.

Fife Advocacy Forum – A Logic Model for Independent Advocacy

In March 2020 Fife Advocacy Forum developed a logic model to demonstrate the impact of independent advocacy and how that impact maps to local and national outcomes. This model has strengthened reporting by mapping the national independent advocacy outcomes to the local independent advocacy outcomes. The diagram below shows the local outcomes that support the delivery of the national independent advocacy outcomes.

LOCAL OUTCOME MAPPING



It is understood that the Logic Model will be further developed following approval of this refreshed Advocacy Strategy 2023 to 2026 to ensure alignment to:

- Fife Strategic Plan 2023 to 2026.
- Any relevant outcomes from the Re-imagining Third Sector Project, and
- Fife refreshed Advocacy Strategy 2023 to 2026.

More detail on the Re-imagining Third Sector Project can be read in the 'monitoring and review' section of this strategy.

Advocacy Priorities

Our Advocacy Strategy identifies the following five priorities to enable achievement of both our local and national outcomes and to deliver on our statutory obligations in respect of advocacy provision in Fife. These five high level priorities are supplemented by a delivery plan which details the specific actions that we will take to achieve our priorities. Our delivery plan also includes a number of additional priorities identified via discussion with Fife Advocacy Forum and as a result of our consultation and engagement activity. Our delivery plan for year one of this strategy can be seen at [Appendix 2](#).

Advocacy Strategy Priorities

Priority	The changes we need to make	What will success look like?	Where we want to be in 2026
1	We will complete an extensive gap analysis of our Advocacy Service provision and identify measures that will improve access and availability of Advocacy Services in Fife.	Completion of a gap analysis of Advocacy Service provision which will inform future planning for Advocacy Services.	An improvement in people's experience of access and availability of Advocacy Services in Fife evidenced by positive feedback and increased service user satisfaction.
2	We will work in partnership with Fife Advocacy Forum and other advocacy organisations to develop an effective communication strategy and raise awareness of Advocacy Services using a wide variety of communication methods.	Development and delivery of a robust communication strategy and an effective awareness raising campaign.	More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them. Evidenced through an increase in the number of referrals to advocacy organisations.
3	We will review our Service Level Agreements with local advocacy providers to ensure that these are fully reflective of the aims and objectives of the Advocacy Strategy and incorporate any necessary changes in policy, legislation, and guidance.	Completion of a review of Service Level Agreements with advocacy providers and development of a new SLA template where appropriate.	Service Level Agreements will be in place with advocacy providers (as appropriate) that are reflective of the Advocacy Strategy, current policy, legislation and guidance.
4	We will work in partnership with our advocacy providers to review eligibility criteria	Completion of a review of eligibility criteria to advocacy services ensuring that the	Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as

	with a view to expanding the range of people who are eligible to receive advocacy services.	criteria are fit for purpose and are inclusive of all equality groups.	meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.
5	We will renew our independent professional advocacy contract to ensure provision of a comprehensive independent advocacy service which adheres to our legislative requirements and aligns with the priorities within our Advocacy Strategy.	Refresh and renewal of the Partnership's Advocacy Contract in accordance with current and identified future needs.	Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife.

Monitoring and Review

Mental Health Welfare Commission

There is a duty placed on Health Boards and local authorities under the Mental Health (Scotland) Act 2015 to provide the Mental Health Welfare Commission (MHWC) with information about mental health (including dementia) and learning disability advocacy services, in relation to how these services have been provided and what plans are in place for future services. The information we provide to the MHWC includes details of the advocacy services that have been provided over the previous two years and the advocacy services that will be provided in the two years following the update. The information provided includes advocacy services for children, young people and adults. Fife's most recent submission to the MHWC was submitted in September 2022 and the collective findings from all returns were published in April 2023 and can be viewed on the MHWC website: www.mwcsot.org.uk

Contract and Service Level Agreement Monitoring

The Health and Social Care Partnership have a dedicated team who carry out quality assurance and contract monitoring of advocacy services. Commissioned advocacy services via grant awarded funding to third sector providers are subject to monitoring in line with Fife Council's Monitoring and Evaluation Framework whilst our contracted providers are subject to contract monitoring via our contractual terms and conditions.

Our contract monitoring activity allows the Partnership to work with and provide support to voluntary and independent sector organisations, ensures organisations have good governance and control systems, ensures that there is a mechanism in place to measure how well organisations are meeting their agreed objectives and provides the Partnership with a framework to demonstrate that public money is being spent efficiently and effectively.

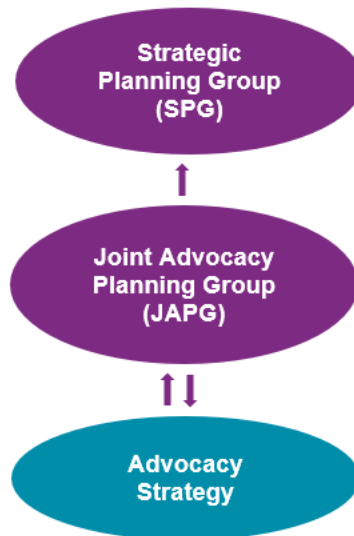
Monitoring of the Advocacy Strategy 2023 to 2026

The Strategic Plan 2023 to 2026 is supported by nine transformational strategies and five enabling strategies. The Advocacy Strategy 2023 to 2026 is identified as one of the Partnerships transformational strategies. A performance reporting framework has been developed to provide robust and regular updates for all of the strategies that support the Partnership's Strategic Plan. Each strategy has an approved Delivery Plan that sets out how and when key priorities will be delivered. Quarterly updates for each strategy are provided to the Partnership's Strategic Planning Group, and the Integration Joint Board to enable effective performance monitoring.

Joint Advocacy Planning Group (JAPG)

One of the key recommendations resulting from the development of this strategy is the reinstatement of the Joint Advocacy Planning Group (JAPG).

The Advocacy Strategy Delivery Plan actions will be overseen by the Joint Advocacy Planning Group to ensure effective implementation and progress is made; progress will then be reported through the Strategic Planning Group as shown in the diagram below.



The JAPG will work in partnership with Fife Advocacy Forum and the individual advocacy organisations to ensure that the strategy is being implemented fully, and to identify and address any issues that occur. This will also include working with all stakeholder groups in order to consider additional areas for development or improvement and identifying ways to implement these recommendations.

Key to this work will be establishing strong links with the Partnership's Contract Team who are responsible for monitoring and evaluating the performance of the advocacy providers against the Contract and Service Level Agreements. As such, they are well placed to identify any issues with the implementation of the strategy, and to confirm that the services provided are meeting the specified requirements.

Scottish Independent Advocacy Alliance (SIAA) National Outcomes

The Scottish Independent Advocacy Alliance (SIAA) is a membership organisation responsible for promoting, supporting and defending independent advocacy in Scotland. It has the overall aim of ensuring that independent advocacy is available to any person in Scotland. The SIAA provides information and support, gathers and distributes information, represents advocacy organisations at various levels and raises awareness and understanding of independent advocacy across Scotland. The SIAA works to influence legislation, policy and practice in relation to independent advocacy.

In recognition that all independent advocacy organisations share the same principles, the SIAA have developed a document detailing independent advocacy principles, standards and code of best practice. This has been developed to ensure that independent advocacy is being delivered consistently across Scotland and that it is of the highest possible standard.

These principles, standards and code of best practice provide important foundation statements on practice. It remains the responsibility of independent advocacy organisations, commissioners and funders to put measures in place to ensure that the principles, standards and code of best practice are adhered to. Independent advocacy organisations should have their own organisational policies and procedures that reflect these documents.

It is the Partnership's expectation that our advocacy service providers ensure that these principles, standards and code of best practice are being consistently applied and adhered to. More information about the work of SIAA is available on their website: www.siaa.org.uk

Fife Logic Model

In March 2020 Fife Advocacy Forum developed a logic model to demonstrate the impact of independent advocacy and how that impact maps to local and national outcomes. The intention behind the development of this model is to support organisations in their monitoring and reporting by mapping the national independent advocacy outcomes to the local independent advocacy outcomes.

The Logic Model will require further development following approval of this refreshed Advocacy Strategy 2023 to 2026 to ensure alignment to:

- Fife Strategic Plan 2023 to 2026.
- Any relevant outcomes from the Re-imagining Third Sector Project, and
- Fife refreshed Advocacy Strategy 2023 to 2026.

Re-imagining Third Sector Commissioning Project

In October 2021, the Re-imagining Third Sector Commissioning Project commenced. The aim of this project is to ensure that the third sector health and social care services that we fund, reflect our strategic priorities and the needs of local people. The project is about having the right processes and tools in place to support collaboration between the Partnership, the third sector and supported people, to plan services and work together to use the resources that we have to build capacity in our communities and respond to local needs and challenges effectively.

Through the Re-imagining Third Sector Project, we will develop a framework and the tools to enable the third sector to contribute more effectively to setting and responding to the strategic priorities of the Partnership and evidencing how these priorities are being met. The Partnership is committed to facilitating involvement from people receiving services from the third sector and developing the monitoring and evaluation process in a way that generates meaningful information about what is available and how local needs are being met with a view to sharing best practice service delivery models and responding collaboratively to address local challenges.

It is anticipated that this project will be completed in Summer 2023 and the recommendations and work completed throughout this project will be transferred into the Strategic Planning Team for further development and delivery in line with our Strategic Plan 2023 to 2026.

Fife Advocacy Services

Within Fife, advocacy services are commissioned in two ways:

- **Professional Advocacy Contract.**
This is a formal contract which is due to be re-tendered in 2023.
- **Service Level Agreements.**
There are a number of grant funded organisations that have service level agreements in place to deliver other types of advocacy in Fife.

Who is Eligible for Advocacy in Fife?

Adults (16+) and Older People (65+)

Adults and older people in Fife who are over the age of 16 can access advocacy if they are affected by:

- Disability
- Chronic illness
- Dementia
- Mental illness
- Learning disability
- Personality disorder

and need help to safeguard their:

- Well-being
- Rights
- Care
- Other interests

Children and Young People (under 18)

Children in Fife under the age of 18 can access advocacy if they are:

- Looked After in Secure Accommodation
- Looked After in Residential Care
- Looked After at Home/Kinship Care
- Looked After in Foster Care
- Subject to a child protection case conference.

The table below shows the funded Fife Advocacy Services for 2023 to 2024, including the type(s) of advocacy that the organisation provides and the age range.

Organisation	Types of Advocacy	Age Range	Locality area of operation
Barnardo's Scotland	<ul style="list-style-type: none"> • Individual • Collective • Non instructed 	<ul style="list-style-type: none"> • Under 18 with mental issues, learning disability. 	<ul style="list-style-type: none"> • Fife Wide
Circles Network	<ul style="list-style-type: none"> • Individual • Collective • Non instructed 	<ul style="list-style-type: none"> • All ages 	<ul style="list-style-type: none"> • Fife Wide
Dunfermline Advocacy	<ul style="list-style-type: none"> • Citizen • Non instructed 	<ul style="list-style-type: none"> • people from 16 to 65 who meet the eligibility criteria. 	<ul style="list-style-type: none"> • South West Fife • Dunfermline • Cowdenbeath
Equal Voice	<ul style="list-style-type: none"> • Collective • Non instructed 	<ul style="list-style-type: none"> • Under 18 with mental issues, learning disability (from 16) • Adults up to 65 	<ul style="list-style-type: none"> • Levenmouth • Kirkcaldy • Glenrothes
Fife Carers Centre	<ul style="list-style-type: none"> • Individual 	<ul style="list-style-type: none"> • Adults up to 65 • Adults over 65 	<ul style="list-style-type: none"> • Fife Wide
Fife Forum	<ul style="list-style-type: none"> • Individual 	<ul style="list-style-type: none"> • Adults over 65 	<ul style="list-style-type: none"> • Fife Wide
Fife Young Carers	<ul style="list-style-type: none"> • Individual • Collective 	<ul style="list-style-type: none"> • Young Carers up to age 25 	<ul style="list-style-type: none"> • Fife Wide
Include Me	<ul style="list-style-type: none"> • Citizen • Non instructed 	<ul style="list-style-type: none"> • Under 18 with mental issues, learning disability (from 16) 	<ul style="list-style-type: none"> • North East Fife

		<ul style="list-style-type: none"> Adults up to 65 	
Kindred Advocacy	<ul style="list-style-type: none"> Individual Non instructed 	<ul style="list-style-type: none"> Families with children with additional support needs 	<ul style="list-style-type: none"> Fife Wide
People First	<ul style="list-style-type: none"> Individual Collective Non instructed 	<ul style="list-style-type: none"> Under 18 with mental issues, learning disability (from 16) Adults up to 65 	<ul style="list-style-type: none"> Fife Wide

Carers Funding

Fife have advocacy services in place that are funded specifically from carers funding to support carers with advocacy service requirements, carers specific funding has been awarded to the following organisations:

- Fife Carers Centre.
- Fife Circles Network.
- Fife Forum.
- Fife Young Carers.
- Kindred Advocacy.

Children, Young People and Families

Children's Rights Service

The Children's Rights Service aims to ensure that a child's rights are fully taken into account when decisions are made about them. Within Fife, the Children's Rights Service is focussed on providing support for Looked After Children, and children subject to a Child Protection Case Conference. The Children's Rights Service supports children to express their views and wishes in all decisions affecting them, enabling them to contribute:

- At Looked After Child Reviews.
- At Children's Hearings.
- At other complex meetings.
- To their Statutory Child's Plans.

Article 12 of the UNCRC and section 122 of the Children's Hearing (Scotland) Act 2011 states that every child has the right to be heard in matters affecting them and to participate in the life of their family, community and society, this is particularly important for children and young people who are looked after due to formal measures. Key rights for children within the UNCRC include:

- Protection Rights - to be safe.
- Provision Rights - to be well looked after.
- Participation Rights - to have your say and be listened to.

Children's rights and their participation in the decision making affecting them is central to the Plan for Fife 2017 to 2027 and the Children's Services Partnership Plan. The Children's Rights Service model has been developed in line with legislation, policy, evidence and research to improve outcomes for children and young people in Fife who are looked after:

- At home.
- Away from home, in a foster/residential or secure placement.
- In kinship care, or
- In continuing care.

The service is underpinned by the guiding principles specific to rights in the UNCRC (Article 2,3,6,12):

- Non-discrimination.
- The best interests of the child.
- Right to life, survival and development.
- Right to express views, have them given due weight considering age and maturity.

Specific advocacy services are in place to support children, young people and families, these services are delivered by:

- Barnardo's.
- Circles Network.
- Fife Young Carers.
- Kindred Advocacy.

A description of the type of support that these organisations provide has been detailed in the table below for further information.

Barnardo's

Barnardo's provides a children's rights service to children and young people in a variety of situations including:

- Secure care.
- Purchased residential placements.
- Looked After children at home and in kinship care.
- Foster care.
- Children subject to multi-agency statutory Child's Plans.
- Children requiring advocacy support at Protection Conferences.
- Children and Young People Affected by Disability.
- Families involved in Additional Support Needs Tribunals for Scotland.

Circles Network

Circles Network provides an advocacy service to children subject to compulsory measures under the mental health legislation and young people (over 16) meeting the eligibility criteria within the independent advocacy contract.

Fife Young Carers

Fife Young Carers provide support to young people who are also carers.

Kindred Advocacy

Kindred Advocacy provide support and advocacy for families of children with additional support needs.

References

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[SIAA Measuring Impact Toolkit.pdf](#)

Scottish Mental Health Law Review
[Homepage | Scottish Mental Health Law Review](#)

Independent Advocacy – A guide for commissioners
[Independent advocacy: guide for commissioners - gov.scot \(www.gov.scot\)](#)
HSCP Strategic Plan for Fife 2023 – 2026
[Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

Appendices

Appendix 1 Scottish Independent Advocacy Alliance Principles and Standards

Appendix 2 Delivery Plan

Appendix 3 Participation and Engagement Report

Revision History

Document Owner:	Integration Joint Board	Document Number:	IJB.021
Date Approved by IJB:		Revision Number:	0.1
Implementation Date:		Review Date:	

Appendix 1 Scottish Independent Advocacy Alliance Principles and Standards

Principle 1		Independent advocacy is loyal to the people it supports and stands by their views and wishes.
Standard	Independent advocacy follows the agenda of the people supported regardless of the views, interests and agendas of others.	
Standard	Independent advocacy must be able to evidence and demonstrate its structural, financial and psychological independence from others.	
Standard	Independent advocacy provides no other services, has no other interests, ties or links other than the delivery, promotion, support and defence of independent advocacy.	
Principle 2		Independent advocacy ensures people's voices are listened to and their views are taken into account.
Standard	Independent advocacy recognises and safeguards everyone's right to be heard.	
Standard	Independent advocacy reduces the barriers people face in having their voice heard because of communication, or capacity, or the political, social, economic and personal interests of others.	
Principle 3		Independent advocacy stands up to injustice, discrimination and disempowerment.
Standard	Independent advocacy recognises power imbalances or barriers people face and takes steps to address these.	
Standard	Independent advocacy enables people to have more agency, greater control and influence.	
Standard	Independent advocacy challenges discrimination and promotes equality and human rights.	

Appendix 2

Delivery Plan

Our Advocacy Strategy 2023 to 2026 is identified as one of the nine transformational strategies within our Strategic Plan 2023 to 2026.

Independent advocacy services are critical to safeguarding and empowering those who are most vulnerable and at risk and enabling them to express their views and have their voice heard. The Advocacy Strategy 2023 to 2026 and supporting Delivery Plan sets out how we will provide independent advocacy services in Fife, how we will achieve our local and national advocacy outcomes and how we will meet our statutory obligations in respect of advocacy service provision in Fife.

We will work closely with the Joint Advocacy Planning Group (JAPG), Fife Advocacy Forum and our partners in the third and independent sector to ensure that our Delivery Plan actions are achieved. The actions below are related to **year one** of the Advocacy Strategy 2023 to 2026, subsequent action plans will be developed throughout 2023.

STRATEGY DELIVERY PLAN									
Advocacy Strategy Delivery Plan 2023 – 2024									
Responsible: Head of Strategic Planning, Performance and Commissioning/Joint Advocacy Planning Group (JAPG)									
Priority	Action/Activity	Lead	Resources needed (Internal/External)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement / Outcome	Anticipated Completion Date	Completion Date
	Final review and approval of Advocacy Strategy 2023 – 2026 and supporting documents (Delivery Plan, Risk	Head of Strategic Planning, Performance and Commissioning.	Senior Leadership Team Strategic Planning Group Finance, Performance and Scrutiny Committee. Integrated Joint Board.	Advocacy Strategy is approved.	Final draft is not approved/does not meet expectations.	Advocacy Strategy developed in partnership with Fife Advocacy Forum which has representation from our advocacy	A robust Advocacy Strategy 2023 – 2026 has been developed in line with our best practice Strategy Development Pack	SLT 10 th May SPG 17 th May FPS 6 th July IJB 28 th July	

	Register, and EQIA).					service providers. Targeted engagement with our partner providers and those who use advocacy services in Fife. Engagement feedback has been considered and incorporated into the Strategy. Strategy Development Pack has been used to develop the Advocacy Strategy.	(Templates and Guidance) and in line with our Strategic Plan 2023 to 2026. This outcome will achieve our statutory responsibilities and the Scottish Government duty to produce a regular plan that details the funded advocacy provision in our area.		
	Approved Advocacy Strategy is shared across HSCP and our Partner agencies.	Strategic Planning Team/Fife Advocacy Forum.	Support from HSCP Communications Team. Key contact distribution lists for our Partner agencies.	Advocacy Strategy is widely distributed resulting in increased awareness.	Strategy does not reach all areas of the Partnership or all of our Partners.	A plan will be developed to determine the best way to promote and embed the Advocacy Strategy.	Relevant staff across HSCP and our Partner agencies will have a robust understanding of our approach to Advocacy planning in Fife.	By October 2023	

							This will also support raising awareness of advocacy services across our workforce and partners.		
	Joint Advocacy Planning Group (JAPG) is re-instated.	Strategic Planning Team	Support from Head of Strategic Planning, Performance and Commissioning to re-instate group. Members from stakeholder groups: Fife Advocacy Forum, HSCP, NHS Fife, Fife Council, Housing and Police.	The JAPG will oversee the Advocacy Strategy delivery plan actions and ensure that progress is being made and that actions are delivered.	Delivery plan is not achieved.	Progress being made on the identified actions in the delivery plan and achievement of the overall advocacy strategy priorities	Target completion dates are achieved for all actions and the overall advocacy strategy priorities are achieved.	September 2023	
	Review of Logic Model.	Fife Advocacy Forum	Fife Advocacy Forum	Logic model is reviewed and refreshed in line with the Advocacy Strategy 2023 -2026, HSCP Strategic Plan 2023 - 2026 and relevant	Logic model is not in alignment to new Strategic Priorities or local outcomes.	Support provided to Fife Advocacy Forum to refresh the Logic Model with links to the new Strategic Priorities for 2023 – 2026 and new local outcomes.	Refreshed Logic Model developed with links to the new Strategic Priorities for 2023 – 2026 and new local outcomes.	December 2023	

				outcomes from the Re-imagining third sector project.					
5	Renewal of our Independent Advocacy Contract	Service Manager, Quality Assurance/ Procurement Social Care Category support.	Fife Council, Procurement Support, HSCP staff support to evaluate tender responses.	Independent Advocacy Contract is renewed.	Existing contract extension could lapse with no new contract in place if this action is not delivered.	Service Manager to work with Procurement Social Care Category to develop a plan and timeline to achieve this action.	A new Advocacy Contract will be in place that supports our statutory obligations and achievement of the national and local advocacy outcomes.	Contract start date by January 2024	
	Review of Fife Advocacy Forum Funding	Head of Strategic Planning, Performance and Commissioning/Joint Advocacy Planning Group	Head of Strategic Planning, Performance and Commissioning/Joint Advocacy Planning Group/NHS Fife	Funding for the continuation of Fife Advocacy Forum is secured.	Funding isn't secured for the continuation of Fife Advocacy Forum.	Potential funding opportunities identified and progressed.	Funding secured for the continuation of Fife Advocacy Forum.	Funding to be secured by January 2024 for financial year 2024 – 2025.	

Risk Register - as at 01/03/2023					Original Risk Score			Residual Risk Score					Risk Ownership						
Ref.	Source	Date Added	Risk Heading	Risk Description	Likelihood	Consequence	Risk Grade	Mitigation/ Management Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Next Review Date	Review Results	Date last reviewed	Risk Status	Comments
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	Initial Risk	01/03/2023	Resources/ Timescales	There is a risk that insufficient resources are available to develop the new Advocacy Strategy and supporting documentation within required timescales.	Possible (3)	Moderate (3)	(Moderate) 9	A resource has been identified within the Strategic Planning Team. A work plan is in place to support ongoing discussion and decision making in partnership with Fife Advocacy Forum and the Head of Strategic Planning, Performance and Quality Assurance. A robust governance framework is in place via the Senior Leadership Team (SLT), Strategic Planning Group (SPG) and Integrated Joint Board (IJB) for approval. Risk reviewed 10/04/2023, no additional issues, target risk grade achieved.	Unlikely (2)	Minor (2)	(L) 4	(VLR) 3	Head of Strategic Planning, Performance and Quality Assurance	Strategic Planning Team Resource	17/05/2023		10/04/2023		Now assessed as Low Risk.
2	Initial Risk	01/03/2023	Alignment with Strategic Plan	There is a risk of failure to achieve alignment to the Strategic Plan 2023 - 2026 and develop the Advocacy Strategy in a way that aligns and supports delivery of the priorities in the Strategic Plan. This could lead to a risk of the Advocacy Strategy not being approved by SLT and therefore not going forward for approval by the SPG and IJB.	Possible (3)	Moderate (3)	(Moderate) 9	A Strategy Development Pack has been developed by the Strategic Planning Team and approved by SLT, SPG and IJB. This details best practice guidance and templates for developing the supporting strategies. A key component of the Strategy Development pack and Strategy Template is to align the supporting strategies to the Strategic Plan. The Strategy Development Pack will be followed in the development of the Advocacy Strategy to ensure that the Advocacy Strategy is in the approved format and alignment to the Strategic Plan is achieved. In addition the resource identified within the Strategic Planning Team to develop the Advocacy Strategy 2023 - 2026 has been involved in the development of the Strategic Plan 2023 - 2026, this will ensure that a robust understanding of the vision, mission and priorities within the Strategic Plan will be embedded within the Advocacy Strategy 2023 - 2026. Risk reviewed 10/04/2023, no additional issues, target risk grade achieved.	Remote (1)	Minor (2)	(VLR) 3	(VLR) 3	Head of Strategic Planning, Performance and Quality Assurance	Strategic Planning Team Resource	17/05/2023		10/04/2023		Now assessed as Low Risk.
3	Initial Risk	01/03/2023	Integration/ Engagement	There is a risk that the process of developing the Advocacy Strategy is undertaken in isolation and does not include our partner providers in the third and independent sectors. There is a subsequent risk that we do not include a strong lived experience voice.	Possible (3)	Major (4)	(Major) 12	An engagement plan has been developed with the Service Manager (P & E) and the P & E officer to ensure that the appropriate level of engagement is carried out with the relevant groups to inform development of the Advocacy Strategy. A number of other national and local consultations relating to advocacy will be considered in the development of the Advocacy Strategy as well as targeted consultation that will be carried out with our Fife Advocacy Providers and those who use our Advocacy Services to ensure that those who deliver Advocacy Services in Fife and those who use Advocacy Services in Fife have a strong voice in the development of the new Advocacy Strategy 2023 -2026. The Advocacy Strategy 2023 - 2026 will be developed in partnership with Fife Advocacy Forum which represents Advocacy providers in Fife, it is the intention to take ongoing engagement updates and reports to Fife Advocacy Forum. Risk reviewed 10/04/2023, no additional issues, target risk grade achieved.	Unlikely (2)	Minor (2)	(L) 4	(VLR) 3	Head of Strategic Planning, Performance and Quality Assurance	Strategic Planning Team Resource	17/05/2023		10/04/2023		Now assessed as Low Risk.
4	Initial Risk	01/03/2023	Financial Viability /Best Value	There is a risk that unexpected events or drivers may impact on the financial viability and delivery of the Advocacy Strategy leading to restrictions on what we can realistically achieve over the next three years, for example: new variants of the Covid 19, and the cost of living crisis.	Likely (4)	Major (4)	(HR) 16	The Medium Term Financial Strategy considers external events and influences/ drivers. Ongoing monitoring and horizon scanning will ensure that unexpected events are considered and financial viability maintained. Reviewed 10/04/2023 - no change.	Possible (3)	Major (4)	(MR) 12	(MR) 12	Chief Finance Officer	Partnership Finance Manager	17/05/2023		10/04/2023		

5	Initial Risk	01/03/2023	Decision Making	There is a risk that the development of the Advocacy Strategy is delayed due to poor decision making and/or lack of consensus on Strategy Content from Fife Advocacy Forum, SLT, SPG and IJB.	Likely (4)	Major (4)	(HR) 16	The Advocacy Strategy will be developed taking into account a number of local and national engagement reports and our own targeted engagement with our current Advocacy Providers and those who use our Advocacy Services to ensure that the Strategy takes account of the needs and interests of those delivering and those using Advocacy Services in Fife. Further to this, robust analysis, benchmarking activity, SWOT analysis, STEEPLE analysis and stakeholder analysis took place prior to the Advocacy Strategy 2023 - 2026 being developed, a work plan for the development of the new Strategy was created and this was approved by the Head of Strategic Planning, Performance and Quality Assurance prior to this project commencing. Regular updates have been provided as necessary to Fife Advocacy Forum and the Head of Strategic Planning, Performance and Quality Assurance as the Strategy has developed. <i>Reviewed 10/04/2023 - Draft Advocacy Strategy has been considered by Fife Advocacy Forum - no significant changes required.</i>	Unlikely (2)	Moderate (3)	(LR) 6	(VLR) 3	Head of Strategic Planning, Performance and Quality Assurance	Strategic Planning Team Resource	17/05/2023	10/04/2023		
6	New Risk	10/04/2023	Governance	There is a risk that the Advocacy Strategy 2023 - 2026 and supporting documentation fails to be approved during it's governance approval route by one or more of the following: Senior Leadership Team, Strategic Planning Group, Finance, Performance and Scrutiny and the Integrated Joint Board.	Possible (3)	Moderate (3)	(MR) 9	The Advocacy Strategy has been developed using the approved strategy development pack to develop the strategy using specific templates and incorporating set content to ensure that it is aligned to the Strategic Plan 2023 - 2026. A working group has been created who have informed the development of the Advocacy Strategy and have approved content and supporting documentation throughout the strategy development journey. Robust participation and engagement activity has been carried out, considered and incorporated into the final version of the Advocacy Strategy 2023 - 2026.	Unlikely (2)	Moderate (3)	(LR) 6	(LR) 6	Head of Strategic Planning, Performance and Quality Assurance	Strategic Planning Team Resource	17/05/2023	10/04/2023		

Risk= Likelihood x Consequence		Increasing likelihood				
		Remote (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Increasing consequence	Extreme (5)	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Moderate (3)	3	6	9	12	15
	Minor (2)	2	4	6	8	10
	Negligible (1)	1	2	3	4	5

Overall Risk Score	
P x I	Score
15 to 25	High Risk- Unacceptable risk to be eliminated
8 to 14	Moderate Risk- Undesirable risk to be avoided
4 to 7	Low risk- Acceptable provided management
1 to 3	Very low risk-No consideration

Probability/Likelihood Ratings

Descriptor	Unlikely	Possible	Likely	Almost Certain
Likelihood	Not expected to happen, but definite potential exists – unlikely to occur	May occur occasionally, has happened before on occasions – reasonable chance of occurring	Strong possibility that this could occur – likely to occur	This is expected to occur frequently / in most circumstances – more likely to occur than not

Impact/Consequence Ratings

Descriptor	Minor	Moderate	Major	Extreme
Project Objectives	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives
Partnerships/ Relationships	Minor effect on relationships with partners	Significant effect on relationships with key partners	Ineffective partnerships	Irreparable damage to partnership working
Service Disruption	Short term disruption to service with minor impact on supported person (or carer)	Some disruption in service with unacceptable impact on supported person (or carer)	Sustained loss of service which has serious impact on delivery of outcomes for supported person (or carer)	Disruption to service leading to significant "knock on" effect to quality of life for supported person or carer
Publicity/ Reputation	Minor effect on staff morale / public attitudes.	Significant effect on staff morale and public perception of the organisation	Public confidence in the organisation undermined	MSP / MP concern (Questions in Parliament). Court Enforcement or Public Enquiry



Advocacy Strategy 2023 - 2026

Overall Engagement Feedback

Feedback from Service Providers, Service-Users and supporting engagement at local and national level.

C. Rogers

April 2023



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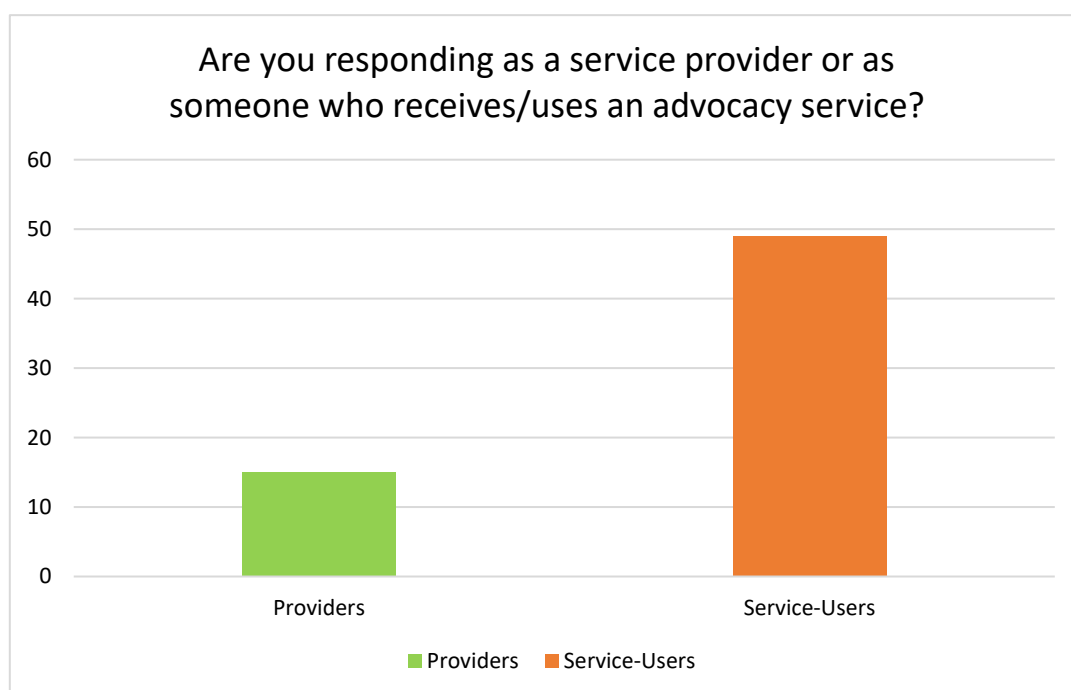
Introduction

The Fife Health & Social Care Partnership Advocacy Strategy 2018 – 2021 is being refreshed. The refreshed Advocacy Strategy 2023 – 2026 will set out the priorities and future direction of the advocacy support that we provide across Fife.

To ensure that the people who provide and receive advocacy services across Fife have the opportunity to influence and inform the refreshed Strategy, the Fife HSCP Participation & Engagement Team carried out a period of engagement to gather their views and opinions on the priorities that have been identified.

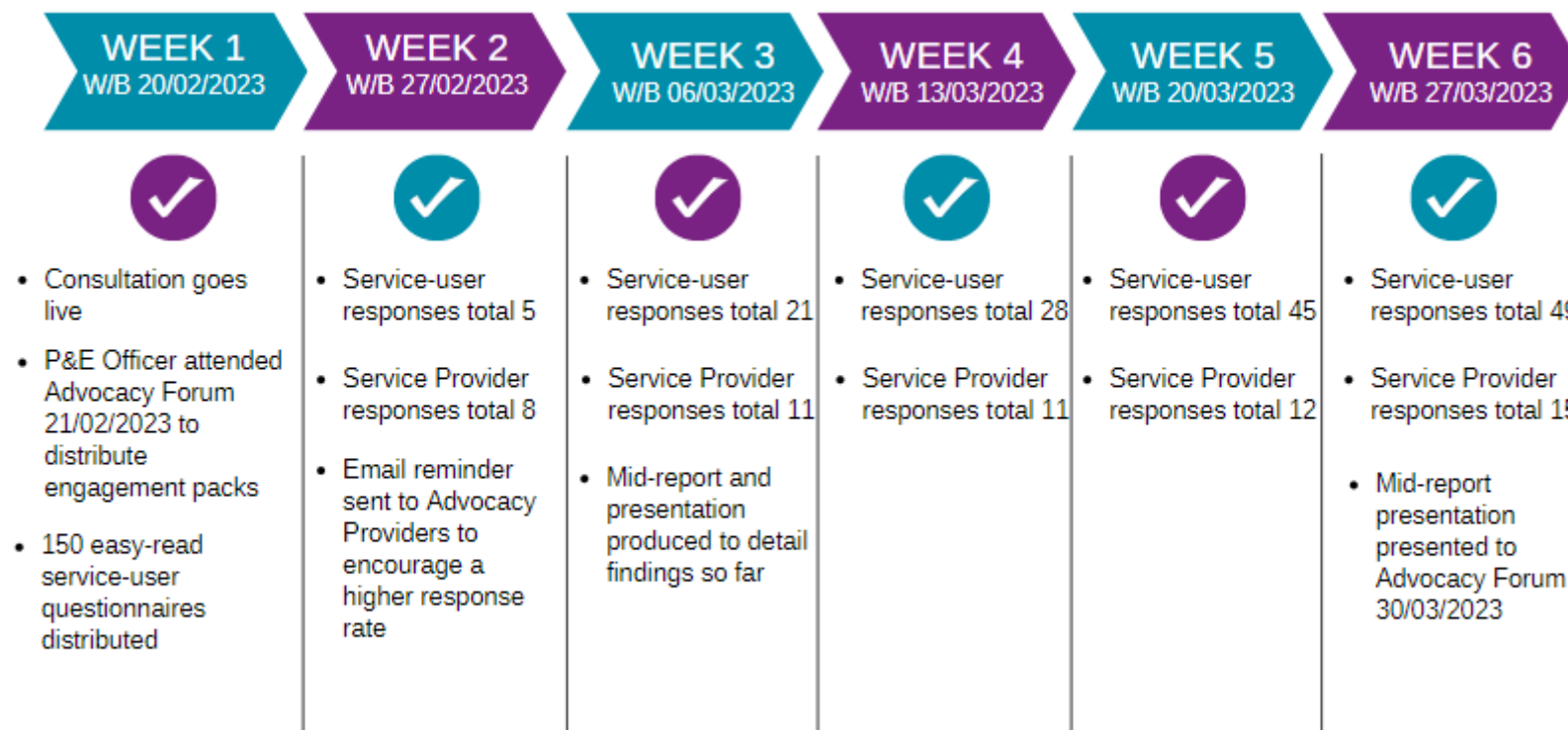
The findings of this report will analyse the feedback received from advocacy providers, and those who use and receive advocacy services across Fife. In addition to this, information and feedback from other relevant consultations carried out at a local and national level has been included in this report to highlight relevant feedback and recommendations which will be used to inform the refreshed Advocacy Strategy 2023 – 2026.

A total of 64 responses were submitted. The following chart gives a breakdown of responses per feedback group.





The Engagement Timeline



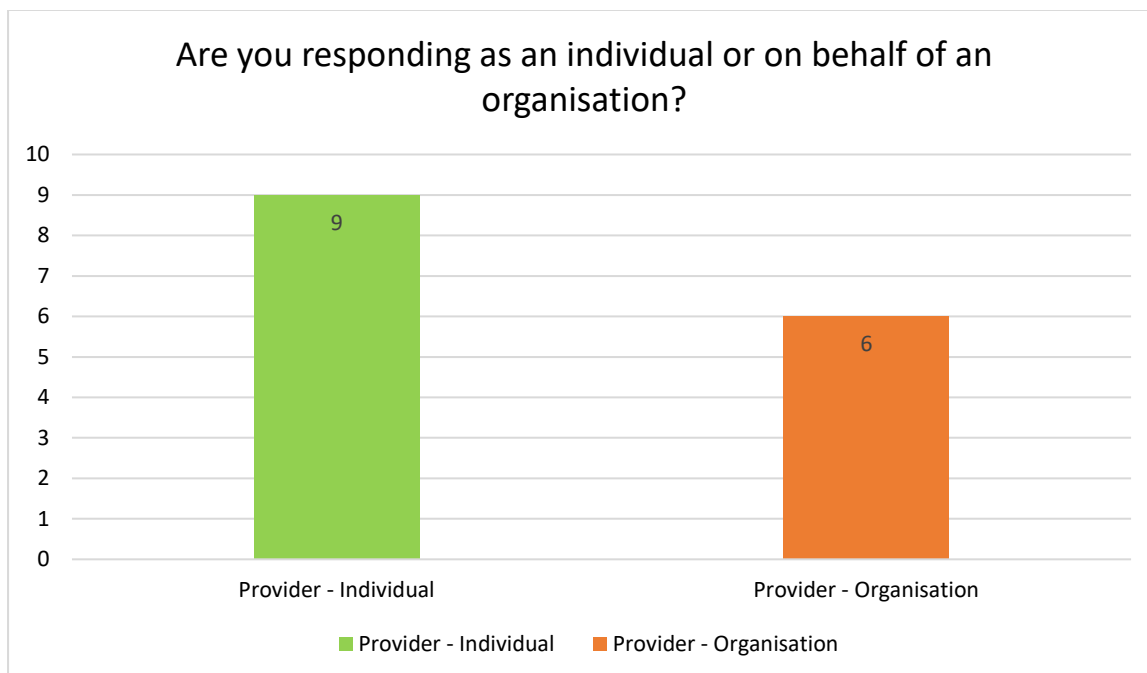


Feedback from Service Providers

The following section analyses the feedback received in response to the Service Providers consultation.

Methodology

A total of 15 responses were received from service providers across Fife. Respondents were asked to identify whether they were responding as an individual or on behalf of an organisation. This information has been identified in the chart below.



Responses were received from the following organisations;

Equal Voice	People First
Fife Carers Centre (1)	Fife Advocacy Forum
Fife Carers Centre (2)	Dunfermline Advocacy

Distribution

The Participation & Engagement Team attended the Fife Advocacy Forum on February 21st at Dunfermline Advocacy. At this meeting information for providers including a cover letter and posters with QR codes were distributed for Forum members to share with their colleagues.

After the Forum an email was sent to all service providers which contained the information and materials as mentioned above.

Reminder emails were sent via the Chair of Fife Advocacy Forum during the engagement period.



Supporting Communications

A poster was designed for Advocacy providers to scan a QR code to complete the online questionnaire. This can be seen in Appendix 1.

Feedback from Consultation

The following information analyses the feedback collated from the service provider consultation and for each of the priorities identified.

Q1. What does Advocacy mean to you?





Q2. How could Advocacy service across Fife be better supported by the Fife HSCP?





Q3. Priority 1

The changes we need to make

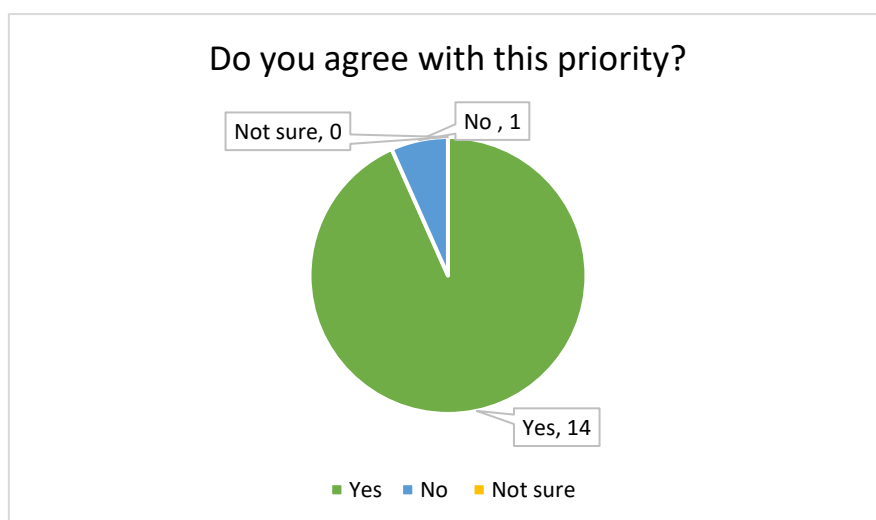
We will ensure comprehensive independent advocacy provision which adheres to legislative requirements and reduces gaps to access.

What will success look like?

An increase in the availability and range of independent advocacy provision in Fife.

Where we want to be in 2026

Comprehensive independent advocacy provision which adheres to legislative requirements and reduces potential access gaps, including all equality groups.



What else should the partnership be doing to achieve this priority?

- Ensure there are enough advocacy services/advocacy services can accommodate the changes which may mean more staff for services to provide the priorities.
- By providing appropriate and proportionate funding into advocacy services.
- There is no advocacy for young people under the ages of 16 if they are not involved in social work.
- Raising awareness around advocacy within the Partnership and beyond so that advocacy is utilised appropriately.
- Ensuring staff carrying out these priorities are being given support expanding NHS and other professionals knowledge on what advocacy is and what their roles are and a clear outline of what they can and cannot do.
- The Partnership should be more proactive about informing service users about their rights and what steps they can take to challenge health care decisions that negatively impact on service users. Local people should know what the local authority can and cannot do in the assessment and provision of health care resources.
- More funding, more staff and organisations offering independent advocacy
- Greater investment.



- Making sure there are a variety of different types of advocacy available
- Ensuring that there is a breadth of different types of Advocacy also – from Citizens advocacy to collective advocacy. The Partnership should be making long term financial commitments to advocacy organisations to ensure good service and continuity.
- Members of the Forum [Fife Advocacy Forum] would support this, and also for independent advocacy to be available to all who might need it even if this is wider than current legislative requirements.
- Dunfermline Advocacy would like to see a commitment to support vulnerable groups both in line with and potentially wider than those specific groups covered by specific pieces of legislation to ensure that anyone requiring independent advocacy can access it.

Q4. Priority 2

The changes we need to make

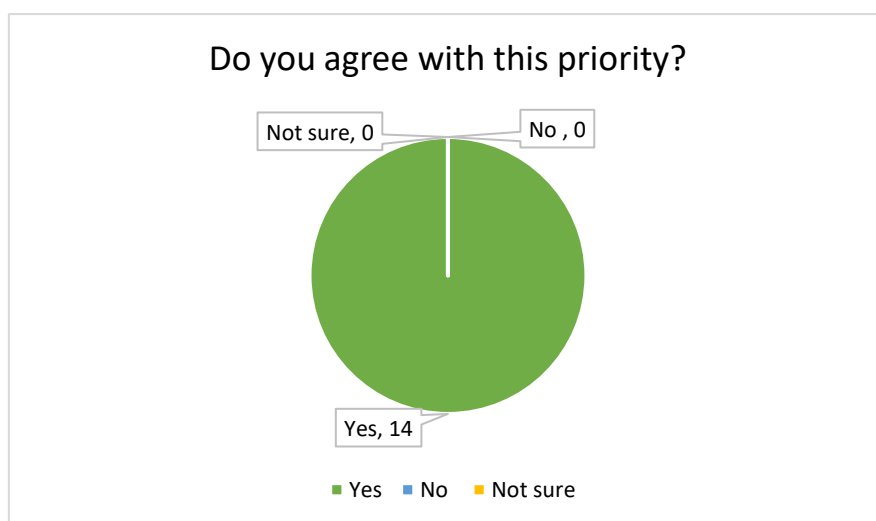
We will work in partnership with Fife Advocacy Forum and other advocacy organisations to develop an effective communication strategy and raise awareness of Advocacy Services using a wide variety of communication methods.

What will success look like?

The development of a robust communication strategy and an effective awareness raising campaign.

Where we want to be in 2026

More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them. Evidenced through an increase in the number of referrals to advocacy organisations.





What else should the partnership be doing to achieve this priority?

- Ensuring people who are already aware of advocacy fully understand what advocacy is and what it is not.
- To consider the impact on advocacy services re the increase in the number of referrals, i.e., funding and staffing.
- More collaborations, clear pathways amongst services, person centred approach.
- The Partnership should ask “Do we have enough advocacy resource to support the people of Fife?” Whilst this is debatable in my view, many advocates cut across multiple service providers such as housing and education and even this is marginally supported.
- Take into account the fact that people who need to have an independent advocate do not always have access to technology as a means of finding or using the service.
- More money provided to achieve this.
- Alongside this priority there needs to be investment as this will mean more referrals to services which are already stretched.
- Over the life of the Strategy the members of the Forum believe that training and awareness for professionals on what advocacy IS, and what it is NOT will be vital to ensure that expectations are realistic, for example, that advocacy organisations do not provide care and support services. The Forum believes that independent advocacy providers should lead any awareness raising and training but that additional resources will be required to achieve this.
- Financial resources would be required to meet this priority – both to the Forum to support the development and running of campaigns, and then also to individual advocacy providers to meet the increase in demand for services. The increase in the number of referrals will mean additional workload both in processing referrals and then in providing support to people. There is a need to look at campaigns for professionals – in statutory third sector, housing and private sector providers, but also for people currently using or potential service users and finally for the general public, including the opportunities to volunteer as Citizen Advocate in Fife.

Q5. Priority 3

The changes we need to make

We will review our Service Level Agreements (SLAs) with local Advocacy providers to ensure that these are fully reflective of the aims and objectives of the Advocacy Strategy and incorporate any necessary changes in policy, legislation, and guidance.

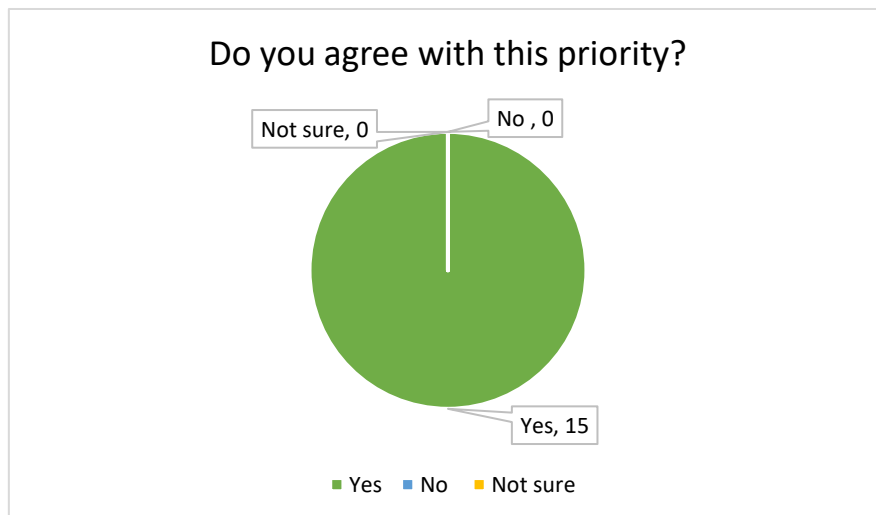
What will success look like?

Completion of a review of Service Level Agreements with Advocacy providers and development of a new SLA template where appropriate.



Where we want to be in 2026

Service Level Agreements will be in place with Advocacy providers (as appropriate) that are reflective of the refreshed Advocacy Strategy and current policy, legislation and guidance.



What else should the partnership be doing to achieve this priority?

- Working with the staff providing the advocacy.
- The SLA should adequately reflect the advocacy work flow and reach of each organisation and resource it accordingly. Fife Carers Centre for example has one advocacy in excess of twenty-five support workers. I would say the ratio is limited here.
- Ensuring funding is on a long term basis not just one year a time. This should provide consistency and stability to the organisation, staff and users.
- Do this in a timely manner and have good clear communication around this.
- Forum members would like to see this process completed as soon as possible so as to help clarify our work and also responsibilities under a new SLA template. The Forum would also like to look at how we incorporate advocacy outcomes into the tendering process/contract and also into SLAs.
- We would like to also look at including reporting on outcomes such as those developed by the Forum in the Service Level Agreements.

Q6. Priority 4

The changes we need to make

We will work in partnership with our Advocacy provider to review eligibility criteria with a view to expanding the range of people who are eligible to receive advocacy services.

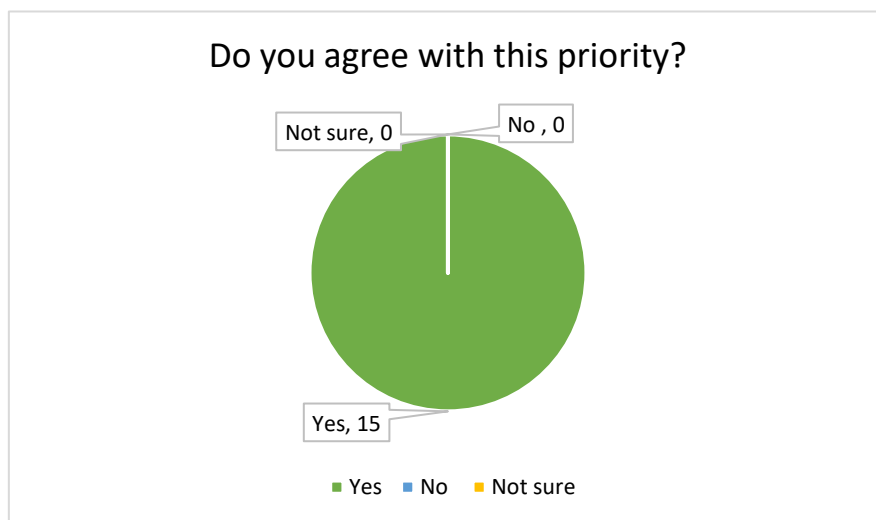


What will success look like?

Completion of a review of eligibility criteria to advocacy services ensuring that the criteria are fit for purpose and are inclusive of all equality groups.

Where we want to be in 2026

Provision of eligibility criteria across Fife meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.



What else should the partnership be doing to achieve this priority?

- Putting enough awareness out in the community.
- Put the funding to more resources and staff.
- The Partnership should consider the lowest common denominator when determining eligibility for access to advocacy services.
- Ensure the views of existing and potential users is also taken into account
- Provide money for the gaps missing – Under 16s and over 65s living in the community.
- Be aware that at times Advocacy Services support those in the lower tiers of eligibility and may support people who have ‘moderate’ or ‘low’ needs however this work is often preventative and stops individuals from their needs increasing and becoming critical.
- Members of the Forum would support this, and also for independent advocacy to be available to all who might need it even if this is wider than current legislative requirements.
- We support advocacy being available to as wide as possible groups of people, but as stated previously we would advocate that additional funding is required to expand services so that existing groups do not lose access to advocacy.



Feedback from Service-Users

Methodology

Those who use and/or receive advocacy services in Fife were invited to complete an easy-read paper questionnaire which was returned to the Participation & Engagement Team using a freepost envelope. It was felt this would be the most effective way to gather views and opinions as their advocacy workers could support them to complete the questionnaire.

A total of 49 responses were received including 41 paper copies and 8 online responses, achieving a response rate of 32%. Feedback from paper copies was manually submitted into the online MS Form by the Participation & Engagement Team.

Distribution

Service providers supported the Participation & Engagement Team to distribute the easy-read questionnaires during the period that the advocacy consultation was live.

A total of 150 paper copies were distributed to service provider attendees at the Fife Advocacy Forum meeting on February 21st 2023. An email with the easy-read copy attached and online MS Form link included was also distributed to the Advocacy Forum after the meeting to distribute and support service-users to complete.

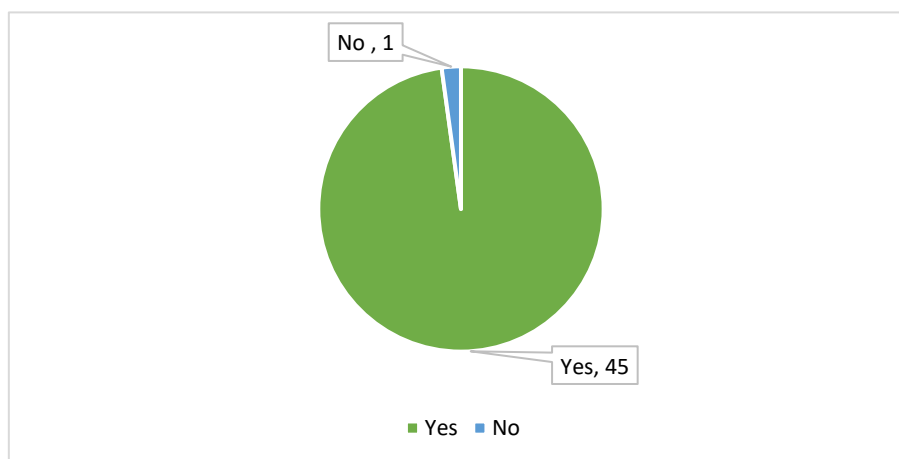
Supporting Communications

There were no Communications required to support service-user engagement.

Feedback from Consultation

The following information analyses the feedback collated from the service-user consultation questions.

Q1. Do you think Advocacy Services in Fife do a good job at supporting you?



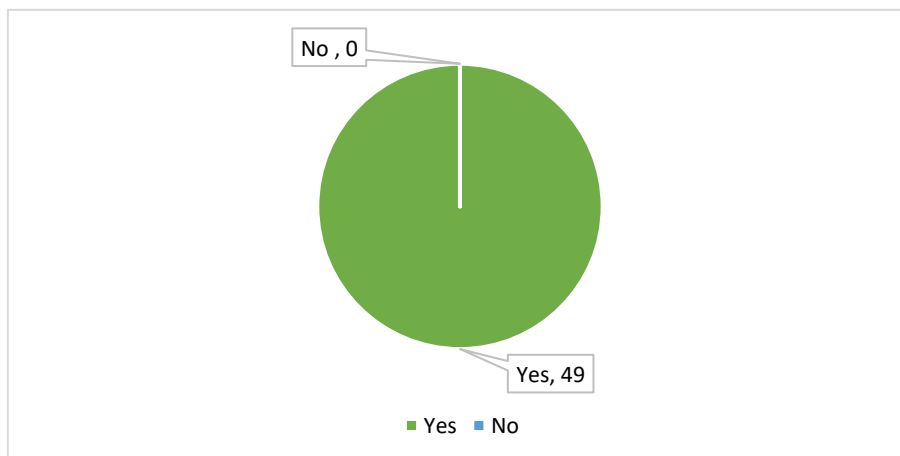


Q2. Why are Advocacy Services important to you?

From the responses received, seven key themes emerged from the feedback gathered. The key themes have been identified and highlighted in the below diagram.

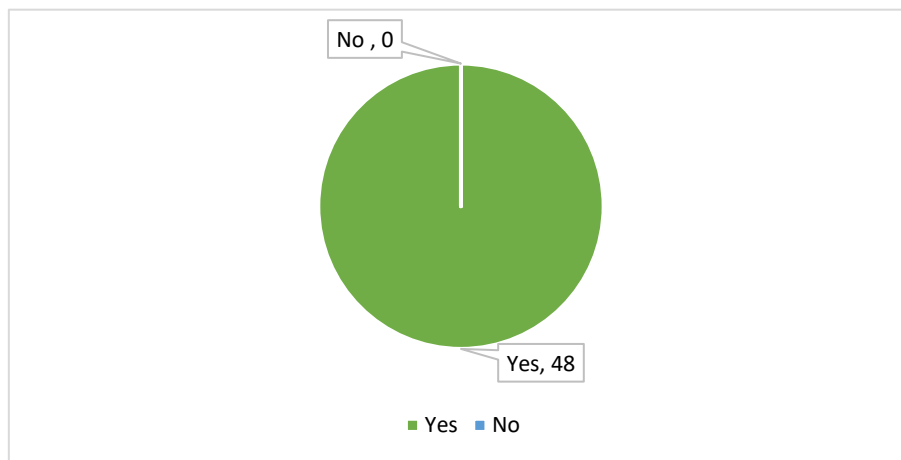


Q3. We will make sure that independent advocacy is available to the people of Fife when they need it.

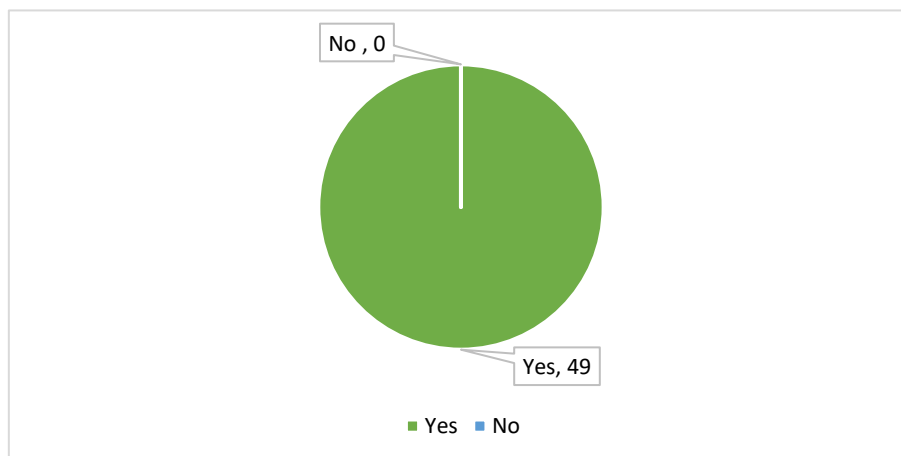




Q4. We will increase advocacy provision in Fife so that more people can access it.

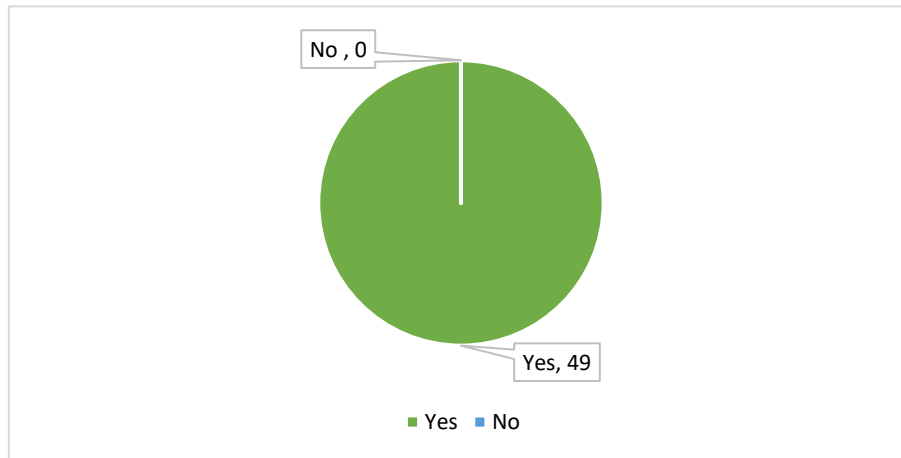


Q5. We will make sure that all groups of people who access services have equal access to independent advocacy.





Q6. We will work closely with Advocacy services so we can tell people what support is available to them.



Q7. What else can we do to improve access to independent advocacy in Fife?

- Increase staff:
 - Have more male staff.
 - More local workers.
 - Encourage more volunteers.
- More funding and make it longer-term.
- More venues for people to access advocacy services.
- Advertising campaigns to raise the awareness of services available to people.
- More support for people with Learning Disabilities.
- Keep waiting lists low.
- If Advocacy could provide transport to get me around.



Supporting Engagement – Local and National Strategies and Consultations

Various local and national strategies and consultations supported the development of the refreshed Advocacy Strategy 2023 – 2026. A list of these with links can be found below. Key themes and/or comments from these consultations have been identified and presented in documents which can be found in the Appendices 2-7.

Name	Consultation Dates	Link	Appendix
Fife HSCP Strategic Plan	2022 – 2026	Fife HSCP Strategic Plan 2022 - 2026	Appendix 2
Fife HSCP Carers Strategy	2023 – 2026	Not yet published	Appendix 3
SG National Care Service	2021	Scottish Government - A National Care Service for Scotland (consultation responses)	Appendix 4
Scottish Government Scottish Mental Health Law Review Consultation	2022	Consultation (mentalhealthlawreview.scot)	Appendix 5
Relevant Key Legislation Review	2022	Mental Health (Care & Treatment) (Scotland) Act 2003 Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007	Appendix 6
People First Fife Conference	2023	N/A	Appendix 7



Conclusions

Considering the targeted audience, this consultation received a good response rate, achieving 49 service-user responses and 15 service provider responses. Within these responses was a lot of valuable information and feedback which agree with the priorities identified for the updated Advocacy Strategy 2023-2026.

From the service providers perspective, agreement was achieved across the priorities that have been established for the Strategy. Service providers agreed that advocacy gives people a voice, is accessible and gives people choices and to help them better understand what they are entitled to. It represents the most vulnerable in our communities and ensures empowerment to make a positive difference in people's lives. Service providers suggested that Fife HSCP could provide better support by allocating more funding to advocacy services and making this longer-term, by improving the involvement and awareness around advocacy across all services including social work, and taking into consideration that with more referrals will come more work and advocacy is stretched as it is so this must be recognised.

From the service-users perspective advocacy is a significant supporting mechanism for those who use Advocacy services across Fife. Most respondents agreed that Advocacy ensures their voice is heard, helps them to speak up for themselves on matters that are important to them, and also helps them to understand their rights and entitlements. In addition to this it was agreed by some respondents that Advocacy gives them a sense of belonging and supports them to get to know people in a similar situation to them and to support them to socialise. Service users felt that Fife HSCP could better support advocacy by giving more funding, encouraging more volunteers and male staff, having more local staff who know their area, and improving the knowledge and awareness of advocacy between professionals.



Overall, respondents agreed with the priorities that will form the basis of the refreshed strategy and provided feedback to suggest an increase of funding is needed to move forward as well as more staff being the most common themes emerging.





Appendix

Appendix 1: Communications for Providers


Advocacy in Fife Have your say!

Fife Health & Social Care Partnership  Fife Advocacy Forum 
Supporting & Developing Advocacy Across Fife


 **SCAN ME**



The Fife Health and Social Care Partnership is setting out the priorities and future direction of advocacy support that is provided across Fife in the refreshed Advocacy Strategy 2023-2026 in line with the newly published *Strategic Plan 2023 - 2026*.





To ensure that the people who provide advocacy services have equal opportunities to inform the latest Advocacy Strategy, we are seeking the views of service providers to find out what is important and what the key focuses should be when providing support to Advocacy services.



To take part and give your views, please use the QR code above to access a short questionnaire. This is your opportunity to tell us what you think.

Please submit your response by **Friday 31st March 2023**.

For information on how we use and gather your data protection please visit:
<https://www.fife.gov.uk/kb/docs/articles/privacy-notice/health-and-social-care>

 www.fifehealthandsocialcare.org  HSCP.ParticipationEngagement@Fife.gov.uk



Appendix 2: Supporting Engagement: Fife HSCP Strategic Plan 2023-2026

The following points were lifted from responses to the priorities around Advocacy within the Strategic Plan 2022 – 2026.

- Independent Advocacy is important, and it is inclusive – groups such as People First don't have waiting lists so people can get the support that they need and when they need it rather than being passed between services.
- It is comforting going to groups such as People First to discuss personal problems and we don't always want to discuss this with professionals who we don't know and then to have to repeat our story over and over again.
- It would be good to have one person who manages your "files" to provide familiarity and continuity across services we receive.
- Need more advocacy workers.
- No advocacy group for just men in Fife, there are plenty of women's groups.
- Ensure collective advocacy is available for minority groups.
- Develop further citizen advocates who stay with a person throughout their journey in services.
- People should have access to all types of advocacy and can access advocacy which specialises in working with them (learning disabilities for example).
- People should have good information about where to turn to.
- Professionals should know about Advocacy Services (The Health Improvement Partnership should be involved). Need to be proactive in promoting advocacy, many do not know what it is or that they can use, often seen as only for those with complex needs.
Ensure social workers offer referral for advocacy as standard practice.
- Accessible advocacy to upskill NHS staff.
- Making sure all parties aware of advocacy services available, how to access and refer etc and updating communities / advertising.
- The services that are available struggle due to demand. Yes a good service but when the system doesn't work there is a lot of waiting and non-resolution.



Appendix 3: Supporting Engagement: Fife HSCP Carers Strategy 2023-2026

5 of a total of 53 respondents agreed they had accessed information, support or advice regarding Advocacy Services in the last 12 months.

There were no further comments.

Appendix 4: Supporting Engagement: Scottish Government National Care Service Consultation

150 of a total of 1057 published responses responded to or answered questions relating to advocacy in this consultation.

Chapter 1b: Access to Care and Support

Question 4: How can we better co-ordinate care and support (indicate order of preference, with 1 being the most preferred option, 2 being second most preferred, and so on)?

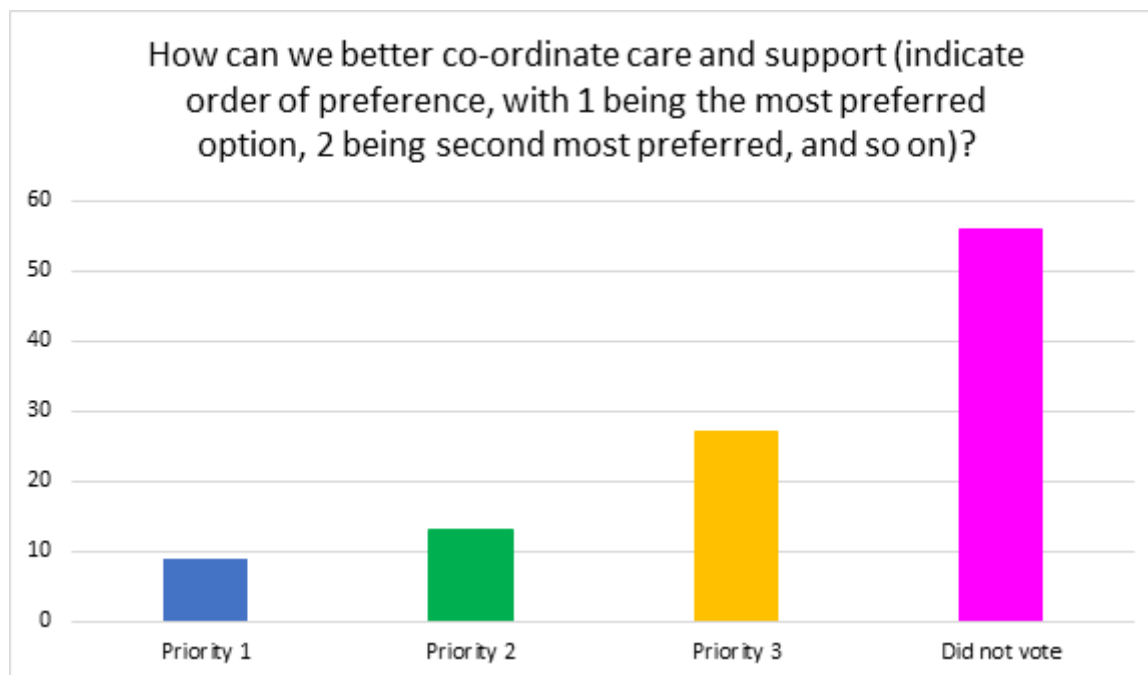
Respondents were asked to vote in numerical order on their priorities.

Option 1: Have a lead professional to coordinate care and support for each individual. The lead professional would coordinate all the professionals involved in the adult's care and support.

Option 2: Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.

Option 3: Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

For the purpose of this analysis, only the priority levels identified for Option 3 have been included in the chart below.



The following comments were received to support this.

It is important that people are given clear information about independent advocacy at the very start of the process of accessing care and support. People with lived experience of mental health issues and others who are seen to have a 'mental disorder' under the Mental Health (Care and Support) Act 2003 have the right to access independent advocacy. We think everyone using the National Care Service should have the right to independent advocacy. Independent advocacy should be offered in addition to ALL the above options and for anyone accessing any part of a National Care Service

Chapter 1e Complaints and Putting Things Right

Question 14: What elements would be most important in a new system for complaints about social care services (please select 3 options)

Option 1: Charter of rights and responsibilities, so people know what they can expect.

Option 2: Single point of access for feedback and complaints about all parts of the system.

Option 3: Clear information about advocacy services and the right to a voice.

Option 4: Consistent model for handling complaints for all bodies.

Option 5: Addressing complaints initially with the body the complaint is about.

Option 6: Clear information about next steps if a complainant is not happy with the initial; response.

Option 7: Other – please explain.



For the purpose of this analysis, the data analysed highlights those who choose option 3 within their response.

From a possible 105 respondents who published their response and answered advocacy based questions, or included advocacy in their response, 50 of these choose Option 3 in their most important.

Further to this the following comments were received.

Inevitably people will start their complaint in different ways, but these should funnel into a single system. The system is failing if people need substantial advocacy support to make their complaint. The complaint process must continue until it is resolved satisfactorily.
Advocacy Services are largely underfunded by Health Boards and Local Authorities, work a two day week and are rarely available when you need them.
When complaints are upheld, actions need to be followed up and progress needs to be enforced.
Different routes are needed into the complaints system to overcome the anxieties of service users who are wary and anxious about making a complaint. This issue should be recast as complaints and representations. Service users and carers might not want to complain about their paid carer or service provider but might instead want to make representations about the type or level service they receive and this should be accommodated. A rights-based system should also be extended to support service users and carers in seeking judicial review of activities in relation to statutory duties and discretionary powers – this support should include advocacy and legal aid.
All these problems would be avoided if primary responsibility for the management of care lay with local authorities. If at the same time the system was focussed on supporting people, rather than trying to ration resources, the need to complain would reduce dramatically, as would the need for advocacy services, and most issues could be resolved through discussion and negotiation rather than formal complaint processes.
That those to whom the complaints are sent actually understand things such as access issues, the rights of disabled people and unpaid carers, and will look at the complaints fully and properly, seeking any professional advice they may need, which should also be addressed openly and discussed with the complainant in order that they can explain issues more clearly. We would like to see a union for disabled people and unpaid carers to support them in making complaints and seeing them carried through to resolution and action. A possible tribunals system to help resolve complaints within the law, and people's rights, but it would need to have the necessary authority or power to make people obey it. A commissioner would need to be accountable. We need disabled people in these sort of positions or it just becomes non disabled people representing disabled people and getting it wrong time and time again.
A no wrong door approach would support people to access services rather than requiring them to go to single place, and support the principle of addressing concerns quickly and close to the issue as possible.
Initial information as to how to go about making a complaint and putting the complaint together. In the past Community Health Councils played a useful role here as they covered all aspects of the health service. Present advocacy services are more fragmented.
Develop a national single point of access, featuring an overview of advocacy rights and services, for information on making a complaint or giving feedback about social care. A new system for complaints about social care services must take a human rights-based approach which is in-keeping with recommendation 12 of the Independent Review of Adult Social Care in Scotland. People making complaints or raising concerns about their care arrangements must have rapid recourse. The current complaints systems are often too complex for individuals to navigate – especially for people who don't readily have access to support and advice.
The offer of peer advocacy services must be included within the complaints process and must be made available to people as a matter of course. This must be underpinned by investment in independent and peer advocacy services which can support people through the complaints process. Disabled people must be made fully aware of their rights and be empowered to discuss their concerns with a dedicated point of contact.
For people using services and their families, the complaints landscape is complicated. We see the benefits that a single point of access could bring. We welcome the emphasis on advocacy support, which our experience shows is too limited at present.
Stress that this information must be fully accessible in BSL, therefore translations of each section should be created and delivered alongside the English versions.
Single Point of Contact is useful for clarity and simplicity, and properly funded advocacy would be a really positive step.
A single point of access is a simple and easy to understand route but could become unmanageable if administered at national level. It is vital any new system for complaints is accessible for people with sensory loss and wider



<p>communication needs. This requires the availability of information about how to make a complaint and the relevant processes in accessible formats, and consideration to be given to the provision of independent advocacy.</p>
<p>It's important for people to know what to expect, clear info about advocacy so people understand who can help them fight their corner, and clear info about taking a complaint forward.</p>
<p>People should have access to a range of types of Independent Advocacy to support them, including Citizen Advocacy, and these should be available in all areas of Scotland.</p>
<p>Information about Advocacy services is of extreme importance to ensure people have support should they require it to make their voices heard. Of equal importance is clear information about the process of any complaint and communication on progress with the complainant.</p>
<p>Many marginalised groups will require advocacy in order for them to have their voices heard</p>
<p>It is critical that there is a Charter of rights and responsibilities, relevant to children and young people, so that they know what to expect and it is clearly understood. It should be created in a range of accessible formats to meet the needs of the child and young person.</p>
<p>The individual should always be able to discuss any complaint with the service provider though some are reluctant to do that for fear of action by the provider. Often this is a communications issue so the advocacy service should allow the discussion to be about improvement rather than complaint. Ultimately though there should be a clear system for submitting a complaint to the regulator.</p>
<p>A complaints system should be supported by a charter, advocacy and very clear steps for taking complaints forward, with a commissioner to oversee that process</p>
<p>Proposals regarding advocacy are broadly welcomed. It is acknowledged that some people can be left unsupported within the current construct and eligibility criteria. Any development at a national level should place emphasis on an enhanced approach to local advocacy provision.</p>
<p>A charter or rights and responsibilities will only help if the service is based on strong relationships and if resources are made available that are adequate to enable all to meet their responsibilities and successfully exercise their rights. If at the same time the system was focussed on supporting people, rather than trying to ration resources, the need to complain would reduce dramatically, as would the need for advocacy services, and most issues could be resolved through discussion rather than complaints.</p>
<p>An approach which provides clear information to individuals looking for and receiving care and support as to what they can expect and also strengthens routes to, and availability of, much needed independent advocacy and accessible ways through which to complain if their experience doesn't meet the requisite expectations. This is particularly important for individuals who are digitally excluded or who find it difficult to read and understand written information.</p>
<p>People should be offered independent advice and advocacy in line with Self-directed Support legislation. It should be recognised that many people are fearful of complaining in case their service, support or budget is withdrawn and many are unaware of their rights.</p>
<p>Clear information about advocacy services to support complainants and a single point of access to reduce complexity.</p>
<p>People should have access to advocacy to support them to make a complaint</p>
<p>Complaints processes can be extremely difficult and distressing for the person taking the complaint. For this reason, it is important to ensure a single point of access, a consistent approach and advocacy or other support. Complaints are very valuable learning opportunities and efforts should be made to ensure an independent and fair system. The current options are obscure and cause great distress to families.</p>
<p>There was also support expressed for people having access to advocacy services and support to make informed decisions.</p>
<p>If the system was focussed on supporting people, rather than trying to ration resources, the need to complain would reduce dramatically, as would the need for advocacy services, and most issues could be resolved through discussion rather than complaints.</p>
<p>It would be anticipated that they would work in a similar way to the current IJB structure and links to all services would be managed in a similar way. This could include services hosted by the NHS, Local Authority, Third sector, representative groups, advocacy groups etc. These relationships are established in local areas due to the integration of health and social care, a new body would not greatly affect this in our opinion.</p>
<p>Value independent advocacy in helping people understand how complaints systems work and how to have their voices heard.</p>
<p>Clear and ACCURATE information about advocacy - should be extended to anybody with a need for an NCS – should have the right to independent advocacy</p>
<p>This section does not allow consideration of the implications of the changes proposed. Increased access to independent advocacy and brokerage services that are recommended within the Feeley report will have considerable cost implications and remove existing council functions.</p>



<p>Any new complaints system must enshrine and uphold access to human rights assurances and human rights obligations must be part of any social care and person-led support system. This involves evidencing person involvement, informed choice and agreement. People should always be kept informed of the impact of their complaint.</p>
<p>It is encouraging to see that access to independent advocacy is included above. Independent advocacy has a role in ensuring that individuals are aware of their rights and can challenge situations when their rights are not upheld. This will be essential to enable and support those that may find it hard to complain.</p>
<p>The power imbalance that exists between an individual with health needs and those that assess them, provide their care or direct the services that may support them can be an insuperable barrier for some individuals wanting to make their views known. Independent advocacy can provide support and confidence for someone to articulate their views in a way that means they are more likely to be taken seriously</p>
<p>The creation of a national single point of access for information on making a complaint or giving feedback about social care, including an overview of advocacy and rights and services. People accessing services should be provided with the level of support necessary to enable them to participate fully. It is not enough to just have clear information about advocacy services but ensure there is a service that can have regular contact with citizens accessing services, so a relationship with scrutiny may help to gauge satisfaction or highlight issues. This must include lived experience of disability.</p>
<p>Information about advocacy and how to make a complaint should be on LA and H&SC websites and the SPSO is the person that is contacted if someone is unhappy with the outcome of a complaint. It is crucial that local people are involved in managing complaints in order to fully understand the systems and processes in place, and with the hope that early resolution is sought.</p>
<p>Advocacy and rights-based services need to be responsive and assume a preventative and early intervention approach to mitigate the need for complaints.</p>
<p>In addition, advocacy, third sector involvement is all commissioned individually and best practice in one prison does not at the moment automatically translate across all prisons.</p>
<p>Advocacy for most vulnerable discriminated against in society</p>
<p>Throughout the engagement people wanted better advocacy/independent advocacy support and more awareness of these services after an initial complaint has been lodged, this is if the need arise that they need to follow up on the complaint, currently advocacy services are under capacity due to Covid-19 and people aren't able to properly access this type of support</p>
<p>If at the same time the system was focussed on supporting people, rather than trying to ration resources, the need to complain would reduce dramatically, as would the need for advocacy services, and most issues could be resolved through discussion and negotiation rather than formal complaint processes. Rather than thinking about a new top-down system for complaints and a single point of access for feedback, we should be focussing on how to improve care</p>
<p>Advocacy (where needed) should be supported and valued within the NCS to ensure that every person is listened to and safeguarded.</p>
<p>Investment in independent advocacy will help people who may lack the confidence, skills or time to share their concerns.</p>
<p>While most people find access to independent advocacy makes SDS easier for them, we found that older people are less likely to know about these services and find them useful;</p> <ul style="list-style-type: none"> ○ 55% of people who were 40 or younger agreed or strongly agreed that access to independent advocacy made SDS easier for them, and ○ 54% of people aged 41-64 reported the same. ○ Only 46% of people who were 65 or older agreed or strongly agreed with that statement ○ Only 9% disagreed or strongly disagreed ○ 45% of that age group stated that they “didn't know” and were generally less likely to have accessed those services.
<p>Any complaints system should ensure that targeted work takes place to guarantee that specific population groups with lower engagement with independent advocacy (e.g. older people) are informed of the role of independent advocacy and how to access these services in the event of a complaint. One respondent stated that advocacy and peer support is “critical” for Black and minority ethnic people accessing social care.</p>



Appendix 5: Supporting Engagement: Scottish Government Scottish Mental Health Law Review Consultation

The Scottish Government consulted on the Scottish Mental Health Law Review between March 2022 and July 2022. This is the first major review of this law in Scotland in over 20 years. There was a focus on advocacy, the proposals for change that were consulted on relating to Advocacy are outlined below.

80 of a total of 138 published responses provided Advocacy specific feedback within this consultation. The recommendations from this have been included for this report.

Theme	Recommendations
<p>Legislation and Policy</p>	<p>Fused, or unified, mental health and capacity legislation should be the ultimate long term goal in Scotland.</p> <p>To support the above recommendation, active steps should be taken to align existing mental health, capacity and adult support and protection law. Such alignment will require the Scottish Government to:</p> <p>Work with professionals and people with lived experience, including unpaid carers, to overcome barriers and misunderstanding regarding information sharing.</p> <p>Move towards a joint set of principles across all 3 Acts.</p> <p>Develop the Human rights enablement approach, Supported decision making and Autonomous decision making systems across all 3 Acts.</p> <p>Expand the jurisdiction of the Mental Health Tribunal for Scotland to include capacity cases, including sustained and appropriate resourcing to accompany this extended remit of the Mental Health Tribunal for Scotland</p>
<p>Improving access/opt out system</p>	<p>The law should apply to persons with a mental or intellectual disability (and otherwise included under AWI) whether short or long term.</p> <p>The new purpose for mental health and capacity law should be to ensure that all the human rights of people with mental and intellectual disability (and otherwise included under AWI) are respected, protected and fulfilled.</p>
<p>Diversity, Equality, and Inclusion</p>	<p>The Scottish Government in taking forward recommendations from this Report, should do so with the full and equal participation of persons with lived experience including unpaid carers with lived experience.</p> <p>The Scottish Government should work with people with lived experience, including unpaid carers, to reach agreement as to how our recommendation for full and equal participation of people with lived experience, including unpaid carers, can be achieved in the future.</p> <p>The Scottish Government should provide resource to ensure people with lived experience and unpaid carers with lived experience can participate in work to implement recommendations on an equal footing with others.</p> <p>The Scottish Government should adopt a human rights-based approach to budgeting for mental health and capacity law and services.</p>



	<p>The Scottish Government should ensure that all recommendations in this report be implemented in such a way as to protect, respect and fulfil the rights of those with protected characteristics equitably.</p> <p>The Scottish Government should consider addressing racial discrimination in relation to coercion in mental health services through a targeted approach which develops the PCREF approach, with monitoring and enforcement through the Equality and Human Rights Commission, the Mental Welfare Commission, the Care Inspectorate and Healthcare Improvement Scotland.</p> <p>The Scottish Government should consider legislation which requires public authorities to ensure that practitioners and paid carers are adequately trained to recognise and address racism, including structural racism.</p> <p>The Scottish Government should promote the Equality Act and UNCRPD duties to collect data on protected characteristics and should ensure this data is disaggregated in a way which evidences the inequalities experienced by geographically and culturally distinct groups. The Scottish Government should strengthen accountability for public bodies delivering mental health services where they fail to demonstrate progress in relation to equality outcomes in accordance with Regulation 4 of the Equality Act 2010 (specific duties) (Scotland) Regulations 2012.</p> <p>The Scottish Government should consider steps to improve the recruitment and retention of ethnic minority staff, across different professions within mental health services.</p> <p>The Scottish Government should consider the additional needs for remote and rural communities to enable delivery of mental health services on an equitable basis.</p> <p>The Scottish Government should resource and empower leaders of Scotland’s minoritised ethnic communities to lead in finding, developing and implementing solutions which ensure access to mental or intellectual disability services for their communities</p>
<p>Who can be an advocate?</p>	<p>The Scottish Government should introduce intermediaries. This should be subject to review and assessment of an expanded use of the Appropriate Adult scheme and independent advocacy</p> <p>The use of the existing Appropriate Adult Scheme should be expanded to increase the support for individuals throughout current justice processes.</p> <p>Work should be done to explore the possibility of using independent advocates to assist in providing support for individuals going through justice processes.</p> <p>Subject to the review of whether the expanded use of appropriate adults and independent advocates set out above proves sufficient to provide the necessary support, a scheme for the use of intermediaries should be introduced to provide support from start to finish in justice processes.</p> <p>Named Person Recommendations</p> <p>Where no named person has been appointed the Scottish Government should consider allocating powers to the tribunal to appoint a named person.</p> <p>Subject to changes above being carried out, the Scottish Government should abolish the role of the listed initiator</p> <p>Scottish Government should ensure that that named persons have access to</p> <ul style="list-style-type: none"> ○ Independent advocacy and legal representation ○ Accessible guidance Recommendation



	<p>The process of appointing of Power of Attorney (POA) or guardian should include consideration of appointment of a named person, should that become necessary. Curator ad litem recommendations</p> <p>The Scottish Government should increase governance over the role of a curator ad litem. This should include:</p> <ul style="list-style-type: none"> ○ A statutory duty on the curator ad litem to report the actions they have taken to ascertain the will and preference of the individuals ○ Mandatory training for curators ○ Establish a process for ensuring that there is no conflict of interest where a curator ad litem also acts as a solicitor <p>Safeguarder Recommendations The Scottish Government should</p> <p>Review guidance to ensure that there is a consistent approach to appointing safeguarders between sheriffdoms Review guidance to ensure that the role of the safeguarder is unambiguous Create a uniform training programme with a requirement that the training is completed before being accepted as a safeguarder. Create a system of national standards for the work being done which would enable best practice to be shared across the country Revise the payments system for safeguarders to place it on a more equitable footing. If the above changes have occurred, the Scottish Government should undertake a further review to consider if the combination of roles available meets the needs of mentally or intellectually disabled individuals appearing in court or before the MHTS</p>
<p>Funding and Commissioning of Independent Advocacy</p>	<p>Changes to mental health law including new duties There should be a legal requirement for the Scottish Government to establish minimum core obligations to people with mental or intellectual disabilities to secure their human rights, including but not restricted to the right to the highest attainable standards of mental and physical health, and the right to independent living, alongside a framework for progressive realisation of those rights.</p> <p>Sections 25 to 27 of the 2003 Act should be extended and reframed to set out clear and attributable duties on NHS Boards, local authorities and integration authorities to provide or secure support to individuals with past or present experience of mental or intellectual disability. The duties should include:</p> <ul style="list-style-type: none"> ○ Personal care, support and treatment to maximise mental and physical health ○ Housing which is appropriate for the person's needs ○ Provision to support living and inclusion in the community and prevent isolation or segregation ○ Education, training and support for employment ○ Assistance with travel to any of the above supports ○ Access to financial advice and anti-poverty initiatives. <p>NHS Boards, local authorities, integration authorities and the Scottish Prison Service should be under a duty to secure similar supports to people with mental or intellectual disabilities who are in prison or being discharged from prison.</p> <p>There should be a systematic process of monitoring to assess whether these obligations are being met.</p> <p>The duties under sections 260 and 261 of the Mental Health Act should be extended to ensure that people with mental or intellectual disabilities have effective access to information about their rights whenever they need it, including translation or interpretation where required.</p>



	<p>There should be a legal duty on Scottish Ministers to adopt specific measures to address the requirements of Article 8 of CRPD (Awareness raising) in respect of people with mental or intellectual disabilities, including fostering respect for their rights and dignity and combating stereotypes, prejudices and harmful practice. The duty should be supported by specific actions in the minimum core obligations.</p> <p>In line with the recommendations of the National Taskforce for Human Rights Leadership, there should be accessible, affordable, timely and effective remedies and routes to remedy where any of the above duties to provide services, support or information are not upheld. This should include the ability of individuals to raise a legal action in the civil courts.</p> <p>Wider changes The Scottish Mental Health Strategy should be recast to set out a clear human rights framework including the development of minimum core obligations and the progressive realisation of economic, social and cultural rights for people with mental or intellectual disabilities.</p> <p>This should not be confined to health and social care services, but address other relevant government policies and strategies, including housing, poverty, social security, employment and community support.</p> <p>The development of these minimum core obligations and the framework for progressive realisation should be carried out with the full participation of people with mental or intellectual disabilities and their representative organisations.</p> <p>As the minimum core obligations are developed, the Scottish Government should identify any other public bodies who should be subject to a specific responsibility to fulfil the economic, social and cultural rights of people with mental or intellectual disabilities.</p> <p>Duties to provide health and social care should be reframed in terms of human rights standards, including the AAAQ (availability, adequacy, acceptability and quality) framework set out at paragraph 12 of ICESCR General Comment Number 14 (United Nations, 2000). Since many of these duties apply more widely than to mental or intellectual disability, this may require to be considered as part of the general implementation of the proposed Human Rights Bill</p>
<p>The role of Independent Advocacy in supported decision making</p>	<p>The Scottish Government should develop a comprehensive scheme of Supported decision making (SDM) which should apply across mental health, capacity, and adult support and protection legislation, and especially where non-consensual interventions are needed. The scheme should build on existing good practices already in use across Scotland.</p> <p>The Scottish Government should progress the SDM scheme with a central point for development, promotion and oversight determined as the first step in this process. This could be developed as part of the new mental health model within the National Care Service .</p> <p>The development of the SDM scheme must take place in with the full and equal participation of people with lived experience, including unpaid carers.</p> <p>The SDM approach needs to be built into all training for practitioners at every level in the delivery of care, support and treatment in the field of mental health, capacity, and adult support and protection law.</p> <p>Advance statements The Scottish Government should change Advance Statements to a model of Advance Choices, reflecting an individual's will and preferences. This new model should apply to any support, care or treatment the person may need across all areas of their life and should operate as follows: If a person, having been given appropriate support, is not able to make an autonomous decision and an Advance Choice exists, the Advance Choice should normally be respected. It should have the same status in law as a decision taken at the time by a competent adult, unless one of the following reasons justify it not being followed:</p> <ul style="list-style-type: none"> ○ The person has acted in a way which is clearly inconsistent with the Advance Choice, which suggests it may no longer be their fixed view.



- The person's current will and preferences seem to be more pertinent than those expressed in an earlier Advance Choice.
- A position on the person's will or preferences on a given matter cannot reasonably be concluded from matters included in the Advance Choice.
- There are reasonable grounds for believing that circumstances exist which the person did not anticipate at the time of making the Advance Choice, which would have affected their decision had they anticipated them.
- There is evidence that the person's ability to make an autonomous decision at the time of the Advance Choice was compromised, for example because of significant illness or undue pressure being applied.
- Treatment which is inconsistent with the Advance Choice is necessary to save the patient's life or to prevent serious suffering on the part of the patient.
- It should not be possible to refuse normal hygiene, nutrition, hydration or the relief of severe pain.
- An Advance Choice refusing treatment is not applicable to life-sustaining treatment unless it makes clear that this is intended.
- An Advance Choice would not require a treatment to be offered where it isn't available or clinically justified but should be given significant weight as to the preferences of the granter.
- Except in an emergency, a clinician should not be able to overrule an Advance Choice at their own initiative. We propose a model based on s50 of the AWI Act, that an independent clinician be appointed by the MWC to review whether a ground for not following the Advance Choice has been made out. In addition to this, any interested party could seek a ruling from a judicial body (short to medium term)
- In advance of the introduction of this wider model, the Scottish Government should work with the Mental Welfare Commission, the NHS, local authorities and advocacy and peer support organisations to promote awareness of advance statements and to support people in making them.
- The Mental Welfare Commission should issue further guidance on the circumstances in which it is acceptable not to follow an advance statement and should continue to monitor the system.

Independent advocacy recommendations

The Scottish Government should align legislation and policy to ensure consistency regarding the definition of Independent Advocacy, the right to access it and how it is commissioned and funded for adults. This should include consideration of an opt -out service of Independent Advocacy. An equivalent process should take place for children and young people.

The Scottish Government should ensure independent individual and collective advocacy is sustainably funded. The Scottish Government must ensure culturally appropriate independent individual and collective advocacy provision.

The Scottish Government should consider a national advocacy service.

The Scottish Government and the Scottish Independent Advocacy Alliance, working with other independent individual advocacy groups should develop a national register of independent individual advocates.

The Scottish Government and the Scottish Independent Advocacy Alliance, working with other independent individual advocacy groups should develop a national training programme for independent individual advocates that recognises the need to ensure access to all those who would wish to work in this field.

The Scottish Government should assure an existing or new organisation should have responsibility for monitoring and continuing development of independent individual advocacy.

Aids to communication recommendations

Assistance with communication as appropriate to the needs of the individual should be a guaranteed right. This is particularly necessary for those who use non-verbal methods of



	<p>communication to express their will and preferences. Work in developing this must be done in partnership with relevant sectors such as the deaf community</p>
<p>Scrutiny and Accountability of Independent Advocacy Organisations and the Evaluation of Quality Assurance of independent advocacy organisations</p>	<p>The scrutiny landscape recommendations</p> <p>There should be a duty on scrutiny bodies and complaint handling bodies to enhance access to justice and ensure human rights obligations are given effect by all public authorities involved in the provision of services for people with mental or intellectual disability. The Scottish Government should ensure these bodies are fully supported to build their capacity and confidence to play this part. (medium)</p> <p>There should be a formalised network of bodies involved in the scrutiny of mental health services. This should include Healthcare Improvement Scotland, the Care Inspectorate, Audit Scotland, the Mental Welfare Commission, the Office of the Public Guardian, Public Health Scotland, the Scottish Public Services Ombudsman and collective advocacy organisations. Other members may include professional regulatory and training bodies.</p> <p>The network should work with the Scottish Government to identify and remove any legislative barriers to this approach, such as unnecessary constraints on sharing information, or restrictions on the full involvement of people with lived experience, including their unpaid carers.</p> <p>The Mental Welfare Commission should be the lead organisation for this network, with responsibility for co-ordination and reporting to Ministers and the Scottish Parliament.</p> <p>This network should develop a cross-agency framework for monitoring outcomes in mental health and should ensure that:</p> <ul style="list-style-type: none"> ○ The promotion, protection and realisation of people’s human rights is a common aim for scrutiny bodies across the mental health landscape. ○ There is development and support for sufficient human rights expertise within all scrutiny bodies. ○ There are mechanisms to identify, report and address systemic issues across the work they do. ○ People with lived experience, including unpaid carers play a leading role in determining what defines ‘quality’ in services as the foundation for each scrutiny body’s monitoring, evaluation and inspection processes. ○ Effective monitoring of the extent to which scrutiny bodies are meaningfully fulfilling their duties under section 112 to 113 of the Public Services Reform Act 2010 in relation to user focus. ○ There is a single entry point for the public to access the appropriate scrutiny body for any information, support or issue they want to raise. The Mental Welfare Commission for Scotland - The powers and responsibilities of the Mental Welfare Commission should be strengthened in legislation. The changes we recommend are: ○ Its core remit should be to protect and promote the human rights of people with mental or intellectual disabilities. This should include both protection of the rights of individuals and promoting systemic change. ○ The MWC should have a statutory responsibility to monitor the operation of the adults with incapacity legislation. ○ There should be a substantial increase in the statutory requirement to include people with lived experience as service users, or family carers on the Board of the MWC. ○ The MWC should strengthen the involvement of people with lived experience in their management, staffing and wider engagement, and should have a responsibility to co-operate with collective advocacy organisations. ○ The MWC should increase its work in community settings. ○ The legislation should include a level of accountability directly to the Scottish Parliament. This would include the power to make a report to Parliament if there is a serious failure by a public body, including the Scottish Government, to follow a recommendation. ○ The MWC should have the power to initiate legal proceedings to protect the human rights of any person or group covered by mental health and capacity law. <p>Consideration should be given to a change of name for the MWC to reflect its focus on human rights. Data Collection recommendations</p>



There should be a duty on Public Health Scotland to actively lead work with the Mental Welfare Commission, groups representing people with lived experience, other agencies holding data and the research community to determine what needs to be monitored across mental health services to ensure human rights obligations are being met.

There should a duty on organisations holding data, including Public Health Scotland, the Mental Welfare Commission, the Care Inspectorate, Health Improvement Scotland, the NHS, the Office of the Public Guardian, local authorities, Police Scotland, the Scottish Prison Service and any other relevant organisations to work together to gather and make available the structured, disaggregated, researchable data needed to monitor mental health services effectively and drive change. The Mental Health Tribunal for Scotland Recommendation 11.9: The Scottish Government and the Mental Health Tribunal for Scotland consider and respond to the recommendations of the research project: Mental Health Tribunal for Scotland: the views and experiences of Patients, Named Persons, Practitioners and Mental Health Tribunal for Scotland members. Remedies and access to justice

Individuals who are subject to or wish to initiate legal proceedings under our proposals, or their unpaid carers or representatives, should have access to non-means tested expert legal representation. The Scottish Government, working with the Scottish Legal Aid Board and the Law Society of Scotland, should ensure that there is an adequate supply across the country of expert legal advice and representation.

Investigating Deaths recommendations

The Scottish Government make a timely response to the Mental Welfare Commission's proposals to allow improvements to be made to the investigation of deaths of people under compulsory care and treatment as soon as is practical.

The Scottish Government should ensure that the role of the Mental Welfare Commission in investigating these deaths is explicitly placed in legislation.

The Scottish Government should ensure there is a mechanism to monitor and review the investigations into these deaths using the experiences of the families of those who have died as a key measure.

The Scottish Government should ensure that the development of any independent body to investigate deaths of people in custody and the development of the proposals for investigating deaths of people under compulsory care and treatment progress together to ensure opportunities for further alignment and equity between the two processes are not missed. (short)

The Mental Welfare Commission's powers to request information and co-operation from other authorities should be amended explicitly to cover any organisation with which it needs to collaborate for the purpose of these investigations.

Recorded Matters recommendations

The existing powers of the Mental Health Tribunal for Scotland to make recorded matters under Section 64(4)(a)(ii) of the 2003 Act should be strengthened as follows: The Mental Health Tribunal, in the event of non-compliance with a recorded matter should be given powers to direct the relevant provider to provide within a specified time such care and support as may be required to:

- o Avoid the need for an individual's compulsion; or
- o Ensure that compulsion respects the human rights of the patient. In reaching a decision as whether to issue such a direction, the Mental Health Tribunal will have due regard to:
- o The core minimum obligations and any other relevant standards in place for the provision of mental health services,
- o The Human Rights Enablement approach taken with the individual,
- o And the wishes of the individual. The service provider will have an appeal to the Upper Tribunal against such a direction. Continued non-compliance with a direction will be a breach of a statutory duty which is justiciable in the Court of Session. Chapter 11



Accountability 87 Excessive security appeals - All patients subject to compulsion should have a right to appeal against being subjected to unjustified restrictions

- This right should extend beyond a person's right to move to a less restrictive care or treatment setting. People would also have the right to challenge the level of restrictions while staying in the same place.
- This right should extend to restrictions imposed by a Community-based Compulsory Treatment Order, or a Deprivation of Liberty under the AWI Act, as well as detention in hospital under the Mental Health Act or Criminal Procedure (Scotland) Act.
- The appeal procedures would be modelled on sections 264 to 273 of the Mental Health Act. However, there should be no need for the appeal to be supported by a medical report by an approved practitioner. Instead, there should be a sift process to ensure that groundless appeals are not pursued.
- Regulations should set out the nature, severity and duration of restrictions which would potentially be subject to an appeal.
- The use and outcome of these provisions should be monitored by the Mental Welfare Commission to identify whether there are any systemic issues giving rise to appeals which require wider investigation or action

The appeal process should ultimately replace the 'specified person' procedures in sections 281 - 286 of the Mental Health Act. Before then, the Scottish Government should urgently progress reforms to the specified person procedures to ensure they appropriately cover modern technology and better reflect human rights.

Complaints recommendations

The Scottish Public Services Ombudsman remit should be extended to allow it to:

- Oversee and drive a more holistic and human rights based approach to considering complaints for people with a mental or intellectual disability across health, social care and other public services.
- Share learning and best practice on complaint resolution and handling across Scotland.

The legislative restriction whereby the Scottish Public Services Ombudsman can only accept complaints in alternative formats 'in exceptional circumstances' should be removed.

The Scottish Public Services Ombudsman should work with provider organisations, the Care Inspectorate, Healthcare Improvement Scotland, the Mental Welfare Commission and the Office of the Public Guardian, to support a lived-experience led change project to design a complaints system that better meets the needs of people with mental health and capacity issues and which is based in human rights. To support this: We recommend an improvement methodology for testing this new model. Our work has shown that to be based within a human rights approach and to address barriers people experience in the current system, it should:

- Have complainants as active, trusted and valued participants in a dialogue about the decisions that affect them.
- Be developed by complainants and their families, with complaint handling bodies as partners.
- Look towards more solution-focused and collaborative ways to share concerns without necessarily having to escalate them to complaints.
- Have meaningful processes to monitor, follow-up and report on issues raised which allow us to: Know the outcomes in terms of what difference was made to the individual or what changes were made to the services. ○ Identify patterns or themes which may indicate systemic issues and be fed back into the system for learning and development. ○ Gather equality data to understand and monitor who the system is working for and who it is excluding.
- Support people to share their experiences in the way that works best for them. This could include the involvement of peer workers, having access to specialist clinicians, or providing people with additional training on communication methods, mental illness or anti-racism.
- Have a single point of access for the system.
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	<p>Independent collective advocacy recommendations People with mental or intellectual disability should have a right to collective advocacy.</p> <p>There should be a legal duty on the Scottish Government to secure and support effective collective advocacy organisations for people with a mental or intellectual disability at a local and a national level.</p> <p>The Scottish Independent Advocacy Alliance (SIAA) and collective advocacy organisations should work with collective advocacy members and workers to lead on the development of:</p> <ul style="list-style-type: none"> ○ A system for supporting, monitoring and evaluating collective advocacy groups. This system needs to respect their independence and be meaningful to the groups, commissioners and the public. It may build on the existing SIAA standards. ○ An opt-in programme of advocacy related learning to support the development of more advocacy workers and peer leaders. This will include training on anti-racism, intersectionality and human rights. <p>Collective complaints recommendations Individual and collective advocacy groups should have an explicit right to raise a court action for human right breaches.</p> <p>This right must be supported by access to legal advice, guidance and support for groups who wish to take this step.</p> <p>Individual and collective advocacy groups should be able to refer systemic human rights concerns to the Scottish Public Services Ombudsman. The Ombudsman’s role should be extended to allow them to investigate these as a collective complaint.</p> <p>The Mental Welfare Commission and advocacy groups should develop a participatory referral process to escalate human rights issues that remain unresolved and unaddressed by services to the Mental Welfare Commission to investigate and, if appropriate, initiate legal action</p>
<p>Independent Advocacy for Carers</p>	<p>Carer Awareness Training recommendations NHS Education for Scotland in partnership with unpaid carers and National Carers’ Organisations should develop Carer Awareness Training for all staff working with people with mental or intellectual disability across health and social care settings. This training should:</p> <ul style="list-style-type: none"> ○ Cover the rights of all unpaid carers as enshrined in legislation. ○ Have local unpaid carers and carer services involved in its delivery at local levels where this is possible. ○ Become best practice within pre-registration requirements for professionals across health and social care settings. ○ Become best practice in the induction process for staff in third sector organisations. ○ Become best practice in continuing professional development ○ Respect and value the diversity and intersecting characteristics of unpaid carers, including cultural differences and the needs of young carers. ○ Be supported by the development of measures to monitor and assess its effectiveness in improving outcomes for carers and staff, including levels of staff awareness, knowledge and confidence in protecting, promoting and fulfilling the rights of unpaid cares of all ages, and the difference it makes to the experience of unpaid carers. Best practice engagement framework <p>The Scottish Government should support the development of a national framework to ensure the identification and meaningful engagement of unpaid carers to be used in all services supporting people with a mental or intellectual disability, including Child and Adolescent Mental Health Services. Its development and implementation should be coordinated by Carers Trust Scotland with support from National Carer Organisations, including Scottish Young Carers Services Alliance. The framework should:</p> <ul style="list-style-type: none"> ○ Adopt and extend the Triangle of Care. ○ Include quality indicators for monitoring impact, compliance and criteria which reflect the rights of unpaid carers, enshrined in the Carers (Scotland) Act and human rights



	<p>entitlements. Healthcare Improvement Scotland should be involved in the development of these quality indicators in partnership with Carers Trust Scotland and inform an improvement approach to implementation. Involving, valuing and supporting unpaid carers</p> <p>The Scottish Government should support the development of a national dedicated independent advocacy service for unpaid carers. This service should include culturally accessible advocacy for carers of ethnic minority people.</p> <p>The Scottish Government must ensure the development of culturally appropriate respite services</p>
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Appendix 6: Supporting Engagement: Relevant Key Legislation Review

In 2022, the Scottish Government asked for an independent review of three key pieces of legislation relevant to this Advocacy Strategy, these are:

- Mental Health (Care & Treatment) (Scotland) Act 2003,
- Adults with Incapacity (Scotland) Act 2000 and
- Adult Support and Protection (Scotland) Act 2007

The aims of this review were to improve the rights and protections of persons who may be subject to the existing provision of mental health, incapacity or adult support and protection legislations as a consequence of having a mental disorder, and to remove barriers to those caring for their health and welfare.

There are a number of recommendations from this review that relate to advocacy, the Partnership is committed to continuing to work with the Scottish Government and the Mental Health Welfare Commission as the plans to implement these recommendations develop. A full list of the recommendations arising from this review can be seen below.

Recommendation 4.6	The Scottish Government should align legislation and policy to ensure consistency regarding the definition of Independent Advocacy, the right to access it and how it is commissioned and funded for adults. This should include consideration of an opt -out service of Independent Advocacy. An equivalent process should take place for children and young people
Recommendation 4.7	The Scottish Government should ensure independent individual and collective advocacy is sustainably funded. The Scottish Government must ensure culturally appropriate independent individual and collective advocacy provision.
Recommendation 4.8	The Scottish Government should consider a national advocacy service.
Recommendation 4.9	The Scottish Government and the Scottish Independent Advocacy Alliance, working with other independent individual advocacy groups should develop a national register of independent individual advocates.



Recommendation 4.10	The Scottish Government and the Scottish Independent Advocacy Alliance, working with other independent individual advocacy groups should develop a national training programme for independent individual advocates that recognises the need to ensure access to all those who would wish to work in this field.
Recommendation 4.11	The Scottish Government should assure an existing or new organisation should have responsibility for monitoring and continuing development of independent individual advocacy.
Recommendation 7.3	The Scottish Government should support the development of a national dedicated independent advocacy service for unpaid carers. This service should include culturally accessible advocacy for carers of ethnic minority people.
Recommendation 11.2	There should be a formalised network of bodies involved in the scrutiny of mental health services. This should include Healthcare Improvement Scotland, the Care Inspectorate, Audit Scotland, the Mental Welfare Commission, the Office of the Public Guardian, Public Health Scotland, the Scottish Public Services Ombudsman and collective advocacy organisations. Other members may include professional regulatory and training bodies.
Recommendation 11.6	The MWC should strengthen the involvement of people with lived experience in their management, staffing and wider engagement, and should have a responsibility to co-operate with collective advocacy organisations.
Recommendation 11.22	People with mental or intellectual disability should have a right to collective advocacy.
Recommendation 11.23	There should be a legal duty on the Scottish Government to secure and support effective collective advocacy organisations for people with a mental or intellectual disability at a local and a national level.
Recommendation 11.24	The Scottish Independent Advocacy Alliance (SIAA) and collective advocacy organisations should work with collective advocacy members and workers to lead on the development of: <ul style="list-style-type: none"> • a system for supporting, monitoring and evaluating collective advocacy groups. This system needs to respect their independence and be meaningful to the groups, commissioners and the public. It may build on the existing SIAA standards. • an opt-in programme of advocacy related learning to support the development of more advocacy workers and peer leaders. This will include training on anti-racism, intersectionality and human rights.
Recommendation 11.25	Individual and collective advocacy groups should have an explicit right to raise a court action for human right breaches.



Recommendation 11.27	Individual and collective advocacy groups should be able to refer systemic human rights concerns to the Scottish Public Services Ombudsman. The Ombudsman’s role should be extended to allow them to investigate these as a collective complaint.
Recommendation 11.28	The Mental Welfare Commission and advocacy groups should develop a participatory referral process to escalate human rights issues that remain unresolved and unaddressed by services to the Mental Welfare Commission to investigate and, if appropriate, initiate legal action.
Recommendation 12.16	The duties in the Mental Health Act to secure advocacy should be strengthened to ensure that any child with a mental or intellectual disability is made aware of their right to independent advocacy and is able to obtain this when needed.

Appendix 7: People First Fife Conference 2023

During March 2023 People First Fife held a conference for Members only to attend to raise issues or topics of discussion that are important to them and to discuss as a wider group. Members agreed to share their responses with the Fife HSCP Participation & Engagement Team for the use of this report.

Advocacy and People First

My Rights, My Life Event in Fife

Section	Question	Responses
<u>Part 1</u>	What is life like for you?	Hard and horrible Life is a thing that comes and goes. Life is good. Difficult- sometimes hard. Not very good.
	Do you feel like you can speak up for yourself?	We can speak up for ourselves. I find it hard to speak up for myself. Sometimes, not always and it also depends on what it is. I need support Sometimes yes.
	Who do you turn to when you need some help or support?	When we need some help we turn to carers or my family for help and support. Turn to People First, family and friends.
<u>Part 2</u>	Have you ever been in a situation where you have not felt listened to about a big decision?	People that you talk too don't always listen. Yes about going to the centre I don't get a say about where I live No, we have felt listened to regarding big decisions. The council don't listen
	What do you think Advocacy is?	Advocacy is supporting people who may be at risk to stay safe. Stick up for your rights. Speaking up for yourself, saying your views and opinions.



	Why do you think Advocacy is important?	<p>Gives a voice to the voiceless.</p> <p>Supports people's health.</p> <p>Can be someone to speak on your behalf.</p> <p>Lots of people don't get enough support.</p> <p>Some people are more likely than others to be treated unfairly.</p> <p>Some have no family or friend.</p> <p>Some people find family and friends may be part of the problem.</p> <p>Some people only have paid workers in their lives.</p> <p>May not agree with what others say.</p> <p>Sometimes people can't always understand what you are telling them.</p> <p>Helping and supporting others.</p>
	Why is it important in your community? What have you been able to achieve through having advocacy support?	<p>Yes, advocacy has supported me to make informed decisions throughout all aspect of my life.</p> <p>To campaign for change.</p> <p>Develop opinions.</p> <p>Advocacy helped us put don't across.</p>
<u>Part 3</u>	In Fife – is it a good or a bad thing to have groups to go to where you can talk about issues?	<p>Yes, it is good to have groups to go too and discuss about issues I may have.</p> <p>In some cases people with a learning disability get chances to speak up through advocacy from carers, family, others however, may not get the chance.</p> <p>Collective advocacy lets us talk to each other, hear each other and we listen.</p> <p>I'm so glad we have People First</p> <p>Being together in groups helps – people with the same thing that has happened to them.</p>
	Do you think that People with a Learning Disability get chances to speak up and tell people what they think?	<p>Majority said no.</p> <p>Sometimes people pretend to listen.</p>
	Can you think of a situation where you wish you had Advocacy or knew about it?	<p>Wish I knew about advocacy earlier.</p> <p>I wish I knew about advocacy after college</p> <p>When getting my house</p> <p>When I had a Social Worker</p>

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Advocacy Strategy 2023 to 2026
Brief description of proposal (including intended outcomes & purpose)	<p>Health Boards and local authorities have a statutory responsibility under a range of legislation affecting both children and adults to provide access to independent advocacy for specific groups of people.</p> <p>In 2010, the Scottish Government imposed a duty on all local authorities and health boards to produce a regular plan which details the funded advocacy provision in their area. Independent advocacy services help to safeguard and empower people who are unable to do so themselves.</p> <p>In Fife, it is the responsibility of the Health and Social Care Partnership to commission the advocacy services required to meet these statutory responsibilities. The previous Advocacy Strategy 2018 to 2021 established a strong foundation for advocacy services in Fife, and developed effective working relationships between Fife Health and Social Care Partnership and external providers of advocacy services.</p> <p>Achievements during this timescale include:</p> <ol style="list-style-type: none"> 1. Ensuring that a wider range of people are eligible to receive advocacy services. 2. Ensuring that people can access a wider range of advocacy services. 3. Ensuring more people are aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them. 4. Ensuring that local advocacy services are provided with appropriate support in order to help them develop their services in line with this strategy. <p>The refreshed Advocacy Strategy 2023 to 2026 builds on these activities, sets out our priorities for the next three years, and supports continued collaboration with partners, staff, local communities, and individuals, to promote and advance, equality of opportunity for all.</p>

Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership
EqIA Lead Person	Fiona McKay, Head of Strategic Planning, Performance, and Commissioning.
EqIA Contributors	<ul style="list-style-type: none"> • Fife Health and Social Care Partnership's Senior Leadership Team. • Advocacy Strategy Working Group. • External providers including Dunfermline Advocacy, Equal Voice, Fife Advocacy Forum, Fife Carers Centre and People First.
Date of EqIA	April 2023

How does the proposal meet one or more of the general duties under the Equality Act 2010?

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	<p>The new Advocacy Strategy was developed in partnership with Fife Advocacy Forum and includes the recommendations of a number of local and national consultations relating to advocacy support, and feedback from targeted engagement with current advocacy providers and those who use advocacy services.</p> <p>The Strategy identifies key priorities that will ensure that vulnerable individuals have access to independent advocacy services to promote safeguarding, equality, eliminate discrimination, and ensure that the individual's views are appropriately represented.</p>
Advancing equality of opportunity	The Advocacy Strategy aligns with the vision and the priorities of the Partnership's Strategic Plan 2023 to 2026, and advances equality of opportunity by supporting the Partnership's new equality outcomes:

	<ol style="list-style-type: none"> 1. Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights. 2. Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership. 3. Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers. 4. Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued. 5. Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.
Fostering good relations	The Advocacy Strategy 2023 to 2026 was developed in partnership with Fife Advocacy Forum and includes the recommendations of a number of local and national consultations relating to advocacy support, and feedback from targeted engagement with current advocacy providers and those who use advocacy services.

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland duty	Please Explain
Socio-economic disadvantage	<p>We recognise that low income and reduced access to resources, can impact negatively on people's health and wellbeing. For example, it can affect an individual's ability to:</p> <ul style="list-style-type: none"> • have safe, good quality, accessible housing, • access their local community and families for support, • access to nutritious food, and know how to prepare/cook fresh produce, • buy fuel to heat homes and cook nutritious meals.

	<p>Our Advocacy Strategy aligns with the Wellbeing priority in the Strategic Plan 2023 to 2026, 'A Fife where we will support early intervention and prevention'.</p> <ul style="list-style-type: none"> • We will support people to develop and maintain the knowledge to manage their own health conditions and lead healthier lives. • We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities. • We will promote prevention, early intervention, and harm reduction. <p>The Advocacy Strategy aims to reduce socio-economic disadvantage for vulnerable individuals by ensuring that there is an equitable balance of access to advocacy services, and empowering people to be actively involved in decisions about their care and support.</p> <p>In addition, the Partnership's contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers health and social care services on behalf of Fife Health and Social Care Partnership:</p> <p>"Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the organisation shall not unlawfully discriminate within the meaning and scope of the "Equality Act 2010" or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The organisation shall take all reasonable steps to secure the observance of this condition by all employees and representatives of the organisation".</p>
Inequalities of outcome	<p>Outcomes is a key theme of the new Strategic Plan 2023 to 2026, and the related strategic priority is 'A Fife where we will promote dignity, equality, and independence'.</p> <p>This approach embeds equalities in our practice and ensures that we will, as appropriate, target specific actions to support communities and individuals most at risk of harm from</p>

	<p>inequalities. In addition, we will actively work to improve health and wellbeing outcomes across Fife.</p> <p>The Advocacy Strategy reduces inequalities of outcomes for vulnerable individuals by enabling them to have their voice heard and participate in decision-making about their life.</p>
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Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Age (including older people aged 65+)	<p>Adults (16+) and Older People (65+)</p> <p>Adults and older people in Fife who are over the age of 16 can access advocacy if they are affected by:</p> <ul style="list-style-type: none"> • Disability. • Chronic illness. 	<p>Failure to consider and mitigate the specific barriers faced by people from different age groups when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</p>	<p>Fife Health and Social Care Partnership works with advocacy providers across Fife to ensure sufficient and appropriate coverage is available locally for all age ranges and circumstances.</p> <p>Most providers of advocacy services in Fife deliver a Fife wide</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<ul style="list-style-type: none"> • Dementia. • Mental illness. • Learning disability. • Personality disorder. <p>and need help to safeguard their:</p> <ul style="list-style-type: none"> • Wellbeing. • Rights. • Care. • Other interests. <p>Children and Young People (under 18)</p> <p>Children in Fife under the age of 18 can access advocacy if they are:</p> <ul style="list-style-type: none"> • Looked After in Secure Accommodation. • Looked After in Residential Care. • Looked After at Home/Kinship Care. • Looked After in Foster Care. • Subject to a child protection case conference. 	<p>Potential barriers include:</p> <ul style="list-style-type: none"> • some advocacy providers offer services for specific age ranges and/or geographical areas. It is possible that some individuals, or their carers, may have to travel across Fife to access their preferred advocacy services provider. 	<p>service. Some providers specialise in children’s services, for example Fife Young Carers, whilst other have expertise with older adults, such as Fife Forum.</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision-making about their life.	<p>Failure to consider and mitigate the specific barriers faced by people with mental and physical disabilities when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • arranging advocacy service provision in buildings that lack appropriate access, or venues that require significant or specific travel arrangements. • providing limited access options, for example digital-only consultations, or failure to provide easy-read versions. 	<p>Discussion and collaboration with partners and community groups that have experience and expertise in engaging with people with mental and physical disabilities will enable the Partnership to identify and mitigate the potential barriers that disabled people face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> • arranging face-to-face advocacy provision in locations with disabled access and appropriate facilities such as induction loops, interpreters, or extra staff assistance if required. • providing consultations and other information in alternative formats. • ensuring opportunities to access advocacy support are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
			Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.
Gender Reassignment	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision-making about their life.	<p>Failure to consider and mitigate the specific barriers faced by transgender people when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • providing forms or surveys which do not include appropriate options for pronouns and gender (natal, identified, and expressed). • arranging meetings or other activities in venues that do not provide suitable facilities for transgender 	<p>Discussion and collaboration with partners and community groups that have experience and expertise in engaging with transgender people will enable advocacy providers to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> • ensuring opportunities to access advocacy services are inclusive, and enabling individuals to contribute in confidence where preferred. • signposting alternative formats that can be utilised in a confidential setting, for example providing details of

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		<p>people, for example buildings which only provide gender-neutral or single sex, toilets, signage, and other amenities.</p>	<p>online surveys during public events.</p> <ul style="list-style-type: none"> arranging meetings and other activities in venues that provide appropriate facilities and signage for transgender people. <p>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>
Marital Status (Marriage and Civil Partnerships)	It is unlikely that an individual's marital status will have an impact on their opportunity to access advocacy services.	N/A	N/A
Pregnancy and Maternity	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision-making about their life	Failure to consider and mitigate the specific barriers faced by women who are pregnant or breastfeeding when commissioning or providing independent advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with, and providing services to women who are pregnant or breastfeeding, will enable the Partnership to identify and mitigate the potential barriers

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		<p>care services they use.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> arranging meetings or other activities in venues that have limited access or facilities for women who are pregnant or breastfeeding. 	<p>that individuals may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> ensuring opportunities to access advocacy provision are inclusive and cover an appropriate range of formats including digital, telephone, and face-to-face. providing appropriate support so that women can breastfeed during discussions, and provision of advocacy services. <p>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>
Race (All Racial Groups including Gypsy/Travellers)	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice	Failure to consider and mitigate the specific barriers faced by some ethnic and racial groups when commissioning or providing	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with ethnic and racial

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	heard and participate in decision-making about their life	<p>independent advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • providing limited access options, for example digital-only meetings, or failure to provide information in different languages. • Arranging meetings or other advocacy activities in venues that may be difficult for some individuals to access, or at times that may be restrictive. 	<p>groups will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> • ensuring that interpretation services, including interpreting tools and face-to-face interpreters, are available if/when required. • providing consultations and other information in alternative formats and languages. • organising meetings and other advocacy services in accessible locations and offering tailored opportunities where required. <p>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring,</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
			assurance and complaints processes.
Religion, Belief, and Non-Belief	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision-making about their life	<p>Failure to consider and mitigate the specific barriers faced by individuals with particular religious or philosophical beliefs, or individuals connected to someone who has a particular religion or belief, when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • arranging meetings or other advocacy activities on specific days or at times that are likely to be restrictive for particular religious groups. • providing options to access advocacy services in limited locations, for example churches or denominational schools. • providing information and materials that contain 	<p>Discussion and collaboration with partners and community groups that have experience and expertise in engaging with individuals that have particular religious or philosophical beliefs will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> • ensuring opportunities to access independent advocacy are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face. • providing multiple engagement opportunities so that individuals have several opportunities to access advocacy services and provide their views.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		<p>content that could be perceived as discriminatory towards particular groups.</p>	<ul style="list-style-type: none"> ensuring that engagement materials and other information do not contain biased or potential discriminatory content. <p>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>
Sex (Women and Men)	<p>Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision-making about their life</p>	<p>Failure to consider and mitigate the specific barriers faced by individuals of a particular sex when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> arranging meetings or other advocacy activities in locations, and/or on specific day and times that are likely 	<p>Discussion and collaboration with partners and community groups that have experience and expertise in engaging with individuals of a particular sex will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> ensuring opportunities to access advocacy services are inclusive and cover an

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		to be restrictive for particular groups, for example offering meetings at times, or in locations, that are inaccessible for individuals with child-care responsibilities.	<p>appropriate range of formats, for example digital, telephone, and face-to-face.</p> <ul style="list-style-type: none"> • providing multiple options so that individuals have several opportunities to get involved and provide their views on the health and social care services that they access and use. • arranging meetings and other advocacy activities in locations that are accessible for the individuals and carers involved and offering tailored opportunities where required. <p>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>
Sexual Orientation (Heterosexual, Gay,	Ensuring that individuals, and their carers, have appropriate access to	Failure to consider and mitigate the specific barriers faced by	Discussion and collaboration with partners and community groups

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Lesbian and Bisexual)	independent advocacy services enables them to have their voice heard and participate in decision-making about their life	<p>individuals who are (or who are perceived as) heterosexual, gay, lesbian or bisexual, when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • failure to commission advocacy services from providers with experience and expertise in supporting and working individuals and carers who are (or who are perceived as) heterosexual, gay, lesbian or bisexual. 	<p>that have experience and expertise in engaging with individuals who are (or who are perceived as) heterosexual, gay, lesbian or bisexual, will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> • ensuring opportunities to engage are inclusive, and enabling individuals to contribute in confidence where preferred. • providing forms/surveys which include appropriate options for sexual orientation. <p>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</p>

Please also consider the impact of the policy/strategy/process change in relation to:

	Positive impact	Negative impact	Mitigations
Armed Forces Community	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision-making about their life	<p>Individuals currently serving in the armed forces, veterans, and their family members, may be disadvantaged by changes to service provision resulting in delayed or limited access to health and social care, housing or educational services.</p> <p>Potential barriers include:</p> <ul style="list-style-type: none"> • lack of continuity in service provision because individuals or their carers may have to regularly relocate to different areas. • individuals may not identify themselves as part of the Armed Forces Community, and advocacy providers may not recognise where specific support, or special provision is required. 	<p>The Armed Forces Covenant Duty 2022 places specific requirements on Fife Health and Social Care Partnership when planning, funding and delivering health and social care services. This includes independent advocacy services provided by external organisations on behalf of the Partnership.</p> <p>Several national and local programmes are underway to provide support to the Armed Forces Community, and raise awareness of service providers regarding their responsibilities under the Armed Forces Covenant.</p>
Carers	Fife have advocacy services in place that are funded specifically from carers funding to support carers with advocacy service requirements, carers specific funding has been awarded to the following organisations:	Carers may be disadvantaged by changes to services provided to those they care for. Often these impacts can be significant, such as affecting their ability to combine caring with employment, a breakdown in the caring role,	The Partnership has developed a new Carers Strategy for Fife 2023 to 2026 which sets out our priorities for carers over the next three years. This includes support for both young and adult carers and aligns with the requirements of the

	<ul style="list-style-type: none"> • Fife Carers Centre. • Fife Circles Network. • Fife Forum. • Fife Young Carers. • Kindred Advocacy. 	<p>economic hardship, or a negative impact on the carer's own health and wellbeing.</p>	<p>Carers (Scotland) Act 2016.</p> <p>Our approach to commissioning and providing independent advocacy services takes account of, and fully supports, our legislative and strategic responsibilities to carers.</p>
<p>Looked After Children and Care Leavers</p>	<p>Children's Rights Service</p> <p>The Children's Rights Service aims to ensure that a child's rights are fully taken into account when decisions are made about them. Within Fife, the Children's Rights Service is focussed on providing support for Looked After Children, and children subject to a Child Protection Case Conference. The Children's Rights Service supports children to express their views and wishes in all decisions affecting them, enabling them to contribute:</p> <ul style="list-style-type: none"> • At Looked After Child Reviews. • At Children's Hearings. • At other complex meetings. • To their Statutory Child's Plans. 	<p>Children and Young People may experience multiple barriers when accessing advocacy services, including:</p> <ul style="list-style-type: none"> • Communication barriers, particularly for very young children, those who have communication difficulties, or lack the self-confidence to ask for support. • Confidentiality – children may be concerned about the disclosure of information to other people. • Physical barriers such as limited opening times, or services that require access to a mobile phone. • Lack of expertise and knowledge of the specific issues relating to children and young people within advocacy service providers. 	<p>Specific advocacy services are in place to support children, young people and families, these services are delivered by:</p> <ul style="list-style-type: none"> • Barnardo's. • Circles Network. • Fife Young Carers. • Kindred Advocacy. <p>The types of support provided are:</p> <ul style="list-style-type: none"> • Secure care. • Purchased residential placements. • Looked After Children at home and in kinship care. • Foster care. • Children subject to multi-agency statutory Child's Plans. • Children requiring advocacy support at Protection Conferences.

			<ul style="list-style-type: none"> • Children and Young People Affected by Disability. • Families involved in Additional Support Needs Tribunals for Scotland. • Children subject to compulsory measures under mental health legislation. • Young people who are also carers. • Families of children with additional support needs.
Privacy (including information security, data protection, and human rights)	Fife Health and Social Care Partnership has robust procedures in place to ensure compliance with legislative requirements including data protection and privacy rights.	N/A	N/A
Economy	The Advocacy Strategy aligns with the Partnership's Medium-Term Financial Strategy which includes appropriate mitigations for potential economic impacts.	N/A	N/A

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Advocacy Strategy 2018 to 2022	Legislative requirements and delivery plan.
Advocacy Strategy 2023 to 2026	Legislative requirements, principles and standards, stakeholder input.
Strategic Plan 2023 to 2026	Strategic priorities and delivery plan.
Equality Outcomes and Mainstreaming Report	Legislative requirements, stakeholder input.

Part 3: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead Person	Timescale
1. The Advocacy Strategy 2023 to 2026 and supporting documentation, including this Equality Impact Assessment, will be reviewed annually as part of the Partnership's standard governance process.	Fiona McKay Head of Strategic Planning, Performance and Commissioning.	May 2024

Sign off

(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed: 26 th April 2023	Date sent to Compliance Team: 26 th April 2023 FOI.IJB@fife.gov.uk
Senior Officer Name: Fiona McKay	Designation: Head of Strategic Planning, Performance and Commissioning.

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	
Date checked and initials	



Meeting Title:	Integration Joint Board
Meeting Date:	26 May 2023
Agenda Item No:	7.1
Report Title:	Finance Update
Responsible Officer:	Nicky Connor, Director of Health & Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- 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:

- 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 and Scrutiny committee- The report was scrutinised by members of the committee and robust discussion took place around whole system support. All members were supportive of the proposal and were actively involved in shaping the wording contained within the report

3 Report Summary

3.1 Situation

The attached report details the projected outturn of the delegated and managed services based on 31 March 2023. The forecast for Fife Health & Social Care Partnership is currently a surplus £8.463m.

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 March 2023 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £8.463m.

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

These overspends are offset by the underspends in:-

- Community Services
- Children's Services
- Older People Nursing & Residential
- Adults Fife-wide
- Adults Supported Living
- Social Care Fieldwork

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

3.3.1 Quality / Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

There are significant vacancies identified in this report and the impact of this remains under continual review.

3.3.3 Financial

The medium-term financial strategy will be reviewed and updated in 2023-24.

3.3.4 Risk / Legal / Management

There is a risk that savings may not be achieved on a permanent basis however alternatives will be delivered in year.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no impacts on the environment

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4.4 Recommendation

- **Assurance** – the IJB are asked to be assured that there is robust financial monitoring in place.
- **Decision** – approve the financial monitoring position as at March 2023.
- **Decision** – approve the use of the reserves as at March 2023.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report 31 March 2023

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved 2022-23 Savings Tracker

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

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

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

Report Contact

Author Name: Audrey Valente

Author Job Title: Chief Finance Officer

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**Fife Health
& Social Care
Partnership**



Finance Report Provisional Outturn as at March 2023

5 May 2023



Supporting the people of Fife together



FINANCIAL MONITORING

PROVISIONAL OUTTURN AS AT MARCH 2023

1. Introduction

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

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

A one-year revenue budget of £627.414m for delegated and managed services was approved at the IJB meeting on the 25th March 2022. Unachieved savings totalling £3.794m from prior years, which were delayed due to Covid-19, have been brought forward, and require to be met to balance the budget.

The revenue budget of £38.889m for acute set aside was also set for 2022-23

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the provisional outturn, which is an underspend of £8.643m is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m.

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 £20.587m since April 2022 (was £18m at Dec/Jan) through additional allocations for specific projects and use of reserves.

Additional Allocations	Total Allocated April to March
	£m's
PCIF (reduction in allocation due to reserve held)	-4.561
Primary Care Development Fund (PCIF to pharmacotherapy)	-2.830
Primary Care Admin	1.091
Alcohol and Drug Partnership	1.625
Action 15 Mental Health Strategy	-2.120
School Nurse	0.322
Urgent Care Redesign	0.681
FHS non-cash limited	17.969
Earmarked reserves allocated	12.108
Primary medical services	2.509
Pay Award	8.693
GP Sustainability	0.667
NIC Adjustment	-0.734
Pharmacy Contract Reduction	-0.116

Navigation Flow Hub	2.420
Other Budget Movements	7.514
Budget transfer	2.407
Miscellaneous Income	-30.296
Total NHS	17.349
Pay Award	2.870
Gas and Electric increases	-0.217
Contact Centre	0.006
Telehealth Just Checking (from Capital)	0.3
Mental Health Recovery & Renewal	0.248
Other Budget Movements	0.031
Total FC	3.238
Overall Budget Increase	20.587

Specific allocations received but not utilised in 2022-23 have been transferred to earmarked reserves.

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 provisional outturn position at March 2023.

5. Financial Performance Analysis of Provisional Outturn as at 31 March 2023

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a provisional outturn underspend of £8.463m as below.

Fife Health & Social Care Partnership									
Provisional Outturn as at March	2022/23								
	Budget April	Budget Jan NHS/ Dec FC	Budget Mar		Forecast Outturn Jan NHS/ Dec FC	Forecast Outturn March	Variance as at Dec	Variance as at March	Movement
	£m	£m	£m		£m	£m			£m
Community Services		119.925	117.475		108.704	109.699	-11.221	-7.776	3.445
Hospitals and Long Term Care		57.977	59.103		62.141	64.717	4.164	5.614	1.450
GP Prescribing		75.698	75.581		74.498	76.337	-1.200	0.756	1.956
Family Health Services		111.950	115.186		112.050	115.554	0.100	0.368	0.268
Children's Services		16.183	16.198		15.683	15.789	-0.500	-0.409	0.091
Resource transfer & other payment	418.130	51.906	51.936		51.866	51.887	-0.040	-0.049	-0.009
Older People Residential and Day Care	14.930	15.955	16.521		15.841	16.815	-0.114	0.294	0.408
Older People Nursing and Residential	40.524	41.519	44.210		40.343	41.148	-1.176	-3.061	-1.886
Homecare Services	39.823	43.026	44.427		41.483	44.985	-1.543	0.558	2.101

Older People Fife Wide	0.793	0.894	0.895		1.100	1.050	0.206	0.155	-0.050
Adults Fife Wide	8.185	8.100	8.274		5.355	5.495	-2.745	-2.779	-0.034
Social Care Other - OT	4.031	4.223	4.399		4.138	3.949	-0.085	-0.450	-0.365
Social Care Other - Business Enabling/Professional	3.908	-2.891	-8.378		-1.666	-8.015	1.225	0.363	-0.862
Adult Placements	54.339	54.353	55.665		61.150	59.347	6.797	3.682	-3.116
Adult Supported Living	23.563	26.015	25.869		21.227	21.124	-4.788	-4.745	0.043
Social Care Fieldwork Teams	17.351	18.882	18.940		18.496	18.327	-0.386	-0.614	-0.228
Housing	1.837	1.866	1.699		1.866	1.329	0.000	-0.370	-0.370
Total Health & Social Care	627.414	645.582	648.001		634.275	639.538	-11.307	-8.463	2.844

The main areas of variances are as follows:

5.1 Community Services

Budget £117.475m, Forecast £109.699m, underspend £7.776m

Community Services are forecasting an underspend of £7.776m. This is mainly due to vacancies across AHP services, Dental and Health Promotion services and Mental health. Attempts to recruit to all vacancies across HSCP continue.

The movement from January forecast is an adverse movement of £3.445m and is mainly due to an increase in agency costs and a provision for back pay.

5.2 Hospital and Long-Term Care

Budget £59.103m, Forecast £64.717m, overspend £5.614m

Hospital & Long-Term Care is forecasting an overspend position of £5.614m. The overspend is attributable to the high level of medical locum use within mental health, due to increased vacancies in the service.

The movement from January forecast is an increase in overspend of £1.450m and is due to further use of locums.

5.3 GP Prescribing

Budget £75.581m, Forecast £76.337m, overspend £0.756m

As at January there is a projected overspend of £0.756m. This is due to a further increase in the price per unit for drugs prescribed.

There has been an adverse movement of £1.956m since the forecast position from January, which was a projected underspend, this is due to an increase in price and volume within prescribing.

5.4 Child Health Services

Budget £16.198m, Forecast £15.789m, underspend £0.409m

The forecast position for Children's services is an underspend of £0.409m which is mostly attributable to vacancies. Retention and recruitment is difficult as children's

services roles are highly specialist and therefore hard to fill. Vacancies are being experienced in Health Visiting, School Nursing and CYPDNS (Children Young Persons District Nurse Services).

The movement from the January position is a minimal movement of £0.091m less of an underspend.

5.4 Older People Nursing and Residential Budget £44.210m, Forecast £41.148m, underspend £3.061m

The forecast underspend is £3.061m. This is due to an underspend on external care home placements and additional deferred income not anticipated.

The movement from December forecast is a favourable movement of £1.886m and is due to additional deferred income and a reduction in expected costs of assessment beds.

5.5 Homecare Budget £44.427m, Forecast £44.985m, overspend £0.558m

The forecast overspend is £0.558m. This is mainly due to an overspend on Direct Payments of £1.9m, where service users are choosing to receive a payment rather than receiving a care package. External care at home packages purchased increased with an overspend of £0.161m.

This is offset by vacancies in internal Homecare (£1.7m). Additional funding was provided to expand Homecare Services in the Community and launch an emergency peripatetic team within Homecare, these posts have been difficult to recruit to and the funding has not been spent in full. This will remain under review to ensure a balanced budget is deliverable in 2023-24.

The movement from December forecast is an adverse movement of £2.101m and is a combination of an increase in external care at home packages of £0.676m and further direct payments being provided.

5.6 Adults Fife Wide Budget £8.274m, Forecast £5.495m, underspend £2.779m

The forecast underspend is £2.779m. The underspend is mainly due to budget being set for packages for named individuals expected to require a service, which have not yet started/been delayed.

There has been a favourable movement in the forecast position from December of £0.034m.

5.7 Occupational Therapy Budget £4.399m, Forecast £3.949m, underspend £0.450m

The forecast underspend is £0.450m. The underspend is due to recruitment difficulties and a closing stock adjustment.

There has been a favourable movement in the forecast position from December of £0.365m for reasons noted above.

5.8 Adults Placements

Budget £55.665m, Forecast £55.665m, overspend £3.682m

The forecast position is an overspend of £3.682. The overspend is due to packages that have been commissioned in excess of the budget.

There is an favourable movement from the December position of £3.116m which is due to some of the packages provided being reduced on a short-term basis due to staffing issues with providers which was not anticipated in the December forecast.

5.9 Adults Supported Living

Budget £25.869m, Forecast £21.124m, underspend £4.745m

The projected outturn is an underspend of £4.745m. This is due to the Community Support Service vacant posts which will not be filled until the future design of the service is established and agreed (£2.433m). There are further vacancies within Accommodation Services due to difficulties in recruiting (£2.207m)

There is an adverse movement of £0.043m

5.10 Social Care Fieldwork Teams

Budget £18.940m, Forecast £18.327m, underspend £0.614m

The projected outturn is an underspend of £0.614m. This is mainly due to staff vacancies (£1.619m) offset by overspends in transport for taxis to college and day care provision of £0.471m, third party payments £0.106m and direct payments £0.356m.

There is a favourable movement from the December projection of £0.228m mainly due to a reduction in the level of 3rd party payments for respite from the Local Budgets.

6. Portfolio reporting

An alternative approach to presenting the budget and provisional outturn as at March 2023 is presented below and provides information split by budget management responsibility for each of the Heads of Service. You will note the current position reflects an underspend for each area and work is on-going to improve reporting in relation to the line 'Other' which reflects various transactions between NHS Fife and Fife Council (otherwise known as resource transfer). This expenditure will be re-classified over the four portfolios in future updates to reflect compliance with accounting standards.

	Budget March £m	Forecast Outturn March	Variance as at March
	£m	£m	£m
Primary Care & Preventative Care	257.741	254.996	(2.745)
Integrated Community Care	172.770	169.611	(3.159)
Integrated Complex & Critical Care	178.014	173.535	(4.479)
Integrated Professional & Business Enabling and Other (including RT)	39.475	41.395	1.920
TOTAL HSCP	648.001	639.538	(8.463)

7. Savings

Unachieved savings proposals from prior years were brought forward to meet the budget gap and this was approved by the IJB as part of the budget set in March. The total value of savings for the 2022-23 brought forward is £3.794m. The financial tracker included at Appendix 2, provides an update on all savings and highlights that savings of £2.513m (66.2%) were delivered against the target.

70% of the savings (£1.270m) relating to Managed General Practice Modelling, Procurement Strategy and Re-Provision of Care is being met using temporary in year savings as substitutes, which will require to be met on a permanent basis in future years.

Resource Scheduling (Total Mobile) saving of £0.750m is projected to be undelivered in 2022-23. This saving will be funded from reserves on a one-year basis from the uncommitted reserves balance, as approved by the IJB in March.

The savings associated with the implementation of MORSE (£0.800m) will not be delivered in full in 2022-23. It is projected that only 50% will be delivered with the remaining 50% of this saving funded from reserves on a one-year basis, as approved by the IJB in March.

These savings will require to be met on a permanent basis in future years to ensure a balanced budget position.

8. Covid-19 and the Local Mobilisation Plan

In addition to the core financial position, there is a continued requirement to report monthly actual spend and full year projected spend, in relation to Covid-19 in the Local Mobilisation Plan (LMP).

The submission as at March shows provisional full year costs for Covid-19 related expenditure is £15.588m which is a minimal increase from the December /January position (£15.464m).

Circa £21m was returned to Scottish Government via a reduced allocation to Fife NHS. Fife HSCP have continued to complete the Local Mobilisation Plan monthly.

Scottish Government committed to fully funding all Covid-19 related costs incurred and are reviewing the process to ensure that final balances are agreed, and funding is passported as necessary to ensure all IJBs receive the funding required or return any further excess. A month 13 final LMP return will be submitted in May, we have assumed full funding will be received within the Year End provisional outturn.

Fife HSCP requires further allocations of circa £1m.

Covid-19 Reserves	Opening Balance April 2022	Projection at Mar 2023	Projected to be required at YE
Covid-19 Reserves brought forward	35.993		
Covid-19 Reserves returned to SG	-21.487		
Balance of Covid-19 Reserves after SG return	14.506	15.588	-1.082

The main areas of expenditure projected in the March Local Mobilisation plan are:

Projected Costs for Covid-19 @ Mar 2023	Total £m
Vaccinations	6.041
Workforce and Capacity	4.549
PPE, Equipment	0.66
Community Capacity	1.772
Sustainability payments to providers	2.528
Other	0.035
Total Covid-19 Costs	15.585

9. Reserves

Reserves brought forward at from March 2022 were £13.170m. Further to this, late funding received from Scottish Government for Covid-19 expenditure and for new commitments such as Mental Health Recovery and Renewal totalling £66.541m was received and carried forward to reserves, giving an April 2022 total reserve balance of £79.712m.

Of the £79.712m total reserve, £66.276m was earmarked for specific purposes which included £35.993m which related to Covid-19 expenditure. £21.487m has been returned to Scottish Government. At year end there is no balance on Covid-19 Reserves.

The earmarked opening balance was £28.266m. In year £18.010m has been allocated and used. At year end £5.894m was carried forward into earmarked reserves and therefore the closing reserve balance is £16.150m

Earmarked Reserves	Opening Balance April 2022	Drawn	Additions	Closing Balance March 2023
	£m	£m	£m	£m
Total Earmarked	28.266	(18.010)	5.894	16.150

Reserves available for allocation were £15.452m. In year £6.136m was agreed/ committed. £2.427m was used in year with the remaining £3.709m carried forward to use in 2023-24. This leaves a balance of £13.025m.

Reserves available	Opening Balance April 2022	Commitments	Drawn	Closing Balance March 2023
	£m		£m	£m
Total available reserves	15.452			
Commitments		6.136	(2.427)	13.025

The provisional outturn underspend of £8.463m will be transferred into reserves, increasing the balance from £13.025m to 21.488m

The overall reserves balance once the underspend has been transferred will be circa £38m. A final reconciliation is in process and a detailed balance of reserves will follow.

10. Risks and Mitigation

10.1 Savings

Any savings which continue to be unmet will carry forward into 2023-24 and work will continue with SLT to ensure that they are met on a recurring basis going forward or substituted.

To deliver a balanced budget in 2023-24 further savings of £21m are required. Business cases for these savings will be brought to future Committee.

10.2 Forward Planning

Moving forward there is significant financial uncertainty due to the global economic crisis and the increasing costs in relation to inflation, energy, supplies, pressure on pay costs

A reduction in future expected contributions from Fife Council and NHS Fife, along with increased costs and the impact of an ageing population will provide a significant challenge in 2023-24 onwards to ensure Fife HSCP remains sustainable in both the immediate and longer term.

10.3 Covid-19

It has become clear that the impact of the pandemic will remain for years to come and there will be pressure on services and core budgets. There is no further funding available from Scottish Government in future years and therefore Fife HSCP will need to transform the way we work to allow us to provide essential services to the most vulnerable people.

11. Key Actions / Next Steps

SLT are progressing the detailed work required on the business cases for the savings proposals required to close the budget gap in future years.

Audrey Valente
Chief Finance Officer
5th May 2023

Reserves Balances	Opening Balance April 2022
Covid-19 Reserves	35.993
Earmarked Reserves	28.267
Reserves Available for use	15.451
Total Reserves at April 2022	79.711

Covid-19 Reserves	Opening Balance April 2022	Provisional Exp at Mar 2023	Projected to be required from SG at YE
Covid-19 Reserves brought forward	35.993		
Covid-19 Reserves returned to SG	-21.487		
Balance of Covid-19 Reserves after SG return	14.506	15.588	-1.082

Earmarked Reserves	Opening Balance April 2022	Drawn	Additions	Closing Balance March 2023
	£m	£m	£m	£m
PCIF	6.585	5.746	0.113	0.952
GP Premises	0.430	0.260	0.615	0.785
Action 15/ Psychological Therapies/ Mental Health R&R	6.603	5.535	0.387	1.455
District Nurses	0.213		0.103	0.316
Fluenz	0.018	0.018		0.000
Alcohol and Drugs Partnership	1.700	0.081		1.619
School Nurse	0.146			0.146
Remobilisation of Dental Services	0.313			0.313
Urgent Care redesign	0.950	0.447		0.503
Care Homes	0.817	0.699	0.683	0.800
Buvidal	0.213	0.110		0.103
Child Healthy Weight	0.023	0.023	0.009	0.009
Acceleration of 22/23 MDT recruitment	0.300			0.300
Multi Disciplinary Teams	1.384	0.053	0.835	2.166
Community Living Change Plan	1.339			1.339
Afghan Refugees	0.047			0.047
Dental Ventilation	0.669	0.410		0.259
Interface Care	0.170	0.064		0.106
Care at Home	3.345	3.345		0.000
Interim beds	2.320	1.032		1.288
Telecare Fire Safety	0.069			0.069
Self Directed Support (SDS)	0.417	0.010		0.407
Workforce Wellbeing Funding	0.196	0.103		0.093
Near Me			0.112	0.112
Learning Disability Health Checks			0.069	0.069
Family Nurse Partnership			0.100	0.100
Development of Hospital at Home			0.279	0.279
Breast Feeding			0.020	0.020
Delayed Without Discharge			0.025	0.025
Long Covid			0.125	0.125
Unscheduled Care/ Navigation Flow Hub			2.420	2.420
Total Earmarked	28.267	17.937	5.894	16.224

Reserves available	Opening Balance April 2022	Commitments Agreed	Drawn	Closing Balance March 2023
	£m	£m	£m	£m
Total available reserves	15.451	6.136	2.428	13.023
Commitments:				
Additional Staff to create capacity to progress transformation projects		0.893	0.299	0.594
Research Manager/ Strategic Planner		0.140		0.140
Participation & Engagement Staff		0.146		0.146
Housing Adaptations backlog investment		0.644		0.644
Community Alarms - Analogue to Digital		1.235		1.235
Community Care Services – Purchase of chairs		0.024	0.024	0.000
Moving & Handling Trainer – fund for additional 4 months		0.014	0.015	-0.001
Reviews of Adults Packages OP Team Costs		0.064		0.064
Reviews of Adults Packages Adults Team Costs -Spend to save		0.350	0.034	0.316
Total Mobile - Unachieved saving		0.750	0.750	0.000
Gas & Electric cost pressure to reflect price increase		0.230	0.230	0.000
MORSE- Unachieved saving		0.400	0.400	0.000
Band 2-4 Regrading		0.191	0.191	0.000
Contact centre (staffing costs test of change)		0.150		0.150
Upgrades to Wellesley Unit		0.300	0.286	0.014
Childrens Services - Staffing ANPS		0.273		0.273
Pharmacy/Pain post		0.054	0.054	0.000
FELS driver Temp 6 months- increased equipment delivery		0.024	0.024	0.000
Bed Flow coordinators 4FTE (temp 1 year)		0.125	0.023	0.102
Hospital at Home		0.025	0.015	0.010
Approval sought - Renewal of beds in hospitals		0.104	0.084	0.020

Of the £13.023m, £3.708m remains committed as agreed

The HSCP Underspend of £8.463m will be added to the balance at 1 April 2023

This will give a total balance available for use of £17.778m (£15.451m opening balance, less committed £6.136m, plus 2022/23 underspend £8.463m)

**TRACKING APPROVED SAVINGS
HEALTH & SOCIAL CARE**

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/over achieved £m	Rag Status
All	2021-24	MORSE (Saving reduced on perm basis in budget setting by 0.400m)	0.800	0.400	-0.400	Amber
Complex & Critical	2021-24	Bed Based Model	0.200	0.200	0.000	Green
Primary & Preventative	2020-23	Managed General Practice Modelling	0.200	0.000	-0.200	Red
		Managed General Practice Modelling (Temp substitute)		0.200	0.200	Green
Complex & Critical/Community Care	2021-24	Review of respite services	0.070	0.070	0.000	Green
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service Users	0.174	0.000	-0.174	Red
		Review of Alternative travel (Temp Substitute vacancies)		0.174	0.174	Green
Complex & Critical/Community Care	2020-23	Resource Scheduling (Total Mobile)	0.750	0.000	-0.750	Red
Complex & Critical	2020-23	Procurement Strategy	0.200	0.033	-0.167	Red
		Procurement Strategy (Temp Substitute - Adults Fieldwork temp vacancies)		0.167	0.167	Green
Complex & Critical/Community Care	2020-23	Re-provision of Care	1.400	0.394	-1.006	Red
		Re-provision of Care (Temp Substitute for Adults saving - vacancies in Supported Living)		0.875	0.875	Green
Grand Total			3.794	2.513	(1.281)	66.2%

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	0.270	1.686	1.416
Amber	0.800	0.400	(0.400)
Red	2.724	0.427	(2.297)
Total	3.794	2.513	(1.281)



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	26 May 2023
Agenda Item No:	7.2
Report Title:	Performance Report – Executive Summary
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Report Author:	Grazyna Bak, Performance Improvement and Planning Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 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:

- Sustainable.
- Integration.

2 Route to the Meeting

- This report is submitted on a quarterly basis and is coordinated via the Senior Leadership team.
- The full report was discussed at the Finance, Performance and Scrutiny Committee on Friday 12 May 2023 and the committee supported onward submission to the Integration Joint Board.

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 Head of Service and relevant Managers across the service.,

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 Head of Service.

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 Environmental / Climate Change

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

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

No other relevant impact.

3.3.8 Communication, Involvement, Engagement and Consultation

No consultation is required.

4 Recommendation

- **Assurance** – The report is submitted to assure the Integration Joint Board that the full report has been discussed at the relevant committee, the areas which require improvement are highlighted in the appendix and are subject to continual scrutiny by Head of Service.

5 List of Appendices

Appendix 1 – IJB Executive Summary March 23-24

6 Implications for Fife Council

None.

7 Implications for NHS Fife

None.

8 Implications for Third Sector

None.

9 Implications for Independent Sector

None.

Report Contact

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Fife Health & Social Care Partnership



Performance Report Executive Summary

March 2023

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Executive Summary

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

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

The Partnership are currently reviewing the Performance Framework, particularly in light of the refreshed Strategic Plan. This report will be also be reviewed to streamline its production and consider how to improve the information presented.

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

Waiting times for care at home packages has improved significantly by 35% in the current reporting period, reflecting the longer term annual improvement trend of 66% since last year.

A general increase in service delivery is evident with externally delivered services for older people and adults both showing just over 5% increases, while internally delivered care services show a similar 4.8% increase in this period but against a reducing annual trend.

Delayed discharge (% of days lost) is on target at 4.6%, this short term improvement is reflected in the longer term trend. Discharge waits from assessment beds, STAR beds and START also show longer term improvement trends although they have declined in this reporting period.

The rolling long term national indicators also show mixed results currently. Unscheduled bed days show improvement with the exception of Geriatric Long Stays, these accounting for only 5% of all bed days. A&E attendances have increased while waiting times have increased. Indicators relating to support at home have stayed static over the year as has levels for those spending the last 6 months of life in the community.

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:

Emergency admissions;
 Unscheduled hospital bed days;
 Emergency department activity;
 Delayed discharges;
 End of life care; and
 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.

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	Dec-22	Dec-21	42,622	43,480	↑ 858	2.01%
1b.1	Emergency Admissions from A&E	Mar-23	Mar-22	21,158	22,777	↑ 1,619	7.65%
1b.2	A&E Conversion Rate (%)	Mar-23	Mar-22	25.81%	25.10%	↓ 0.71%	-0.71%
2a.1	Unscheduled hospital bed days	Oct-22	Oct-21	240,914	233,146	↓ 7,768	-3.22%
2b.1	Unscheduled hospital bed days - GLS	Sep-22	Sep-21	11,391	12,662	↑ 281	11.16%
2b.2	Unscheduled hospital bed days - Mental Health	Dec-22	Dec-21	66,555	60,646	↓ 5,909	-8.88%
3a	A&E Attendances	Mar-23	Mar-22	85,838	90,746	↑ 4,098	5.72%
3b	A&E % seen within 4 hours	Mar-23	Mar-22	82.67%	71.35%	↓ 11.32%	-11.32%
4.1	Delayed discharge bed days: All reasons	Mar-23	Mar-22	46,613	43,363	↓ 3,250	-6.97%
4.2	Delayed discharge bed days: Code 9	Mar-23	Mar-22	14,799	16,298	↑ 1,499	10.13%
4.3	Delayed discharge bed days: Health and Social Care Reasons	Mar-23	Mar-22	31,680	27,040	↓ 4,640	-14.65%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons	Mar-23	Mar-22	134	25	↓ 109	-81.34%
5a.1	Percentage of last six months of life: Community	2021/22	2020/21	90.73%	90.55%	↓ 0.18%	-0.18%
6.1a	Percentage of population (Home - Unsupported)	2020/21	2019/20	93.28%	93.17%	↓ 0.10%	-0.10%
6.1b	Percentage of population (Home - Supported)	2020/21	2019/20	2.84%	3.23%	↑ 0.39%	0.39%

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

** Please note: Data has been provided by NHS Fife. Some differences in methodology used compared to PHS publications **

Performance Report Scorecard - March 2023


Performance Section	Performance Indicator	Current Target	Reporting Period	Performance Year previous	Performance Month previous	Current Performance	Movement in Indicator	Performance against Target	% Difference on previous period
Internal Indicators	Assessment Beds - Length of stay upon discharge	42 Days	Mar-23	79	48	58	↓		20.83%
	STAR Beds - Length of stay upon discharge	42 Days	Mar-23	157	12	74	↓		516.67%
	START - Length of stay upon discharge	42 Days	Mar-23	83	56	62	↓		10.71%
	Interim Placements - Length of time between Placement & Discharge	56 Days	Mar-23	78	112	140	↓		25.00%
	Nursing & Residential Long Term Care Population		Mar-23	2,390	2,388	2,411	↑		0.96%
	Demand for new Care at Home Services - No. Waiting		Mar-23	396	208	133	↑		-36.06%
	Demand for new Care at Home Services - No. hrs		Mar-23	2,977	2,010	1,157	↑		-42.44%
	Weekly Hrs Externally Commissioned Care at Home - Older People		Mar-23	16,206	20,205	21,271	↑		5.28%
	Weekly Hrs Care at Home Internal Services		Mar-23	11,318	10,213	10,704	↑		4.81%
	Externally Commissioned No. Adult packages of Care		Mar-23	1,170	1,187	1,254	↑		5.64%
	Technology Enabled Care - Total No. Provided in Month		Mar-23	8,556	8,347	8,350	↑		0.04%
	Technology Enabled Care - Total No. New Services in Month		Mar-23	267	217	174	↓		-19.82%
Integrated Performance and Quality Report (IPQR) - Local Delivery Plan Standards (LDP)	Operational Performance - Delayed Discharge (% of Bed Days Lost)	5%	Mar-23	6.60%	5.70%	4.60%	↑		-1.10%
	Public Health & Well being - Smoking Cessation	473	Nov-22 (YTD)	270	180	205	↑		13.89%
	Public Health & Well being - CAHMS Waiting Time	90%	Feb-23	68.00%	78.50%	83.20%	↑		4.70%
	Public Health & Well being - Psychological Therapies Waiting Time	90%	Feb-23	79.20%	73.40%	69.60%	↓		-3.80%
	Public Health & Well being - Alcohol Brief Interventions	80%	Mar-20 (YTD)	60.20%	75.70%	79.20%	↑		3.50%
	Public Health & Well being - Drug & Alcohol Treatment Waiting Times	90%	Jan-23	82.10%	96.70%	96.50%	↓		-0.20%
	Public Health & Well being - Dementia Post-Diagnostic Support		20/21 (Annual)	93.40%	93.20%	94.60%	↑		1.40%
	Public Health & Well being - Dementia Referrals		20/21 (Annual)	61.00%	58.50%	50.60%	↓		-7.90%
Management Information	Health & Social Care Partnership (H&SCP) Staff Absence		Mar-23	12.60%	12.00%	12.20%	↓		0.20%
	NHS Staff Absence		Mar-23	5.60%	6.38%	6.62%	↓		0.24%
	Complaints to H&SCP responded to within statutory target	80%	Mar-23	55.00%	22.00%	54.00%	↑		32.00%
	Information Requests to H&SCP responded to within statutory target	80%	Mar-23	79.00%	89.00%	70.00%	↓		-19.00%


Key:


↔	No change in indicator from previous		Current performance does not meet target
↑	Improvement of indicator from previous		Current performance meets/exceeds target
↓	Worsening of indicator from previous		


** Please note only indicators relating to Delayed Discharge, Smoking Cessation, CAHMS Waiting Time and Psychological Therapies waiting time appear separately with the Performance Report. Data received from the Planning & Performance Team @ NHS regarding Alcohol Brief Interventions, Drug & Alcohol Treatment Waiting times and Dementia Support/Waiting times only appear within the Scorecard information**

Local Performance Indicators


Indicator	Standard/Local Target	Last Achieved	Current Performance		Benchmarking
Assessment Unit - Assessment Beds	42 Days	Dec-21	58 days	Mar-23	
<p>This model supports people to leave hospital and finalise their assessment within a Care Home.</p> <p>Currently nine care homes offer 48 Assessment Beds in Fife. In addition, Assessment Bed Placements are commissioned in other care homes, to ensure placements is made within the service users home area or preferred locality, and where a care home can accept an admission, and have suitable vacancy.</p> <p>The average length of stay is affected by those in an assessment bed waiting on placement within a care home of their choice with a suitable vacancy.</p> <p>The average length of stay on discharge continues to fluctuate. This is mainly due to a number of individual's first choice care home not having capacity to admit, resulting on a wait on this becoming available. It is always the intention to provide an individual's first choice care home as part of a person-centred approach. Reviews of those waiting on a long-term placement are completed on a regular basis, and in some cases, discussion may take place around alternative care home choices.</p>					


Indicator	Standard/Local Target	Last Achieved	Current Performance		Benchmarking
Short Term Re-ablement beds (STAR)	42 Days	Feb-23	74 days	Mar-23	
<p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.</p> <p>There are currently 36 STAR Beds offered across three care homes.</p> <p>The average length of stay is affected by those in a STAR Bed, who's circumstances have changed, and they are now awaiting a long-term care home placement within a care home of their choice with a suitable vacancy, which may not have a suitable vacancy or capacity to accept admission into their care home from the STAR bed placement.</p>					


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Short Term Assessment & Review Team (START)	42 Days	Aug-18	62 days	Mar-23 
<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>The average length of stay within Start can fluctuate on a number of factors. Services are normally provided for 6 week (42 days target) but this can extended depending on someone's needs/abilities. The demand has continued to rise which impacts on the ability of assessors to complete the final review at the 6-week point.</p> <p>If continuing care and support is required then transferring from Start to an ongoing support provider, either internal or external, also requires their capability of providing more support to service users and the capacity to do so when again demand is increasing month on month.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Interim Placements	56 Days	Oct-21	140 days	Mar-23 
<p>Interim Placements are to support individuals who require a limited period within a care home setting for 6 to 8 weeks until their care at home service has been sourced. Interim Placements are to support enablement and confidence to maintain daily living skills to support a return to their own home.</p> <p>An interim placement within a care home is a safer more homely setting to wait until a suitable care at home package is identified to allow a return to their own home. Currently there are approximately 40 placements within several independent care homes throughout Fife.</p> <p>The average length of stay is affected within an interim bed placement awaiting to return to their own home due to availability of a suitable care at home service to allow a safe return to the individuals own home. Reviews of those in an interim placement are completed on a regular basis, and regular contact is made with both HSCP and external care home providers to source suitable care at home service.</p>				


LDP Standards


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Smoking Cessation	473	N/A	205 Nov-22	
<p>In 2023/24, we will deliver a minimum of 473 accumulated days post 12 weeks smoking quits in the 40% most deprived areas of Fife.</p> <p>Please note, there is a notable lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme.</p> <p>Currently 13 GP and 5 community clinics have returned to face-to-face delivery, with a further 2 newly established community clinics opened in March. The mobile unit does outreach on Tuesdays, Thursdays and Saturdays into our most vulnerable communities and are receiving clients.</p> <p>The stop smoking service attended Dunfermline Athletic Football Club on match day, Saturday the 4th of March, with the aim of raising awareness of the stop smoking service availability and accessibility. No Smoking Day campaign saw a range of activity to raise awareness of the stop smoking service, such as promotional messaging and resources available across all clinics. Attendance at Fife College Student Wellbeing festival in 3 campuses between the 7th and 9th of March. The service participated in the Workplace conference, providing available information and resources for workplaces and to highlight service referral pathways. Delegates had the opportunity to visit the service mobile unit to discuss smoking, undertake a carbon monoxide test and enrol in the service.</p> <p>2 new advisors have come into post in March leaving only 2 more vacancies outstanding for the specialist and maternity service (currently 2 advisors are on maternity leave which reduces service capacity).</p> <p>A Community Pharmacy (CP) learning event was well attended on 22nd Feb. It provided an opportunity for new members of staff to learn about the service and NRT products as well as for established professionals to express contractor’s needs, wants and barriers. CO monitors were calibrated as part of the event and supportive planning will continue throughout the next financial year based on CPs input. A pharmacy champion has been aligned to support the service.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
CAMHS Waiting Time	90%	Feb-20	83.2%	Feb-23 
<p>At least 90% of clients will wait no longer than 18 weeks from referral to treatment.</p> <p>Clinical activity continues to prioritise children and young people who present with an Urgent or Priority need whilst working to sustain the progress made towards reducing the waiting list and achieving the Referral to Treatment Target (RTT). The service continues to function at maximum capacity as it addresses the impact of reduced staffing due to vacancies and staff departures with the introduction of additional evening clinics and active, ongoing recruitment.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Psychological Therapies Waiting Times	90%	Feb-20	69.6%	Feb-23 
<p>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</p> <p>Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by adjusting skill mix within services. Maternity leave is currently posing a challenge as it is difficult to recruit staff to provide backfill cover. The nature of PT delivery means that the impact of any vacancy is felt for several weeks prior to the leave date, as the staff member is winding down their caseload and unable to take on new treatment starts.</p> <p>The workforce pressures which are affecting the wider mental system have reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PT's. Plans for alternative delivery options, e.g., via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.</p> <p>We continue to investigate options to provide clinic accommodation, both the introduction of evening working and liaising with colleagues from Estates to source more clinic space. We continue to mitigate the impact of lack of accommodation on PT performance (e.g., by staff working from home using digital delivery) but this mitigation is not appropriate/feasible for all, and it risks staff wellbeing.</p>				

Management Performance Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Complaints and Compliments	80% *	Mar-21	54% Mar-23	
<p>* 80% of Complaints responded to within statutory timescales During March 2023 the Partnership closed 61 complaints.</p> <p>This included 23 complaints closed by Social Care, and 38 complaints closed by NHS Fife. Of these, 44 (72%) were identified as Stage 1 complaints, and 17 (28%) were classified as Stage 2 complaints. In March 2023, 54% of complaints were responded to within the statutory timescales.</p> <p>There has been a drop in performance during 2022. Steps have been taken to introduce additional resource to support the complaints process with a view to improving performance data and sustaining improvements going forward.</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>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Information Requests	80% *	Feb-23	70% Mar-23	
<p>* 80% of Complaints responded to within statutory timescales</p> <p>During March 2023, the Health and Social Care Partnership closed 46 information requests, of these 32 (70%) were responded to within required timescales.</p> <p>Overall performance for 2023 is 76%, this is slightly below the target of 80% of requests responded to within required timescales.</p>				



Meeting Title:	Integration Joint Board
Meeting Date:	26 May 2023
Agenda Item No:	8.1
Report Title:	HSCP Locality Planning 2022/23
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Report Author:	Jacque Stringer, Locality Planning Co-ordinator

1 Purpose

This Report is presented to the Board for:

- **Assurance** – This report is to provide an overview of locality planning and community led support for 2022/23. To discuss and provide assurance that the HSCP are applying the Scottish Government Localities Guidance to build upon insights, experience, and resources in localities.

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 all the Integration Joint Board 5 Key Priorities:

- Local.
- Sustainable.

2 Route to the Meeting

This report was discussed at the Quality & Communities Committee on 3 May 2023. The committee supported the work taken forward in the localities and also commended the Partnership for their work taking reports to Fife Council Area Committee's to raise awareness, the feedback from the committee's has been very positive.

3 Report Summary

3.1 Situation

Critical to the Integration Joint Board's Strategic Plan, each of the seven local areas that make up the Fife Health and Social Care Partnership develop a Locality Plan with partners, including patients/service users, community planning, carers and the third and independent sectors. There is a requirement to shift the focus to delivering locally utilising evidence from Public Health Scotland Data, Fife Strategic Needs Assessment, and local intelligence to question and challenge whether the right ideas/issues are being done to achieve the ambitions of the HSCP Strategic Plan 2023-2026.

The Partnership's commitment to working effectively in all localities across Fife, is key to drive the strategic vision of being one of the best performing Partnerships in Scotland. A focus on locality working is one of our five key themes within the Strategic Plan and the structure mirrors the 7 Fife Council Area Committees. To demonstrate commitment and leadership to locality planning there is a member of the senior leadership team (SLT) assigned to support each locality group. Between the 22nd of March and 26th April the SLT presented a "HSCP Locality Planning Update" at the seven Fife Council area committees. The purpose of the report was to provide elected members with an overview of locality planning; members agreed to receive 6 monthly updates from the Health and Social Care Partnership highlighting progress and joint areas of interest between the partnership and community planning partners.

This report is to provide an overview of locality planning and community led support for 2022/23. Providing assurance that the HSCP are applying the Scottish Government Localities Guidance to build upon insights, experience, and resources in localities.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established 7 locality groups which are aligned to the Fife Council local area committees. The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes.

Localities seek to deliver positive health and wellbeing outcomes for the people of Fife. The overarching goals of localities are to:

- promote healthy lifestyle choices and self-management of long-term conditions.
- support people to live healthy well independent lives while living in their own home for as long as possible.
- reducing the number of avoidable emergency admissions to hospital and minimise the time people are delayed in hospital.
- efficiently and effectively manage resources available to deliver Best Value.
- support staff to continuously improve information and support and care that they deliver.
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.

3.3 Assessment

The Locality Groups were paused in 2021 and remobilised in May 2022. To ensure the quality of localities' the locality groups function with the direct involvement and leadership of HSC senior and extended leadership team, HSC professionals, housing sector, representatives of the third and independent sector and community planning partners. The groups met in May, September and wider stakeholder events took place in November/December 2022. The purpose of the wider stakeholder events is to review and discuss the area profiles and engage with stakeholders to understand their experience and knowledge of people who use services and staff working in the local area. The seven locality group meetings took place between 13th March and 5th April 2023 to finalise the priorities and agree next steps/action plans for 2023. Each locality has identified short life working groups to take forward the thematic priorities which include:

- **Improving Mental Health & Wellbeing** – a priority for the 7 locality groups. Group members acknowledge that improving mental health and wellbeing theme runs through all the priorities. An example of a key area of work relating to mental health & wellbeing is the “Public Health Policing Approach”. Police Scotland raised a concern at the Levenmouth Locality group meeting in June 2022 regarding the number mental health (non-criminal) calls received. Subsequently a working group was created with representation from Fife Council, NHS Fife (A&E), Community Mental Health, Scottish Ambulance Service, Alcohol and Drugs Partnership and Scottish Association of Mental Health. A number of tasks were undertaken; data collection from NHS Fife and Police Scotland and further presentation from Scottish Ambulance Service (Dundee) to scope activity in other areas. The next step is to submit a report to the Area Committee (May 23) to request funding to test a mental health triage car in Levenmouth locality. The aims of the test of change are to provide enhanced experience for individuals who contact services with a mental health need through timely access to specialist mental health care and assessment in the community, avoiding unnecessary conveyance to A&E where appropriate and identify potential benefits. To identify the limitations, of a mental health triage car service to inform future recommendations.
- **Supporting unpaid carers** - a priority for the 7 locality groups will be to

deliver the Community Chest Fund, (community funding to support unpaid carers). £50k is allocated to each locality which will provide opportunities to develop and deliver community projects that will benefit unpaid carers. Multi agency working groups have been established in the 7 localities to ensure that unpaid carers are aware of the fund and supported during and after the application process.

- **Community Led Support (CLS), Long Term Conditions** - The services/resources outlined below are examples of the community led support, that support positive mental wellbeing available to people living in Fife. It is an action for locality group members to promote and further develop CLS.

“**The Well**” is a place where you can drop-in, both in your community and online and find out information and receive general advice to help you stay well and independent within your local community. Between April 2022 and March 2023, 1424, people engaged with The Well, 65% of referrals originated from the Social Work Contact Centre resulting in an 80% engagement rate. There are currently 11 physical wells throughout Fife (22hrs per week). The top three enquiries for The Well have been “Mental Health”, “Community Support” and “Financial Support” [Fiona's Story - The Well Case Study.png](#)

“**Link Life Fife**” (LLF) is a non-clinical community led support service provided by HSCP for anyone aged 18 and over in Fife who is reaching out to their GP or other health professional within Primary Care for support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being. LLF received 1045 referrals in between April 2022 and March 2023 with an overall engagement rate of 72%. Primary care mental health nurses were the highest referrers (66%) to the service. The majority of support provided by a combination of telephone and face to face contact. Support given by Link Workers include referring/signposting/connecting people to self-directed support; mental health support; social community groups; befriending, foodbanks; welfare support (benefits/form filling); family groups [LLF Case Study Jan 12023.png](#)

“**Improving the Cancer Journey**” (ICJ) provides a one stop shop for all people affected by cancer support needs. Cancer doesn't just affect your physical wellbeing; it can impact on every aspect of your life and the lives of those around you. Knowing where to turn for support isn't always easy. Health & Social Care Partnership and Macmillan Cancer Support work in partnership to provide this service to people affected by cancer throughout Fife. Between March 2022 and April 2023 ICJ received 1094 referrals, the majority of referrals received were from NHS Fife secondary care teams. Macmillan have agreed to fund link workers for a further 3 years and the service will transition to locality planning on the 1st of June.

The majority of referrals to Community Led Support Services are received from the Primary Care Teams. GPs highlighted that the barrier to referring is the time it takes to complete the MS referral form. As a result, a request was submitted to NHS Fife Digital & Information Services in April 2022 to scope the specification requirements to facilitate referrals from Primary Care to H&SC Community Led Support Services electronically via SCI Gateway – awaiting decision from NHS Fife Digital & Information,.

- **Supporting people affected by Drug / Alcohol Harm and Death** – Cowdenbeath and Kirkcaldy Locality Groups are working with the Fife

Alcohol & Drugs Partnership (FADP) to develop targeted support, where harm and prevalence and low levels of engagement are highest for people at risk of harmful substance use. A multi-agency working group will take forward this area of work, one of the actions will be engaging with people with “lived experience” who live in the Cowdenbeath and Kirkcaldy locality.

- **Home First** has been identified as a priority in Levenmouth. Public Health Scotland data highlighted that Levenmouth has a higher number of emergency admissions in comparison to the rest of Fife, some of which are potentially preventable. The locality plan will look to build a model involving the various stakeholders in the area, who can support people to manage long term conditions at home, with a view to reducing the number of emergency and preventable admissions.
- **Living Well with Long Term Conditions:** A priority for North East Fife (NEF) Locality group is to improve access to informal supports for people living in North East Fife who are experiencing long term physical and mental health conditions. People and practitioners have expressed views that, although very many services and supports are available in our communities, it can be hard to know and remember what is available and how to access them. Starting on the 2nd of May 2023, the North East Fife Locality Planning Group will be initiating a Single Point of Access (SPOA) test of change with the aim of increasing the number of people who access local services and supports which are available in their communities. The single point of access will be ‘The Well’ in North East Fife, collaboratively staffed by a Link Worker and an Assistant Psychologist, whose role will be to help people experiencing long-term conditions, and those important to them, access the physical, psychological, social, and practical supports that are available in local communities.

NEF Long Term Condition(s) Referral Pathway



Locality Development 2023/24

The Levenmouth Locality Group, chaired by Cllr David Graham and the SLT Lead Lynne Garvey (Head of Community Care Services) will lead a test of change supported by a Change and Improvement Manager (recruitment underway). The aim of the test of change is to achieve the aspirations we share for health and social care integration, focussing together on our joint responsibility for all parts of the system to work collaboratively to empower local decision making. Working across, and with one another will be critical to the success of the test of change.

3.3.1 Quality / Customer Care

Positive Impact	Negative Impact
The partnership has a better understanding of where it can prioritise and respond to locality needs.	Members of the locality group unable to prioritise and commit to locality needs due to staffing challenges/budget constraints.
Alleviating pressure on Primary Care and Social Work Contact Centre throughout all seven localities by receiving referrals from primary care via SCI Gateway.	HSCP are unable to access SCI Gateway resulting in reduced referrals from primary care.
HSCP webpage and NHS Intranet (Staff Link/FROG) providing locality and community led support information.	Primary Care professionals cease referring due to timely referral process. Information is now updated on a regular basis.
Feedback from the people (referrals) being supported with receiving an effective, timely, safe, and high-quality service.	Staff unable to provide permanent support across all The Wells and CLS with temporary funding.

3.3.2 Workforce

Link Life Fife - funding confirmed till 2024. If the funding is non-recurring this will have a negative impact on primary care mental health pathway.

The Well – social work and third sector organisations support the staffing of The Wells; this has a positive impact regarding “shared learning” between staff/organisations.

3.3.3 Financial

N/A

3.3.4 Risk / Legal / Management

N/A

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed because this report is to provide an overview of the locality planning and community led support.

3.3.6 Environmental / Climate Change

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

Not applicable.

3.3.8 Communication, Involvement, Engagement and Consultation

“Public engagement activity with user groups will be specific and informed by local people, professionals who deliver health and social care service in and across communities highlighting "need" in their area. This includes analysis of intelligence led data produced by Public Health Scotland. The Public Engagement Officers will then be focussed on the identified need in each locality to support the gathering of people's views who are most affected by the issues and feed those views back into locality planning groups and the Fife H&SCP. This will ensure that there is scope and boundaries around public engagement activities which is informed by identified need in relation to health and social care services for individuals and across communities" (HSCP Participation & Engagement Strategy, Page 14)

4 Recommendation

- **Assurance** – This report is presented to assure the Board of the ongoing work undertaken in the localities across Fife..

5 List of Appendices

The following appendices are included with this report:

Appendix 1 - The Well Case Study

Appendix 2 – Link Life Fife Case Study

6 Implications for Fife Council

None

7 Implications for NHS Fife

None

8 Implications for Third Sector

Locality planning works across the third sector who are involved in a number of initiatives and programmes.

9 Implications for Independent Sector

The independent sector work within the localities and some of the programmes and initiatives are supported by them.

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

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

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THE WELL FIONA'S STORY

When Fiona attended The Well she felt very emotional and upset with her current situation. The Well staff helped Fiona to go over all her income and outgoings and thought that she may be eligible for discretionary housing payment and council tax reduction.

Fiona is a 64-year-old woman, who has worked all her life within the care sector. Due to physical health issues, she was no longer able to do her job and had become unemployed.

“If it wasn't for the staff at the Well, I doubt I would have received the benefits I was eligible for or even been aware of them.”

Fiona felt overwhelmed with the information and health appointments she had to attend which was having an impact on her mental health.



“IF OTHER PEOPLE JUST KNOW TO GO AND ASK FOR HELP, IT WILL REALLY HELP TO TAKE THE PRESSURE OFF AND RELIEVE THE STRESS SO I WOULD RECOMMEND ANYONE IN A SIMILAR SITUATION TO JUST STEP FORWARD AND ASK FOR HELP. THE WELL CAN OFFER YOU THE SUPPORT YOU NEED”

The Well staff helped Fiona navigate information and resources in regards to foodbanks and community support. Fiona was referred to CARF for support with her PIP application.

“The Well made sure I was given all the information and support I needed at the time”

Fiona also noticed a poster about befriending during her visit to The Well after contacting the organisation Fiona signed up to be a volunteer.

“volunteering will be good for me; I care about people”.

Fiona received the support she needed and has managed to tackle the difficulties she faced. She feels much better about her situation and her mental health is improving.

Link Life Fife Case Study

A Link Worker contacted Alexander within two days of receiving the referral. Through the Good Conversations approach, Alexander was able to identify he would like to join some social activities in his area.

The Link Worker sourced and provided Alexander with the information, so he could make an informed choice on what mattered to him.

Alexander was referred to LLF by a Primary Care Mental Health Nurse. As he was new to the area and moved into a new residence, Alexander felt isolated and anxious as he had to leave his previous mental health support behind. Alexander was looking to connect to support in his new community.



The Link Worker telephoned Alexander and listened to his concerns about being overwhelmed by services, as he was also being supported by the trauma service Better Than Well. It was agreed the Link Worker would temporarily step back from supporting Alexander.

After LLF received an email from the Better Than Well service, stating they had completed their sessions, the Link Worker contacted Alexander and arranged to meet at his home, as he felt comfortable there. The Link Worker discussed Alexander's positive attitude to engage in activities with Gallatown Hub, and a visit was set to see what social groups were available.

On arriving, Alexander met with the Link Worker and spoke with several staff and volunteers about social groups (Bike Hub, Reiki, and Gardening Project). Alexander was confident to attend by himself next time and enrolled on the Reiki sessions. Volunteering opportunities have since been offered for all three groups and Alexander is now attending the Bike Hub and Gardening Project regularly.

Alexander's feedback about the service: "Without the support from Link Life Fife, I would have never known about half of the supports or activity groups in my local area. I have appreciated the helping hand the Link Worker has provided me as I do not think I would have been able to get my foot in the door. There are now so many opportunities available for me and I cannot wait to see what the future holds. Thanks again for everything"





Meeting Title:	Integration Joint Board
Meeting Date:	26 May 2023
Agenda Item No:	9.1
Report Title:	Annual Assurance Statements
Responsible Officer:	Audrey Valente, Chief Finance Officer
Report Author:	Vanessa Salmond, Head of Corporate Services

1 Purpose

This report provides assurance to the Board by the Audit & Assurance Committee following their review of the committee's assurance statements that adequate governance arrangements are in place to allow the IJB to discharge its duties in line with the Good Governance Framework.

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:

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration

2 Route to the Meeting

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

- Quality & Communities Committee, 3 May 2023;
- Audit & Assurance Committee, 10 May 2023;
- Finance, Performance & Scrutiny Committee on 12 May 2023.

3 Report Summary

3.1 Situation

As part of the annual accounts process the IJB must provide assurance that it has adequate controls in place to support good governance. This report will become part of the evidence to support and show the IJB is discharging its duties efficiently and effectively.

3.2 Background

An annual assurance statement is produced to support the assurance the Committees are giving to the IJB, highlighting any significant issues and supports the use of the Good Governance Framework as set out by SOLACE/Chartered Institute of Public Finance and Accountancy (CIPFA).

3.3 Assessment

Corporate governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how they relate to local communities. It covers service delivery arrangements structures and process, risk management, internal controls and standards of conduct.

An annual assurance statement is produced each financial year and is incorporated into the annual accounts. This provides assurance to the IJB that it has discharged its duties in an effective and efficient way and in accordance with the scheme of delegation and standing orders.

Each of the governance committees produce an annual assurance statement signed by the Chair of each relevant committee. Once each committee agreed their committee annual assurance statements they were reviewed by the Audit & Assurance on 10 May 2023. The purpose of this review by the Audit & Assurance Committee was to provide the IJB with assurance on the effectiveness of the IJB committee structure and that the committees are fulfilling their statutory duties.

Based upon the assurance statements submitted by the committees, the Audit & Assurance Committee are able to provide assurance to the IJB.

In line with our principles of continuous improvement, a review of IJB committee structure and associated processes will be undertaken during 2023-24. This will better align Committee Terms of Reference, workplans, agenda items and future Annual Assurance Statements.

3.3.1 Quality / Customer Care

Provides assurance to the public that the IJB is working effectively, with the Quality and Communities Committee leading in relation to IJB statutory functions for clinical and care governance.

3.3.2 Workforce

Assurance is provided that our staff are engaged and working in accordance with local governance arrangements with the Local Partnership Forum (LPF) providing a platform for engagement and adequate discussions on workforce matters. An annual report from the LPF was provided to the IJB having been endorsed by the Finance, Performance and Scrutiny Committee in July 2022.

3.3.3 Financial

Gives assurance that the financial regulations are being adhered to and managed appropriately and that scrutiny is in place through the Finance, Performance and Scrutiny Committee.

3.3.4 Risk / Legal / Management

Provides assurance that the appropriate level of risk is monitored and managed at an individual committee level with oversight provided at the Audit & Assurance Committee.

3.3.5 Equality and Diversity, including Health Inequalities

Provides assurance that equalities is monitored and managed effectively within the committee structure including Quality and Communities Committee and the Local Partnership Forum via the Finance, Performance and Scrutiny Committee.

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

All members have had the opportunity to comment, scrutinise and contribute to the assurance statements at each committee they attend.

4 Recommendation

Assurance – To provide assurance to members that good governance is in place across the partnership and note the proposed improvement activities around IJB Committee Structure and associated processes to be undertaken during 2023-24.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Audit & Assurance Committee Annual Assurance Statement 2022-23;

Appendix 2 – Finance, Performance & Scrutiny Committee Annual Assurance Statement 2022-23;;

Appendix 3 – Quality & Communities Committee Annual Assurance Statement 2022-23.

6 Implications for Fife Council

N/A

7 Implications for NHS Fife

N/A

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

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

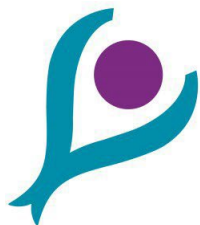
Direction To:		
1	No Direction Required	X
2	Fife Council	
3	NHS Fife	
4	Fife Council & NHS Fife	

Report Contact

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Fife Health & Social Care Partnership

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ANNUAL STATEMENT OF ASSURANCE FOR AUDIT AND ASSURANCE COMMITTEE

1. Purpose

- 1.1 To provide assurance to the Integration Joint Board (IJB) that it is fulfilling all its statutory requirements and, on the adequacy, and effectiveness of systems of internal control and assurance, with appropriate and consistent escalation and action in accordance with the scope of services as defined in the Integration Scheme.
- 1.2 Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

2. Membership

- 2.1 During the financial year to 31 March 2023, membership of the Audit and Assurance Committee comprised:

Name	Role / Designation
Cllr Dave Dempsey	Chair
Cllr David J Ross	Member (to April 2022)
Alastair Morris	Member (to April 2022)
Sinead Braiden	Member (from April 2022 to date) Interim Vice Chair (from July 2022 – January 2023)
Sam Steele	Member (from July 2022)
John Kemp	Member (from January 2023)

- 2.2 The Audit and Assurance Committee may invite individuals to attend meetings for particular agenda items, but the Internal Auditor, External Auditor and Risk Manager will normally be in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

- 3.1 The Audit and Assurance Committee met on six occasions during the financial year to 31 March 2023, on the undernoted dates:
 - Wednesday 27 April 2022
 - Wednesday 6 July 2022

- Wednesday 14 September 2022
- Wednesday 9 November 2022
- Thursday 19 January 2023
- Wednesday 22 March 2023

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 Following the elections of May 2022 and the redesign of IJB governance structures, the Audit and Assurance Committee was created, and revisions to the membership became effective. In July, Councillor Dave Dempsey was confirmed as the Chair of the Audit and Assurance Committee, with Vice Chair confirmed on a temporary basis as Sinead Braiden.
- 4.2 In March of 2023, Sinead was replaced by John Kemp as Vice Chair of the Committee
- 4.3 The Annual Audit Plans from both our internal and external auditors were considered at this Committee. Our external auditors presented the 2021/22 audit plan in July and the internal auditors presented a forward plan of the areas to be considered during 2022/23 in November. Two areas in particular were identified as areas of priority - Workforce and Commissioning
- 4.4 Governance arrangements of the IJB, Strategic Planning and Clinical Governance were identified as the priorities for the 2021/22 audit and the internal audit annual report for 2021/22 addressed the governance arrangements as per the audit plan whilst also highlighting a significant risk in relation to workforce (subsequently identified within 2022/23 audit plan). Assurance was given that every attempt to mitigate the risk has been taken through a combination of international recruitment, redesign and proactive attempts at recruitment drives.
- 4.5 The Strategic Plan and Clinical Governance Internal Audit reports were discussed at the March Audit and Assurance Committee where it was agreed that these would be available for the first Committee of the new year.
- 4.6 Regular reporting of audit follow up actions were presented to the committee throughout the year. Recognition was given to delays due to the pandemic resulting in collaboration between HSCP officers and internal audit colleagues to ensure recommendations were completed timeously.
- 4.7 The 2021/22 draft annual accounts were presented in July and final accounts post audit considered in November, alongside the annual audit report prepared by our external auditors. Both Tim Bridle and Brian Howarth attended to present the report. Although recommendations for improvement were made within the report, there were no qualifications of the accounts.
- 4.8 The revised governance manual was presented and approved by the committee following the approval of the Integration Scheme
- 4.9 The strategic plan was presented to the committee with a view to providing assurance that processes were adequately followed, and that there was stakeholder engagement through participation and engagement.

5. Risk Management

- 5.1 The risk register was presented at every meeting of the Audit and Assurance committee. Various improvement actions were implemented throughout the year with a view to ensuring the committee was able to discharge its duty. Trend analysis of risk scores was considered important, as well as ensuring that the appropriate risks are being considered at the relevant governance committee.
- 5.2 Following the refresh and approval of the Strategic Plan, an exercise to ensure alignment of the IJB Strategic Risk Register with the Strategic Plan was undertaken at the IJB Development session in February 2023
- 5.3 The Risk Management Strategy was updated and considered by Audit and Assurance Committee in this financial year with a view to full approval at the IJB in March 2023.
- 5.4 Discussions about risk appetite began during this financial year and an initial discussion took place at a December IJB Development session. The results of that initial discussion were discussed at the January meeting of the Audit and Assurance committee with a view to agreeing next steps. A follow up session took place in February with the IJB.

6. Other Highlights

- 6.1 The IJB newly appointed external auditors attended the March meeting of the Audit and Assurance Committee by way of an introduction. Karen Jones and Chris Brown introduced themselves as the lead for the Fife audit, and in addition presented their audit plan for financial year 2022/23

7. Conclusion

- 7.1 As Chair of the Audit and Assurance Committee during financial year 2022-23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Audit and Assurance Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.
- 7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Audit and Assurance Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 7.3 I would pay tribute to the dedication and commitment of fellow members of the Audit and Assurance Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.



Signed:

Date: 10th May 2023

Dave Dempsey, Chair

On behalf of the Audit and Assurance Committee

AUDIT AND ASSURANCE COMMITTEE – ATTENDANCE RECORD 1 April 2022 to 31 March 2023

Members	27 April 2022	19 July 2022	14 September 2022	9 November 2022	19 January 2023	22 March 2023
Cllr Dave Dempsey (Chair)	√	√	√	√	√	√
Cllr David J Ross	√					
Alastair Morris	√					
Sinead Braiden (Interim Vice Chair July 22-January 23)	√	√	√	x	√	√
John Kemp					√	√
Sam Steele		√	√	x	x	√

In Attendance						
Audrey Valente	√	√	√	√	√	√
Nicky Connor	√	√	x	√	√	√
Tony Gaskin	√	√	√	√	x	√
Norma Aitken (til Nov 2022)	√	√	√	√		
Avril Sweeney	√	√	√	√	√	√
Tim Bridle (Audit Scotland)	√	√	√	√		
Shona Slayford	√	√	√	√	√	√
Fiona McKay				√	√	x
Brian Howarth (Audit Scotland)				√		
Chris Brown (Azets)						√
Karen Jones (Azets)						√



Fife Health & Social Care Partnership

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ANNUAL STATEMENT OF ASSURANCE FOR FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

1. Purpose

- 1.1 To provide assurance to the Integration Joint Board (IJB) that the financial position is kept under review and to monitor performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme.
- 1.2 To ensure that arrangements are in place to secure best value in the use of all resources and that arrangements work effectively.
- 1.3 Scrutinise the resources available to the IJB to ensure performance is delivered through delegated services to the people of Fife in line with the Strategic Plan.
- 1.4 Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

2. Membership

- 2.1 During the financial year to 31 March 2023, membership of the Finance, Performance and Scrutiny Committee comprised:

Name	Role / Designation
David Graham	Chair (to April 2022)
Arlene Wood	Chair (from July 2022 to December 2022)
Alastair Grant	Chair (from January 2023)
Graeme Downie	Vice-Chair
Alastair Morris	Member
David Alexander	Member
Dave Dempsey	Member
John Kemp	Member
Rosemary Liewald	Member (to April 2022)
Martin Black	Member (to December 2022)

- 2.2 The Finance, Performance and Scrutiny Committee may invite individuals to attend meetings for particular agenda items. A record of all attendees, deputies and guests are included in the individual minutes of each meeting.

3. Meetings

- 3.1 The Finance, Performance and Scrutiny Committee met on six occasions during the financial year to 31 March 2023, on the undernoted dates:

Friday 29 April 2022
Friday 8 July 2022
Friday 16 September 2022
Friday 11 November 2022
Friday 20 January 2023
Friday 17 March 2023

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 In April 2022, David Graham stepped down from his appointment as chair after five years in the post. The Director of Health and Social care advised that this was the last Finance & Performance Committee as going forward it would become the Finance, Performance & Scrutiny Committee.
- 4.2 Following elections in May 2022 and the redesign of IJB governance structures, the Finance, Performance & Scrutiny Committee was created, and revisions to the membership became effective.
- 4.3 In July 2022 a revised Terms of Reference was approved by the Committee to become the Finance, Performance and Scrutiny Committee.
- 4.4 In April 2022, several items were considered by the Committee. The Annual Report on Record Management feedback from the Committee was considered in respect of areas which had moved from amber to green and was welcomed by the Committee as good progress.
- 4.5 The Transition of Young People to Adult Social Care Services was also reported. This highlighted the significant pressure on the budget in respect of transition planning and a request was made for continued reporting in this area with regular updates to the committee which was provided.
- 4.6 The Retraction Plan was reported at this Committee which indicated significant work undertaken. The plan highlighted the OPEL tool which has been rolled out to gauge the pressure in the overall system. The Committee also commented on the staffing concerns and the need to recruit to post. This has previously been identified by the Senior Leadership Team as a priority and work was commenced.
- 4.7 Remobilisation of the Third Sector was also reported in April 2022, this gave a comprehensive overview of the work undertaken. The Chair wished to acknowledge the significant work undertaken by our partners over the pandemic and congratulated them on the progress they had made to open up services.
- 4.8 In July 2022, a further two significant strategies were agreed by the Committee; the Workforce Strategy was presented with a timeline of submission to the Government by July 2022. The committee agreed that SMART objectives were important to be able to monitor progress and a glossary of terms should be included for people to be clear about terminology, this was agreed.

The Participation and Engagement refresh strategy was also presented. One member of the committee noted although the strategy is very well written they

found it quite complicated and suggested a brief Synopsis/Exec Summary. It was agreed that an Executive Summary would be beneficial to go alongside the full document and this was actioned.

- 4.9 Two Annual Reviews were also reported at the July 2022 meeting. The Annual Review of Best Value and Annual report from the Local Partnership Forum, both reports were fully discussed within the Committee and supported to move onto the IJB for formal approval.
- 4.10 An update on the Home First Strategy was reported alongside the winter reflections both papers receiving approval to move to IJB.
- 4.11 In September 2022, The Committee were advised following on from the Terms of Reference (TOR) being revised and to ensure that all the reporting required for this Committee is captured, an exercise was undertaken to match the TOR and the frequency for reports to be tabled at this Committee.
- 4.12 As per Government guidance the Annual Performance report was tabled at the September meeting. This highlighted the work ongoing in the Partnership, there were some areas that the Committee wished to be included, this was agreed and taken into account.
- 4.13 Also reported in September was the first-year development plan for the Workforce Strategy and report on complaints and compliments.
- 4.14 A confidential paper was tabled at the November Committee in respect of a service change – full discussion took place on the subject.
- 4.15 The Strategic Plan was reported in November 2022. This paper was to provide assurance the Committee that the Partnership had met the requirements outlined within the Public Bodies Act that dictates that a strategic plan is required. The final report will be brought to the Integration Joint Board following significant consultation undertaken by the Strategic Planning Group.
- 4.16 During the November meeting a number of reports and updates, particularly around winter planning and transformation were also considered and duly noted.
- 4.17 The Public Sector Climate Change duties paper was also discussed in November 2022, this highlighted the responsibility on the IJB to consider aspects to ensure compliance.
- 4.18 Following a previous request by the Committee, an update on respite services was tabled alongside a report on funded establishment and vacancies at the November meeting, this acknowledged by the Committee.
- 4.19 In January 2023, Arlene Wood was replaced by Alastair Grant as Chair of the Committee.
- 4.20 Also at the January meeting, a number of updates were presented to the Committee, including a report which provided an update on our Adult Inspection by Care Inspectorate and MSG Indicators.

- 4.21 In March, 2023, Finance, Performance and Scrutiny Strategic Risk register was presented for Committee's awareness and discussion, setting out the IJB Strategic Risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management. Additionally, work is underway to develop a deep dive review process for risks and further reports will be brought back to future Committees.
- 4.22 Financial Plan / Revenue Budget and Medium-Term Financial Strategy was presented to Committee setting out the budget gap the Partnership is facing over the medium-term period of 2023/24 – 2025/26. Committee approved all recommendations noted including earmarking £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24.
- 4.23 A report on the Review of the IJB Risk Management Policy and Strategy was tabled. The Committee approved to recommend its approval to the IJB.
- 4.24 A report on Grants to Voluntary Organisations – Awards for 2023/2024 was reported to Committee in March 2023. A Development Session was held with Committee Members ahead of the Committee meeting for any queries and questions to be raised.
- 4.25 Strategic Plan Delivery Plan 2023 was presented to Committee in March 2023, for the first year of the strategy.
- 4.26 A number of updates were presented to Committee including Complaints and Compliments and a Transformation Board Update was provided to Committee for assurance throughout 2022/23..
- 4.27 A Progress Report on Mainstreaming Equality Duty and Equality Outcomes was reported in March 2023 and Committee were assured and satisfied of progress made.
- 4.28 Regular Finance Updates were presented, at each quarterly Committee meeting by the Chief Finance Officer. The Chair confirmed in line with the recommendations that the Committee had examined and considered all key actions/next steps and confirmed that the Committee were assured that robust financial monitor are in place. The Committee approved the financial monitoring positions and the reserves at each monitoring period.

5 Conclusion

- 5.1 As Chair of the Finance, Performance and Scrutiny during financial year 2022-2023, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Finance, Performance and Scrutiny Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

5.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Finance, Performance and Scrutiny Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

5.3 I would pay tribute to the dedication and commitment of fellow members of the Finance, Performance and Scrutiny Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed: 

Date: 12th May 2023

Alastair Grant, Chair

On behalf of the Finance, Performance and Scrutiny Committee

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE – ATTENDANCE RECORD 1st April 2022 to 31st March 2023

Members	29th April 2022	8th July 2022	16th September 2022	11th November 2022	20th January 2023	17th March 2023
Cllr David Graham	√	√	√	x	x	√
Arlene Wood	√	√	√	√		
Martin Black	√	√	√	√		
Cllr Rosemary Liewald	√					
David Alexander	x	√	√	√	√	√
Dave Dempsey		√	√	√	√	√
Graeme Downie		√	x	√	√	√
Alistair Morris		√	√	√	√	√
Alastair Grant					√	√
John Kemp					√	√
In Attendance						
Nicky Connor	√	√	√	√	√	√
Norma Aitken	√	√	x	√		
Lynn Barker	x	x	x	x	x	√
Lisa Cooper				√	√	√
Lynne Garvey	√	√	√	x	√	√
Helen Hellewell	x	x	x	x	x	√
Rona Laskowski	x	√	√	√	√	x
Roy Lawrence	x	√	√	√	x	x

Members	29th April 2022	8th July 2022	16th September 2022	11th November 2022	20th January 2023	17th March 2023
Fiona McKay	√	√	√	√	√	x
Audrey Valente	√	√	√	√	√	√
Euan Reid	√	√	√	√		
Ben Hannan					x	x
Bryan Davies	x	√	x			



Fife Health & Social Care Partnership

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ANNUAL STATEMENT OF ASSURANCE FOR CLINICAL & CARE GOVERNANCE/QUALITY & COMMUNITIES COMMITTEE

1. Purpose

- 1.1 To provide assurance to the Integration Joint Board (IJB) that it is fulfilling all its statutory requirements and, on the adequacy, and effectiveness of systems of internal control and assurance, with appropriate and consistent escalation and action in accordance with the scope of services as defined in the Integration Scheme.
- 1.2 Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

2. Membership

- 2.1 During the financial year to 31 March 2023, membership of the Clinical & Care Governance/Quality & Communities Committee comprised:

Name	Role / Designation
Cllr Tim Brett	Chair (to April 2022)
Sinead Braiden	Chair (from July 2022)
Cllr Liewald	Vice Chair (from July 2022)
Martin Black	Member (to Nov 2022)
Cllr David J. Ross	Member (to April 2022)
Cllr Jan Wincott	Member (to April 2022)
Graeme Downie	Member (from July 2022)
Amanda Wong	Member (from July 2022)
Margaret Kennedy	Member (from July 2022)
Lynn Mowatt	Member (from July 2022)
Sam Steele	Member (from July 2022)
Ian Dall	Member (from July 2022)
Kenny Murphy	Member (from July 2022)
Morna Fleming	Member (from July 2022)
Paul Dundas	Member (from July 2022)

- 2.2 The Quality & Communities Committee may invite individuals to attend meetings for particular agenda items, but the Deputy Medical Director (Exec Lead), Director of Fife Health & Social Care Partnership, Director of Nursing HSCP, Head of Education and Children's Services, Director of Allied Health Professionals, Director of Pharmacy & Medicines, Head of Strategic Planning, Performance & Commissioning, Head of Community Care Services, Head of Complex and Critical Care Services, Head of Community Care Services, Head of Primary & Preventative Care Services, Staff Side Representative and Quality Clinical & Care Governance Lead will normally be in attendance at meetings.

Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

- The Clinical & Care Governance/Quality & Communities Committee met on six occasions during the financial year to 31 March 2023, on the undernoted dates:
 - Wednesday 20 April 2022
 - Tuesday 5 July 2022
 - Friday 9 September 2022
 - Tuesday 8 November 2022
 - Tuesday 18 January 2023
 - Friday 10 March 2023

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 Following the elections of May 2022 and the redesign of IJB governance structures, the Quality & Communities Committee was created, which replaced the Clinical and Care Governance Committee. Sinead Braiden, NHS Board Member was confirmed as the Chair of the Quality & Communities Committee, with Vice Chair confirmed as Cllr Rosemary Liewald and revisions to the membership became effective. The first meeting of the Quality and Communities Committee took place in July 2022.
- 4.2 The Qualities and Communities Terms of Reference were reviewed at the July 2022 meeting with the revised document approved at the November 2022 meeting.
- 4.3 This terms of reference confirms that the key purpose of this Committee is to provide assurance to the IJB in relation to its statutory duty, policy requirement and strategic approach to:-
- Safe, effective, person-centred care in accordance with the scope of services as defined in the Integration Scheme.
 - Locality capacity building, locality planning, community development, participation and engagement and support to carers.
 - Help the people of Fife to live independent and healthier lives by transforming health and care, supporting early intervention and prevention and working closely with delegated, third and independent services to reduce health inequalities.
 - Clinical and care governance and that quality of care is being led professionally and clinically.
 - Health and Wellbeing Outcomes, the Clinical and Care Governance Framework, the Governance for Quality Social Care in Scotland Report, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan
- 4.4 Assurance can be provided that the committee is working towards its full terms of reference, recognising the significant change in membership and function.

Progress has been made in 2022/23 with plans for further development of the agenda against all areas of the committees remit in 2023/24:

- A key driver for reviewing and changing this committee's focus was to broaden the remit from clinical and care governance and to recognise and value the Integration Joint Board's role and duties in relation to matters such as localities, carers and beyond managed services. It was also important to reduce duplication of reporting and ensure that matters of governance are reporting as appropriate to either the quality and communities committee, NHS Fife Clinical Governance Oversight Group and Fife Council Scrutiny Committee recognising the statutory roles of NHS Fife and Fife Council. This is underpinned by robust operational governance within the Health and Social Care Partnership through the Quality Matters Assurance Group and The Senior Leadership Assurance Meeting. The Deputy Medical Director, Director of Nursing – HSCP and Professional Social Work lead jointly lead the operational clinical and care assurance work in the Health and Social Care Partnership and attend the relevant committees of NHS Fife and Fife Council with direct professional reporting lines to the Medical Director, Director of Nursing and Chief Social Work Officer.
- A key strength of the new committee structure is the inclusion of non-voting members of the IJB on the Quality and Communities Committee which assures that there is Patient Representative, Carers Representative and the Third and Independent Sector Leads representation. This enables the committee to have representation across the full scope of services within the Health and Social Care Partnership beyond statutory services.
- There is strong clinical and professional leadership in place to support the committee with the Deputy Medical Director being the named Senior Leadership Team Lead to support the chair of this committee. The work of this committee is supported by the Director of Nursing for the Health and Social Care Partnership and the Professional Social Work Lead. The committee has considered professionally led reports for example the Nursing and Midwifery Professional Assurance Framework and the Chief Social Work Officers Annual report.
- In 2022/23 the committee covered business that represented a range of services in the Health and Social Care Partnership for example: palliative care, primary care, Macmillan cancer support, pharmaceutical care services, and mental health. The committee has also received reports on key matters of governance for example duty of candour, risk register review, reducing harms and public protection.
- The committee has also been instrumental in the scrutiny of key strategies including the Participation and Engagement Strategy, workforce strategy as well as performance reports and the impact of care including the annual performance report, annual care inspectorate grades report, alcohol and drugs partnership annual report and performance of delivery of the equalities duties.
- This will be supported by a robust work plan to assure forward planning of agenda items and reports that will cover the full scope of the committee in 2023/24; this proposed refreshed work plan will report to Committee within the first quarter of 2023/24.

5. Governance

Items are raised under Governance at every meeting and the committee has a key role in scrutinising the reports presented, seeking assurance and providing assurance or escalation to the Integration Joint Board. The following reports presented to committee:

- 5.1 **Reducing Harms:** Reducing Harms Presentation was presented which discussed harm in its various forms such as fall, Pressure Ulcers and Catheter Associated Urinary Tract Infections (CAUTI). It was noted that the aim was to achieve a 25% reduction in occurrences experienced and a further 25% reduction in 2023.
- 5.2 **Delayed Discharge:** Delayed Discharge Update was provided in April 2022 to give assurance to the Committee following the last paper discussed in October 2021. It was noted that the proportions of delays presented in October 2021 had significantly improved with care homes now being used as interim placements rather than patient remaining in hospitals. The update noted that the 2021/22 winter period had been very challenging with significant outbreaks of Covid/Omicron, increased presentations in the emergency department and staff absence rates.
- 5.3 **Improving Cancer Journey:** Fife Macmillan Improving the Cancer Journey progress was reported on in April 2022 which outlined the significant enquiries received by the service despite the covid restrictions.
- 5.4 **Duty of Candour:** The Duty of Candour Reports for the NHS and Fife Council were reported at the April 2022 committee. It was noted that for General Practice only the practices which are 2C are included within the report as the other practices have their own duty of candour reports. The committee noted the learning being taken forward and the changes implemented from the reports.
- 5.5 **Corporate Parenting:** An update was provided on Corporate Parenting where the three improvement activities which the Corporate Parenting Board had committed to were outlined.
- 5.6 **Mental Health:** The Mental Health Strategy Progress Report was reported to the July 2022 meeting. The report provided examples of progress against the 7 strategic commitments within Mental Health. A further Strategy Progress Update was provided in January 2023 where it was highlighted that the Action 15 monies had been confirmed and are to be awarded on a recurring basis.
- 5.7 **Participation and Engagement Strategy:** The Participation and Engagement Strategy was reported at the July 2022 meeting. There was discussion around the requirement for clear values around objectivity, transparency and accountability but it was felt that the strategy took significant steps to achieving the improvements required and the committee supported recommending approval to the Integration Joint Board.
- 5.8 **Workforce Strategy:** The Workforce Strategy Plan 2022-25 was reported at the July 2022 committee where approval was requested prior to the plan being submitted to Scottish Government prior to the deadline of 31 August 2022. There was discussion relating to skills development and staff wellbeing and the committee were content to recommend the workforce strategy plan to the IJB.

- 5.9 **Winter Planning:** The Winter Lessons and Reflections report was reported at the July 2022. The committee recognised collaboration and leadership demonstrated over the winter 2021/22 period and also noted that the challenges and pressures on the system were now constant beyond the winter period. Winter planning was also reviewed within the November 2022 Committee meeting which provided an overview of actions being taken by the Partnership in preparation for winter and the committee confirmed that they had taken assurance of the plans outlined within the report.
- 5.10 **Home First:** An update on Home First was reported at the July 2022 committee where it was highlighted that the overarching principle of assisting people within Fife to live longer and healthier lives at home or within a homely setting aligned itself to the Scottish Government policies and the governance around Home First.
- 5.11 **Kincardine and Lochgelly Business Cases:** Business Cases for the Lochgelly and Kincardine Health and Wellbeing Hubs were presented at the July 2022 committee.
- 5.12 **Performance Report:** The 5th HSCP Annual Performance Report 2021-22 was reported at the September 2022 committee. The report outlined the ongoing impact of the pandemic, cost of living crisis and workforce challenges faced by the Partnership. The report outlined the 5 Strategic Priorities with a case-study demonstrating progress in these areas. There was discussion around percentages versus numbers being used in the report and it was noted that comments will be taken on board for future reports to provide additional context. The committee recommended this report for approval to the Integration Joint Board.
- 5.13 **Workforce Delivery Plan:** Following approval of the workforce strategy the Fife HSCP Year 1 Workforce Action Plan 2022-23 was reported at the September 2022 meeting. The key points of the action plan were discussed and confirmation that there had been engagement with staff side representation in the development of the plan. The Strategy and Action Plan was also reported at the November Committee Meeting seeking the committee's approval prior to submission to IJB before being placed on the Partnership website by the end of November 2022. The committee confirmed that they were content to recommend approval to the IJB.
- 5.14 **Child Protection:** The Child Protection Annual Report was presented by the Independent Chair of the Fife Child Protection Committee who noted that the report covered the period April 2020-July 2021 which was a critical and difficult time due to the pandemic. The Revised Child Protection Guidelines were also reviewed to provide assurance that the structure was in place to implement the new guidance within Fife HSCP.
- 5.15 **Primary Care:** The Primary Care Implementation Plan with a Memorandum of Understanding 2 Progress Update was provided to the November 2022 committee where it outlined the background to the Plan and the reasons behind it. It was acknowledged that the Vaccination Transformation Programme had fully transferred to the NHS Board responsibility in March 2022 but the Pharmacotherapy and Community Care and Treatment Centre are unlikely to

be transferred by the original aim of April 2023. A summary of the 6 workstreams and their remits were given. Assurance was given that the implementation of the Primary Care Improvement Plan has been thoroughly planned with plans in place and also considered workforce challenges within Multi-disciplinary Team Groups.

- 5.16 **Pharmaceutical Care:** The Pharmaceutical Care Services Report for 2021/22 was reported to the November 2022 committee. It was noted that Pharmacy are legally obligated to submit the report in line with Pharmacy Regulations which sits within the complexity of both Primary Care and Independent Contractors. It was noted that the provision for community pharmacy is delegated to the IJB however the regulations and pharmacy regulations are enacted by the Health Board.
- 5.17 **Nursing, Midwifery and Allied Health Professionals Assurance Framework:** The Professional Assurance Framework Report (NMAHP) was tabled at the November 2022 committee for assurance. It was noted that it was very comprehensive and recognised there were only a few substantive changes to the previous framework which kept it contemporary taking into account new strategies.
- 5.18 **Risk Register:** The Quality & Communities Strategic Risk Register was reviewed where it was noted that the risks had been reviewed and updated.
- 5.19 **Palliative Care:** The Fife Specialist Palliative Care Services Service Model was presented and discussed at the November 2022 meeting where assurance was provided that Fife was in alignment with the National direction and that work was ongoing to develop a proposal on this model to be reported back to committee in 2023.
- 5.20 **Strategic Plan:** The Strategic Plan 2022-25 was tabled at the November committee. It was noted that the plan had been developed by the Strategic Planning Working Group, Heads of Service and Senior Managers across the HSCP. A discussion took place in relation to the outcomes, participation and engagement and reference to the clinical and care governance arrangements. The committee discussed and supported recommendation to the IJB for approval.
- 5.21 **Care Inspectorate Grades:** The annual Care Inspectorate Grades for Social Services report was reported at the November 2022 committee which outlined the care and support services which the HSCP provide or commission. The committee confirmed that they took assurance from the report.
- 5.22 **Older People Day Services:** Health and Social Care Day Services for Older People Report was reported at the November committee which provided an update on the day care services provided for older people within Fife which outlined the programme of redesign of the service following the pandemic.
- 5.23 **Drugs and Alcohol:** The 2021/22 Fife Alcohol and Drug Partnership Annual Report was reported at the November Committee. It was noted that the report is submitted to the Government on an annual basis outlining the work taken forward around the MAT Standards.

- 5.24 **Violence Against Women:** The Violence against Women Annual Report 2021/22 was reported in January 2023 to inform and assure the committee of the work being undertaken within NHS Fife, Fife HSCP and Fife Violence against Women Partnership. The report contained 3 detailed annual reports from April 2021-March 2022 underpinning the Safe Scotland Strategy which is designed to prevent/eradicate violence against women and girls.
- 5.25 **Adult Services Inspection:** The Joint Inspection of Adult Services Improvement Plan was reported at the March 2023 Committee which advised between June-November 2022 the Care Inspectorate and Health Improvement Scotland carried out a joint inspection of services provided to adults with complex needs. It was acknowledged that staff were commended for their great efforts to enable the Partnership to continue to deliver good outcomes. The recommendations and improvement plan were supported for onward reporting to the Integration Joint Board.
- 5.26 **Equality Duties:** The Mainstreaming the Equality Duty and Equality Outcomes Progress Report was reported at the March 2023 Committee. It was noted that strengthening the voice of the carer within the report would be beneficial. The report was supported for onward reporting to the Integration Joint Board.
- 5.27 **Adult Protection:** The Fife Adult Support and Protection Committee Biennial Report 2020-22 which covered the majority of the covid pandemic lockdown was presented; it was noted that the report was assuring and very robust.
- 5.28 **Social Work and Social Care:** The Chief Social Work Officer's Report 2021-22 was reported at the March 2023 meeting which focused on children and families work, children, adult and older people's health and social work and social care services. There was discussion on the report including looked after children before, during and after the pandemic.
- 5.29 **Risk Management:** The Review of the IJB Risk Management was discussed at the March 2023 Committee. It was highlighted that the review supports the delivery of the strategic plan and considers the development of risk appetite, the distinction between processes for IJB Strategic Risks and Partner Operational Risks and the removal of the "corporate risk" category and aligns with the new governance committees. The committee recommended this to the Integration Joint Board for approval.
- 5.30 **Development Sessions:** The committee has also introduced development sessions in 2022/23. The first session was held in November 2023 focused on the services users lived experience and Health and Social Care Partnership Services assisted people recovery relation to drugs and alcohol. The committee found this a very powerful description of people's journeys and supported a deeper understanding of the Drugs and Alcohol Committee report. Further development sessions will be planned in 2023/24.

6. Other Highlights

- 6.1 Throughout the period of this annual assurance report there were no issues taken to the committee which required escalation to the IJB. The committee

did however have a very active role in scrutinising reports and strategies ahead of submission to the Integration Joint Board.

- 6.2 The committee chair provides an update to the Integration Joint Board on all reports that are presented to the Integration Joint Board that have been considered by this committee. The committee chair also provides an update to the Integration Joint Board on the minutes of the Quality and Communities Committee.
- 6.3 The review of the work plan will further support the development of this committee and recognises the statutory responsibilities also held by NHS Fife and Fife Council and that there are also reports presented to the Clinical Governance Oversight Board in NHS Fife and Scrutiny Committees of Fife Council

7. Conclusion

- 7.1 As Chair of the Qualities & Communities Committee during financial year 2022-23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Qualities & Communities Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit.
- 7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Qualities & Communities Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 7.3 I would pay tribute to the dedication and commitment of fellow members of the Qualities & Communities Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:



Date: 3rd May 2023

Sinead Braiden

On behalf of the Qualities & Communities Committee

QUALITIES & COMMUNITIES COMMITTEE – ATTENDANCE RECORD 1st April 2022 to 31st March 2023

Members	20 April 2022	5 July 2022	9 September 2022	8 November 2022	18 January 2023	10 March 2023
Cllr Tim Brett (Chair to April 22)	√					
Sinead Braiden (Chair from July 22)	x	√	√	√	√	x
Rosemary Liewald (Vice-Chair from July 22)	√	√	√	√	√	√
Cllr David J. Ross	√					
Cllr Jan Wincott	√					
Martin Black (to Nov 22)	√	x	√	√		
Graham Downie		√	√	√	√	√
Margaret Kennedy		√	√	√	x	√
Lynn Mowatt		√	√	√	√	√
Sam Steele		√	√	√	√	√
Amanda Wong		√	x	√	x	x
Kenny Murphy		√	√	√	x	x
Morna Fleming			√	√	√	√
Paul Dundas		x	x	√	√	√
Ian Dall		√	√	√	√	√

Members	20 April 2022	5 July 2022	9 September 2022	8 November 2022	18 January 2023	10 March 2023
In Attendance						
Dr Helen Hellewell (Exec Lead)	√	√	x	√	√	√
Lynn Barker	√	x	√	x	x	x
Nicky Connor	x	√	x	√	x	√
Chris McKenna	X	x	x	x	x	x
Ben Hannan	x	√	√	x	x	x
Kathy Henwood	√	√	√	x	x	√
Rona Laskowski	x	√	√	√	√	√
Fiona McKay	√	√	x	√	x	x
Lynne Garvey	√	√	√	√	√	x
Bryan Davies	x	√	x			
Lisa Cooper				√	√	√
Catherine Gilvear	√	x	√	√	√	√
Simon Fevre		√	√	√	√	√



**CONFIRMED MINUTES OF MEETING OF THE
AUDIT AND ASSURANCE COMMITTEE
WEDNESDAY 22nd March 2023 AT 10.00 AM VIRTUAL TEAMS MEETING**

Present: Dave Dempsey (Chair), Fife Council (DD)
Sinead Braiden (Vice Chair), NHS Fife Board Member (SB)
John Kemp, NHS Non-Executive Board Member (JK)
Sam Steele, Fife Council (SSt)

Attending: Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP) (NC)
Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)
Shona Slayford, Principal Auditor (NHS Fife) (SS)
Avril Sweeney, Risk Compliance Manager (H&SCP) (AS)
Tony Gaskin, Chief Internal Auditor (NHS Fife) (TG)
Chris Brown, External Auditor (CB)
Karen Jones External Auditor (KJ)
Carol Notman, Management Support Officer (Minutes)
Gillian McNab, Management Support Officer (Minutes)

Apologies: Fiona McKay, Head of Strategic Planning, Performance & Commissioning Manager

		ACTION
1.	WELCOME AND APOLOGIES DD welcomed everyone to today's Audit & Assurance Committee. Apologies were noted as above.	
2.	DECLARATION OF INTEREST No declarations of interest were noted.	
3.	Draft Minute and Action Log of Audit and Assurance Committee held on 19th January 2023 Minutes of the last meeting were reviewed with SS requesting a slight change: <ul style="list-style-type: none"> Draft Minute – Item 4 paragraph 2 amended to read Shona confirmed that audit have been feeding back during the development of the Strategic Plan. Action Log – DD queried why the Deep Dive item had been noted as closed. AV advised that this was due to the paper on the agenda that outlines the progress of the deep dives. The action log was agreed as approved. 	GMcN

<p>4.</p>	<p>Internal Audit Progress Report</p> <p>TG advised that the previous minute had noted 2 reports would be brought to Committee today but apologised that this has not happened. He noted in terms of Clinical Care Governance the report had been reviewed and returned but due to his time pressures the additional scrutiny work required to finish the report had not taken place, but he wished to assure the committee that there was nothing in the Strategic Plan that raised concerns and the papers will be ready for sign off by year end.</p> <p>TG confirmed that Workforce tied in with the Strategic plan and will be ready for June Committee which will support the accounts to be signed off.</p> <p>JK noted that page 11, refers to internal audit reports which are available to managers, and asked if these came to the Committee. TG advised that the Committee gets the IJB reports in full. The health board get the reports in summary and vice-versa. The detail and whether the actions are carried out is the responsibility of the Committee and Health Board. JK added that there were a lot of reports timetabled for the June Committee, and if they all came this could impact on workload implication for committee members. TG advised that the reports could be sent out to committee members as they were completed, and questions could be asked at that time. NC agreed to discuss with AV out with meeting as to how best support this for the committee.</p> <p>DD asked when do we stop seeing the 21/22 section. TG confirmed these ceased to be reported on when they are completed.</p> <p>DD confirmed that the committee had been asked to consider and note the progress which he confirmed had taken place.</p>	<p>NC/AV</p>
<p>5.</p>	<p>Internal Audit Follow Up Report on Audit Recommendations</p> <p>TG thanked AV, AS & SS for all their hard work on the report. This report was not due but as many comments on outstanding reports had been received it was agreed it would be helpful to outline progress in follow up report. TG noted that there were no issues which needed to be highlighted. Some have been extended a few times, but movement was in the right direction. Report will be brought to either the May or June Committee but not both.</p> <p>SSt referenced page 23, number 12 and asked if there was a nominated lead for whistleblowing. AV replied that this is still on track to be tabled at the May IJB. Discussions will be held offline if there is any changes to the timescales.</p> <p>DD highlighted that the risk register has a lot of information on it that is historical which can make it challenging to find the really important information. TG advised that some items have been on for a while and extended a few times but there will be fewer once things start to clear and agreed to undertake a pre-cleanse prior for next report.</p> <p>DD asked if there is anything in the report he should be worried about. TG confirmed that each item had a related risk and the internal audit team have seen progress in all of them. He noted if you look at them</p>	

	<p>as a whole at the end of year each one of them carries a risk but nothing has a crucial factor for this audit committee. He noted although risks are not being closed as quickly as would be wished, he acknowledged that covid is still impacting services.</p> <p>NC noted that there were 3 key learning points, these being</p> <ul style="list-style-type: none"> • Setting realistic timelines for completion. • Ability to be clear when challenges to complete sits and is owned by the Partnership or sits across the Partners which adds complexity. • Work that has been undertaken within the team and the structure in place to provide internal controls around completion/closures. <p>AV added that there has been good progress which was much needed. However, the majority of outstanding items relates to the Risk Strategy which is being tabled and anticipated to be approved at the IJB which will clear many of the outstanding items.</p> <p>TG advised that he is getting ready to start the workforce audit. This will be picked up during this audit.</p> <p>DD noted that report asks the committee to note the report and confirmed that this had taken place.</p>	
<p>6.</p>	<p>IJB Strategic Risk Register</p> <p>AS advised that the report was for discussion and comment. The report was last presented to the committee in January but noted that the risks had been reviewed in February and also considered against the priorities set out in the revised strategic plan. AS highlighted that two risks had increased in residual score, these being Finance and Demographics. This is mainly due to uncertainty around annual funding allocations and also around the economic position generally over the next two years. AS noted that two risks had also decreased, the contractual market capacity where our care at home has been working well and there has been an increase in capacity for some external providers and whole system capacity risks where there has been improvements in capacity, flow and positions. AS confirmed that the SMART actions have been completed and included in the Scottish Governments annual plan.</p> <p>AS advised that the risks that have been included in the condensed format in order of residual risk score. The report shows the last Governance Committee that the risks were reported to. The risks did go to Finance, Performance and Scrutiny last week. Currently there are 4 high scoring risks, and they are shown in summary within the SBAR. AS assured that development of the risk register continues in line with the strategic plan and taking into account the comments received at the IJB Development session on the 24th February.</p> <p>TG commented that he was really pleased to see that risks were looked at in detail at individual committees including their target dates along with target risk. He noted that he understood why risks are given target dates two years ahead as it links with the Strategic Plan but queried</p>	

<p>whether immediate trajectories could be added for the committee to review in the interim period.</p> <p>AV agreed that this was a very good point and will be picked up during the deep dive process in each of the individual committees but noted that the finance risk has not been set at 2 years as the Partnership will know at the end of the calendar year what funding will be provided from its partner organisations and this risk will be under constant review via the appropriate governance committee.</p> <p>JK noted that the financial risk is the highest on the register and queried with the discussions held regarding operating within the budget of the current financial year, queried whether the score was currently too high but acknowledged that looking into the future the financial situation is anticipated to worsen. JK noted that he was currently more concerned with the workforce risk. AV confirmed that this was a really valid point and she had discussed the score with AS acknowledging that proposals to balance that budget next year have been put in place but there is still significant risk there that could potentially seriously impact the reserves level and there is still a relevant risk looking at the long-term position. AV agreed to review the score, taking into account comments received.</p> <p>TG advised that he felt the financial sustainability risk was appropriately scored at 25, due to the complexities of the Integration Joint Boards it is difficult to detangle from the partner organisations. .</p> <p>SB noted that the mitigations put in place are complex and noted that there is only so much NHS Fife and the IJB can do, unfortunately the landscape currently is very unpredictable..</p> <p>CB commented that it is really important to have healthy discussions and noted valid points have been raised. One of the benefits of the audit committee is that it is not actually responsible for management on any particular risk which allows the committee not to get to embroiled in detail that is required to manage the risk</p> <p>NC thanked JK for raising the question and noted the feedbacks to be taken back to the Finance Committee and those undertaking the deep dive discussions will help the Partnership with its Mission 25.</p> <p>DD confirmed that the actions suggested were:</p> <ul style="list-style-type: none"> • Take constructive questioning from the Audit & Assurance Committee back into the Finance, Performance & Scrutiny Committee. • Review the risk being reflective of the short versus long sustainability • Think about what this means when we do our deep dive review, noting that there is the opportunity to review what is included within the deep dive. <p>DD advised that the committee is tasked with obtaining assurance from other committees because all the risks are owned by the other governance committees and there was discussion around the boundaries of this committee versus the committee who owns the risk.</p>	<p>AV</p>
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	<p>TG confirmed that the next paper outlines the way forward and confirmed that there will better assurance going forward.</p> <p>DD confirmed that the committee had reviewed the report as outlined within the recommendations.</p>	
<p>7.</p>	<p>Proposed System for IJB Strategic Risk Register Reporting from May 23</p> <p>AS advised the Proposed System IJB Strategic Risk Register paper was for discussion and comment. She confirmed the Strategic risk register is managed by the Senior Leadership Team and is in place highlighting the key risks to the delivery of the strategic plan.</p> <p>AS noted that assurance on the management of these risks should be provided to the IJB Governance Committees and the IJB and advised to date the full IJB strategic risk register has been reported to each meeting of this Committee. The proposal for discussion is outlined on page 40 in the papers proposing that the Audit & Assurance Committee review the full IJB strategic risk register quarterly using the condensed version of the risk register and as per the previous report, with the Governance Committee who own the risk reviewing the combined risks at least twice yearly with deep dive reviews being AS confirmed a copy of the deep dive will be submitted to the Audit & Assurance Committee for information/assurance.</p> <p>SB stated it was good to see the improvements proposed and noted interest in the chairs report in particular. She advised that she felt the information in the previous years Chairs Report had been quite limited, and queried who would be responsible for drafting these reports on behalf of the Chair. and AV replied that all comments have been taken on board and there is the desire to continually improve the Assurance Reports. AV advised that she envisaged that the Lead Officer would draft this report and would be signed off by the Chair. AV advised that she was currently undertaking a test of change for this Committee and will be sharing the draft report with DD which can then be shared with the other Governance Committees to ensure consistency and standardization. DD confirmed that he was comfortable with the draft being shared with all members of the committee at an early stage to allow wider feedback.</p> <p>DD noted the proposal for reporting outlined on page 40 says the audit and assurance committee review the full risk register on a quarterly basis and asked for clarity on what review means and noted that the previous table which has been condensed still provides significant detail. AS advised that there were principles outlined for the Committee on its role and the appendix (pg 26/47 outlined questions relating to risk for the Committee's. NC suggested that it would be beneficial for the questions to be reviewed and highlighted which committee they would be more relevant for i.e. the committee that owns the risk or this committee and it was agreed that a more in depth review of the questions would be undertaken at the next committee.</p> <p>DD confirmed that the report had been discussed as outlined in the recommendations.</p>	<p>TG/AS</p> <p>TG/AV</p> <p>TG/AS</p>

<p>8</p>	<p>Review of the IJB Risk Management Policy and Strategy</p> <p>AS noted the IJB Risk Management Policy and Strategy report was for discussion and was also seeking the committee recommend the Risk Management Policy and Strategy for approval to the IJB.</p> <p>AS noted that this is a key supporting strategy for the delivery of the strategic plan and it has been agreed by the Strategic Planning Group. It has also been to Quality and Communities Committee and Finance, Performance and Scrutiny Committee. The report is due to be tabled at the IJB on 31st March.</p> <p>AS advised that the Risk Management Policy and Strategy was originally created in 2016 at the inception of the IJB in line with the integration scheme at that time. The report was refreshed in 2019 however subsequently the Integration Scheme was reviewed which had a direct impact on the IJB Risk Management Policy and Strategy. This resulted in the policy and strategy requiring to be reviewed again in line with the revised Integration Scheme and the refreshed Strategic Plan. Work has been ongoing with the SLT and the risk management teams within the Partner Organisations including the internal auditors and the revised Policy and Strategy is outlined in Appendix 1.</p> <p>JK advised that he pleased that the suggestions previously provided at the development session had been included and was happy to recommend this version to the IJB.</p> <p>DD agreed and queried when review would come back to the committee. Following discussion it was agreed that there would be an annual review with a 6 month progress update on the delivery of the actions.</p> <p>DD confirmed that there had been discussion and the committee consented to approving the document to the IJB as outlined within the recommendations.</p>	
<p>9</p>	<p>External Auditors Draft External Audit Plan</p> <p>CB introduced himself and KJ and gave a brief outline of the company and their role and noted his delight to be appointed as external auditor for Fife Council along with NHS Fife.</p> <p>CB highlighted the purpose of the plan is to set out the external auditors assessment of the risks which could have material impact on the financial statements and the significant risks that impact on the wider scope of the public sector audit which is reflected in the Audit Scotland Code of Audit Practice.</p> <p>CB noted in relation to the significant risks for the financial statement, as Azets are also the auditors for both Fife Council and NHS Fife this provides significant assurance and cuts the risk of fraud and expenditure risk. He noted that the only significant risk on the financial statement side is the risk of management override, which is a mandated risk on every audit. He noted the risks regarding the accounting clawback of the £21M from reserves is an unusual transaction which will require a little bit of thought. In relation to the wider scope, the risks are much more significant in relation to the IJB due to its strategic role within the whole system.</p>	

	<p>CB advised there have been a couple of changes since last year to the Code of Audit Practice which are relevant. There is still four basic areas but they have changed the focus of the governance to include vision, leadership and governance. In addition, they have changed the value for money to the use of resources to improve outcomes . Therefore, CB advised that it is likely that right across the country auditors will have a bit more focus on the leadership role within IJB's how this is demonstrated.</p> <p>CB noted that the plan also contains an outlined timetable and a proposed audit fee which is slightly higher than last year's fee.</p> <p>SS noted that on page 99, it highlights that external auditors are required to be notified of all fraud over £5K and asked what happens if the amount less than this, how is this fraud monitored. KJ advised that fraud less than £5K would be monitored internally within the organization. Audit Scotland set the threshold for external audits that are over and above the £5K and we are required to notify Audit Scotland of those.</p> <p>DD queried due to the complexities of the IJB and HSCP was there the possibility of duplication for the external auditors. CB advised that there are definitely risk areas and overlaps and almost inevitably there is a bit of duplication and their role is to do all 3 sets of audits as effectively as possible. He confirmed the focus for the IJB audit would be more the strategic role and leadership and less around the financial statement as they tend to go through the Partner Organisations to try and minimize overlaps as much as we can.</p> <p>DD welcomed both CB and KJ and looks forwards to working with them both and confirmed that the committee had discussed the annual audit plan and approved the fee as outlined within the recommendations.</p>	
10	<p>Items for Highlighting to IJB</p> <p>It was agreed that this committee would be recommending that the IJB approved both the Risk Management Policy and Strategy and the external auditors' fees.</p>	DD
11	<p>AOCB</p> <p>No items were raised under ACOB.</p>	
12	<p>DATE OF NEXT MEETING</p> <p>10th May 2023 – 10.00am – 12.00pm</p>	



Fife Health & Social Care Partnership

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MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 17 MARCH 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Alistair Morris, NHS Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr Graeme Downie
Cllr David Graham

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Lisa Cooper, Head of Primary and Preventative Care Services
Lynn Barker, Associate Director of Nursing
Helen Hellewell, Associate Medical Director

In attendance:

Danielle Archibald, Service Manager, Adult Services
Avril Sweeney, Manager, Risk Compliance
Lesley Gauld, Team Manager, Strategic Planning
Chris Campbell, Team Manager, Quality Assurance
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Rona Laskowski, Head of Critical and Complex Care Services
Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting. Apologies were noted as above. All were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with Minute taking.</p>	

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interests were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 20TH JANUARY 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p>	
5.	<p>FINANCE UPDATE</p> <p>Audrey Valente presented report which detailed the projected outturn position based on information available to December 22 / January 23. Delegated services are projecting an underspend of £11.3m and an explanation of the main variances can be found in the papers on pages 20, 21 and 22.</p> <p>Budget set in March last year on the basis that any undelivered savings brought forward would be achieved in this financial year. The value brought forward was £3.8m and as of December 66% is being projected to be delivered. However, some of these include substitute savings to replace the originally intended savings. In addition, two savings in particular were approved to be met from reserves those being Total Mobile and MORSE until further work is progressed.</p> <p>Current projected position in terms of COVID spend is spend of £15.5m against reserves of £35m. A balance of £20m will be returned to Scottish Government.</p> <p>In total reserves of £79m were brought forward into this financial year and projected year end position as noted in Appendix 2 is that there will be a balance of £25m remaining at the end of the year.</p> <p>There is one new proposal for the use of the reserves as per paragraph 9 of the report that being £104k for the renewal of hospital beds to ensure safety of patients.</p> <p>Committee were asked to approve the monitoring position and the reserves held at December / January.</p> <p>The discussion was opened up to Committee members and items raised included vacancies within Community Services, in particular Care at Home, high level of medical locum use in hospital long term care, taxi spend, confidence in the planning assumptions and year end outcome.</p> <p>Alastair Grant confirmed Committee were assured of the financial position, approved the monitoring position and gave approval for the reserves to be presented to the IJB.</p>	

6. FINANCIAL PLAN / REVENUE BUDGET & MEDIUM-TERM FINANCIAL STRATEGY

Audrey Valente presented report which detailed the revenue budget and medium-term financial strategy for the IJB and H&SCP, setting out the budget gap facing the Partnership over the medium-term period of 2023/24 – 2025/26.

The gap in 2023/2024 is estimated at £20.9m rising to £35m over the medium-term period. The options to close the gap are noted on page 33. Appendix 3 to the paper also provides a position over the medium term with proposals to close the gap also included and categorised as either efficiency, service redesign or transformation.

From 2023/2024 the value of savings being proposed equates to £21.4m some £0.5m above the gap being reported. It is recognised within the paper that there is a risk of failure of delivery in year one given the late approval of savings and it is recommended that reserves of £10m are earmarked recognising this risk. This would take the projected balance to below the 2% policy level. The balance will remain under review throughout the financial year.

The Committee were asked to examine and consider the medium-term financial strategy whilst recognising that the information may be subject to change as a result of a variety of external factors such as Scottish Government funding, demography and changes in inflationary assumptions.

Audrey Valente noted that for the first time there is an appendix which provides direction at a service level which indicates budget available to both NHS Fife and Fife Council at that service level whilst recognising the need to deliver savings to ensure balanced budget. This will continue to evolve until final approval is requested at the IJB at the end of March, however keen to hear members views about content and level of detail included in that directions appendix.

The discussion was opened up to Committee members and items raised included set aside, charging, directions appendix, earmarked savings, the management of underspend and how these will be materialised particularly if recruitment increases.

Members also provided comment on the paper stating it was excellent, balanced, giving the right amount of detail to understand the picture.

Comment was also made with regards to the volume of information received, repeated information and the expectation of members to absorb the detail.

Officers thanked members for their comments and assured Committee that these would be taken on board.

Alastair Grant confirmed Committee agreed to all recommendations as set out within the report.

<p>7.</p>	<p>FINANCE, PERFORMANCE AND SCRUTINY STRATEGIC RISK REGISTER</p> <p>Report presented to Committee for awareness and discussion.</p> <p>Report sets out the IJB’s strategic risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management.</p> <p>The risk register was last presented in full to the Committee on 16th September 2022 and a follow up report on the highest scoring risks was presented on 11th November 2022.</p> <p>The risks held on the risk register continue to be managed by the risk owners and were last reviewed in February 2023. They are presented in order of residual risk score and currently there are four risks which have a high residual risk score.</p> <p>In addition to this risk register there are a number of risks and risk registers at an operational level within the partner bodies risk systems and operational risks that are of concern are escalated to SLT and to a strategic level if necessary.</p> <p>At a recent IJB development session further work was undertaken on reviewing the risk register in line with the revised strategic plan which will inform the risk register going forward. Additionally work is underway to develop a deep dive process for risks and again further reports will be brought back to future Committees.</p> <p>Members provided their comments and remarked that they looked forward to the deep dive.</p>	
<p>8.</p>	<p>REVIEW OF THE IJB RISK MANAGEMENT POLICY AND STRATEGY</p> <p>Report brought for discussion and approval of the IJB Risk Management Policy and Strategy to the IJB.</p> <p>Noted this is a key supporting strategy for the delivery of the strategic plan and has been agreed by the Strategic Planning Group.</p> <p>The Risk Management Policy and Strategy was originally created in 2016 in line with the Integration Scheme and was refreshed 2019, however subsequently the Integration Scheme itself was reviewed which had a direct impact on the IJB Risk Management Policy and Strategy so this required to be reviewed again in line with the revised Integration Scheme and also the refreshed strategic plan.</p> <p>Work has been ongoing with the Senior Leadership Team, the risk management teams within the partner bodies and the internal auditors and the current revised draft is shown in appendix 1.</p>	

	<p>The refresh of the risk management policy and strategy has considered development of risk appetite and as you are all aware this is currently a work in progress that will be incorporated once it is fully agreed. Distinction between process for IJB Strategic Risk and processes for partner operational risk and the clarity around that and also the organisational restructure both the IJB itself and the partnership.</p> <p>The risk management policy and strategy was circulated to all IJB members prior to an update being provided at the development session on Friday 24th February where the key priorities shown here on page 92 and the delivery plan actions shown on page 102 were outlined.</p> <p>A short life working group has been set up to support completion of the delivery plan actions and these will be reported on and monitored by the Strategic Planning Group and Audit and Assurance Committee going forward.</p> <p>Alastair Grant confirmed Committee approved to recommend approval to the IJB.</p>	
<p>9.</p>	<p>GRANTS TO VOLUNTARY ORGANISATIONS – AWARDS FOR 2023/24</p> <p>Report brought to Committee to approve the Grants to the Voluntary Sector on behalf of the Health & Social Care Partnership for next financial year 23/24 as outlined in appendix 1.</p> <p>Members were asked to note that awards may be subject to change brought about by the conclusion in the coming months of the partnerships reimagining of the third sector projects as well as the exercise of analysing reserves held by organisations. Any changes to these will be brought back for Committee’s attention.</p> <p>Noted appendix 2 has also been provided for information which gives further details on individual organisations who are the subject of these funding awards.</p> <p>The discussion was opened up to Committee members and items raised included a query whether there was any overlap to beneficiaries and whether there were efficiencies that could be made by irradiating any overlap?</p> <p>Alastair Grant confirmed the Committee approved the recommendations as highlighted in the report.</p>	
<p>10</p>	<p>COMPLAINTS AND COMPLIMENTS</p> <p>Report provided to Committee for information and discussion and provides an overview of the complaints closed by the H&SCP for the period of January - December 2022, the volume responded to in the required timescales and the outcome and themes.</p> <p>Noted the necessary reallocation of resources across the partnership during the COVID pandemic has had an impact on the number of complaints closed during 2022 and on the number of those responded to within the required timescales.</p>	

	<p>The drop in performance in relation to timescales during 2022 has been recognised and steps have been taken to introduce additional resource to help support the complaints process with a view to improving performance, sustaining improvements going forward and providing better analytical information.</p> <p>Noted whilst timescales are important it is also the quality of the interaction with the individual and or their family which is critical in the complaints process ensuring accuracy and quality of responses. It was also noted that the number of complaints upheld by the SPSO has decreased and the number of complaints closed without being progressed by the SPSO has increased which is an indication there is improvement in the Partnerships processes around complaints handling.</p> <p>Members provided their comments on the report.</p>	
<p>11.</p>	<p>STRATEGIC PLAN – DELIVERY PLAN 2023</p> <p>Report submitted to Committee for review and discussion to ensure the Partnership meets the requirements within the Public Bodies (Joint Working) (Scotland) Act 2014 to deliver the Strategic Plan.</p> <p>The Strategic Plan for Fife 2023 to 2026 sets out the vision and future direction of health and social care services in Fife over the next three years.</p> <p>The Delivery Plan 2023 provides the foundation to assess the Partnership’s performance, and the progress towards implementation of the Strategic Plan, over the next calendar year. The Strategic Planning Group has oversight of the Delivery Plan and provides regular reports to the Quality and Communities Committee, and IJB.</p> <p>Committee were asked for their comments and agreement to progress through the IJB.</p> <p>The discussion was opened up to Committee members and items raised included SMART objectives and clarification around the strategy delivery plans.</p> <p>Members also provided comment with regards to the layout and content of the papers, and these were noted by Officers,</p> <p>Alastair Grant confirmed Committee were in agreement to progress to the IJB, but perhaps with an explanation that there is more detail to follow and this is what is available currently.</p>	
<p>12</p>	<p>TRANSFORMATION BOARD UPDATE – JANUARY 2023</p> <p>Report presented to Committee to provide assurance that programmes and projects within the remit of the HSCP Programme Management Office (PMO) are safely and effectively monitored and delivered. Report covers the reporting period October 2022 to January 2023.</p>	

	<p>Report notes no change in terms of RAG status from previous reporting period and no new escalations being reported to either SLT or Committee, however strategic support is required to further address the funding gap in terms of the delivery 2018 GMS Contract. Appendix 1 contains the risk log and appendix 2 portfolio dashboards.</p> <p>The PMO continues to work with the Finance Team and others to look at where benefits can be realised whether it be cost efficiency or cost avoidance.</p> <p>Audrey Valente advised that previous comments around formatting of documents and information presented to members was noted and these comments would be taken on board for future Transformation updates.</p>	
13.	<p>MAINSTREAMING THE EQUALITY DUTY AND EQUALITY OUTCOMES PROGRESS REPORT – JANUARY 2023</p> <p>In April 2016, the IJB approved and published its Mainstreaming Report and Equality Outcomes in accordance with the Equalities Act 2010.</p> <p>To continue to meet the obligations of the Act, the IJB must comply with a number of duties and publish reports highlighting the progress made in these areas with the last report being published in 2018. Progress towards the equality outcomes has continued since then and examples of that work are contained within the report.</p> <p>Over the next three years the Partnership will work towards implementing the new set of equality outcomes as outlined in the new Strategic Plan with the support from the Equality and Human Rights Commission and the IJB Equality Peer Support Network.</p> <p>Alastair Grant thanked Officers for the comprehensive report and confirmed Committee were satisfied this is presented to the IJB for approval.</p>	
14.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 31st March 2023.</p>	
15.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
16.	<p>DATE OF NEXT MEETING</p> <p>Friday 12th May 2023 at 10.00am via MS Teams.</p>	



Fife Health & Social Care Partnership

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CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 10 MARCH 2023, 1000hrs - MS TEAMS

- Present:** Councillor Rosemary Liewald (Chair)
Councillor Graeme Downie
Councillor Lynn Mowatt
Councillor Sam Steele
Councillor Margaret Kennedy
Ian Dall, Service User Rep, Chair of the PEN (ID)
Morna Fleming, Carer's Representative (MF)
Paul Dundas, Independent Sector Lead (PD)
- Attending:** Dr Helen Hellewell, Deputy Medical Director (HH)
Nicky Connor, Director of Health & Social Care (NC)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Rona Laskowski, Head of Complex and Critical Care Services (RLas)
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)
Simon Fevre, Staff Side Representative (SF)
Sally O'Brien, Head of Nursing (SO'B)
Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO)
Avril Sweeney, Risk Compliance Manager (AS)
Lesley Gauld, Team Manager Strategic Planning
Ronan Burke, Interim Adult Support and Protection Coordinator
Alan Small, Independent Chair Fife Adult Support and Protection Committee and Fife MAPPA SOG (AS)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Sinead Braiden, NHS Board Member (Chair) (SB)
Dr Chris McKenna, Medical Director
Ben Hannan, Director of Pharmacy and Medicines
Lynn Barker, Director of Nursing
Roy Lawrence, Principal Lead for Organisational Development & Culture
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Lynne Garvey, Head of Community Care Services (LG)

No	Item	Action
1	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>As Sinead Braiden was unable to attend the meeting, Cllr Liewald, Vice Chair, kindly stepped into Chair in Sinead's absence. Unfortunately, the meeting was not quorate (<i>requires 2 voting members of the Committee present, one from NHS Fife and one from Fife Council</i>) therefore the Minutes from the previous meeting of 18.01.23 can only be reviewed and not formally Approved. These shall be carried over to the next meeting.</p> <p>Cllr Liewald welcomed all to the meeting. She stated, although the Agenda was fairly short, the items included were robust and should prompt meaningful discussion. Meeting protocol was advised.</p> <p>As there were guests from outwith the Committee and normal attendance, the Agenda was to be taken out of order.</p>	
2	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>No declarations of interest were received.</p>	
3	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 18 JANUARY 2023</p> <p>The previous minutes from the C&CGC meeting on 18 January 2023 were reviewed and no alternations or corrections were requested. As the meeting was not quorate, these minutes will be Approved at the next Quality & Communities Committee meeting on 3rd May 2023.</p>	S Braiden
5	<p>ACTION LOG</p> <p>No items raised from the Action Log.</p>	
6	<p>GOVERNANCE</p>	
	<p>6.1 Joint Inspection of Adult Services Improvement Plan</p> <p>NC introduced the report in FMcK's absence. The report was presented for the Committee's awareness and discussion.</p> <p>NC gave background to the report advising, between June and November 2022, the Care Inspectorate and Health Improvement Scotland carried out a joint inspection of services provided to adults with complex needs, living in Fife. The purpose of the inspection was to investigate partnership working both strategically and operationally, to seamlessly deliver services which achieve good health and wellbeing outcomes for adults.</p> <p>NC outlined the key strengths found and the areas for improvement, along with the grades given for each key area. The Improvement Plan itself sets out each of the key areas for improvement, the improvement desired, where responsibility lies, how improvement will be measured, expected completion dates with updates.</p>	

	<p>There was discussion around the impact of the Pandemic, how services operated and adapted and the consequences for those in need of support, and for staff. Staff were commended for their great efforts to enable the Partnership to continue to deliver good outcomes to most people.</p> <p>The success of greater collaborative working was discussed and improved integration of services. The inspection will aid in the priorities for future development.</p>	
	<p>6.2 Mainstreaming the Equality Duty and Equality Outcomes Progress Report – Jan 2023</p> <p>Cllr Liewald introduced Lesley Gauld, Strategic Planning Team Manager who was presenting the report in the absence of FMcK. LG gave a summary of the report which was being brought to the Committee for discussion. LG advised Joint meetings have been held with other Partnerships and the Equality & Human Rights Commission to ensure plans are robust. She referred to Appendix 2 which shows the Action Plan and also the EQIA which will be used in the production of the savings proposals for the Medium-Term Financial Strategy. LG invited questions or comments from the Committee.</p> <p>MF thanked LG for the report which she had read with interest. She commented she would like to see the specific mention of Carers be included in the Equality Outcome 6. She also felt there should be some indication of attempts to reach Carers in Equality Outcome 7. LG acknowledged this point and will look to ensure the voice of Carers is included and strengthened.</p> <p>Discussion took place around the outcomes in the report and there was much interest in how progress is measured and recorded.</p>	
	<p>6.3 Fife Adult Support and Protection Committee Biennial Report 2020-2022</p> <p>Alan Small explained it is a legislative requirement, each Adult Support and Protection Committee are asked to produce a Biennial Report. In Fife, an Annual Report is produced for year in between the Biennial Report as AS felt it the report is a vehicle to keep people appraised of the work of the Committee.</p> <p>AS introduced the Biennial Report covering 2020-2022, which covers the majority of Lockdown, during the Covid Pandemic. He advised, Scottish Ministers decree that there should be specific Care Inspectorate Inspections conducted looking solely at Adult Support and Protection. Previously, this was included in Older People Inspections. This brings Adult Support and Protection more aligned with Child Protection.</p> <p>AS gave a comprehensive summary of the content of the report which takes the reader through a journey of 2020-2022 within the Service, outlining progress, innovative thinking and</p>	

AS advised he is stepping down as Chair of Fife Adult Support and Protection Committee. He was happy to say he felt he was leaving on a high as over the previous 8 years, through partnership working and achievement, Adult Support and Protection has been taken to the next level in Fife.

AS spoke of the Inspection which was conducted using a relatively new and very thorough process, which he described. The outcome was extremely positive and AS read out some of the highlights, which included “Adults at Risk at harm typically experienced improvements to their safety, health and wellbeing due to the collaborative efforts of social work, health professionals and police officers”, “initial enquiry process is *highly* effective”, “adults at risk of harm benefitted from sound, well documented investigative practices”.

AS felt there has been some frustration over the years as there has been a lack of feedback from Scottish Government, however, this is to change as they are now carrying out a collation exercise looking at all areas of Scotland with key themes. This is expected early Spring 2023.

AS introduced Ronan Burke, Interim Adult Support and Protection Coordinator. RB felt it was important to note that the Committee continued to push very hard to drive forward improvement actions during unprecedented times throughout 2020-2022. He also acknowledged support of partnership bodies, which has been greatly appreciated. He felt AS summarised well what has been taking place over the past 2 years. He stated, areas of improvement will be driven forward through the Adult Support and Protection Strategic Improvement Plan, which was approved by Committee in Jan 2023. As the Committee pushes ahead, RB was keen to move to a more qualitative and deeper understanding of the complexities of people’s lives the Service are involved with. He explained, underpinning this approach as a focus of transforming data collection and use to gain greater insight of the quality of response, to all stakeholders. He spoke of comms campaigns which have, and are, running and raising awareness within the wider community.

Cllr Liewald felt the report is very robust and welcomed it. She agreed with AS and RB, the report is full of data but it is also gives a real personal insight. She queried what “non-adult protection action” refers to. AS advised, if a person does not meet the required criteria, it does not necessarily mean the case is closed. There will still be effort to improve the vulnerable person’s circumstances/risks under a case management level.

MF commended AS and RB on the report and queried the expression “identifying as female”. She asked if this includes trans people. AS advised, if someone choses to identify as female, then they are referred to as female. He elaborated on the various

	<p>scenarios. A representative from Fife Equalities sits on the ASP Committee and work is being done with them around gender ethnicity.</p> <p>NC felt the IJB should be very proud of what has been achieved through the ASP Committee which is an example of excellent interagency working and stepping up of areas where Adult Protection has not been as strong as Child Protection. She thanked AS very much and acknowledged the significant improvements he has overseen during his tenure in post. She also thanked RB for the excellent report.</p>	
	<p>6.4 Chief Social Work Officer’s Report 2021-2022</p> <p>KH who presented the report, which is based on the new Scottish Government template, giving consistency across all local authorities and IJB’s in Scotland. The report covers 2021-2022 and comes annually to Q&CC, the Children Services Committee and to Scottish Government.</p> <p>The report captures where Fife are in terms of children and families work, children, adult and older people’s health & social work and Social Care Services are during the timeframe. .</p> <p>Discussion centred around looked after children, before, during and after the Pandemic and the lasting effects felt. Kathy Henwood advised pre-Pandemic there were ~ 150 children placed outwith Fife, these children have returned to Fife and in most cases this has been successful. KH told of 3 new permanent Corporate Parenting Development Worker posts which have been filled by care experienced employees.</p> <p>KH advised the report is jointly in respect of Children & Families, Criminal Justice and the SW aspect of HSCP. Key achievements, partnership working during the Pandemic, Carers, Mental Health and Workforce Planning were all described.</p> <p>The Chair thanked KH for the report.</p>	
	<p>6.5 Review of IJB Risk Management</p> <p>The Chair introduced Avril Sweeney, Risk Compliance Manager who presented the report in the absence of Audrey Valente, Chief Finance Office.</p> <p>AS gave a background to the report which she advised is to support the delivery of the Strategic Plan. The Policy and Strategy were created by the Partner bodies in 2016 in line with the Integration Scheme. It was refreshed in 2019 and required to be reviewed again following the approval of the updated Integration Scheme in March 2022.</p> <p>The refresh considered the development of Risk Appetite, the distinction between processes for IJB Strategic Risks and Partner Operational Risks, the removal of the “Corporate” Risk category and the IJB Governance and HSCP organisational structure</p>	

	<p>changes, including the roles and responsibilities of the Governance Committees.</p> <p>The Chair thanked AS for the report, no questions were presented.</p>	
7.0	<p>ITEMS FOR ESCALATION</p> <p>No items for escalation.</p>	
8.0	<p>AOCB</p> <p>No further business raised.</p>	
9.0	<p>DATE OF NEXT MEETING – Friday 30th June 2023, 1000hrs MS Teams</p>	



Fife Health & Social Care Partnership

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UNCONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 29 MARCH 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative (Chair)
Debbie Fyfe, Joint Trades Union Secretary
Angela Kopyto, Dental Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Barry Millar, Project Management Office (Item 4 Only)
Chris Conroy, Clinical Services Manager (for Lisa Cooper)
David McColl, Project Management Office (Item 4 Only)
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Kenny McCallum, UNISON
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Paul Hayter, NHS Fife
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Yvonne Batehup, UNISON Welfare Representative
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Eleanor Haggett, Staff Side Representative
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Helen Hellewell, Deputy Medical Director, H&SC
Lisa Cooper, Head of Primary & Preventative Care Services
Morag Stenhouse, H&S Adviser, Fife Council

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 24 January 2023 The Minute from the meeting held on 24 January 2023 was approved as an accurate record of the meeting.	

NO HEADING

ACTION

2.2 Action Log from 24 January 2023

The Action Log from the meeting held on 24 January 2023 was approved as accurate.

3 JOINT CHAIRS UPDATE

Nicky Connor advised that Jennifer Rezendez had been appointed to the role of Principle Social Work Officer and would take up post on 16 May 2023. She would be invited to the next LPF meeting.

At an Extended Leadership meeting yesterday discussion took place around leadership connections and how these could be supported for managers within the partnership as well as the 3rd and independent sectors. A series of meetings have been proposed, a mix of face to face and virtual, the first of these will take place in the near future. LPF members wishing to either be part of the Design Group for these or to attend are to contact Roy.Lawrence@fife.gov.uk to register their interest.

ALL/RLaw

4 NEAR ME UPDATE

Barry Millar and David McColl had joined the meeting to give an update on the Near Me project, which is a government initiative involving health boards and local authorities. A Project Board has been established which meets regularly to discuss all aspects of the project. Rona Laskowski is the SLT lead on this project.

David covered the presentation which updated on areas in scope are Older People's SW, Adult SW, Mental Health Officer Team, Fife Council Housing Services, SW and FC Corporate Contact Centres, GP Clusters, Emergency Admissions at Queen Margaret and Victoria Hospitals and the Hospital Discharge Teams.

Practical guidance has been drawn up and is being updated as feedback is received both nationally and locally. To date 157 out of 199 staff have been trained in the use of Near Me.

Discussion took place around the good response to training, the number of consultations which have taken place (unavailable at this time, but is being worked on), Each area has challenges but these are being dealt with.

Rona Laskowski advised that a dashboard is being developed which will allow the team to provide explicit information on the number of call taken and when it is not appropriate to use the system.

Nicky Connor thanked Barry and David for their presentation and they both left the meeting.

5 LPF DEVELOPMENT SESSION – 31 MAY 2023

It was agreed Roy Lawrence and Hazel Williamson would e-mail LPF members to get suggestions for the day. Debbie Fyfe suggested setting priorities for coming year. Lynne Garvey suggested having some staff success stories.

NO	HEADING	ACTION
6	HEALTH AND WELLBEING	
	Attendance Information	
	<p>Susan Young provided an update on NHS figures, which show a 1% reduction in January 2023. Both short and long term absences reduced. Over 32 areas within the partnership showed an absence rate of over 10%. New mental health training is being provided to managers. Review and improvement panels continue to work with managers and the scope of absences may increase in future.</p> <p>Elaine Jordan updated on Fife Council absence figures, which are also improving. Long term absences have reduced with a slight increase in short term absence between December 2022 and January 2023. A draft Stress Checklist has been drawn up which will be shared with trade unions and staff side. Employees who are absent due to stress are allocated a case worker from day 1 to help provide support.</p> <p>Simon Fevre welcomed the improving picture and asked that positive messaging be shared with staff via staff briefings.</p> <p>Debbie Fyfe asked if information on the work of the review and improvement panels could be brought to the LPF to allow learning to be shared on good practice.</p>	HoS/ SF/EJ
	Staff Health & Wellbeing	
	<p>Elaine Jordan advised that in Fife Council wellbeing champions are being recruited from existing staff to help cascade and share information.</p>	
	Employee Relations Update	
	<p>Susan Young and Elaine Jordan gave updates on current active cases for disciplinary, grievance and capability and the timescales they were working to. Early resolution is favoured in these cases but these can be delayed for a variety of reasons, including policy stipulations, diary scheduling and availability of witnesses. Training and peer support is available for managers.</p> <p>It was agreed to discuss these further at an SLT meeting prior to bringing a report on improvement actions to the next LPF meeting.</p>	NC/SY/EJ
7	HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)	
	<p>Health and Safety Updates from Fife Council and NHS Fife had been circulated with the papers..</p>	
	Mandatory Training Update	
	<p>Rona Laskowski is the SLT lead on this and updated on ongoing activity. Scope and content have been agreed, a monitoring spreadsheet set up and weekly figures are being collated for 6,085 partnership staff. Trend analysis and an improvement dashboard are discussed by SLT on a weekly basis.</p>	

NO	HEADING	ACTION
7	<p>HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP (CONT))</p> <p>Mandatory Training Update (Cont)</p> <p>Challenges include information being drawn from dual systems, variations in mandatory requirements,</p> <p>Agreed this should be a standing agenda item on the LPF with a formal report being brought to each meeting.</p> <p>Debbie Fyfe raised the issue of community and care home-based staff not being able to undertake training within their working hours for a variety of reasons.</p> <p>Yvonne Batehup enquired about the method of gathering figures in the NHS and whether or not this was being done accurately. Yvonne and Rona agreed to meet up outwith the LPF to discuss concerns.</p> <p>Angela Kopyto raised similar issues within Dental, requesting that staff be allocated time to undertake training.</p> <p>These issues will become part of ongoing discussions by SLT for staff in both Fife Council and NHS Fife and will be address in the report to the next LPF.</p>	<p>RLas</p> <p>RLas/YB</p>
8	<p>UPDATE ON CARE AT HOME INSPECTION</p> <p>Lynne Garvey gave an update on the recent Care at Home Inspection, which had been circulated with the meeting papers. This was a good inspection and actions from it are being progressed via the Quality Matters Assurance Group.</p> <p>Debbie Fyfe holds regular drop-in sessions with Home Care Co-ordinators which are well received.</p> <p>It was agreed to highlight and celebrate the inspection report in the weekly briefing.</p>	
9	<p>FINANCE UPDATE / BUDGET</p> <p>Audrey Valente gave a brief update on the Finance Update paper which had been circulated prior to the meeting. The papers shows a projected underspend of £11.3m, the change is in part due to more accurate vacancy information being available.</p> <p>The budget had been discussed by at the LPF Budget Discussion on Monday 20 March 2023 and would be taken to the Integration Joint Board on Friday 31 March 2023. The report give detail for the next financial year and also a Medium Term Financial Strategy covering the next three years. Proposed savings in the report should close the expected £35m budget gap.</p> <p>The IJB are being asked to approve the budget in principle prior to the business cases being developed. There is a commitment from SLT to have the first draft of these business cases for each savings proposal available ahead of the July 2023 IJB.</p> <p>Discussion took place around workforce implications.</p>	

NO	HEADING	ACTION
9	FINANCE UPDATE / BUDGET (CONT)	
	Debbie Fyfe asked that the LPF note that the budget being proposed to the IJB on 31 March 2023 would not have the support of the local government trade unions.	
10	UPDATE ON STRATEGIC PLAN – YEAR 1 DELIVERY PLAN	
	Fiona McKay advised that this is the Delivery Plan for the first year of the new Strategic Plan and was a starting point to ensure that each strategic priority was met. The LPF supported the delivery plan.	
11	SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19	
	System Pressures	
	Lynne Garvey advised that pressures have settled recently, there has been less community transmission of covid and currently only 26 staff are off because of it. Care Homes are in a good position and absence within Care at Home is reducing. NHS surge beds are still open and work continues on being in a safe position to reduce surge. Last week saw the best discharge profile from VHK for this winter with 117 discharges Monday to Friday and a further 11 discharges over the weekend.	
	Lynne wanted to praise the Care at Home Service for their excellent performance in reducing the turnover on care packages for patients being discharged from VHK and the community hospitals.	
	Rona Laskowski spoke of an improving picture in her area with HR support and review and improvement panels helping to reduce absences. There are still significant vacancies across the board. The switch on of Liquidlogic and the transfer for information from Swift are causing additional work for staff, but this should improve in the coming week. There are still a high number of mental health and social work referrals being received. Accommodation issues within NHS Fife, due in part to increasing staffing in CAMHS and Psychological Services along with more face-to-face appointments and increased numbers of staff working in officer are causing issues.	
	Chris Conroy, on behalf of Lisa Cooper, advised that daily huddles to review staffing continue, this is relatively stable but there are a couple of pinch points. Multi-disciplinary staff support is assisting. Work is ongoing with the 2C GP practices, 3 of which are out to tender at the moment and staff are being kept updated. Urgent Care/Out of Hours seem to be more settled, although there have been issues with GP staffing. Proposed initiatives are be brought forward which should assist this.	
	The Flow and Navigation Centre continues to provide support and direct out of hours professional support to Care Homes can demonstrate improvement August 2022 and February 2023 and thanks extended to all involved.	
	Fiona McKay gave an update on Liquidlogic which goes live for Adults and Criminal Justice on Monday 3 April 2023. Children’s Services go live on 4 May	

NO	HEADING	ACTION						
11	SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19 (CONT)							
	System Pressures							
	2023. This replaces Swift which has been in place for 23 years and live case are being transferred to the new system. Over 600 staff members have been trained by the team and they will be on site in Fife House to assist with a smooth transition.							
	Simon Fevre raised concerns, on behalf of Wendy McConville who had left the meeting, in regards to staffing issues at Stratheden. It was agreed that Simon and Wendy would meet with Rona Laskowski and Lynn Barker out with the meeting and an update would be provided on 23 May 2023	SF/WMcC/ RLas/LB						
	Update on Industrial Action / Staff Pay Update							
	No update given.							
	Annual Leave Update – NHS Staff							
	Susan Young advised that due to ongoing staff pressures, NHS employees who had been unable to use all of their annual leave during 2022-2023 could carry forward more than 5 days into 2023-2024, but these had to be used by 30 June 2023.							
	Covid/Flu Update							
	No update given.							
	Immunisation - Staff / H&SC Workforce							
	Simon Fevre acknowledged the significant work currently ongoing around the immunisation workforce as vaccination levels decrease.							
12	IMATTER IMPROVEMENT ACTIONS							
	This item will be discussed at the LPF meeting on 23 May 2023.							
13	HSCP MISSION 25 SOCIAL MEDIA RECRUITMENT CAMPAIGN							
	This item will be discussed at the LPF meeting on 23 May 2023.							
14	HSCP CARE ACADEMY PARTNERSHIP MODEL							
	This item will be discussed at the LPF meeting on 23 May 2023.							
15	ITEMS FOR BRIEFING STAFF							
	<table border="0"> <tr> <td>Care @ Home Inspection</td> <td>Encourage Hand Washing</td> </tr> <tr> <td>Strategic Delivery Plan</td> <td>Comms re Finance</td> </tr> <tr> <td>Improvement in Attendance Figures</td> <td></td> </tr> </table>	Care @ Home Inspection	Encourage Hand Washing	Strategic Delivery Plan	Comms re Finance	Improvement in Attendance Figures		HW/ LG/LB/FM/ AV/SY/EJ
Care @ Home Inspection	Encourage Hand Washing							
Strategic Delivery Plan	Comms re Finance							
Improvement in Attendance Figures								

16 LPF ANNUAL REPORT 2022-2023

Simon Fevre advised that he had e-mailed some LPF members seeking information which would be included in this year's Annual Report. Further update at next LPF meeting.

17 AOCB

Nothing was raised under this item.

18 DATE OF NEXT MEETING

Tuesday 23 May 2023 – 9.00 am – 11.00 am – LPF Meeting

Wednesday 31 May – 9.00 am – 12 noon – LPF Development Session

DRAFT