



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON  
FRIDAY 18 JUNE 2021 AT 10.00 AM  
THIS WILL BE A VIRTUAL MEETING AND JOINING  
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT

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

| NO | TITLE                                       | PRESENTED BY  | PAGE             |
|----|---|---|------------------|
| 1  | CHAIRPERSON'S WELCOME / OPENING REMARKS     | Rosemary Liewald  |                  |
| 2  | CHIEF OFFICERS REPORT                       | Nicky Connor  |                  |
| 3  | CONFIRMATION OF ATTENDANCE / APOLOGIES      | Rosemary Liewald  |                  |
| 4  | DECLARATION OF MEMBERS' INTERESTS           | Rosemary Liewald  |                  |
| 5  | MINUTES OF PREVIOUS MEETING 23 April 2021   | Rosemary Liewald  | 1-7              |
| 6  | MATTERS ARISING - Action Note 23 April 2021 | Rosemary Liewald  | 8                |
| 7  | COVID-19 / REMOBILISATION UPDATE            | N Connor/C McKenna/<br>J Owens/J Tomlinson/<br>S Garden/K Murphy/<br>P Dundas | Verbal<br>Update |
| 8  | FINANCE UPDATE                              | Audrey Valente  | 9-19             |
| 9  | DUTY OF CANDOUR ANNUAL REPORT               | Lynn Barker   | 20-31            |
| 10 | COMMISSIONING STRATEGY                      | Fiona McKay   | 32-65            |
| 11 | NEW CARERS ACT INVESTMENT 2021/22           | Fiona McKay   | 66-76            |
| 12 | LOCAL PARTNERSHIP FORUM ANNUAL REPORT       | Jim Crichton/<br>Simon Fevre/<br>Eleanor Haggett/<br>Debbie Thomson           | 77-103           |

|   |  |   |         |
|---|--|---|---------|
| 13  | <b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED</b><br><b>Clinical &amp; Care Governance</b><br>Confirmed Minute from 16 April 2021<br><b>Finance &amp; Performance Committee</b><br>Confirmed Minute from 8 April 2021<br><b>Audit &amp; Risk Committee</b><br>Confirmed Minute from 17 March 2021<br>Unconfirmed Minute from 4 June 2021<br><b>Local Partnership Forum</b><br>Confirmed Minute from 14 April 2021<br>Confirmed Minute from 12 May 2021 | Tim Brett /<br>David Graham /<br>Eugene Clarke /<br>Simon Fevre /<br>Nicky Connor | 104-147 |
| 14  | <b>AOCB</b>  | <b>ALL</b>  |         |
| 15  | <b>DATES OF NEXT MEETINGS</b><br><b>IJB DEVELOPMENT SESSION Friday 6 August 2021 - 9.30 am</b><br><b>INTEGRATION JOINT BOARD Friday 20 August 2021 - 10.00 am</b>  |   |         |
| <b>Members are reminded that, should they have queries on the detail of a report, they should, where possible, contact the report authors in advance of the meeting to seek clarification</b> |  |   |         |

**Nicky Connor**  
**Director of Health & Social Care**  
**Fife House**  
**Glenrothes**  
**KY7 5LT**

Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 4<sup>th</sup> Floor, Fife House – e:mail [Norma.aitken-nhs@fife.gov.uk](mailto:Norma.aitken-nhs@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 23 APRIL 2021 AT 10.00 AM

|                              |   |
|------------------------------|---|
| <b>Present</b>               | Councillor Rosemary Liewald (RL) (Chair)<br>Christina Cooper (CC) (Vice Chair)<br>Fife Council, Councillors – David Alexander (DA), Tim Brett (TBre),<br>Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and<br>Jan Wincott (JW)<br>NHS Fife, Non-Executive Members – Martin Black (MB), Eugene<br>Clarke (EC), Margaret Wells (MW)<br>Janette Owens (JO), Nurse Director, NHS Fife<br>Wilma Brown (WB), Employee Director, NHS Fife<br>Amanda Wong (AW), Associate Director, AHP's, NHS Fife<br>Debbie Thompson (DT), Joint TU Secretary<br>Ian Dall (ID), Service User Representative<br>Kenny Murphy (KM), Third Sector Representative<br>Morna Fleming (MF), Carer Representative<br>Paul Dundas (PD), Independent Sector Representative<br>Simon Fevre (SF), Staff Representative, NHS Fife |
| <b>Professional Advisers</b> | Nicky Connor (NC), Director of Health and Social Care/Chief Officer<br>Audrey Valente (AV), Chief Finance Officer<br>Helen Hellewell (HH), Associate Medical Director<br>Kathy Henwood (KH), Chief Social Work Officer, Fife Council<br>Lynn Barker (LB), Associate Director of Nursing   |
| <b>Attending</b>             | Fiona McKay (FM), Interim Divisional General Manager<br>Lynn Garvey (LG), Interim Divisional General Manager<br>Jim Crichton (JC), Interim Divisional General Manager<br>Dona Milne (DM), Director of Public Health<br>Norma Aitken (NA), Head of Corporate Services<br>Hazel Williamson (HW), Communications Officer<br>Wendy Anderson (WA), H&SC Co-ordinator (Minute)  |

## NO HEADING

## ACTION

### 1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board (IJB) meeting.

Members were advised that Alistair Morris will replace Les Bisset on the Board but due to previous diary commitments he was unable to join today's meeting.

The Chair formally recorded her thanks for the significant contribution Les Bisset had given to the IJB over the years.

Professor Paul Cameron, Head of Service & Clinical Lead, NHS Fife Pain Management Service who is shadowing Nicky as part of his professional development was welcomed to the meeting.

**NO HEADING****ACTION****1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)**

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

**2 CHIEF OFFICERS REPORT**

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

A Briefing has been issued to members on the Adult Protection Inspection which will start on 10 May 2021 in Fife. Board members will be kept updated as this progresses.

As confirmed at the Development Session on 12 March 2021, Fife IJB is now a Category 1 Responder. Nicky Connor has been meeting with resilience colleagues who work with our partners. Nicky will attend national workshops which will begin in May 2021. Further updates will be brought to the Board and Development Sessions as appropriate.

The Annual Performance Report, which is normally presented to the June IJB will be presented to the November meeting as a result of an extension to the Coronavirus Act.

Nicky Connor expressed her thanks to Suzanne McGuinness who has held the role of Professional Social Work Lead since July 2020. Suzanne leaves the organisation in early May 2021 to take up a post as Executive Director, Social Work at the Mental Health Commission. Work is ongoing to recruit to this role.

**3 CONFIRMATION OF ATTENDANCE / APOLOGIES**

Apologies had been received from Chris McKenna, Alistair Morris, Steve Grimmond, Carol Potter, Katherine Paramore, Eleanor Haggett and Suzanne McGuinness.

**4 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**5 MINUTES OF PREVIOUS MEETING 26 MARCH 2021**

Following two small changes to the draft Minute, the Minute of the meeting held on Friday 26 March 2021 was approved.

**6 MATTERS ARISING**

The Action Note from the meeting held on 26 March 2021 was approved.

**7 COVID 19 / REMOBILISATION UPDATE**

The Chair introduced Nicky Connor and colleagues to provide updates on Covid-19 and Remobilisation. This update will be discussed at a future Development Session to shape it going forward.

**NC/RL**

**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

Dona Milne began the update by advising that Fife currently has 23 cases of Covid per 100,00 head of population. There had been 86 new cases in the past 10 days, this was a test positivity rate of 1.1%. Significant changes to lockdown rules will be introduced from Monday 26 April 2021 and the public health team is ready to support any potential increase in cases. Symptomatic and asymptomatic testing continue and the team are working with Scottish Government colleagues to ensure test centres are located in the most appropriate places.

Scott Garden advised that over 240,000 Fife residents have had vaccinations, over 47,000 of these have received both doses. Care Homes and over 80's continue to be a priority. Community Nursing staff are working with housebound patients. From Monday 26 April 2021 appointments will be offered to patients in the 40-49 age group and four new vaccination centres are being set up to work alongside existing centre. Fife is above average for delivery of first doses. Work is ongoing with homeless people and those with learning disabilities. Nicky Connor congratulated the whole team for the amazing work done so far.

Janette Owens updated on the excellent progress which is being made on remobilisation. A winter review workshop was held last week and it has been agreed to hold meetings throughout the year to focus on winter planning. Staff health and wellbeing continues to be a priority and new posts in Occupational Health have been recruited to. The pack of material on health and wellbeing, which was launched last year, is being reviewed and updated. Psychological Services have held sessions for Managers on the range of staff support which is available, these have been oversubscribed and further sessions will be arranged. Recruitment of final year students is going well.

Helen Hellewell updated from a Primary Care perspective. GP's continue to look at access to appointments for patients, will continue with near me and phone appointments but looking to increase face to face appointments where necessary. Work is continuing with Secondary Care colleagues to ensure robust pathways into care. Dental staff are looking at how best to increase access to services in a safe way. Optometry is working well. Community Pharmacies have continued to provide services through the pandemic and are increasing minor ailment work.

Fiona McKay advised there are currently less than 5 Care Homes closed due to Covid. All staff and residents have been offered their second vaccination. Work is ongoing to reopen planned respite for the highest risk clients. Opening with Care is a government programme which is looking to open up visiting from professionals and family members in Care Homes. A cautious approach will be taken. External providers are being supported to ensure they are confident about reopening to visitors.

Paul Dundas updated on care home expanding visiting opportunities. Care Home staff are self-testing twice weekly and all have been vaccinated. The Immunisation Team are currently working to ensure recent admissions

## 7 COVID 19 / REMOBILISATION UPDATE (Cont)

to care home and those who were unable to have the vaccine earlier are being included in programme. Recruitment challenges continue within the sector and Paul will speak with Janette Owens offline to discuss nursing student placements.

Kenny Murphy advised that the third sector are at varying stages of remobilisation, some have returned to business as usual and others are looking at providing services in a different way. Fiona McKay's team and Public Health are working with services to provide the required support. Work is ongoing with assertive outreach to increase take up of vaccinations in some groups of residents.

Martin Black raised the issue of establishing a field hospital to assist with issues being experienced with dentistry. Discussion took place around staffing, resources and the difficulties these could cause.

In response to Margaret Wells questions around how we identify those in need of our services and enable people to access care pathways, Nicky Connor spoke of a document which had been received recently called Planning with People. This could be discussed in more detail at a future Development Session.

Eugene Clarke asked if a review of the Digital Strategy is being undertaken as a result of Covid-19. Nicky Connor advised that Fife Council and NHS Fife both had their own Digital Strategies and the partnership engages with partners on this. It was suggested that these issues could be looked at in more details at a future Development Session.

## 8 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which had been discussed at the Finance & Performance Committee on 8 April 2021.

The report detailed the financial position of the delegated and managed services based on 28 February 2021 financial information. The forecast surplus is £4.851m. Full funding for Covid-19 costs has been made available by the Scottish Government in recognition of IJB priorities over this financial year to respond to the pandemic.

At 28 February 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £4.851m.

Four key areas of underspend that are contributing to the financial outturn overspend:-

- Community Services
- Older People Residential and Day Care
- Adult Supported Living
- Nursing and Residential

The report provided information on in year additional funding allocations to provide clarity and transparency in terms of additional funding made available by the Scottish Government to IJB's.

| NO | HEADING   | ACTION               |
|----|---|----------------------|
| 8  | <b>FINANCE UPDATE (Cont)</b>  |                      |
|    | Audrey Valente and Morna Fleming will discuss spend on Carers outwith the meeting, prior to information being taken to Finance & Performance Committee.   |                      |
|    | Discussion took place on the content of the report including unallocated funding, carry forward of unspent funds and reducing alcohol specific deaths.  |                      |
|    | It was agreed that a further discussion on Alcohol and Drug Partnership funding would be brought back to a future Finance & Performance Committee meeting.  | <b>AV/FM/<br/>KH</b> |
|    | Tim Brett asked about Acute Set Aside and it was agreed to discuss this further at a Development Session.   | <b>NC/RL</b>         |
|    | The report was for awareness, for member's information only. The Board were asked to examine and consider the implications of the report.   |                      |
| 9  | <b>PERFORMANCE REPORT – EXECUTIVE SUMMARY</b>   |                      |
|    | The Chair introduced Fiona McKay who presented this report which had been discussed at the Finance & Performance Committee on 8 April 2021.   |                      |
|    | The report provided an overview of progress and performance in relation to National Health and Social Care Outcomes, Health and Social Care – Local Management Information and Management Information.  |                      |
|    | The Executive Summary highlights areas of highest risk and priority and work is underway on each of these. STAR beds in Care Homes have been an issue during Covid-19 and this continues to be managed in conjunction with external care providers. Recruitment has been a challenge in some areas. A new recruitment portal has been set up to widen interest and access to roles in the care sector. Nicky Connor advised that she has recently met with Fife College to look at ways to promote care as a career path. |                      |
|    | Paul Dundas advised that Scottish Care have arranged a Teams meeting on Wednesday 28 April 2021 entitled Recruitment – Creating Pathways to Social Care, which IJB members would be able to attend. Paul will circulate details.  | <b>PD</b>            |
|    | Discussion took place around youth investment in workforce, the Scottish Living Wage (which all providers in Fife must pay), an increase in University applications and the increased recruitment of men into the care sector.  |                      |
|    | The report was brought to the Board for awareness.  |                      |
| 10 | <b>FIFE INTEGRATION JOINT BOARD DIRECTIONS POLICY</b>   |                      |
|    | The Chair introduced Nicky Connor who presented this report. The report had been discussed at the Audit & Risk Committee on 17 March 2021, the Finance & Performance Committee on 8 April 2021 and the Clinical & Care Governance Committee on 16 April 2021.   |                      |

**10 FIFE INTEGRATION JOINT BOARD DIRECTIONS POLICY**

Discussion took place around the Directions Policy, how this would be implemented and assurance provided around Directions issued. Nicky Connor advised that the Policy would continue to be reviewed as it was implemented.

Nicky Connor and Rosemary Liewald both thanked Norma Aitken for the work done on getting this Policy ready for approval.

The Board discussed the Directions Policy and approved the Policy, accompanying Guidance and Template.

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

The Chair asked David Graham, Eugene Clarke and Simon Fevre for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

**David Graham – Finance & Performance Committees (F&P) – 5 and 18 March 2021**

David had left the meeting prior to this item to attend another meeting. On his behalf Norma Aitken advised that there was nothing to escalate to the board and the Minutes were accurate and confirmed from the respective meetings. David had intimated that he would be happy to answer any questions relating to these meetings outwith the IJB meeting should it be required.

**Eugene Clarke – Audit & Risk Committee (A&R) – 17 March 2021**

Eugene had nothing to escalate to the Board but wished to raise two points:-

- 1 The Committee had discussed the Directions Policy and approved it, subject to several small changes which had been made prior to the Policy being brought before the IJB today.
- 2 Discussions on all aspects of Risk have taken place at A&R and it was felt that further discussion at a future Development Session would be of value.

**Local Partnership Forum (LPF) – 10 and 24 March 2021**

Nicky Connor advised there was nothing to escalate from these meetings but that the LPF continues to focus on issues such as staff health and wellbeing and lateral flow testing for employees.

Simon Fevre advised that the LPF Annual Report was on schedule to be discussed at the LPF meeting on 12 May with the final version going through the governance route to the IJB for the June 2021 meeting. The meeting on 24 March 2021 focused on budget discussions.



## **11 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED (Cont)**

### **Tim Brett – Clinical & Care Governance Committee (C&CG) – 16 March 2021**

Two areas of interest arose at this meeting:-

- 1 Helen Hellewell provided an updated on Primary Care Improvement Fund which is going well and has good plans in place.
- 2 Kathy Henwood presented her Chief Social Work Report which Tim felt would be of interest to board members as it showcased the huge range of work undertaken by Social Work.

In response to a concern raised by Martin Black on the number of topics which had been suggested recently for future Development Sessions, Tim Brett thought that for some subjects a Briefing Note would be sufficient, rather than discussion at a Development Session.

Rosemary Liewald and Nicky Connor agreed to have a discussion on the items which have been suggested and would tailor a programme of issues to be discussed at the remaining Development Sessions in 2021.

**NC/RL**

## **12 AOCB**

Rosemary Liewald informed members that this had been Dona Milne, Director of Public Health's final meeting before she moves to a new post in Lothian. Rosemary thanked Dona on behalf of the Board for her incredible work during her time in Fife and wished her well for the future. Joy Tomlinson will be invited to the June meeting as she will have taken up the post of Director of Public Health by that time.

## **13 DATES OF NEXT MEETINGS**

**IJB Development Session – Friday 28 May at 9.30 am**

**IJB Meeting – Friday 18 June at 10.00 am**



## ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 23 APRIL 2021

| REF | ACTION   | LEAD  | TIMESCALE                              | PROGRESS                  |
|-----|--|---|--|---------------------------|
| 1   | <b>Finance Update</b> – provide an update on Direct Payments to a future Development Session.  | <b>Audrey Valente</b>                               | <b>Development Session during 2021</b> |                           |
| 2   | <b>Finance Update-</b> a further discussion on Alcohol and Drug Partnership funding would be brought back to a future Finance & Performance Committee meeting .  | <b>Audrey Valente / Fiona McKay / Kathy Henwood</b> | <b>TBC</b>                             |                           |
| 3   | <b>Performance Report</b> - Paul Dundas advised that Scottish Care have arranged a Teams meeting on Wednesday 28 April 2021 entitled Recruitment – Creating Pathways to Social Care, which IJB members would be able to attend. Paul will circulate details.   | <b>Paul Dundas</b>                                  | <b>ASAP</b>                            | <b>Completed 23/04/21</b> |
| 4   | <p><b>SUGGESTED DEVELOPMENT SESSION TOPICS</b></p> <p><b>Digital – Use of Technology – for Autumn</b></p> <p><b>Acute Set Aside – for Autumn</b></p> <p>in response to concerns raised on the number of topics suggested for future Development Sessions, Rosemary Liewald and Nicky Connor agreed to have a discussion on the items which have been suggested and would tailor a programme of issues to be discussed at the remaining Development Sessions in 2021.</p> | <b>Rosemary Liewald/ Nicky Connor</b>               | <b>Next Meeting 18/06/21</b>           |                           |



|                             |   |
|-----------------------------|---|
| <b>Meeting Title:</b>       | <b>Integrated Joint Board</b>                             |
| <b>Meeting Date:</b>        | <b>18 June 2021</b>                                       |
| <b>Agenda Item No:</b>      | <b>8</b>  |
| <b>Report Title:</b>        | <b>Finance Update</b>                                     |
| <b>Responsible Officer:</b> | <b>Nicky Connor, Director of Health &amp; Social Care</b> |
| <b>Report Author:</b>       | <b>Audrey Valente, Chief Finance Officer HSCP</b>         |

## 1 Purpose

**This Report is presented to the Board for:**

- Awareness
- Discussion

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

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

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

- Managing resources effectively while delivering quality outcomes.

## 2 Route to the Meeting

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

- Finance & Performance Committee

## 3 Report Summary

### 3.1 Situation

The attached report details the financial position of the delegated and managed services based on 31 March 2021 financial information. The forecast surplus is £7.090m. Full funding has been made available by the Scottish Government in recognition of IJB priorities over this financial year to respond to the pandemic.

### 3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines those services to be delegated to the Integrated 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**

#### **Financial Position**

At 31 March 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £7.090m.

Five key areas of underspend that are contributing to the financial outturn overspend

- Community Services
- Older People Residential and Daycare
- Children Services
- Adult Supported Living
- Nursing and Residential
- Social Care Other

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

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

#### **3.3.1 Quality/ Customer Care**

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

#### **3.3.2 Workforce**

There are no workforce implications to this report.

#### **3.3.3 Financial**

This paper provides an update in terms of both core expenditure and Covid-19 spend. The latest projection suggests an underspend position at March 2021 of £7.090m. Funding received from SG to meet Covid-19 expenditure and unachieved savings, a recovery plan and substantial cost reductions were achieved contributing to this provisional outturn position that is now being reported.

#### **3.3.4 Risk/Legal/Management**

Full funding has been made available by the Scottish Government to fund the costs of Covid-19 within 2020-21. Future costs of Covid-19 are unknown, however any expenditure associated with Covid-19 will continue to be recorded in the Local Mobilisation Plan.

#### **3.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment has not been completed because there is no Equality and Diversity implications arising directly from this report.

#### **3.3.6 Other Impact**

No other impact to report.

### 3.3.7 Communication, Involvement, Engagement and Consultation

There has been consultation with NHS Fife and Fife Council Finance Teams for the compiling of the HSCP Finance Paper.

### 3.4 Recommendation

- **Awareness** – for members' information only.
- **Discussion** – examine and consider the implications of a matter.

## 4 List of Appendices

The following appendix is included with this report:

Appendix 1 – Finance Report – March 2021

Appendix 2 – Fife HSCP Reserves

## 5 Implications for Fife Council

The provisional outturn as at March is an underspend position of £7.090m. Further one off underspends relating to significant grant funding have led to an overall contribution to balances of £30.019m, with a large element of this being funding that will be required to cover future costs relating to COVID-19, with an estimated uncommitted balance of £6.896m

## 6 Implications for NHS Fife

The provisional outturn as at March is an underspend position of £7.090m. Further one off underspends relating to significant grant funding have led to an overall contribution to balances of £30.019m, with a large element of this being funding that will be required to cover future costs relating to COVID-19, with an estimated uncommitted balance of £6.896m

## 7 Implications for Third Sector

Not applicable

## 8 Implications for Independent Sector

Not applicable

## 9 Directions Required to Fife Council, NHS Fife or Both

| Direction To: |                       |   |
|---------------|-----------------------|---|
| 1             | No Direction Required | ✓ |

## 10 To be completed by SLT member only

|           |  |
|-----------|--|
| Lead      |  |
| Critical  |  |
| Signed Up |  |
| Informed  |  |

### Report Contact

Audrey Valente, Chief Finance Officer, Health & Social Care Partnership

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# Fife Health & Social Care Partnership



## Finance Report as at 31 March 2021

June 2021

## **FINANCIAL MONITORING**

### **FINANCIAL POSITION AS AT MARCH 2021**

#### **1 Introduction**

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

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

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

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

#### **2 Financial Reporting**

This report has been produced to provide an update on the projected financial outturn position of the Health and Social Care Partnership core spend. A summary of the projected outturn underspend is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m.

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

#### **3 Additional Allocations for Year**

Additional Budget allocations are awarded in year through Health which are distributed to the H&SCP where applicable. The total budget for the delegated and managed services has increased by £63.550m through additional allocations for specific projects as detailed below in Table 1 - £63.518m of this funding has been allocated to budgets and £0.032m remains unspent at the end of the year.

The Primary Care Implementation Fund (PCIF) Allocation £6.978m is a follow on from the Primary Care Transformation Funding of prior years. The PCIF fund now encompasses funding for GP Contract implementation (excluding Estates). It should be noted that £0.273m of the funding in 2019-20 remained unspent at the year end and has been carried forward into 2020-21, providing a total available allocation of £7.251m.

|  | <b>Funding Received 2020-21</b> | <b>Funding B/F</b> | <b>Funding Allocated</b> | <b>Funding Earmarked</b> | <b>Funding Unallocated</b> |
|--|---------------------------------|--------------------|--------------------------|--------------------------|----------------------------|
|  | <b>£</b>                        | <b>£</b>           | <b>£</b>                 | <b>£</b>                 | <b>£</b>                   |
| Alcohol and Drug Partnership               | 317,247                         | 5,054,445          | 5,371,692                | 315,506                  | 0                          |
| Mental Health Act                          | 344,000                         |                    | 344,000                  |                          | 0                          |
| Integration Fund                           |                                 | 631,442            | 456,252                  |                          | 175,190                    |
| Men C                                      | -15,995                         |                    | -15,995                  |                          | 0                          |
| Community Pharmacy Practitioner Champion   | 19,734                          |                    | 19,734                   |                          |                            |
| Family Nurse Partnership                   | 1,276,288                       |                    | 1,276,288                |                          | 0                          |
| Capacity Building CAMHS & PT               | 455,623                         |                    | 455,623                  |                          | 0                          |
| Mental health innovation fund              | 287,601                         |                    | 287,601                  |                          | 0                          |
| Veterans First Point Transition funding    | 116,348                         |                    | 116,348                  |                          | 0                          |
| Primary Medical Services Bundle            | 1,717,797                       |                    | 1,717,797                |                          | 0                          |
| Outcomes Framework                         | -27,450                         |                    |                          |                          | -27,450                    |
| PCIF                                       | 6,978,278                       | 273,000            | 7,251,278                | 2,524,000                | 0                          |
| Action 15 mental health strategy           | 2,134,902                       |                    | 2,134,902                | 1,349,000                | 0                          |
| Pre-Registration Pharmacist Scheme         | -115,784                        |                    |                          |                          | -115,784                   |
| Fife's Integration Authority share of £50m | 3,413,000                       |                    | 3,413,000                |                          | 0                          |
| Living Wage                                | 680,242                         |                    | 680,242                  |                          | 0                          |
| Second tranche of Social Sustainability    | 1,706,000                       |                    | 1,706,000                |                          | 0                          |
| Childhood Flu etc                          | 546,601                         |                    | 546,601                  |                          | 0                          |
| Breastfeeding Project                      | 57,890                          |                    | 57,890                   |                          | 0                          |
| School Nursing                             | 115,000                         |                    | 115,000                  |                          | 0                          |
| Covid-19 Sustainability                    | 300,000                         |                    | 300,000                  |                          | 0                          |
| GP premises funding                        | 102,171                         |                    | 102,171                  |                          | 0                          |
| Perinatal funding                          | 341,954                         |                    | 341,954                  |                          | 0                          |
| Primary Care Out of Hours Funding          | 340,911                         |                    | 340,911                  |                          |                            |
| Covid-19                                   | 18,646,861                      |                    | 18,646,861               | 5,569,000                | 0                          |
| District Nurses Move                       | 152,047                         |                    | 151,965                  | 30,000                   | 82                         |
| Adult Social Care Winter Plan              | 4,360,000                       |                    | 4,360,000                |                          |                            |
| Shingles/Fluenz                            | 119,002                         |                    | 119,002                  | 18,000                   | 0                          |
| Additional Social Care                     | 10,950,215                      |                    | 10,950,215               | 10,950,215               | 0                          |
| Flu Vaccine                                | 270,830                         |                    | 270,830                  |                          | 0                          |
| RT Funding : Earmarked Reserve             | 1,500,000                       |                    | 1,500,000                | 1,500,000                | 0                          |
| FSL Earmarked Reserve                      | 500,000                         |                    | 500,000                  | 500,000                  | 0                          |
|  | <b>57,591,313</b>               | <b>5,958,887</b>   | <b>63,518,162</b>        | <b>22,755,721</b>        | <b>32,038</b>              |

#### 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 final outturn position at March.

#### 5 Financial Performance Analysis as at March 2021

The combined Health & Social Care Partnership delegated and managed services are currently reporting a provisional outturn underspend of £7.090m as below.



Funding from Scottish Government received late in Quarter 4 of 2020-21 is to be carried forward to create a reserve

| Fife Health & Social Care Partnership |                 |                 |                |  |                           |                        |                         |                      |
|---------------------------------------|-----------------|-----------------|----------------|--|---------------------------|------------------------|-------------------------|----------------------|
| As at 31 March                        | 2020/21         |                 |                |  |                           |                        |                         |                      |
| Objective Summary                     | Original Budget | Budget February | Budget March   |  | Forecast Outturn February | Forecast Outturn March | Variance as at February | Variance as at March |
|                                       | £m              | £m              | £m             |  | £m                        | £m                     | £m                      | £m                   |
| Community Services                    |                 | 119.885         | 123.319        |  | 116.605                   | 120.716                | -3.280                  | -2.603               |
| Hospitals and Long Term Care          |                 | 56.610          | 56.000         |  | 56.911                    | 56.566                 | 0.301                   | 0.566                |
| GP Prescribing                        |                 | 70.708          | 70.979         |  | 70.708                    | 70.955                 | 0.000                   | -0.024               |
| Family Health Services                |                 | 102.043         | 103.878        |  | 102.243                   | 104.367                | 0.200                   | 0.489                |
| Children's Services                   | 394.751         | 18.024          | 18.202         |  | 17.924                    | 16.913                 | -0.100                  | -1.289               |
| Resource transfer & other payment     |                 | 83.505          | 83.505         |  | 83.467                    | 83.469                 | -0.038                  | -0.036               |
| Older People Residential and Day Care | 14.134          | 14.651          | 15.810         |  | 13.997                    | 15.189                 | -0.654                  | -0.621               |
| Homecare Services                     | 30.460          | 29.461          | 34.338         |  | 30.273                    | 35.581                 | 0.812                   | 1.243                |
| Nursing and Residential               | 33.789          | 34.092          | 42.152         |  | 33.312                    | 39.652                 | -0.780                  | -2.500               |
| Adult Placements                      | 39.215          | 41.237          | 43.939         |  | 42.542                    | 45.128                 | 1.305                   | 1.189                |
| Adult Supported Living                | 22.576          | 21.728          | 21.358         |  | 19.801                    | 20.324                 | -1.926                  | -1.033               |
| Social Care Other                     | 17.177          | 19.419          | 2.580          |  | 18.729                    | 0.116                  | -0.690                  | -2.464               |
| Housing                               | 1.646           | 1.556           | 1.331          |  | 1.556                     | 1.324                  | 0.000                   | -0.007               |
| <b>Total Health &amp; Social Care</b> | <b>553.747</b>  | <b>612.919</b>  | <b>617.391</b> |  | <b>608.068</b>            | <b>610.300</b>         | <b>-4.851</b>           | <b>-7.090</b>        |
| <b>Revised Outturn figure</b>         |                 |                 |                |  | <b>608.068</b>            | <b>610.300</b>         | <b>-4.851</b>           | <b>-7.090</b>        |

The 2020-21 IJB budget is based on breaking even across the Partnership after savings and investments have been approved. Any overspend incurred will be funded by the risk share agreement between the two funding partners, which is currently undergoing the planned five-year review and may change once the review is complete. Included in the budget is the recognition that resources will move, as a result of shifting service provision, from a hospital setting to a home or homely setting. This is also in line with the Ministerial Strategic Group recommendations.

The March provisional outturn position also includes recovery actions of circa £0.700m, £0.322m relates to additional income for long term financial assessments in Older People Nursing and Residential and £0.383m relates to refunds from clients who hold reserves in excess of 8 weeks funding. These recovery actions were implemented to deal with a projected overspend earlier in the financial year.

The provisional outturn has been impacted by reduced level of costs associated with the pandemic and increased levels of general funding provided by the Scottish Government. This has led to a provisional underspend of £7.090m. Further one off underspends relating to significant grant funding have led to an overall contribution to balances of £30.019m, with a large element of this being funding that will be

required to cover future costs relating to COVID-19, with an estimated uncommitted balance of £6.896m

The Chief Finance Officer has a statutory duty as Section 95 Officer to ensure that the IJB operates within available resources and remains financially sound over the short, medium and long term. The current crisis challenged the IJB to operate within available resources and action must continue to be taken at both a local and a national level to ensure that this duty can be fulfilled into future years.

The report provides an update on the provisional final outturn position for 2020-21 and work continues to be advanced to ensure the financial stability of the IJB going forward.

The main areas of variances are as follows:

#### **4.1 Community Services Underspend £2.603m**

There is an underspend of £2.603m within Community Services which is due to staff vacancies in Health Promotion & Community Dental services (Fife Wide) as well as nursing vacancies in the East. There are also underspends in Sexual Health and Rheumatology drug costs.

#### **4.2 Hospital and Long-Term Care £0.566m Overspend**

There is an overspend of £0.566m comprising staff costs associated with additional demands relating to patient frailty/complexity. There are also staff shortages and vacancies within Mental Health which has necessitated expenditure in relation to medical locums and nursing overtime, bank and agency spend.

#### **4.3 Family Health Services £0.489m Overspend**

There is an overspend of £0.489m which mainly comprises of staffing costs. Additional demands on the Direct Patient Care Service are causing increased locum costs. Maternity and sickness rates increased as per the SFE (Statement of Financial Entitlement) and 2c practice required additional staffing and locum cover. In addition, wound management costs in care homes are contributing to the overspend.

#### **4.4 Children Services £1.289m Underspend**

There is an underspend of £1.289m comprising staffing vacancies which have been difficult to recruit to throughout Covid and an ongoing National difficulty in recruiting health visitors. There has been a delay to the vaccine programme in schools due to Covid, which has also contributed to the underspend in this financial year.

#### **4.5 Older People Residential and Day Care £0.621m Underspend**

The underspend is mainly due to £0.408m underspend on the additional funding received for Carers Act funding, due to delays in spending. There was an underspend on staffing of £0.378m due to absence and cover costs being funded by Covid-19, offset by a reduction in income from service-users of £0.244m.

Funding for unachieved savings of £0.210m is now being included in the forecast.

#### **4.6 Homecare Services £1.243m Overspend**

The overspend in homecare mainly relates to the provision of additional critical external packages and Self Directed Support direct payments at a cost of £1.053m.

Funding for unachieved savings of £1.847m is now being included in the forecast.

#### **4.7 Nursing and Residential £2.500m Underspend**

The projected underspend is mainly due to additional income contributions from clients of £0.241m, following a significant exercise to complete and agree long-term care financial assessments. The completion of these had been delayed by Covid-19. There is also an underspend of £1.692m on payments to external suppliers for placements, which is mainly due to the year-end accrual being £1.000m less than usual due to a change in the methodology and £0.692m of external beds being identified as COVID-19 related. There was also a reduction in the bad debt provision of £0.224m.

#### **4.8 Adult Placements £1.189m Overspend**

The overspend in adult placements mainly relates to a greater number of adult packages which have been commissioned in excess of budget. Funding for unachieved savings of £2.285m is now being included in the forecast.

#### **4.9 Adult Supported Living £1.033m Underspend**

The projected underspend of £1.033m for supported living is mainly within employee costs due to vacancies across all areas. While Day Care services have been closed, some of the staff have been redeployed to cover vacancies, holidays and sickness within the group homes reducing the need to pay additional staff to provide cover.

#### **4.10 Social Care Other £2.464m Underspend**

Within Social Care Other there are underspends of £0.537m on employee costs within Fieldwork Teams and Adults Fife-Wide teams due to the non-filling of vacancies. There are further underspends of £0.522m on supplies and services,

£1.040m on external packages and Self Directed Support direct payments which offset the overspend on Homecare.

Funding for unachieved savings of £0.250m is now being included in the forecast.

## **5 Savings**

A range of savings proposals to meet the budget gap was approved by the IJB as part of the budget set in March. The total value of savings for the 2020-21 financial year is £13.759m and savings of £8.254m (56.1%) were delivered against the target during the financial year.

The value of the non-delivery of savings was reported within the Local Mobilisation Plans. As with all costs reported within the mobilisation plan, full funding has been made available by the Scottish Government.

## **6 Covid-19**

In addition to the core financial position, there is a requirement to report spend in relation to Covid-19. The actual spend to March 2021 was £26.038m, which includes funding of £6.467m for unachieved savings. These costs have been fully funded through the local mobilisation plans.

## **7 Reserves**

A reserves policy report was approved in September 2017. The Health and Social Care Partnership has not been in a position in previous years to create a reserve due to legacy overspends and budget pressures.

As a result of the size and timing of many of the funding announcements and the provisional outturn position, reserves will temporarily increase by a significant amount. This is a situation that will be replicated nationally across many IJBs. However, some of the funding has been provided for specific purposes, and in addition, the financial implications associated with COVID-19 will continue in the short and even medium term in some cases. In recognition that some of the financial challenges are likely to reach beyond the end of the financial year proposals to earmark these for use in future years is detailed in appendix 2 to this report.

The overall provisional outturn is an underspend of £7.090m for the financial year. When all additional funding is taken into consideration, there will be a one-off contribution to balances of £30.019m. However, the extent to which funding will need to be used in the next financial year could also be of a significant magnitude, with COVID-19 funding being earmarked to offset the continuing financial impacts of the pandemic and create a reserve that can be drawn down when required.

**Audrey Valente**  
Chief Finance Officer  
28 May 2021

## APPENDIX 2

## Fife H&amp;SCP – Reserves

|  | 2020-21         | 2021-22        |
|--|-----------------|----------------|
| <b>Balance at 1 April</b>                        | <b>0.000</b>    | <b>(6.896)</b> |
| <b>Budgets transferred (to)/from Reserves</b>    | <b>(30.019)</b> |                |
| <b>Estimated Balance at 31 March</b>             | <b>(30.019)</b> | <b>(6.896)</b> |
| <b>Earmarked Reserves</b>                        |                 |                |
| PCIF   |                 | 2.524          |
| Action 15  |                 | 1.349          |
| District Nurses                                  |                 | 0.030          |
| Fluenz   |                 | 0.018          |
| Alcohol and Drugs Partnerships                   |                 | 0.315          |
| Covid-19   |                 | 17.180         |
| Community Living Change Plan                     |                 | 1.339          |
| SDS  |                 | 0.368          |
| <b>Total Earmarked</b>                           |                 | <b>23.123</b>  |
| <b>Estimated Uncommitted Reserve at 31 March</b> |                 | <b>(6.896)</b> |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

|                             |   |
|-----------------------------|---|
| <b>Meeting Title:</b>       | <b>Integration Joint Board</b>                            |
| <b>Meeting Date:</b>        | <b>18 June 2021</b>                                       |
| <b>Agenda Item No:</b>      | <b>9</b>  |
| <b>Report Title:</b>        | <b>Duty of Candour Annual Report</b>                      |
| <b>Responsible Officer:</b> | <b>Lynn Barker, Associate Director of Nursing</b>         |
| <b>Report Author:</b>       | <b>Avril Sweeney, Manager – Risk Compliance,<br/>HSCP</b> |

## 1 Purpose

**This Report is presented to the Board for:**

- Awareness

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

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

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

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

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

## **2 Route to the Meeting**

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

- Fife Council Duty of Candour Working Group.
- Clinical & Care Governance Committee – 2 June 2021.

## **3 Report Summary**

### **3.1 Situation**

As part of the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act), which came into effect on 1 April 2018, each organisation is required to produce and publish an annual report detailing when and how the duty has been applied.

The report at appendix 1 is the Annual Report for the period 1 April 2019 to 31 March 2020 for Fife Council Social Care Services.

### **3.2 Background**

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 received Royal Assent on 1 April 2016 and introduced a new organisational Duty of Candour on health, care and social work services. This duty applies to almost ten thousand organisations and took effect on 1 April 2018.

The overall purpose of the duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death, or harm, as defined in the Act.

### **3.3 Assessment**

The Act requires organisations to follow a Duty of Candour procedure which includes notifying the person affected, or their family, apologising, and offering a

meeting to give an account of what happened. The procedure also requires the organisation to review each incident and offer support to those affected. This will include those who deliver care services and those who receive care services, including family members.

Fife Council established a Duty of Candour Working Group, chaired by the Chief Social Work Officer to ensure actions were taken to develop compliance with the Duty of Candour procedures. The Group worked closely with representatives from NHS Fife to ensure processes within the organisations are consistent and complementary.

All staff providing social work and social care services have received briefings on the Duty of Candour procedure and these are now incorporated into induction processes. Identified staff are also required to complete an e-learning module.

Information, guidance and access to the processes and templates is available for staff on FISH (Fife Council intranet). See appendix 2.

Organisations are required to publish an annual report detailing when the duty has been applied. This report will be considered by the Scottish Government, Healthcare Improvement Scotland and the Care Inspectorate as part of their existing arrangements for reviewing the quality of health and social care delivery in Scotland.

#### **3.3.1 Quality/ Customer Care**

Being open and transparent is part of delivering quality care.

#### **3.3.2 Workforce**

No direct workforce implications for the report, however, the Duty of Candour itself does impact on staff providing care where the Duty of Candour procedure is activated. Staff training and support is provided.

#### **3.3.3 Financial**

No direct financial implications.

#### **3.3.4 Risk/Legal/Management**

Compliance with the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.

#### **3.3.5 Equality and Diversity, including Health Inequalities**

An EqIA has not been completed and is not necessary because the implementation of Duty of Candour is a legislative requirement

#### **3.3.6 Other Impact**

No direct environmental/climate change impacts.

#### **3.3.7 Communication, Involvement, Engagement and Consultation**

Consultation has taken place with members of the Duty of Candour Working group and members of the Health and Social Care Senior Leadership Team



### 3.4 Recommendation

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

### 4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Council Duty of Candour Annual Report 2019/20

Appendix 2 – Duty of Candour Information and Processes

### 5 Implications for Fife Council

### 6 Implications for NHS Fife

### 7 Implications for Third Sector

### 8 Implications for Independent Sector

### 9 Directions Required to Fife Council, NHS Fife or Both

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

### 10 To be completed by SLT member only

|           |  |
|-----------|--|
| Lead      |  |
| Critical  |  |
| Signed Up |  |
| Informed  |  |

### Report Contact

Avril Sweeney

Manager, Risk Compliance

[Avril.sweeney@fife.gov.uk](mailto:Avril.sweeney@fife.gov.uk)

**Duty of Candour**

The new organisational duty of candour underpins the Scottish Government's commitment to openness and learning which is vital to the provision of safe, effective and person-centred health and social care. See [www.gov.scot/Topics/Health/Policy/Duty-of-Candour](http://www.gov.scot/Topics/Health/Policy/Duty-of-Candour) for details.

Fife Council has produced guidance and templates for staff to use if they consider the Duty of Candour to be applicable.

**Incident which activates the duty:**

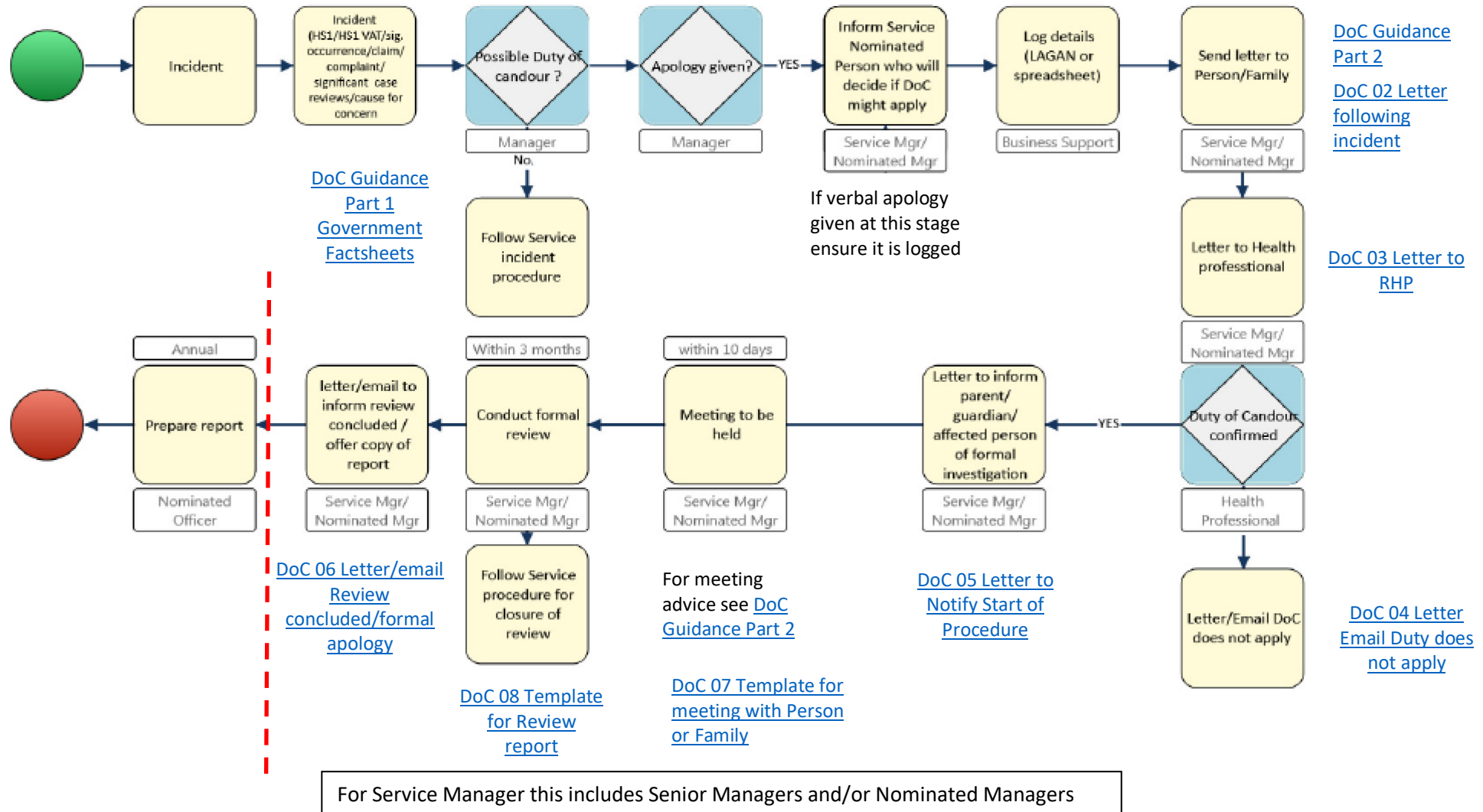
The duty of candour procedure must be carried out by the Council as soon as practicable after becoming aware that an individual who has received a care or social work service has been the subject of an unintended or unexpected incident, and in the reasonable opinion of a registered health professional has resulted in or could result in:

- death of the person
- a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions
- an increase in the person's treatment
- changes to the structure of the person's body
- the shortening of the life expectancy of the person
- an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days
- the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days
- the person requiring treatment by a registered health professional in order to prevent –
- the death of the person, or
- any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above.

**The key stages of the procedure include:**

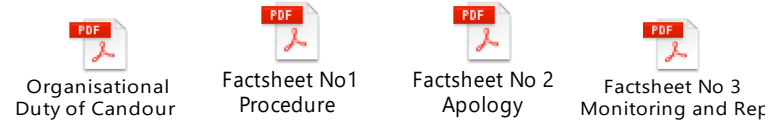
- to notify the person affected (or family/relative where appropriate)
- to provide an apology
- to carry out a review into the circumstances leading to the incident
- to offer and arrange a meeting with the person affected and/or their family, where appropriate
- to provide the person affected with an account of the incident
- to provide information about further steps taken
- to make available, or provide information about, support to persons affected by the incident
- to prepare and publish an annual report on the duty of candour

**Duty of Candour Guidance:** This flowchart outlines the Council's process, guidance and templates for staff to use



Documents to be uploaded as publications on LAGAN DoC page

Government Guidance & Factsheets



DoC 01 Guidance for staff



DoC 01 Guidance for Staff.docx

DoC 02 Letter following incident



DoC 02 Letter following Incident

DoC 03 Letter to registered Health professional



DoC 03 Letter to Registered Health Pi

DoC 04 Letter/email Duty does not apply



DoC 04 Leter Email Duty Does Not Appl

DoC 05 Notification Letter – Start of Procedure



DoC 05 Notification Letter Start of Procei

DoC 06 Letter/email to inform review concluded



Doc 06 Review Concluded

DoC 07 Template for meeting with Person or Family



DOC 7 Template for Meeting with Person

DoC 08 Template for Review report



DoC 8 Template for review report.docx

**Is there training available for staff?**

Yes, an e-learning module has been developed by NHS Education for Scotland and the Scottish Social Services Council who have allocated resources to support training and awareness. This has been adapted by Fife Council and is available by following this link

<http://socialwork.fife.gov.uk/>

**Duty of Candour – Fife Council Social Care Services Annual Report –  
1 April 2019 – 31 March 2020**

All Health and Social Care Services in Scotland have a duty of candour. This is a legal requirement which means that when unintended or unexpected events happen, that result in death or harm as defined in the Act, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. An important part of this duty is that we provide an annual report about how the duty of candour is implemented in our services. This report describes how Fife Council Social Care Services have operated the duty of candour during the time between 1 April 2019 and 31 March 2020.

**1. About Fife Council**

Fife Council is the local authority for the Fife area of Scotland and is the third largest Scottish Council, serving a population of around 367,300. Social Care Services are provided in the following areas:

- Adult and Older People Social Work or Social Care Services
- Children’s Social Work or Social Care Services
- Criminal Justice Social Work Services
- Early Learning and Child Care Services
- Child Care Services
- Very Sheltered Housing Services

The planning of Adult and Older People’s Social Care Services and Very Sheltered Housing Services, and the policy decisions relating to these services, are the responsibility of the Fife Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014. Operationally these services are delivered by the Fife Health and Social Care Partnership.

Children’s Social Work Services, Early Learning and Child Care Services and Criminal Justice Social Work Services are delivered by Fife Council’s Education and Children’s Services Directorate.

These services are identified collectively throughout this report as ‘Fife Council Social Care Services’.

Our aim is to provide high quality care and support for every person who uses our services.

**2. How many incidents happened to which the duty of candour applies?**

The legislation defines a Duty of Candour incident as an unintended or unexpected incident that results in death or harm as defined in the Act and set out in the table below.

If we believe an event may trigger Duty of Candour we must seek the views of a Registered Health Professional (RHP) to confirm that one of these “harms” has

occurred as a result of the unexpected or unintended incident, rather than as a result of the individual's illness or underlying condition.

Fife Council Social Care Services have identified a number of routes for incidents which may trigger the duty of candour, including accidents reported by staff providing services, review of significant occurrences, incidents reported through Adult or Child Protection processes, complaints, or claims received by the Council.

In 2018/19 we reported 5 incidents which may have triggered the Duty of Candour, however, we were awaiting the conclusion of investigative processes to identify whether Duty of Candour was confirmed. In all cases Duty of Candour was confirmed and cases were progressed as per the Duty of Candour procedure. There was also a further incident which had been missed from the log and this too was confirmed and progressed as a Duty of Candour incident. All incidents relating to 2018/19 are now complete.

Between 1 April 2019 and 31 March 2020, there were 10 incidents where the duty of candour applied.

| Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition) | Number of times this happened (between 1 April 2019 and 31 March 2020) |
|--|--|
| A person died  | 0  |
| A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions                     | 0  |
| A person's treatment increased   | 10   |
| The structure of a person's body changed   | 0  |
| A person's life expectancy shortened   | 0  |
| A person's sensory, motor or intellectual functions was impaired for 28 days or more                                       | 0  |
| A person experienced pain or psychological harm for 28 days or more  | 0  |
| A person needed health treatment in order to prevent them dying  | 0  |
| A person needed health treatment in order to prevent other injuries as noted above   | 0  |
| Total  | 10   |

We are also aware of 1 incident which may trigger Duty of Candour, however, we are awaiting the conclusion of investigative processes to identify whether Duty of Candour is confirmed.

In addition to following the Duty of Candour procedure, all incidents have been subject to accident reporting and investigation procedures as required by other legislation.

### **3. To what extent did Fife Council Social Care Services follow the duty of candour procedure?**

When we realised the events noted above had happened, we followed the correct procedure in all cases. This means we informed the people affected, apologised to them, and offered to meet with them. In each case, we reviewed what happened and shared our findings with the individual and/or their family unless the individual or family had specifically stated they did not wish to receive any further information.

Each duty of candour event is reviewed to understand what happened and how we might improve the care we provide in the future. The level of the review depends on the severity of the event as well as the potential for learning.

Any recommendations made are considered in terms of the need to develop improvement actions to meet the recommendations. These are then shared across the relevant service(s) and implemented by local management teams.

### **4. Information about our policies and procedures**

Fife Council has developed a process map, guidance and templates for staff to use if they become aware of an incident that triggers the duty of candour. These have been made available to all staff via the Fife Council intranet. Incidents can now be logged on the Council's LAGAN system.

Our process has been shared with colleagues in NHS Fife and a generic e-mail address within the NHS Fife clinical and care governance team is used by Fife Council Social Care Services when requesting assessment of a duty of candour event by a Registered Health Professional.

All staff providing social work and care services have received briefings on the duty of candour procedure and these are now incorporated into induction processes. Identified staff are also required to complete the e-learning module. In the first year to March 2019, 714 staff completed this module. In the second year to March 2020, a further 128 staff have completed a revised in-house e-learning module. All senior managers and those with responsibility for ensuring Duty of Candour incidents are flagged up, have completed the training or will do so as they move into relevant posts.

We know that events that trigger the duty of candour can be distressing for staff as well as the people who receive care. We have support available for staff through our line management structure as well as through the employee counselling service and trade union representatives.

### **5. What have we learned?**

This is the second year of reporting and staff are now more aware of the Duty of Candour process, however, we recognise that it is still important to continue to raise



awareness and ensure openness and transparency of communications when incidents happen.

Staff are now more aware that it is necessary to ensure all relevant background information is passed to the registered health professional to support their determination of whether an event meets the duty of candour criteria.

In Older People Residential and Day services the following improvements have been made:

- Greater understanding of the use and application of technology in helping to support service users.
- Improvements to shift handover procedures so all staff are clear on what has been done to that point.
- Recognising that it is still important to continue to support positive risk taking in terms of service users' independence and ensuring any barriers in relation to the structure or fixtures of the building are removed or suitably factored into ongoing review of risk.
- Greater use of additional inputs from other services eg psychiatry supports to help determine agitation triggers.

## **6. Other information**

This is the second year of the duty of candour being in operation and it has been a year of further learning, developing and refining our processes to ensure the organisation is equipped to deal with duty of candour outcomes in line with the legislation.

As required, we have submitted this report to the Care Inspectorate, and we have also placed it on our website.

If you would like more information about this report, please contact us using the following details:

Kathy Henwood  
Chief Social Work Officer  
Fife Council  
Rothesay House  
Rothesay Place  
Glenrothes  
KY7 5PQ



|                             |   |
|-----------------------------|---|
| <b>Meeting Title:</b>       | <b>Integration Joint Board</b>  |
| <b>Meeting Date:</b>        | <b>18 June 2021</b>   |
| <b>Agenda Item No:</b>      | <b>10</b>   |
| <b>Report Title:</b>        | <b>Commissioning Strategy</b>   |
| <b>Responsible Officer:</b> | <b>Fiona McKay, Head of Strategic Planning, Performance and Commissioning</b> |
| <b>Report Author:</b>       | <b>Fiona McKay</b>  |

## 1 Purpose

**This Report is presented to the Board for:**

- Discussion and Decision.

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

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

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

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

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

## **2 Route to the Meeting**

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

- Clinical and Care Governance Committee
- IJB Development Session
- Finance & Performance Committee

Feedback from the committee's include:

Clinical and Care Governance Committee to answer fully questions around the strategy a special meeting will be held on 16 June 2021

Finance and Performance Committee on 11 June 2021 – support the strategy.

## **3 Report Summary**

### **3.1 Situation**

The Commissioning Strategy for health and social care is linked directly to the Strategic Plan for Fife. The commissioning strategy takes forward dedicated work which will ensure that we meet the requirements set out in the plan and develop a programme of review and feedback on the proposed strategic way forward.

### **3.2 Background**

The Commissioning Strategy incorporates the National health and Wellbeing outcomes along with the core national indicators for integration. The commissioning strategy allows the health and social care partnership to focus on the work required within the next few years which will impact on our workforce, work with our partner organisations and consideration of the landscape around commissioning of services

### 3.3 Assessment

The Commissioning strategy (attached) is a fully developed document with details of planning of service provision and considering the challenges faced in respect of demography and finance, the strategy also links directly to our work in localities and ensures that future work is dedicated to these areas to allow a bottom up approach considering the voice of the service user and/or carer.

The report highlights our commissioning intentions and the key areas within the strategic plan that support to progress with pace.

#### 3.3.1 Quality/ Customer Care

Work to develop that commissioning strategy will be taken forward with particular groups of interest eg carers group, mental health groups.

#### 3.3.2 Workforce

The report highlights areas what will be progressed that will support the development of workforce planning.

#### 3.3.3 Financial

There is a financial element to the commissioning strategy that has been detailed within the report.

#### 3.3.4 Risk/Legal/Management

None identified.

#### 3.3.5 Equality and Diversity, including Health Inequalities

The commissioning strategy will incorporate the equality of service delivery but does not give detailed information on specifics once that has been determined an impact assessment will be carried out.

#### 3.3.6 Communication, Involvement, Engagement and Consultation

The commissioning strategy is part of the Strategic Planning which followed a significant engagement programme when delivered in 2019.

### 3.4 Recommendation

- Approval – Report is for discussion and approval.

## 4 List of Appendices

Appendix 1 - Commissioning Strategy for Fife

| Direction To: |                       |
|---------------|-----------------------|
| 1             | No Direction Required |

### Report Contact

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# STRATEGIC COMMISSIONING PLAN 2021 - 2023

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# Introduction

Welcome to our Strategic Commissioning Plan for Fife Health & Social Care.

This Plan sets out our commissioning intentions for 2019 to 2022.

These commissioning intentions will continue to be informed by our ongoing engagement with local people, local providers both in the private and third sector. Only by working together, can we bring about real change to improve the overall health and wellbeing of the people of Fife.

This document sets out the context in which we will develop our approach that takes account of our vision and strategic priorities.

The document sets out our action plans and recognises the need for commissioning to enable the partnership to be efficient and effective in managing reductions in available resources.

Our intention is to focus on commissioning quality services which deliver value for money.

We need a balanced care market that offers the service user choice in how, where and from whom they receive their care and support.

We will only work with providers who can clearly demonstrate a commitment to delivering good quality care and who place dignity, compassion and respect at the heart of their services.

We will aim to work with the market to develop prevention and demand management to reduce harm and avoid hospital admissions.

This plan has been developed to build on and support the Fife Health and Social Care Partnership [Strategic Plan 2019-2022](#) which highlights 5 priority areas for Fife, which are:

## PRIORITY 1

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

## PRIORITY 2

- Promoting mental health and wellbeing.

## PRIORITY 3

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

## PRIORITY 4

- Living well with long term conditions.

## PRIORITY 5

- Managing resources effectively while delivering quality outcomes.

## Partnership Working

This is our opportunity to work with our partners to enable the people of Fife to live independent and healthier lives.

We know that the needs of people are best represented by the people who use and need services and by those who provide H&SC services in our communities, and by individuals or groups who share a common interest. We will develop our approach to commissioning alongside our localities. This will be an evolving approach and it will be critical to ensure we continue to build meaningful effective engagement with the third sector and Citizens of Fife.

Fife Health and Social Care Partnership wish to stimulate a diverse market which offers good quality care as standard and a real choice for the person. To achieve this

- We will focus on commissioning quality services which deliver value for money
- We want a balanced care market that offers the service user choice in how, where and from whom they receive their care and support
- We want to enable independence so that people avoid expensive specialist, residential and nursing care and health services for as long as possible
- We will only work with providers who can clearly demonstrate a commitment to delivering good quality care and who place dignity, compassion and respect at the heart of their services

- We will aim to work with the providers to develop prevention and demand management to reduce harm and avoid hospital admissions

Those that work proactively to quality assure their services and are able to evidence the positive outcomes for service users

- Those that want to work in partnership with all agencies across the region to continuously improve service provision
- Those that are delivering improved value for money and added value whilst avoiding sacrificing quality of care
- Those that proactively listen to service users views when improving service delivery
- Those that work to develop and train their workforce to deliver the above
- Those embed a culture of dignity and respect into services.



We have a range of national and local performance measures within health and social care that allows us to measure how well we are doing against national and local targets

### **National Health and Wellbeing Outcomes**

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



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

#### **The 9 National Outcomes are:**

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

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

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

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

# Fife Overview

## Demographic Context Population and Projections

Fife, with a population of 371,410 (2017 National Records of Scotland), has the 3rd highest population of all 31 Health & Social Care Partnerships in Scotland, which is 6.8% of the population of Scotland. It comprises:

- 64,333 (17.3%) children aged 0-15
- 232,485 (62.6%) adults aged 16-64 and
- 74,592 (20.1%) older people aged 65 and over.

Between 1997 and 2017, the population of Fife increased by 7.2%, the 14th highest percentage change of the 31 Partnerships in Scotland. The population is expected to continue to increase over the next few years and beyond. Estimates of population growth between 2016 and 2026 indicate an overall increase of just over 7,500 people (1.9%), which compares to a projected increase of 3.2% for Scotland as a whole.

It is estimated that by 2026 in Fife the 75 and over age group is projected to see the largest percentage increase of 35.1% compared to 2017 and a large percentage decrease of -6.9% for the 16-24 age group.

## Households Projections

Between 2016 and 2026, the number of households in Fife is projected to increase from 165,833 to 173,678. This is a 4.7% increase, which compares to a projected increase of 6.4% for Scotland as a whole.

Fife is projected to have the 3rd highest number of households in 2026 of all 31 Partnerships in Scotland

## Life Expectancy

Life expectancy in Fife is lower than across Scotland as a whole for females but higher than Scotland for males. Both female and male residents of Fife are estimated to have less years of healthy life than the Scottish averages.

2015-17 life expectancy for a Fife male is 77.2 years compared to 77.0 years for a Scottish male – a difference of +0.2 years. For females this is 80.8 years compared to 81.1 years – a difference of -0.3 years.

According to the most recent data available, Fife males would be expected to have 62.3 years of healthy life and Fife females would be expected to have 61.9 years.

Increases in life expectancy have recently stalled with decreases observed in male and female life expectancy in Fife, as well as Scotland, from 2013-15 through to 2015-17.

## Poverty and Deprivation<sup>1</sup>

The way deprivation is measured in Scotland is by dividing the Scottish population into fifths (Quintiles) according to level of deprivation. Quintile 1 is the 20% most deprived section of the population, so Fife overall, which has 19% living in Quintile 1, has a similar overall level of deprivation to Scotland. But there are important and large variations within Fife. For example, 44% of the Levenmouth Locality population lives within Quintile 1 compared to 1% of the North East Fife population. Although we generally look at multiple types of deprivation together when considering need, there are some areas where overall deprivation is low but access to services (defined as travel time to key services) is a particular issue. For example, this applies to 32% of the North East Fife Locality population and 30% of the South West Fife Locality population. (SIMD 2016). In addition: • 12.2% of Fife's population is classed as income deprived (using a range of indicators such as people receiving Income Support, Jobseeker's Allowance, Guaranteed Pension Credits etc), which is the same as the Scotland percentage. There are differences between different areas in Fife with percentages as high as 19% in Levenmouth compared to 6.6% in North East Fife. • 10.9% of Fife's working age population is classed as employment deprived, compared to 10.6% for Scotland. This

ranges from 5.5% in North East Fife to 15.8% in Cowdenbeath and 17.2% in Levenmouth. • 18% of Fife's population is classed as access deprived. This is as high as 32% in North East Fife and 30% in South West Fife. • 15% of Fife's population is classed as health deprived. This is as high as 37% in Levenmouth. • In some parts of Fife 42% of dependent children are in low income families.

## Carer Information

A carer is anyone, of any age, who provides, or intends to provide, care for another person on an unpaid basis.

Scotland's Census 2011 reported that in Fife there are 34,8285 unpaid carers. We know there are a considerable number of 'hidden' carers, often people who do not define themselves as a carer. Nearly half of all carers in Fife spend over 20 hours a week providing unpaid care. And we can reasonably forecast this number will increase as a result of a number of factors:

- An ageing population – advances in medicine and care mean more people are living longer than ever before.
- The increase in complex health and social care needs means more carers are spending a greater proportion of their time in caring roles.
- Pressures on personal finances and benefits means young adult carers will need to be economically active as well as carry out a caring role.

<sup>1</sup> For more information on SIMD:  
<https://www2.gov.scot/Resource/0050/00504766.pdf>

# Financial and Resources

## Financial Framework

The financial position for public services continues to be challenging and the 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. To support this the IJB has developed a Medium Term Financial Outlook which provides an opportunity for the IJB to plan based on the totality of resources across the health and care system to meet the needs of the local people and support delivery of the Strategic Plan for 2019 to 2022.

The Medium Term Financial Outlook estimates a financial gap which will require to be met from savings. This document The Medium Term Financial Outlook highlights a number of financial pressures which contribute to this financial gap and more detail on these can be found within the Medium Term Financial Outlook.

The Medium Term Financial Outlook identifies a number of measures which will be required to address the financial challenge. These include:

- Requirement to compile a robust Transformation Programme which will seek to deliver more efficient methods of service delivery which focus on outcomes and the needs of patients and service users.
- The requirement to develop and successfully implement a Digital Strategy to deliver efficiency to meet the financial gap and support new models of care for more people to live longer in their own homes. Fife Council have approved £0.5m annually from their Capital budget to invest in digital for the next three years to support transition with a review in funding agreed in 3 years.
- Requirement to create Innovative new models of service which support people to live longer in their own homes and communities, with less reliance on hospital and residential care.
- Continue the programme of work to reduce and ultimately eliminate delayed discharges.
- Develop a service model which is focused on prevention and early intervention, promoting community-based supports over residential setting.

# Fife Integration Joint Board Medium Term Financial Strategy 2021-2024

The three-year financial strategy sets out the forecast income and expenditure for the Integration Joint Board (IJB). Whilst the funding levels contained in this budget have only been set for one year (2021-22) we have based future projections on historic trends and planning assumptions on advice from our key partners.

## Additional Funding 2021-22

### Fife Council

In the February 2021 Budget announcement, the Scottish Government confirmed it was making available additional funding of £72.6 million in 2021-22 for local authorities for investment in social care and integration. This takes the total funding transferred from the health portfolio to

£883m in 2021-22. The additional funding will support continued delivery of the living wage (£34 million), uprating of free personal nursing care payments (£10.1 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£28.5 million). This funding is additional and not substitutional to recurring budgets for delegated adult social care services. Fife share of the £72.7m is £5.095m.

There was a 1% increase in the settlement for 2021-22 and this has been passported on to the Health and Social Care Partnership. An increase of £1.778m has therefore been included in the budget model.

SG also recognised that the newly revised strategy to support people with autism requires additional investment and therefore £0.100m was provided in the Settlement specifically for this purpose.

This brings the total funding to £6.973m

### NHS Fife

NHS Fife, as per all territorial boards, was awarded an uplift of 1.5%. In addition to this, Fife being one of the boards furthest from NRAC parity (National Resource Allocation Committee) received a share of £30.2m (£1.9m). The letter from the Scottish Government suggested that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets. This would require that an uplift of £3.555m is available for the Fife Health and Social Care Partnership. Further to this, £1.500m increase in funding will be included, on the basis that uplifts from prior years should have encompassed total recurring budgets. Free Style Libre has also been partly funded and an agreed £0.540m has been passported to the Health and Social Care

Partnership. These figures have been included within the budget model for 2021-22.

Funding of £111.1m will be allocated to a range of partners for Mental Health and CAMHS. As part of this, £15m will be provided to support the continued establishment of Community Mental Health and Wellbeing Services. Services could be expanded if the funding is received in year.

This brings the total funding to £5.540m

## 2021-22 Budget Pressures

### **Inflation**

Inflationary costs are at levels of £12.924m in 2021-22. These inflationary costs are mainly pay related. However, uplifts in relation to prescribing and external care providers have also been assumed.

Commissioning and legislative requirements and additional pressures to fund the uplift in the Living Wage and the National Care Home Contract Rate (NCHC rate) are included. The NCHC rate is negotiated nationally via the cost of care calculator by Convention of Scottish Local Authorities (COSLA), Chartered Institute of Public Finance and Accountancy (CIPFA) and external care providers. Latest draft figures of 3% increase are currently included within the budget model.

### **Pay Awards**

A public sector pay policy was announced as part of the Scottish Governments Budget on 28th January. This sets out a clear policy for

pay across the public sector in Scotland. It should be noted that the local government pay settlement is agreed in separate negotiations between COSLA and trade unions which have not yet been concluded. In addition, the Agenda for Change pay settlement and further pay negotiations are not included for NHS.

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

### **Third Party Payments**

An uplift of 2.2% for the Real Living wage has been included, the uplift relates to the wage element of the contracted hourly rate. It is assumed if agreement is reached to uplift the full contracted hourly rate and not only the pay elements, then further funding will be provided by Scottish Government.

4% uplift has been included for prescribing costs.

### **CRES**

These were approved last financial year but on the basis that they were non-recurring for one year only. To ensure appropriate governance arrangements are in place these are presented again for approval, however £4.804m can now be delivered on a recurring basis.

### **Unachieved Savings 2020-21**

Savings in 2020-21 which were delayed as a direct result of COVID-19 were fully funded in year by Scottish Government. These savings

were part of the plan to meet the budget gap in 2020-21 and therefore are included in the cost of continuing and expected to be met in 2021-22. The impact of COVID-19 continuing to delay these savings is unknown. Should they not be met in year, a recovery plan will be actioned, the pressures will be reported in the Local Mobilisation Plan as per 2020-21, and COVID-19 reserves utilised if available.

### **Demographics**

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

### **Set Aside**

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

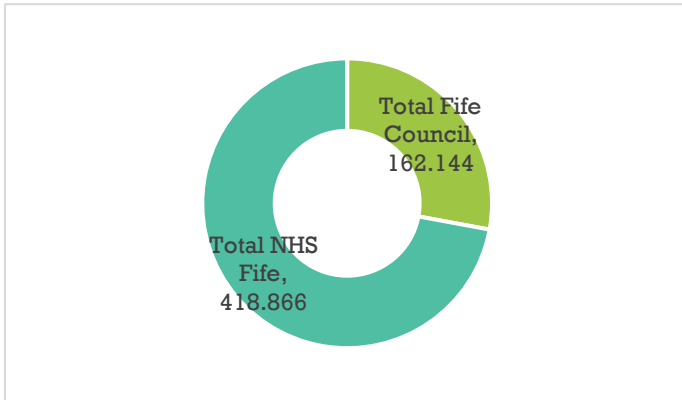
*“Delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.”*

Within Fife the set aside budget is overspent by £2.435m as at January 2021. Given the current sustainability issues, significant work is required to provide a level of assurance that improvements can be delivered prior to any transfer. A whole system approach has already commenced and will continue to develop further during 2021-22. The Chief Officer will make arrangements to start discussions with Partners early in the new financial year.



## 2020-21 Financial Position

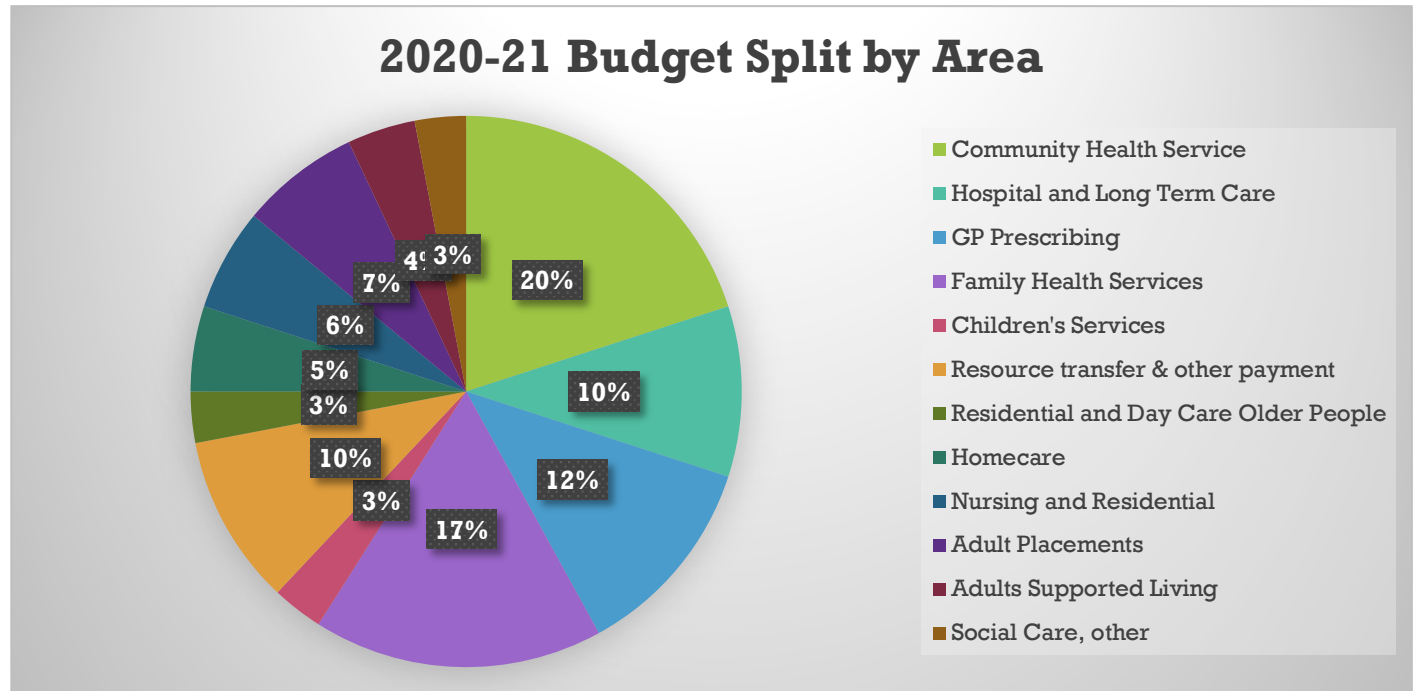
The total spend available to the Health and Social Care Partnership is £581m split as follows:



The 2020-21 budget was based on breaking even across the Partnership after savings and investments were approved. As at 30 November the projected overspend for the Health and Social Care Partnership was £5.158m. This overspend is mostly attributable to the non-achievement of agreed savings proposals as a direct result of COVID-19, savings agreed were £13.759m and circa £7m of this agreed amount is projected to be un-achieved.

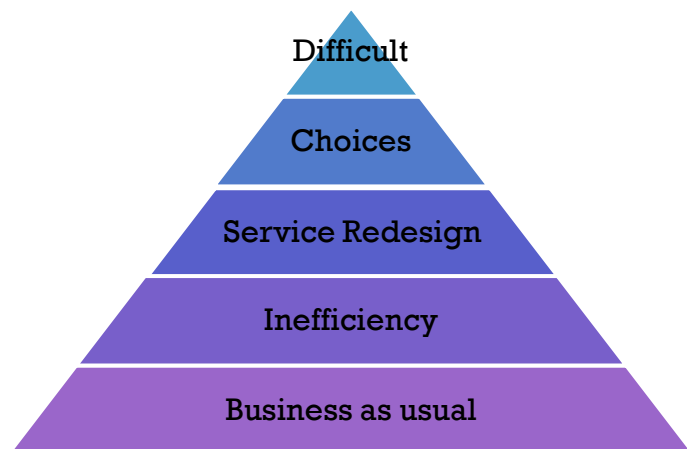
The November position also includes recovery actions of circa £0.700m relating to additional income for long term financial assessments in Older People Nursing & Residential and £0.383m to refunds from clients who hold reserves in excess of 8 weeks funding.

An update to the November position is that Scottish Government have fully funded the non-achievement of savings and therefore has a positive movement of £7m. It is therefore likely that the projected outturn will be an underspend of circa £3m.



## Decision Making

To support robust decision making and due governance to progress financial sustainability there needs to be a distinction in change being proposed ranging across the spectrum of business as usual, Service Redesign, Transformational change and making difficult decisions.



**Business as Usual:** Financial Governance underpins this strategy. In respect of most of our services we need to ensure that patients/service users receive the appropriate care based on their assessed need within available budget. Therefore, budgets and expenditure are managed through robust financial management supporting budget control across all services and all levels of the organisation to achieve an overall year end balanced position.

**Efficiency:** We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

**Service Redesign:** Maximising opportunities to redesign services to enable modern sustainable services. Digital and technology enabled solutions will be key to increasing

efficiency and improve outcomes for people in a sustainable manner. Reviewing structures and processes will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

**Transformational Change:** Involves alternative models of care in line with the ambitions of the Health and Social Care Strategic Plan 2019-2022. Transformation requires us to think and plan services differently to deliver safe and sustainable services in the future, taking into account demographic growth and increasing long term conditions. Prevention and early intervention are critical to promote healthy and independent living working with communities through locality plans to build resilience and support self-care and carers. Technology will be an enabler to supporting independence.

**Difficult Choices:** Should the measures above not achieve financial sustainability at the required pace, then consideration will need to be given to making difficult choices. This will be the hardest to achieve as there might be a potential requirement for us to decommission current services that are not a main priority of the Strategic Plan. Therefore, the focus will be on efficiency, redesign and transformation to ensure that we are delivering the right services at the right time to the right people in the right place to best meet their needs with robust governance arrangements to monitor this.

## Localities

An important part of Fife Health & Social Care Integration is the creation of Localities, bringing decision making about Health & 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.

In Fife we have established seven locality areas which align with Area Committees and Community Planning boundaries. The localities provide a focus for integrated local planning and service delivery of health and social services that is more responsive to local needs.

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

- Area Profiles – both national and local data and statistics.
- Experience and knowledge of people who use services and staff working in the localities who attended engagement and subsequent locality meeting/events across the seven localities.



Done by the **individual**, a carer, an independent broker, a staff member or a combination of these. Use of Self-Directed Support is to ensure individuals have the tools to identify and access the right services; to do so safely, cost effectively and sustainably and to monitor the effectiveness of services in meeting outcomes.



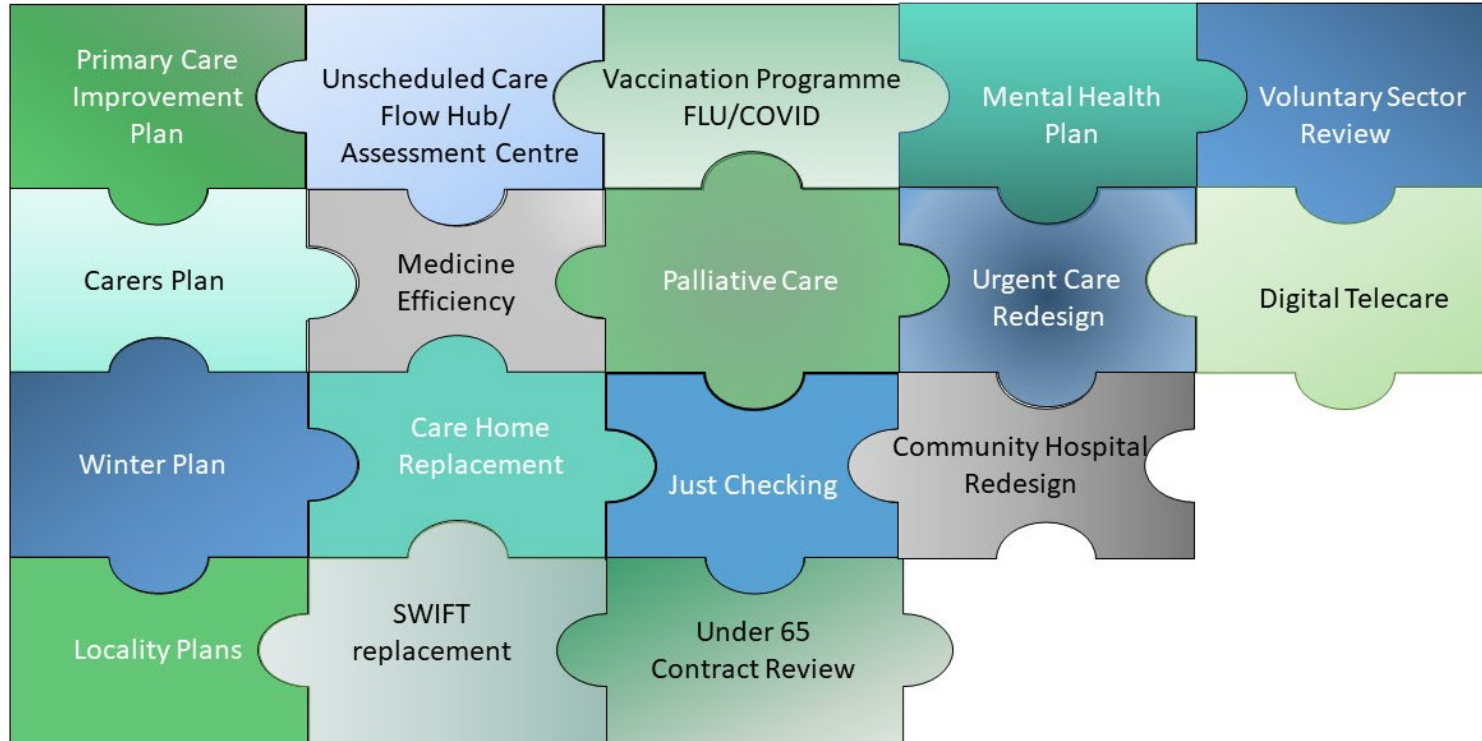
**Strategic Commissioning** takes place over longer time frames. It is also expected that Strategic commissioning will set the framework and standards for commissioning activity at other levels.

**Local place** shaping and capacity building - move to a model where services are available for people to access without coming to the Partnership, but the Partnership does have a role in supporting these types of services to grow and evolve. e/community engagement - generating a richer picture of needs, desired outcomes, local quality and gaps. This could be directly or through community leaders, strengthening the role as an influencer and generating further connectivity across localities.

**Commissioning** is a process to determine how to best use available resources on the basis of needs analysis, evaluating existing services, past performance and notable practice elsewhere.

## Our Current Work

Detailed below is a number of initiatives and strategies currently underway.



## Developing the Commissioning Intentions

The Health and Social Care Partnership have a duty to live within their means and will need to deliver efficiency savings within the commissioning plan to achieve financial control.

The current levels of funding, coupled with the continued rising demand on services means, like other partnerships across the Country, the Partnership are struggling to manage a balanced financial plan. To mitigate this risk, the Partnership have several Boards in place to ensure financial monitoring on weekly basis. Change Plans have been developed which will consider the medium-term financial outlook.

### Commissioning and Procurement

Strategic Commissioning is the term used for all activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, and working in partnership to put these in place.



Outcome of the Independent Review of Adult Social Care in Scotland – Commissioning for Public good.

The following recommendations should be considered as we move forward with service redesign in Scotland Commissioning should become increasingly transparent in relation to how people’s rights have been taken into account and eligibility criteria applied, and local plans should include a method statement and commitment describing how organisations and individuals will be and have been involved and respected in the process.

**Recommendations we have identified a range of changes needed in commissioning and procurement practices:**

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

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.

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.

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.

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.

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.

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.

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.

Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.

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.

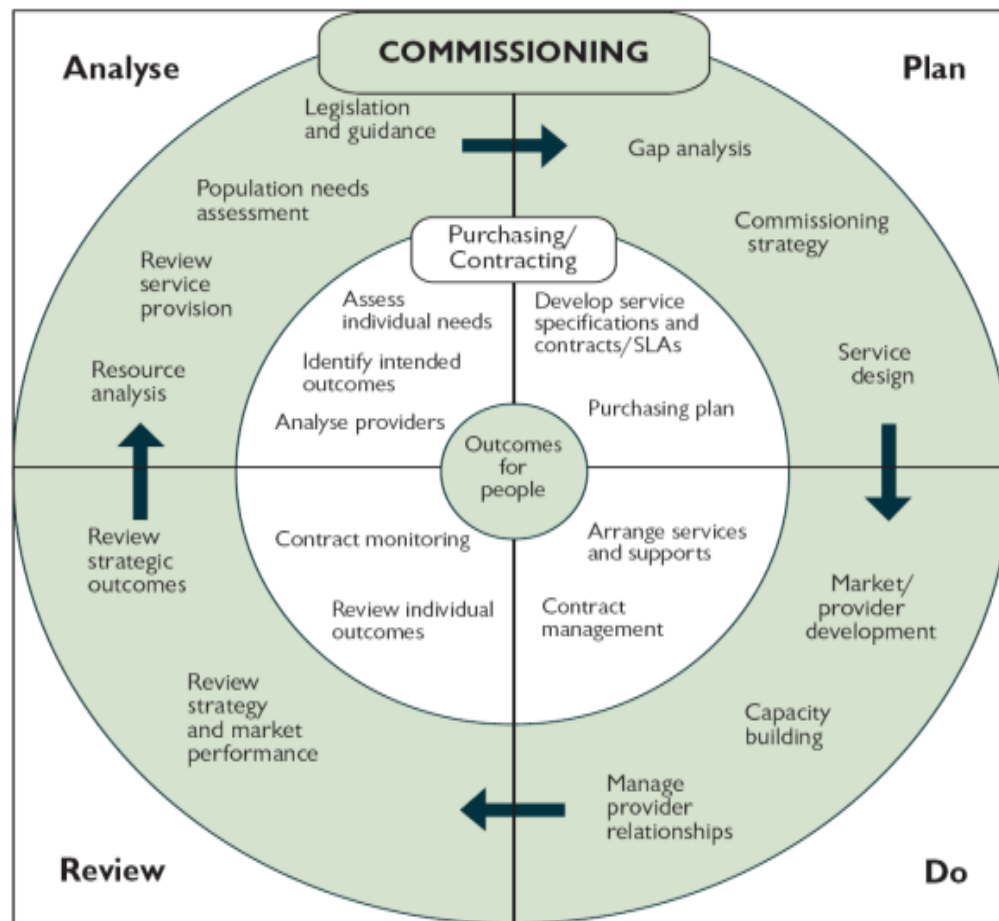


## Commissioning Cycle

While there are many models of commissioning and purchasing available, they all fundamentally break down into four key areas (illustrated below):

- **analyse** – understand the values and purpose of the agencies involved, the needs they must address and the environment in which they operate
- **plan** – identify the gaps between what is needed and what is available, and decide how these gaps will be addressed
- **do** – secure services and ensure they are delivered as planned
- **review** – monitor the impact of services and ensure any future commissioning activities take the findings of this review into account.

Importantly, commissioning and procurement are closely linked, and the commissioning activities highlighted in the outer circle below must inform the ongoing development of procurement activities (as illustrated in the inner circle)



## Market Forces

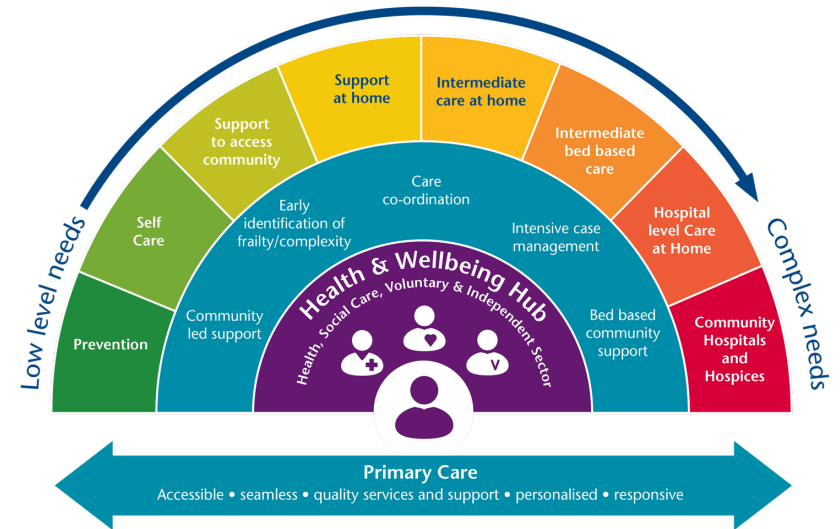
Work is underway with Care at Home Providers and Care Home providers supported by Scottish Care to identify the challenges providers are facing and consideration of options to support the workforce which is a key area for the sector.

Within the Pathways of care illustrated, the partnership is keen to keep people at home for as long as possible with support and when people who are complex are admitted to hospital when they are clinically safe to return home this is completed in a person-centred way.

## Best Value

Within the Best Value Framework, the key areas which have been agreed link with the commissioning plan, these are:

- Management of Resources
- Effective Leadership and Strategic Direction
- Performance Management
- Joint Working with Partners
- Service Review/Continuous Improvement
- Governance and accountability
- Engagement with community.



## How will we deliver our Commissioning Intentions?

The Integration Joint Board in their Strategic Plan consider 6 areas to focus on (although this is not exclusive to any redesign following Covid) but these areas are significant to the success of the partnership to ensure that people have services that are in the right place, at the right time and delivery the right outcomes for the people of Fife.

While we recognise that there will be transformational change the commissioning of services in particular within social care is a priority of the Partnership to ensure that we redress the balance of care and focus our attention of home and homely settings, supporting people to enjoy their lives in a safe environment and also support carers in the communities that they live, to this end we will redesign some of these services in partnership with our independent and voluntary sector.

### Fife's Ambitions

|  |  |  |
|--|--|--|
| <p><b>Care and Support at Home</b></p> <p>We want to have a responsive care at home service that is available at the right time, in the right place and meeting people receiving service's needs.</p>  | <p><b>Residential Care</b></p> <p>We want to work with our Partners and provide good quality care homes for the people of Fife when they need it.</p>  | <p><b>Day Support and Activities</b></p> <p>Support for people to have meaningful activities to allow them to live in the community and enjoy activities tailored to their individual needs.</p>   |
| <p><b>Mental Health</b></p> <p>We will support the five commitments set out in the mental health strategy that supports people with mental health concerns. We will also work to ensure people in long stay hospital return to the community if appropriate.</p> | <p><b>Prevention and Early Intervention</b></p> <p>The development of Localities identified a number of areas that support people to live safely at home and also avoid unnecessary access to formal services.</p> | <p><b>Carers Support</b></p> <p>Carers support in Fife will be class leading, highly regarded and well resourced. Unpaid carers will have access to the widest possible range of advice and support, on a universal basis, to enable them to live a happy and fulfilling life alongside their caring role.</p> |

# Care and Support at Home

We want to have a responsive care at home service that is available at the right time, in the right place and meeting people receiving services needs

**What we intend to do:**

- Consider models of care at home and pilot different forms that will reduce the need for hospital admissions and reduce the need for long term care in a care establishment.
- Develop the care at home model for delivery of “homefirst” to facilitate hospital discharges.
- Develop alternative models of support for overnight care that allow people to remain at home.
- Revised model of care and support for End of Life care.
- We will review the care at home support within the Partnership and consider with our partners what the future will look like in respect of the care and support we deliver.
- We will consider the current care at home contract and consider technological to support the programme including “just checking” and “just roaming”.
- Further to this we need to consider the significant role our external partners play alongside our inhouse provision.
- We need to consider the START model and how this can be rolled out to all areas of the service to insure an enablement approach.



# Residential/Nursing Care

We want to work with our Partners and provide good quality care in residential and nursing homes for the people of Fife when they need it.

## What we intend to do:

- Reduce the frequency of residential/Nursing care home placements.
- Develop a framework for care home placements for adults.
- Further develop the intermediate care home model for “Step-Up” and “Step-Down” care home placements to support people who require higher support when in crisis or when discharged from hospital.
- We recognise that residential/nursing care has had sharp focus on their services through Covid we will continue to support and work with providers through Scottish Care to redesign some of the care facilities available.
- We need to continue our work with Scottish Care as partners and consider the National Care Contract and how we can use this to provide different models of support for people



# Day Support and Activities



Support for people to have meaningful activities and support people

## **What we intend to do:**

- Stimulate more community based and volunteer run models of services including the use of befrienders in different settings to reduce social isolation.
- Review day support services in Fife Wide Division (Adults Services) for building-based day care.
- We wish to extend our bureau which consider short breaks and activities.
- Day support has been suspended throughout Covid and this has identified that day support is often linked to support carers which is important to give people a break and to provide meaningful activities for people seeking support We therefore will review the kinds of support we currently provide or is provided by our partners; we also want to focus on the opportunity to maximise the potential of people across Fife.

# Mental Health

**We will support the five commitments set out in the mental health strategy that supports people with mental health concerns. We will also work to ensure people in long stay hospital return to the community if appropriate.**

**What we intend to do:**

- Take forward actions from the refreshed Mental Health Strategy, which may include reviewing services currently commissioned via contractual arrangements or service level agreements to ensure delivery of key national and local targets that provide good outcomes;
- Ensure on-going improvements in quality of care for people who experience mental health issues in order to secure good mental wellbeing outcomes for the population of Fife.
- We will take forward a programme for people who have been in long stay hospital and support them to return to the community in a setting of their choice.



# Prevention and Early Intervention



We are committed to working with all our partners to improve the overall health and wellbeing of the population of Fife. We will continue to promote positive health and wellbeing, early intervention, prevention approaches. This includes promoting mental wellbeing from birth and continuing to work on the key drivers that contribute to poor health outcomes in Fife – alcohol, drugs, healthy weight through diet and physical activity and tobacco. We also want to continue to ensure that people get the right advice and support to maintain independence and minimise when people engage with services at a point of crisis in their life.

The partnership recognises the realities of need for continual improvement and alignment of third sector commissioned services with the Health & Social Care Strategic Plan 2019 - 2022 and associated strategies. This includes service level agreement options and opportunities for partnership working at a locality level to Improve Quality and Best Value services for the people of Fife.

This will include alignment with health and social care locality planning arrangements to ensure they integrate with other services in the community so that resources can be targeted at those most in need, ensuring that Fife achieves collective best quality and best value from available resources.



**To achieve this:**

- We will aim to work with the voluntary and independent care providers to develop services that support people to remain at home and within their own community;
- Each locality will establish an integrated participation and engagement approach taking into consideration local requirements. The approach taken in each locality will be laid out in their respective Locality Plans.

**What we intend to do:**

- Develop Help to Stay at Home service to reduce demand on statutory services and avoid unnecessary admission to hospital.
- Working with our Partners we will consider the impact of the use of equipment including Telecare and Telehealth with a view to enabling more people to remain independent for longer.
- Our approach to supporting unpaid carers will place an emphasis on early identification of carers and supporting them to plan ahead for the unexpected, aiding them to avoid crisis or when it happens, lessening its impact. We will continue to commission support that helps unpaid carers to assess their own needs for support, how these can be met from their own personal assets and what they need to have in place in the event of an emergency.
- We will further develop “the Wells” and ensure that they are supported help people seeking advice and queries to avoid unnecessary
- We will review and re-imagine the voluntary sector to ensure that the services they can deliver following Covid are still suitable for people.

# Carers Support

Fife Health and Social Care Partnership has a long-standing commitment to investing in support for carers that makes a difference to their caring experience. Unpaid adult carers play a major role in our communities and contribute huge value in both financial terms and in fostering strong communities. We are still working through the overall cost implications for implementing the Act, including specifically the waiving of charges to support carers, but also for absorbing the cost of new and existing services.

We are ambitious in supporting carers and this will continue. However, our ambition has to be matched by the scale of resources made available to us by the Scottish Government. We recognise the many demands for finite financial resources including the need to absorb the costs of Carers Information Strategy projects within the allocation made available.

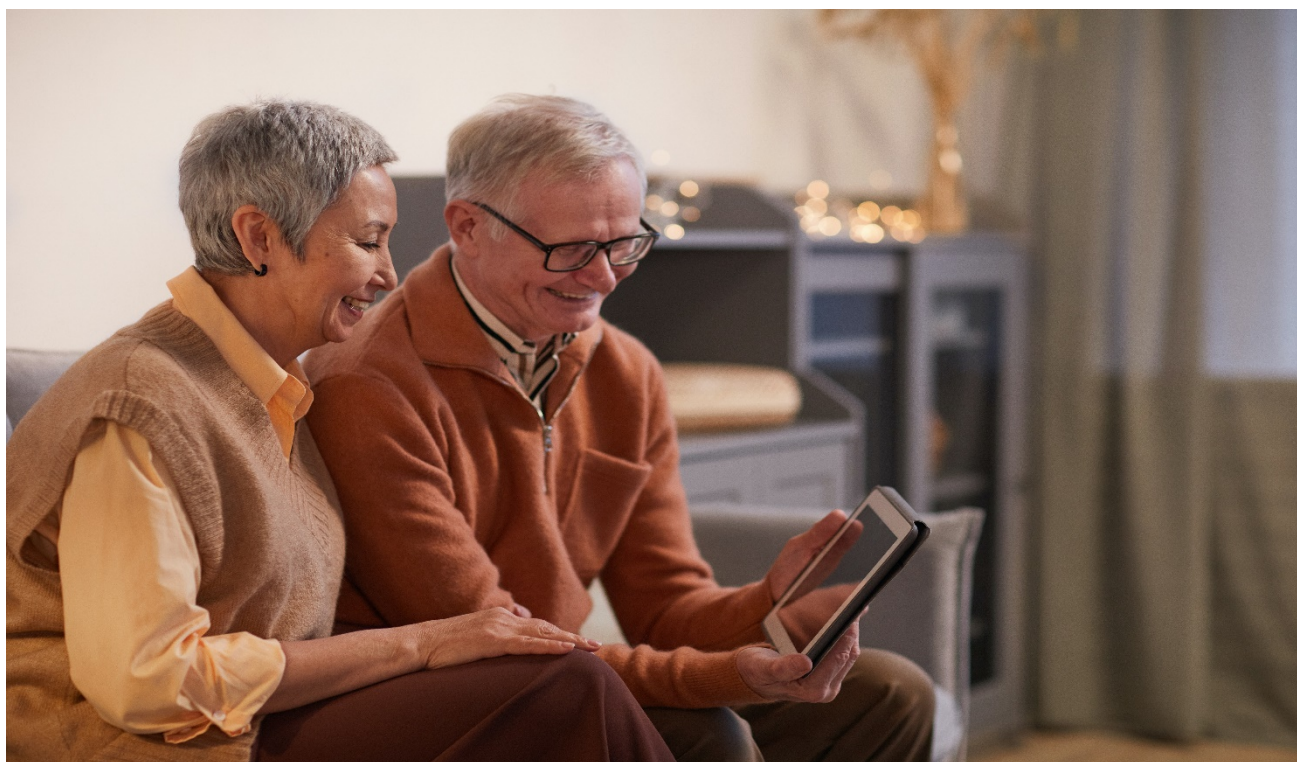
## **What we intend to do:**

- We will monitor providers of grant funded support and consider the delivery against the Carers Strategy Outcomes
- Further development of short breaks for carers who require support to maintain their caring role.
- We will review the respite and day support for not the service user but also for their carers in line with legislation.

## **Subject to additional funding from the Scottish Government we will:**

- Commission a new in-house specialist carer support team to work with those carers in greatest need of support to maintain their unpaid caring role while balancing other aspects of their life that are important to them
- Continue to build the capacity of the voluntary sector by investing to create additional capacity to support non-critical adult carers.
- Invest and commission a new support offering for unpaid carers to help them access the most appropriate technology to support them to be connected with others and have access to support for their caring, well-being, social and educational needs.
- Commission a range of additional support for young carers and young adult carers to aid them in their transition to adulthood whilst balancing the other aspects of their life that are important to them.
- Commission a family support service to provide a specialist intervention to reduce the caring burden for young carers and enable them to focus more on their education and life as a child or young person
- Develop a range of supports to provide better access to short breaks for unpaid carers, including access to SDS budgets for those in greatest need whose needs for support cannot be met through the multitude of universal supports already in place and newly commissioned.

- Invest and commission further support to help carers be fully involved in the discharge from hospital conversation for the person they care for. As well as building on the successful support already in place, we will commission a new support for carers of people with incapacity whose role will be to work proactively with carers to reduce the potential to get 'stuck in the system' of discharge when capacity has become a more complex issue.
- Make available a Carers Community Chest fund in each of the seven localities in Fife, with a focus on supporting 5 new projects each year in each locality led by carers for carers. This will be the first-time carers will be at the centre of commissioning the support they need for their localities.
- Build on the range of specialist supports for carers (dementia, sensory impairment, mental health) by commissioning a support specifically to support carers of people living with autism and/or learning difficulties.





|                             |  |
|-----------------------------|--|
| <b>Meeting Title:</b>       | <b>Integration Joint Board</b>                             |
| <b>Meeting Date:</b>        | <b>18 June 2021</b>  |
| <b>Agenda Item No:</b>      | <b>11</b>  |
| <b>Report Title:</b>        | <b>New Carers Act Investment 2021/22</b>                   |
| <b>Responsible Officer:</b> | <b>Fiona McKay, Divisional General Manager</b>             |
| <b>Report Author:</b>       | <b>Scott C Fissenden, Change &amp; Improvement Manager</b> |

## **1 Purpose**

**This Report is presented to the Board for:**

- Decision

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

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

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

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

## **2 Route to the Meeting**

This 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.

- Joint Adult and Young Carer Strategy Groups - 22 January 2021.

- Finance and Performance Committee - 11 June 2021 – commented and supported the paper.

### 3 Report Summary

#### 3.1 Situation

Unpaid carers play a significant role in supporting the most vulnerable people in our communities and their contribution has been even more needed and impactful during the Covid-19 pandemic. It is clear from the last year without opportunities for respite and access to practical support that unpaid carers need support to continue to lift the burden from the statutory sector. This paper offers a range of opportunities to invest in carers' support based on what carers and the professionals who help them have told us they want and need to make their caring role sustainable. The options presented meet the obligations laid down in the Carers Act, support the delivery of the HSCP strategic plan and deliver on the outcomes committed to in the Carers strategies.

#### 3.2 Background

The Carers (Scotland) Act 2016 was introduced in April 2018. Since then the Scottish Government has increased the funding baseline intended to be used to support local authorities to meet the Duties laid down in the Act. This year the Cabinet Secretary for Health & Sport wrote to chief officers stating “... *the funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets*” and, “*aimed to deliver significant expansion in local carer support so that funding for carers services and support in 2021-22*”.

The options presented in this paper at appendix A add to the baseline of support agreed in previous years to support unpaid carers.

These new options are presented for consideration and agreement. Appendix B provides information about the largest of the options, namely investment in self-directed support for carers in their own right. Appendix C is the statement of scoring rationale for each of the proposals in appendix A presented for consideration and decision.

#### 3.3 Assessment

##### 3.3.1 Quality/ Customer Care

The options presented will each be subject to a set of measures of performance which will include, as a minimum, impact measures on carers experience. These will be reported on an annual basis through monitoring report by commissioned organisations.

The measures of performance will include quality of life indicators for individuals benefitting from the support and measures of the increase in capacity for organisations which will show the expansion of the scope and scale of the support available to unpaid carers.

##### 3.3.2 Workforce

This investment supports the HSCP strategic plan and contributes to achieve the workforce development priorities for the partnership including specifically changing the cultural norms to ensure support for carers is seen as a core element for the Partnership.

### **3.3.3 Financial**

The investment options presented here for decision total £1.592M. These can be fully funded through the additional income received from the Scottish Government which is expected to be used to deliver significant expansion in local carer support in addition to the investments made in previous years.

### **3.3.4 Risk/Legal/Management**

The investment options within this paper address the Duties contained within the Carers (Scotland) Act 2016. In addition, the investment supports other key Duties of the HSCP such as the Social Care (Self-Directed Support) (Scotland) Act 2013. Failure to deliver the expected significant expansion in local carer support may as expected by the Scottish Government may present a risk to future funding, as well as political and reputational harm.

### **3.3.5 Equality and Diversity, including Health Inequalities**

An impact assessment has not been completed because the support available to carers is universal. Various specific supports have previously been invested in to ensure underrepresented persons have equity of access to the support they need. These include people with physical and/or mental disability, specifically sensory impairment, dementia and other cognitive impairments. Additionally, Fife HSCP has commissioned Fife Carers Centre who employ a Carers Support Worker specifically to focus on Equalities.

### **3.3.6 Other Impact**

None specific.

### **3.3.7 Communication, Involvement, Engagement and Consultation**

- Widespread consultation with unpaid carers and professional who support them in spring 2018 resulting in the support outcomes noted in the Carers Strategy.
- Joint Adult and Young Carer Strategy Groups, 22 January 2021 at which these proposals received universal support and endorsement.

## **3.4 Recommendation**

- **Decision**

## **4 List of Appendices**

The following appendices are included with this report:

- Appendix A – For decision - Proposal for new investment to support unpaid carers in 2021/22
- Appendix B – For information only – SDS for carers.
- Appendix C – Rationale for scoring and strategic alignment

## **5 Implications for Fife Council**

## **6 Implications for NHS Fife**

**7 Implications for Third Sector**

**8 Implications for Independent Sector**

**9 Directions Required to Fife Council, NHS Fife or Both**

| <b>Direction To:</b> |                                    |  |
|----------------------|------------------------------------|--|
| <b>1</b>             | <b>No Direction Required</b>       |  |
| <b>2</b>             | <b>Fife Council</b>                |  |
| <b>3</b>             | <b>NHS Fife</b>                    |  |
| <b>4</b>             | <b>Fife Council &amp; NHS Fife</b> |  |

**10 To be completed by SLT member only**

|                  |  |
|------------------|--|
| <b>Lead</b>      |  |
| <b>Critical</b>  |  |
| <b>Signed Up</b> |  |
| <b>Informed</b>  |  |

**Report Contact**

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Change & Improvement Manager

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## NEW PROPOSALS FOR CONSIDERATION AND DECISION

## Proposal for new investment to support unpaid carers in 2021/22

| Investment Proposal  | Total Investment | Cost Rationale   | Outcomes for Carers  |
|--|------------------|--|--|
| Self-Directed Support budgets for unpaid adult carers <sup>1</sup> (Appendix explains) | £500,000         | Up to £1,000 per unpaid carers who meet the qualifying criteria. This is in line with other authorities. A £1,000 annual budget equates to only £83 per month to support them, or, £19 per week.   | <p>&gt;500 carers receiving a personal SDS budget up to £1,000 to meet their personal support needs identified through assessment and completion of an Adult Carer Support Plan or Young Carers Statement conversation. Budget will be used to meet support needs for carers in crisis when their identified needs for support cannot be met from universal supports already in place.</p> <p>If average SDS budget is less but their support needs can be met, more carers will be able to benefit from this type of support.</p> |
| Workforce Carer Support Development Workers <sup>2</sup> (linked to above)             | £90,000          | 2FTE Carers Self-Directed Support workers (FC6/7) in the SDS team, plus 0.5FTE administrative support.   | >500 carers will receive a detailed review of their Adult Carer Support Plan or Young Carers Statement to clarify and confirm their support needs, how these will be met including support to access universal support plus SDS budget to meet the support needs not available from universal supports already in place.   |
| New Carers Community Chest – developing local support for local needs                  | £350,000         | <p>£10,000 for 5 projects in each of the 7 localities in Fife.</p> <ul style="list-style-type: none"> <li>• Equates to £10 per carers in Fife.</li> <li>• (20 carers directly supported x 7 localities x 5 project each = 700). £500 per carer supported.</li> </ul> | <p>To create opportunities for local carers to improve the support available in their own locality based on their own priorities.</p> <p>35,000 unpaid carers in Fife (census 2011) plus an estimates same number again of unidentified informal carers.</p>   |

<sup>1</sup> Subject to further discussion and if agreed, development work. Full year budget of £500k will be subject to pro rata apportionment by month.

<sup>2</sup> Subject to approval, full year budget of £76k will be subject to start date and is based on 2 posts at grade FC7.



|  |          |  |   |
|--|----------|--|---|
|  |          |  | Each project will directly support at least 20 carers directly and (700 across Fife) plus innumerable carers and cared for persons and members of the wider public.   |
| Schools education workers teams for young carers   | £133,740 | <p>Delivered through commissioned partnership with Fife Young Carers.</p> <p>Net increase of 2.5FTE from 0.5FTE to 3 FTE (including senior worker) completing 500 Young Carers Statements per year.</p> <p>This results in unit cost of £267 per young carer supported. This is broadly in line with the costs notes in the Financial Memorandum to the Carers Bill.</p>                         | <p>Net increase of 500 additional young carers supported per year, including production of new Young Carers Statements and reviews of existing statements.</p> <p>The statements are completed through conversations with young carers. The detail the carers caring circumstances and their personal needs for support to maintain this role and thrive in other aspects of their personal life.</p>   |
| Early intervention and crisis prevent for carers of people without capacity                            | £116,000 | <p>Delivered through commissioned partnership with Circles Advocacy with technical support from Fife Carers Centre.</p> <p>The service will secure additional working space in Fife from which to deliver the support to carers.</p> <p>Assuming a turnover of between 3 and 4 fours, this service could reach up to 300 people per year with a unit cost of between £386 and £580 per case.</p> | <p>100 carers at any one time will receive a case work support to help them secure Power of Attorney or Guardianship in order that carers have the control they need to make decisions on behalf of their loved ones and others they provide care for to ensure their health, safety, security, well-being and independence.</p> <p>The support will be offered to carers on a proactive basis and importantly to carers of people who are unable to leave a hospital setting until such legal protections are in place.</p> <p>Information and advice will be offered in person and through drop-in sessions and virtual meetings.</p> |
| Technology support for unpaid carers – building carers’ capability to access online sources of support | £100,000 | <p>The fund will be administered through a voluntary sector partner and will include a Carers Digital Technology Advisor.</p> <ul style="list-style-type: none"> <li>1 FTE staff member employed. budget £35k.</li> </ul>  | <p>130 carers each benefitting with a personal assessment of the technology needs plus an average grant of £500 for the most appropriate technology to meet their needs for support including hardware, connectivity costs, personal tuition to use the technology and ongoing technical support for a year.</p>  |

|   |         |  |   |
|---|---------|--|---|
|   |         | <ul style="list-style-type: none"> <li>• 130 with an average grant of £500.</li> </ul>   |   |
| Young carers transitions worker   | £86,500 | <p>Delivered through commissioned partnership with Fife Young Carers.</p> <ul style="list-style-type: none"> <li>• Net increase of 2FTE from 2FTE to 4FTE.</li> <li>• This results in unit cost of £433 per young carer supported.</li> </ul>  | <p>Net increase of 100 additional young carers and young adult carers supported per year, including reviews of YCS and supporting young carers and young adult carers and also preparing the transitional Adult Carers Support Plan.</p> <p>The service will focus on helping young carers and young adult carers to transition to become an adult carer with greater confidence and resilience and less reliance of statutory support including how to access universal support as an adult carer.</p> |
| Family intervention and support workers   | £76,500 | <p>Delivered through commissioned partnership with a voluntary sector partner. Initiative suggested by Fife Young Carers.</p> <ul style="list-style-type: none"> <li>• 2FTE specialist workers plus costs and expenses to access support for the family.</li> <li>• Equates to £1,900 per family supported, less if more families can be supported in the year.</li> </ul> | <p>This new initiative will support 20 families at a time for as long as necessary. It will take a holistic view of the family situation with the focus on young carers with an intensive caring role and challenging family situation. It will seek to create better outcomes for the young carer and their families. This investment in early intervention will bridge the gap between the need for statutory services and young carers whose caring situation is at risk of failing.</p>             |
| Support for carers of people with Autism Spectrum Disorder                                | £20,000 | <p>Matched funding for support service delivered through commissioned partnership with Scottish Autism. Full cost &gt;£50,000 (HSCP investment 40% of total).</p> <p>Cost per beneficiary = £222.</p>  | <p>90 carers supported with specialist support to meet their identified support needs within an Adult Carer Support Plan and, help to access universal supports already in place.</p>   |
| Increased capacity to support befriending for adult carers to build personal networks and | £50,000 | <p>Delivered through commissioned partnership with Fife Carers Centre</p>  | <p>This initiative will support 200 carers annually who are socially distanced from others, lonely and/or isolating and unable to travel to support groups etc, by increasing and</p>   |

|   |                   |   |  |
|---|-------------------|---|--|
| resilience (support across a range of organisations)  |                   | <p>and other Voluntary Sector Partners.</p> <p>Part funding (approx. £10k) to increase capacity of Fife Carers Centre's existing befriending service by 33%.</p> <p>Part funding (approx. £40k) to increase capacity for befriending support for carers through other partners.</p> | extending the befriending support for adult carers, to include telephone-based support.  |
| Further develop the Participation of carers across Localities within the Participation and Engagement programme | £70,000           | 1FTE Participation & Engagement Manager to lead the team of 3FTE staff already appointed to this team.  | <p>Support to reach carers to ensure their voice is heard and taken account of in decision at the locality level and through the review of the Carers Strategy.</p> <p>Secure a minimum of 50 carers in each of 7 localities to share their experience of health &amp; social care and help inform future decisions at the local and Fife wide levels.</p> |
|   | <b>£1,592,740</b> |   |  |

## SELF-DIRECTED SUPPORT FOR CARERS

An Adult Carer Support Plan is an assessment of a carer's caring situation, their own needs for support and how these will be met. The assessment must be completed through a conversation and also considers the impact of the carer's situation and how this can be managed using existing personal assets; it also helps identify gaps in the support for the carer.

Most carers provide care to one or more persons who do not receive any public funded support because the person they care for does not meet local eligibility criteria. However, when formally assessed the carer may meet the eligibility criteria in their own right due to the cumulative effect of caring for others, family life, work and managing a home etc. These carers may be able to alleviate the impact of caring through universal support available to all carers. Where this is not possible the carer should be assessed for self-directed support to support them to manage their informal caring role.

### Carer Example - Carol

Carol is 47 years old mum of three children aged 16 (Simon), 13 (Judy) and 10 (Hugh). Simon is preparing for his exams. Hugh has mild autism and learning difficulties. Carol works full-time. Her partner works away from home most of the time. Carol also provides informal care for her parents, Stan and Hilda who are elderly but live independently together. Stan has recently been diagnosed dementia and Hilda has minor mobility issues. Carol also provides companionship to her mother-in-law who lives in a sheltered home.

None of the people in Carol's life for whom she provides informal care require significant care support and they don't receive a formal care package. The level and type of informal support Carol provide to them is not particularly intensive, although it can be time consuming.

Between her paid work, the informal care she gives to her parents and mother-in-law, the more intensive parental support to Hugh and the general support to her other teenage children, plus managing a home on her own most of the time, Carol has little time for herself and no needs a break.

She is identified as a carer and offered an Adult Carer Support Plan which she accepts. The plan identifies the types of support Carol could benefit from some of which can be accessed through universal support already in place to support carers (income maximisation information and advice, peer support sessions, attendance at a walking club, Creative Breaks funding for a bike, an art class). Most of the support identified is to support her to have a break from her caring role. However, the critical factor is time – all these activities are a wonderful idea, but she is already hard pressed for time and certainly doesn't have time for these past-times.

Carol is at breaking point and her own reserves of resilience are depleted. Her Adult Carers Support Plan assessment suggests Carol may meet the local eligibility criteria which is set at critical. If she doesn't get some help, and soon, she may fall apart as she is not able to cope much longer.

None of the people she supports meets the local eligibility criteria for help. It is the cumulative affect of all these caring roles, managing a home and working full-time, that is causing Carole stress and anxiety.

An SDS budget could be allocated to Carol, in her own right, to help her to alleviate the continuing stress and anxiety and create some space in her time to access the break opportunities that are available. A carer SDS budget is agreed. Carol uses the budget to provide some tuition time for Simon, to contribute to pay for a cleaner twice a week, to pay for an ironing service and to pay for additional support for Hugh. With this SDS spend Carol has freed up 5 hours each week which she uses for short breaks to help her balance her own life priorities and take a break from her caring roles.

Without these breaks from caring Carol might have to give up work or stop providing care for her parents, any of which would fall to the public purse to support.

### **General assessment process for SDS**

1. Carer **Identified**. Carers **offered** Adult Carer Support Plan (ACSP) or Young Carers Statement (YCS) or review of previous ACSP/YCS. Is this offer accepted?
  - a. No = provide advice and information including signposting to universal support.
  - b. Yes = next step.
2. ACSP/YCA **conversation** including identifying support needs and how these will be accessed from universal support. Can all Support Needs be met from universal support?
  - a. Yes = plan ACSP/YCS review and end.
  - b. No = Next step.
3. Assess carer against local eligibility criteria. Does the carer meet critical eligibility in their own right.
  - a. No = support via universal support and plan ACSP/YCS review.
  - b. Yes = next step.
4. Does service user SDS RAS include allocation to meet carer's eligible needs for support?
  - a. Yes = use service user SDS to meet carer needs.
  - b. No = next step.
5. Allocate a carers SDS budget and use options to help them access identified and eligible support needs that cannot be met through universal offerings.
  - a. Plan ACSP/YCS review.

## APPENDIX 3

### Introduction

The paper provides information in this GUIDANCE NOTE page on how the prioritisation tool will be applied to ensure consistency of approach. Subsequent pages detail the actual scoring applied to each project under consideration for investment in 2021/22.

| <b>Project Reference</b>              | <b>GUIDANCE NOTE</b>   |
|---------------------------------------|--|
| Project name                          | Weighted Project Score   |
| Alignment with HSCP Goals             | Fully aligned and specifically mentioned = 10; partially aligned or tangentially mentioned = 6; not specifically mentioned but contributes broadly = 3; Not aligned = 0.   |
| Fit with Carers Strategy              | Fully aligned and specifically mentioned = 10; partially aligned or tangentially mentioned = 6; not specifically mentioned but contributes broadly = 3; Not aligned = 0.   |
| Alignment to duties of the Carers Act | Meets a specific requirement = 10; meetings a broad requirement = 5; Not aligned = 0.  |
| Overall Cost                          | Great cost = 0; least cost = 10. >250k = 2; 100k - 249k = 4; 50k - 99k = 6; 25k - 49k = 8; 10k - 24k = 9, <9k = 10   |
| Unit cost - beneficiary/overall cost  | <£150 = 10; £151 - £200 = 8; £201 - £300 = 6; £301 - £350 = 4; £351 - £500 = 2; >£501 = 1  |
| Growth Potential                      | One off project = 1; Pilot project to assess viability = 4; Clear potential to increase scope and scale = 7; Is building on existing capacity to meet demand = 10.   |
| Technical Risk                        | Significant technical challenges with no clear solution = 3; moderate technical challenges with some solutions identified = 6; low level technical challenges with clearly identified solutions = 10   |
| Resource available                    | Delivery partners in place = 10; Potential delivery partners identified = 6; No delivery partner identified but providers and market in place = 3; No delivery partner or known market providers = 0.  |
| Resource expertise                    | Identified delivery partners have extensive and skills and current experience in delivering this initiative = 10; Potential delivery partners understood to have some skills and experience in delivering similar initiatives = 6; No understanding of the extent of skills and experience of potential delivery partners = 0. |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

|                             |  |
|-----------------------------|--|
| <b>Meeting Title:</b>       | <b>Integration Joint Board</b>   |
| <b>Meeting Date:</b>        | <b>18 June 2021</b>  |
| <b>Agenda Item No:</b>      | <b>12</b>  |
| <b>Report Title:</b>        | <b>Local Partnership Forum Annual Report</b>   |
| <b>Responsible Officer:</b> | <b>Jim Crichton, Divisional General Manager</b>  |
| <b>Report Author:</b>       | <b>Simon Fevre, NHS Fife<br/>Jim Crichton, Divisional General Manager<br/>(Members of LPF Sub-Group)</b> |

## 1 Purpose

**This Report is presented to the Board for:**

- Discussion

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

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

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

- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.

## 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.

- Local Partnership Forum (at several meeting during 2021)

## **3 Report Summary**

### **3.1 Situation**

The attached Locality Partnership Forum Annual Report provides the Integrated Joint Board with an overview of the work undertaken by the LPF over 2020 / 2021. The report has been developed in partnership and brings together the work of the LPF in delivering on its key objectives of:

- advising on the delivery of staff governance and employee relations issues.
- informing thinking around priorities on health and social care issues.
- informing and testing the delivery and the implementation of strategic plans, and commissioning intentions.
- advising on workforce planning and development.
- promoting equality and diversity and;
- contributing to the wider strategic organisational objectives of the Integration Joint Board (IJB).

### **3.2 Background**

Each year the LPF has developed an annual action plan to support and direct the work of the LPF and to provide evidence for the NHS Fife Staff Governance Monitoring tool which is required annually by the Scottish Government. It was agreed that this year rather than an action plan we would produce an annual report to highlight what has been achieved over the past year and what our objectives are for the coming year.

The following report outlines the work that has taken place between 1 April 2020 to 31 March 2021 and the objectives and next steps for 2021-2022.

### **3.3 Assessment**

The report covers 7 key areas of work by the LPF:

- Staff Communication
- Staff Health and Wellbeing
- Promoting Attendance
- Staff Training and Development
- Health and Safety
- Equality and Fairness
- Staff Engagement

The report provides information gathered from health and social care systems in relation to these priority areas and the work undertaken in the partnership. It also sets these in the context of the national emergency response to COVID which impacted on so much of the activities over this period.

The report highlights the many improvements taken forward in partnership over this most challenging period. These have included areas such as support for staff health and wellbeing. This has been a significant area of focus for both health and social care staff and has included:

- Staff support hubs throughout Fife.
- Listening support.
- Information and links to online resources.



- Mindfulness sessions for staff.
- Peer support and support for managers to name but a few examples.

The report also identifies areas where the impact of COVID has been detrimental to our normal standards of performance. Areas such as delivery and take up of core skills training and maintaining attendance have understandably seen adverse trends over that period.

These will need focused support as we emerge from the pandemic into a more normalized position.

### **3.3.1 Quality/ Customer Care**

As stated above, the report highlights many areas of improvement in support for the workforce resulting in higher quality employee experience.

### **3.3.2 Workforce**

See main report.

### **3.3.3 Financial.**

The report does not feature a financial assessment of the work undertaken. It is recognized that funding has been made available to support many elements of the new developments in support of the workforce in relation to the pandemic and that elements of this will be resource dependent going forward.

### **3.3.4 Risk/Legal/Management**

No new risks associated with the report.

### **3.3.5 Equality and Diversity, including Health Inequalities**

The report does not require an impact assessment.

### **3.3.6 Other Impact**

None noted.

### **3.3.7 Communication, Involvement, Engagement and Consultation**

None required for this report.

## **3.4 Recommendation**

- **Discussion** – examine and consider the implications of a matter.

## **4 List of Appendices**

Appendix 1 – Local Partnership Forum Annual Report

## **5 Implications for Fife Council**

None noted

## **6 Implications for NHS Fife**

None noted

**7 Implications for Third Sector**

None noted

**8 Implications for Independent Sector**

None noted

**9 Directions Required to Fife Council, NHS Fife or Both**

|                      |                              |
|----------------------|------------------------------|
| <b>Direction To:</b> |                              |
| <b>1</b>             | <b>No Direction Required</b> |

**10 To be completed by SLT member only**

|                  |                        |
|------------------|------------------------|
| <b>Lead</b>      | <b>Act DGM FW</b>      |
| <b>Critical</b>  | <b>All SLT Members</b> |
| <b>Signed Up</b> | <b>Extended SLT</b>    |
| <b>Informed</b>  | <b>All HSCP Staff</b>  |

**Report Contact**

Jim Crichton

Divisional General Manager

[James.Crichton2@nhs.scot](mailto:James.Crichton2@nhs.scot)



# Local Partnership Forum Annual Report 2020-21



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**1. Message from the Chairs, Local Partnership Forum**

**2. Introduction**

**3. Communications**

**4. Health and Wellbeing**

**5. Promoting Attendance**

**6. Training and Development**

**7. Health and Safety**

**8. Equality and Fairness**

**9. Engagement**

## Message from the chairs, Local Partnership Forum

**Welcome to our first Local Partnership Forum annual report.**

Our staff/members do an amazing job every day to care and support the people of Fife and we want to ensure all HSCP staff are supported to do this.

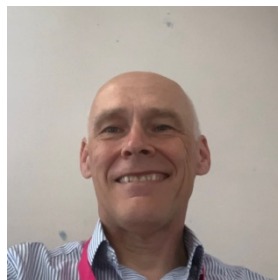
There's been great work achieved over the past year in the most difficult of circumstances and the resilience, professionalism and kindness shown by our staff/members to all our clients, patients and to each other has been exceptional.

How we work together to improve integration is key to the work of the partnership and fundamental to that is the relationship between the HSCP and the Trade Unions and Professional Associations. It is this relationship which forms the bedrock of the Local Partnership Forum.

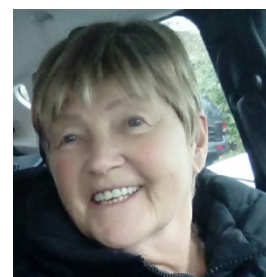
As we reflect on the past year, which has been like no other, let us recognise the amazing work we have done in supporting our community in Fife and look ahead into the coming 12 months to see what we will strive to achieve.



**Nicky Connor**  
**Co Chair**  
**Director Fife HSCP**



**Simon Fevre**  
**Co Chair**  
**NHS Fife**  
**Trade Unions**



**Eleanor Haggett**  
**Co Chair**  
**Fife Council**  
**Trade Unions**

## Introduction

The Local Partnership Forum (LPF) was established in 2016, where colleagues from across the Partnership, our partners, staff-side and trade unions work together to ensure our most valuable asset, our staff, are considered in everything we do.

Our purpose is to:

- advise on the delivery of staff governance and employee relations issues
- inform thinking around priorities on health and social care issues
- informs and test the delivery and the implementation of strategic plans, and commissioning intentions
- advise on workforce planning and development
- promotes equality and diversity and
- contribute to the wider strategic organisational objectives of the Integration Joint Board (IJB).

The Forum does not cut across existing joint Trade Union and management mechanisms that operate for employees of either Fife Council or NHS Fife.

A Staff Partnership Agreement governs how the LPF functions and has been in place since the inception of the IJB. This agreement is reviewed annually.

Each year the LPF has developed an annual action plan to support and direct the work of the LPF and to provide evidence for the NHS Fife Staff Governance Monitoring tool which is required annually by the Scottish Government. It was agreed that this year rather than an action plan we would produce an annual report to highlight what has been achieved over the past year and what our objectives are for the coming year.

The following report outlines the work that has taken place between 1 April 2020 to 31 March 2021 and the objectives and next steps for 2021-2022.

## Communications

Throughout the pandemic a focus has been on keeping connected with Partnership staff. Much of what was originally planned had to be paused due to restrictions in place such as Senior Leadership walkabouts.

To support the national and local covid-19 messaging and information on what was happening in the Partnership a director's weekly briefing to staff was developed – this was also an opportunity to share news on how Fife Health & Social Care staff have been supporting and caring for Fifers – working differently to ensure those most vulnerable continued to receive services whilst navigating restrictions and keeping staff and those being cared for safe. Ensuring staff had information and access to the wealth of health and wellbeing tools is extremely important and these have been sign posted in every briefing and this will continue. Updates from the Local Partnership Forum meetings are included within the briefing.

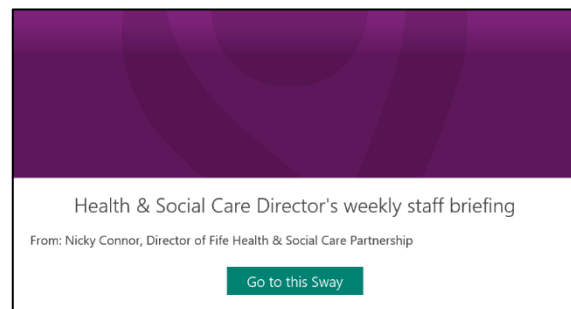
Regular videos by the Director have been used to support covid-19 messaging and to shine a light on the diverse people and teams across the Partnership and what they do every day makes a difference.



### Key priorities for 21/22

There is a lot the Partnership wants to achieve over the next two years including developing and implementing an internal communications strategy. This will include:

- Director's weekly staff briefing – this will continue and develop. There will be more an opportunity for all services to be included, shining a light on diversity, best practice, integrated working and health and wellbeing. There will also be a monthly issue of the briefing extended to all health and social care staff in Fife incorporating working with colleagues from the third and independent sectors.
- Leadership walkabouts will be reintroduced when it is safe to do so.
- Q&A sessions – staff will be invited from across the partnership to take part in sessions with the senior leadership team. This may be done virtually with questions and answers shared with all staff.
- An email distribution list will be developed to reach all Partnership staff.
- A communications toolkit will be developed.
- Feedback from staff will be continually considered, including feedback from the annual staff survey and any changes will be implemented as required.
- A Partnership induction pack for new starts to the organisation will be developed.
- There will be a re-design of the Partnership website, all the news and information will be relevant to staff and teams will be encouraged to provide content that can be shared wider.
- We will continue to look for ways to share good news stories publicly via social media channels and the website – signpost the services delivered and the difference that this makes.



## Health and Wellbeing

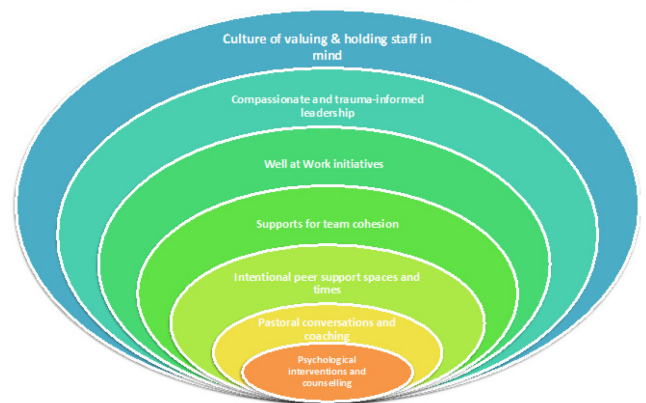
A key focus for the Partnership and the Local Partnership Forum is staff health and wellbeing.

Our partners at NHS Fife and Fife Council are committed to health working lives employers and have achieved and retained the Gold Healthy Working Lives (HWL) Award.

- **Well@Work**  
Is NHS Fife's health and wellbeing programme for staff, raising awareness of health promotion and protection topics. 'Going Beyond Gold' was introduced in 2018 to focus on promoting a culture of kindness and a shift in organisation culture.
- **Team Fife**  
Fife Council has developed a culture of "Team Fife", using videos and challenges to inspire a positive spirit and mindset.

Communications to staff on their health and wellbeing from senior management across all organisations has been at the forefront of highlighting what resources and information is available. A range of staff wellbeing and support initiatives were developed and implemented. This work was guided by the principles of Psychological First Aid which recognises people's resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping. An NHS Fife/Fife HSCP Staff Health and Wellbeing Bronze group provided focus and co-ordination.

### Key dimensions of staff support



### Initiatives developed in Fife 20/21 to support staff health and wellbeing

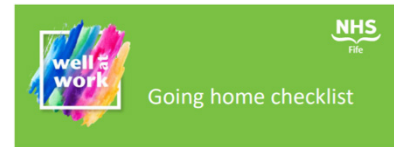
**Staff support hubs** were established at various locations throughout Fife. Staff from psychology and spiritual care were on site in the larger hubs, between April and October 2020, providing 1:1 support as required. The Hubs continue to be available to health and social care staff with funding secured to refurbish those at the Victoria and Queen Margaret sites and within the community hospitals.

**Listening support** is available via the NHS Fife Spiritual Care Team's Staff Listening Service. The Spiritual Care Team provided informal support to staff working in red zones along with ensuring there were quiet zones in various locations. Fife Council employees also have access to the listening ear service provided by Workplace Chaplaincy Scotland.

**Information and resources**, including local and national resources have been promoted through staff hubs, briefing, videos, employee apps and the intranet.



New staff wellbeing materials - Going Home Checklist Poster and credit card size list, Stress Leaflet and Staff Well Being Huddle Template - have recently been distributed to staff and work is underway on materials to help staff to identify what types of support can be helpful in which situations. Information and resources for care home staff were also produced and disseminated by Health Promotion.



- ✓ Take a moment to think about today.
- ✓ Acknowledge one thing that was difficult during your working day – let it go.
- ✓ Consider three things that went well.
- ✓ Check on your colleagues before you leave – are they OK?
- ✓ Are you OK? Your senior team are here to support you.
- ✓ Now switch your attention to home – rest and recharge

To find local health and wellbeing support and a wide range of other resources visit the staff app, StaffLink.

**StaffLink**  
powered by BLink

Fife Council's Spring into Wellbeing programme had a great uptake on this online programme. In addition, relevant topics were highlighted via regular promotion of national health and wellbeing awareness days and physical wellbeing was promoted via the musculoskeletal week with live videos showing benefits of exercise and opportunity for Q&As.

**Mindfulness sessions** – These have been introduced by both Council and NHS. As part of the NHS Fife Going Beyond Gold work to bring mindfulness into the workplace, there have been lunchtime introductory sessions, telephone peer support and Mindful movement sessions. Full Mindfulness courses are being offered online with an 8-week course currently ongoing and a waiting list for the next. Accessible video clips were launched in January 2021 - "Mindful Pauses for Our Wellbeing". The *Pause Pod* available at Whyteman's Brae Hospital is being well used.

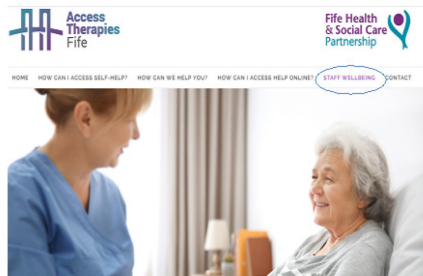
**Psychological interventions and counselling** – A Psychology staff support helpline was established during 2020. This has now been replaced by direct self-referral for psychological support via the Access Therapies Fife website, with additional resources from Scottish Government supporting delivery. An additional Mental Health nursing resource has been secured within NHS Fife Occupational Health service and a bid has been prepared to be considered by the Endowments Committee for funding of additional Counselling Service support. Fife Council provided telephone services from occupational health and physiotherapy as well as access to telephone and online counselling from their counselling service provider and support from an in-house network of mental health first aiders.

**Peer support** sessions provide a safe environment for staff to come together, to talk, share experiences and be listened to in a non-judgmental, informal space. During March 2021 the online "*Our Space*" peer support sessions were arranged for staff who are currently shielding or exclusively home working. Fife Council provided a peer support session on Positive Steps to Mental Wellbeing, hosted by in-house volunteer trainers. To increase the availability of peer support, the *Spaces for Listening* online facilitated peer support sessions were launched in March 2021. These are open to all staff who work in health and social care in Fife, bookable via Access Therapies Fife website. Training to support roll-out of other forms of peer support is currently underway and a number of Teams and services introduced reflective practice sessions facilitated by the psychology service.

**Support for managers** – A short life working group, of the Bronze Staff Health and Wellbeing group, assessed gaps in the managerial support available locally and nationally. Signposting to resources is now available via Access Therapies Fife web pages; information-giving sessions are being offered via the psychology service; and the Learning and Development team are currently developing several resources using a blended approach. This includes stress, e-learning and creating a library of webinars, including leading compassionate care in a crisis, compassionate self-care, and resilience. There's also

support for managers to provide training in having conversations with staff including those with a focus on health, wellbeing and attendance.

Alongside these locally delivered initiatives, we have promoted and signposted staff to the new National Digital wellbeing hub (ProMIs) and to the NHS 24 helpline. The latter provides advice and support and can sign post to local and national options.



It is important to have provision in place to support staff in the longer term, which is when the impact of the pandemic may affect staff most. In recognition of this and to co-ordinate the support options, the staff support, and wellbeing information available the Fife Psychology Access Therapies Fife website went live in March 2021. New information and offers will be added over time.

Throughout 2020 and 2021, a number of activities will take place and be promoted to staff including support for cycling and physical activities. A key event is the one-day online conference *Inspiring Kindness* on 26 May which is open to all health and social care staff.

The Partnership and partners are all represented on the national Workforce Wellbeing Champions Network and share learnings and help to shape the future strategy and approach.

### Priorities for 21/22

- Ensure there is sustained focus on staff support and wellbeing and on prevention of stress
- Shape organisational culture

Actions from this will include:

- Provide information and guidance on the range of services available.
- Address the needs of staff who may struggle to seek help including staff with limited or no access to technology
- Progress developments to support compassionate and trauma informed leadership
- Increase and embed peer support options
- Identify and mitigate areas of work-related stress

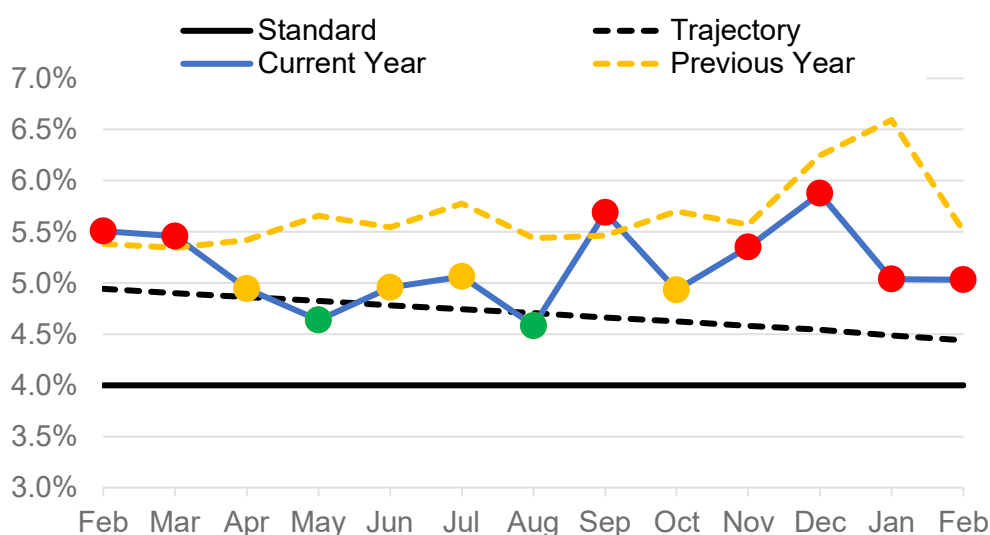
## Promoting Attendance

A key priority for the Local Partnership forum is promoting attendance.

The purpose of the information in this section is to provide an overview of the sickness absence data available in the year to date, management actions and the Partnership's performance against the trajectory for health and social care staff in the Partnership (figures as at February 2021). NHS in Scotland has a HEAT Standard for boards to achieve a 4% sickness absence rate.

NHS Fife's planned trajectory has been set with the anticipation of meeting the NHS Scotland HEAT Standard and a reduction in sickness absence by 0.5% per year from 1 April 2019, in line with Circular PCS (AfC) 2019/2. Any reduction in absence levels is likely to reduce the costs of associated bank or agency expenditure.

**Table 1: NHS Fife's Sickness Absence Rates / Trajectory Position**



**Table 2: HSCP Sickness Absence Rates / Trajectory Position**

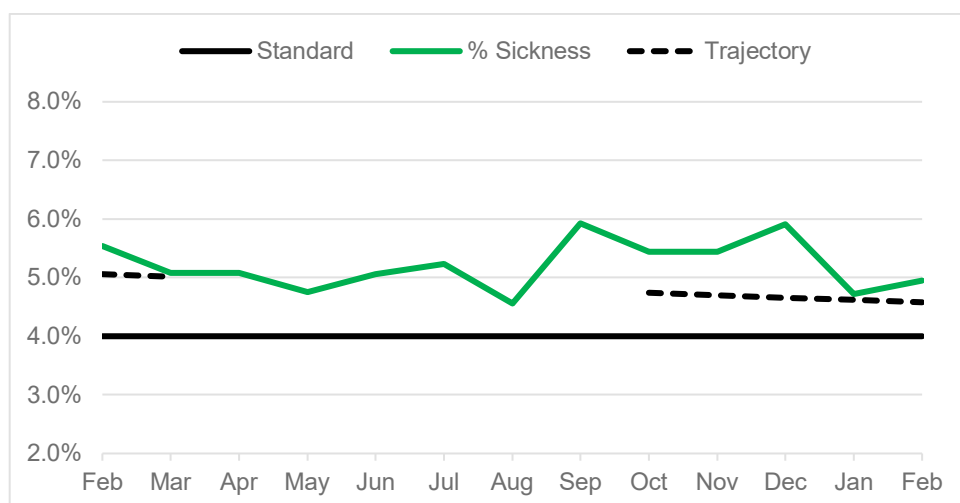


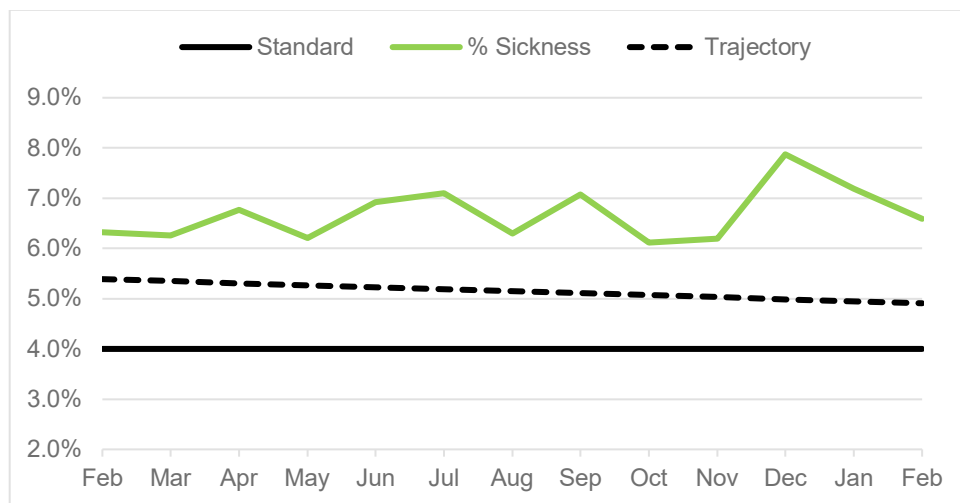
Table 2 details the Partnership's performance position against trajectory for the year to date.

Locally, general managers and the respective Promoting Attendance Review and Improvement Panels continue to review the data and individual cases to ensure appropriate action is being taken, including application of the triggers within the new Once for Scotland Promoting Attendance policy and follow up with staff on long term sick leave. Divisions are provided with their respective trajectory positions on a regular basis.

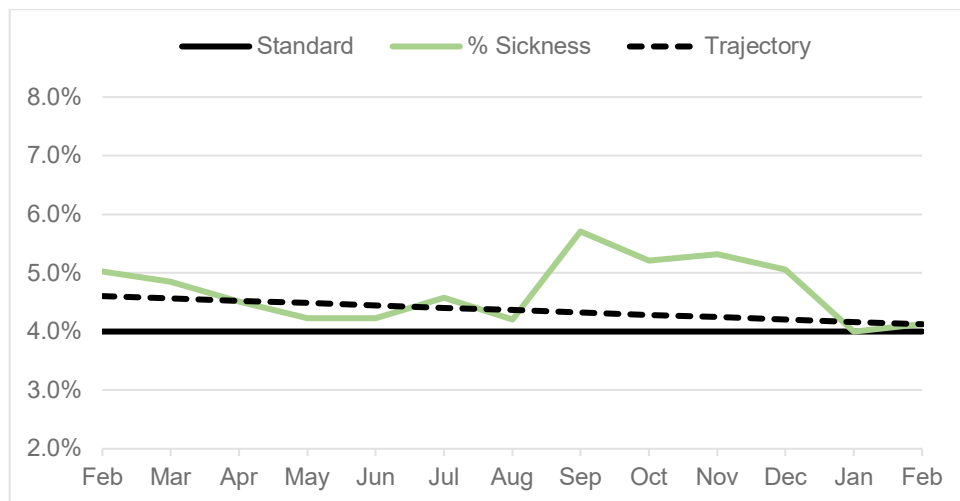
The sickness absence rates and agreed trajectory setting for Partnership areas are detailed in the table below:

**Table 3: Sickness Absence Rates / Trajectory per HSCP Unit for the 2020/21 Financial Year to Date**

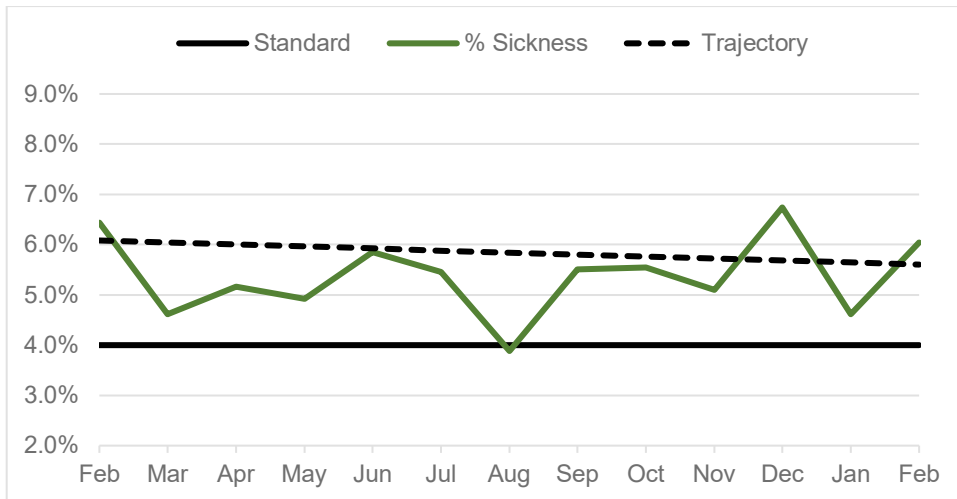
**East Division**



**Fife Wide Division**



## West Division



It is positive to note that there has been an improvement in the rolling sickness absence rate for the 2020/2021 financial year, with the rates in May 2020 and in January and February 2021 being below 5%. The East Division rate has been above 6% during the year to date, due to several factors. The West Division rate has been subject to fluctuation, but achieved a rate of 3.88% in August 2020, which is great. The Fife Wide absence rate has been below 5% for eight months of the year to date, with the HEAT standard of 4% being achieved in January 2021, which is unheard of for a winter month and similarly at 4.12% in February 2021. There has been a slight in year improvement overall, consistent with a reducing trend.

Hot spots are identified for all areas to help with local Promoting Attendance panels. Hot spot data is available via Tableau reports accessible by line managers and areas of concern are followed up by line managers, supported by HR Officers, as required. An overview is taken at the respective Promoting Attendance Review and Improvement panels.

### Management actions

NHS Fife's Promoting Attendance Group and Promoting Attendance Review and Improvement panels continue to meet, along with local Promoting Attendance Groups. Progress continues to be made in relation to any health-related employee relation cases which were paused during the Pandemic. Given the pressures from the pandemic and winter pressures, there will be a challenge in maintaining the current sickness absence performance levels.

The initiatives that were introduced to support the health and wellbeing of Partnership staff during the pandemic continue and are evolving, taking account of feedback from staff and those providing the support.

The planned trajectory set for the Partnership, 4.58% by the end of March 2021, will be difficult to achieve, however is worth noting that there has been an improvement in performance this financial year, despite the challenging circumstances due to the pandemic.

Priorities for 2021/2022 will be:

- Implement the new Once for Scotland Promoting Attendance Policy;
- Ensure that managerial training for Promoting Attendance meets organisational needs;
- Focus on cases of long-term absence and to promote early intervention to minimise long term absence wherever possible;
- Promote mental health in the workplace training, given that this is the highest ongoing reason for absence;
- Continue with the rollout and access to Tableau, to help managers to identify trends, hot spots and outliers in respect of absence issues within their service areas;
- Ensure Occupational Health support is available for those with long covid.

### **Fife Council current position**

The pandemic has significant implications for people's health and wellbeing, and how managers effectively manage sickness absence. The impacts of the pandemic on the workforce, and what the period of post-covid recovery will look like, are unknown. Services have been significantly impacted as capacity has been diverted and normal operations disrupted.

Tools and approaches to identify health and wellbeing concerns as early as possible, flexibility to support staff to remain in, or return to work, introducing more flexible workstyles will assist in the medium term.

### **Absence analysis**

Due to a system change from iTrent to Oracle, Fife Council has been unable to produce absence reports since October 2020. It is anticipated up to date reports will be in place in soon, and updates and analysis will be provided to the Local Partnership Forum when available.

Meanwhile, the rolling 12-month absence analysis to end of October 2020 shows Health and Social Care sitting with an average of 19.60 working days lost per FTE, which is the lowest figure for the 12-month period and a reduction from a peak of 20.96 working days lost per FTE during the period. However, these figures are significantly higher in comparison with the other council directorates. The overall figure for Fife Council was 10.21 working days lost per FTE for the same time period.

Research suggests that, in tackling sickness absence, several success factors can be identified. These include:

- high level management commitment
- clear responsibilities
- appropriate information
- suitably trained line managers
- attention to health and wellbeing

The main areas for concern are within service delivery, where staff are working remotely, delivering front line health and social care services in the community, with limited time in an office environment. Therefore, it has been identified that additional support is required to effect change and improvement in these areas specifically, as well as in the wider service.

## **Next steps**

Corporate funding is being sought for a Project Manager (Attendance Management) FC9 for up to 24 months, offered as a secondment opportunity. A proposal and business case for funding has evolved to include consideration of the health and wellbeing of the workforce in addition to absence management. The postholder will be responsible for planning, managing, and implementing a range of project(s) in relation to attendance management and health and wellbeing strategies.

The Project Manager will work primarily with service managers for the service delivery areas identified as hot spots. However, they will also be expected to support the wider teams to deliver the project objectives to reduce absence levels. Reporting and data analysis will assist understanding where efforts will be targeted.

The Senior Leadership Team will monitor progress and support the delivery of the critical project aims. Whilst it is acknowledged that attendance management is fully owned by the Partnership, there is recognition that this temporary intervention is required to support line managers to be fully confident and competent in addressing any attendance management issues.

HR and Trade Union support will also be key to the success of this proposal, supporting a culture of shared learning and ensuring a corporate approach towards attendance management.

## **Management actions**

### **Short term:**

- Understand the workforce profile and demographics through:
  - developing a baseline of information using focus groups/existing survey information and absence data to establish issues, needs, perceptions and barriers to good attendance;
  - identifying trends/patterns of absences i.e. hot spots e.g. high absence, longest absences, high stress, etc and initiate or undertake appropriate interventions with relevant managers;
  - incorporating findings as above, establish Action Plan with timescales to address.
- Where required, facilitate Stress Risk assessments with relevant managers and include any emerging themes in follow up training and staff briefings.
- Ensure staff and managers have access to the most up to date information, advice and support in relation to health and wellbeing at work, including where follow up actions are identified as a result of Stress Risk assessments.
- Build capacity to investigate data systems at appropriate operational levels
- Work with managers to implement sustainable solutions which support their staff to remain at work, reducing the number of days lost to absence per FTE.

### **Medium term:**

- Review with managers knowledge and understanding of all relevant Attendance Management policies, remedy gaps identified and provide support in any areas of non-compliance, record and measure/monitor as part of governance.
- Consider the requirements for mandatory training in supporting mental health and wellbeing at work, conduct gap analysis and address with managers.
- Ensure all line managers are aware of benefits of early intervention tools, supports available, and ensure this information is included in staff briefings

- Consider absence governance and review the process in conjunction with HR Business Partner, consider '*train the trainers*' approach to ensure there is sustainability post project.
- Review Health and Social Care Partnership induction process with specific focus on attendance management to ensure relevance and effectiveness.
- Continual liaison with HR through the Business Partner to ensure all actions are compliant with Corporate Processes and Procedures.
- Attend relevant national network meetings to ensure shared learning.

**Long term:**

Reduction in working days lost across Health and Social Care in identified areas will be sustained by:

- Effective line manager induction (100% delivery within one month in post)
- 90+% compliance in adherence to policies and procedures, recorded, monitored and reported to Senior Leadership Team.
- 90+% of managers are trained and competent in all attendance management policies and procedures.
- Evidence of early intervention, prevention and information included in attendance management hearings including, where relevant, use of a stress risk assessment and compliance with subsequent action plans.
- All medical referrals made timeously.
- Evidence of adherence to all policies and procedures embedded into management practice – collated and reported.
- Evidence of embedding all Corporate strategies in relation to attendance management through regular reporting and liaising with HR Service Manager.



## Training and Development

### Leadership, culture organisational development

During 2020/21, work has accelerated on transformational change, leadership development and improved organisational culture. The Senior Leadership Team and the Extended Leadership Team have worked together to co-design the organisational structure, improved governance and assurance approaches and have renewed success statements and strategic objectives for the Partnership. Planning is underway to design a medium to long-term organisational development plan that builds on work done to date, recognising the integrated strategic and operational business priorities that deliver the outcomes required by the people of Fife.

### Training and Development

#### Social work and social care staff:

The Workforce Development Plan 2020-21 was paused due to the pandemic. Existing training was adapted, and new training developed, over a very short space of time to prepare Team Fife volunteers to support the Care at Home Service should they be needed. 62 volunteers from Fife Council (not including existing Health and Social Care staff who took on new roles to support services) completed the training programme.

Training included:

- Adult Protection
- Care at Home
  - Support Plan Familiarisation
  - Personal Care
  - Continence and Catheter Care
  - Personal Protective Equipment (PPE)
- Data Protection
- Food Hygiene Awareness
- Lone Working
- Moving and Handling

Across all services, the emphasis has been on staff wellbeing and increasing support, ensuring staff were kept informed of the online resources which were available to staff including support to cope with grief, loss and bereavement. Staff health and wellbeing will continue to be a priority for 2021-22, and information will be tailored with team development sessions, which not only reflect on the learning over the past year but bring a focus on moving forward and understanding what staff need to do this effectively.

Collaborative work with external providers to adapt existing training to a virtual delivery, without losing quality, has resulted in more flexible, blended learning opportunities for staff. This includes working with Scottish Autism, Talking Mats and Fife Carers Centre. The training on Autism, Talking Mats and Implementing the Carer's (Scotland) Act continues into 2021-22, with new modules to extend learning further becoming available.

Whilst essential training in Adult Protection and Mental Health were adapted to be delivered as webinars, other training required face-to-face delivery. This included Moving and Handling, Emergency First Aid and administration of Midazolam. These training courses were offered online as an interim measure to reduce the face-to-face delivery time. Any face-to-face sessions needed, have continued with additional safety measures in place.

Priorities for 2021-22, in addition to the ongoing essentials for service delivery, include:

- leadership and management
- assessment and management of risk
- succession planning and talent management
- adapting to new working styles and the shift in work culture

#### **Health staff:**

Classroom training was paused during the pandemic, however, training for several offerings has recently been re-introduced, including Recruitment and Selection, TURAS Appraisal, Foundation Management, and preparing for retirement courses (all delivered via MS Teams). 200 staff from the Partnership attended the Turas appraisal training between January and March 2021.

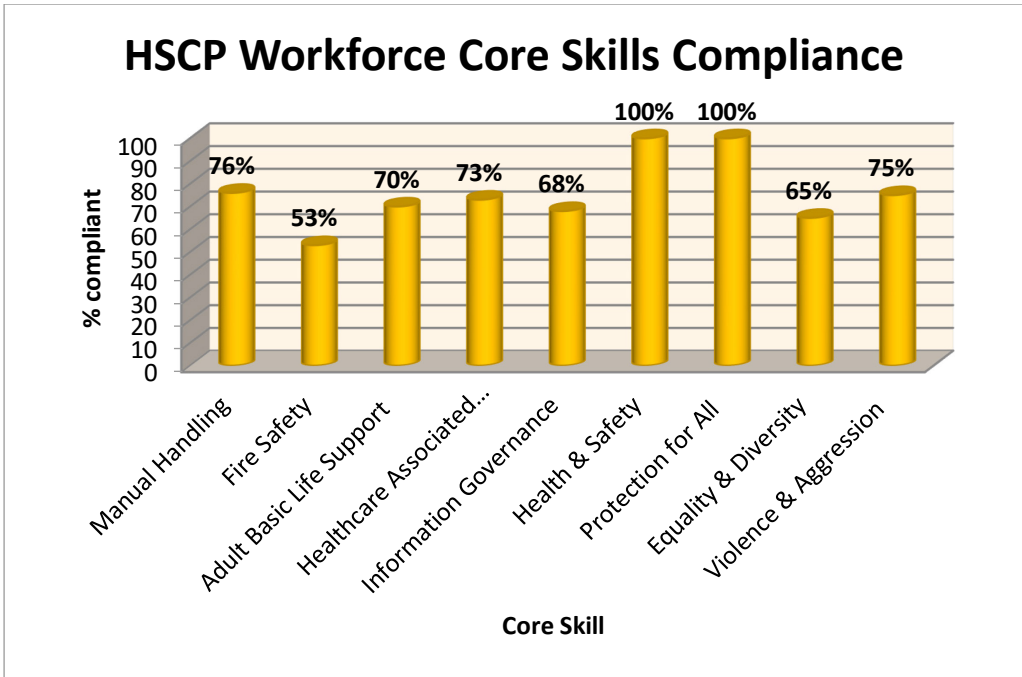
More training courses will become available over the course of 2021/22 via Teams – staff feedback on this has been positive and welcomed.

Future improvements will see NHS Fife move from LearnPro to TURAS Learn as the preferred Learning Management System for all eLearning courses. This move will offer a significant benefit to the Partnership as this platform will be accessible to third sector organisations ensuring they have access to the same learning opportunities. The TURAS Learn platform will also be able to provide real time reporting data.

#### **Core skills compliance**

Core skills training is monitored at a local level in accordance with organisational policy and statutory/regulatory requirements. All nine Core topics (included in the table) are considered compulsory. Not all staff will be able to comply with the mandatory requirements due to long-term leave.

Please note that there are ongoing efforts in place to bring the compliance levels up for fire safety, information and governance and equality and diversity. The planned programme of work to address this provides all managers with detailed compliance data for their teams along with some supporting guidance materials, enabling them to identify outstanding Core Training for each member of staff.



**Induction**

From March 2020, as part of the initial response to the pandemic, the Induction programme for NHS Fife employees moved to an online model where new employees undertook induction via a blend of e-learning, videos and links to digital resources.

There is no desire to return to a classroom-based induction, there is a commitment to develop staff from the outset of their employment. Ensuring new employees receive essential organisational information and Core Skills training relevant to their role as soon as they commence employment is extremely beneficial and helps to facilitate the delivery of safe and effective, person-centred care. We continue to identify areas for improvement in this programme and have successfully inducted 240 new starts in the H&SC Partnership between 1 April 2020 and 31 March 2021.

Over the coming months a new ‘welcome and orientation’ package (hosted on TURAS Learn) will support rapid induction for Partnership staff.

The Partnership is also developing a specific welcome and induction programme for new starts to the Partnership.

## Health and Safety

The main focus of Health and Safety throughout 2020-21 has been supporting staff through the pandemic.

Before the pandemic, health and safety leads from NHS Fife and Fife Council were working with the Director of Fife Health and Social Care Partnership and the Health & Safety Forum in developing workplan for 2020-21. This work was paused.

The Health & Safety Forum was also paused during 2020/21 to concentrate efforts to support the pandemic.

To keep the Local Partnership Forum updated on health and safety developments, health and safety leads attended the Local Partnership Forum meetings and also participated in the Partnership's Silver Command structure meetings and Senior Leadership Team meetings.

The ability to participate in these meeting has been of real benefit and ensured that any health and safety issues were escalated and managed throughout the pandemic.

### **Moving and handling**

The Moving and Handling training continued to run essential face to face courses throughout the pandemic. The MHT Team re-developed the existing training package to comply with the guidance in place.

This allowed more staff to be trained with an increase of around 30% compared to previous years. New and existing staff have been able to access regular training to ensure they are fully competent. This increase in training is due to additional resources to deliver this.

### **Personal protective equipment**

Personal protective equipment (PPE) has been a major for colleagues in NHS Fife, particularly FFP3 masks and respiratory protection and the supply of gloves, aprons and surgical masks.

Due to a change by the UK Resuscitation Council meant that the health and safety teams with input from colleagues the Partnership and NHS Fife, were instrumental in a large-scale rapid mask fit-test programme with approx. 2000 fit tests carried out in May to June 2020,

Any issues identified were quickly addressed through collaborative working with Procurement (locally and nationally), Health & Safety, Occupational Health and Infection Control.

As restrictions start to ease, the ligature risk assessment programme for the Partnership will be available. Some work on updating action plans and processes has been undertaken. The process and programme for these assessments is also being reviewed using small test of change methodology to provide better quality and more consistent assessments and this will be a significant piece of work for 2021 – 2022.

Looking forward, with changes to the management structures in both Partnership and Acute, governance and committee structures are probably due a timely review.

**Next steps**

There will be a focus on re-introduction face-to-face training when this is safe to do so and develop a recovery plan to ensure staff that could not access the training during the pandemic have the up-to-date training.

Consider health and safety leads involvement on the Local Partnership Forum on a more formal basis.

## Equality and Fairness

For some groups the impact of covid has been felt more greatly. During 2020/21, much of work on equality and inclusion as an employer was in response to the Covid-19 pandemic. More than ever, it's been recognised the importance of being a flexible and family-friendly employer.

Within NHS Fife a new BAME Network (Black, Asian, and Minority Ethnic (used to refer to members of non-white communities in the UK). was established with an open invitation to colleagues from all sectors and staff side colleagues. The inaugural meeting was very well attended and received, with a Chair and Co-Chair nominated from within the group. The Network will take forward local actions in terms of training, education and support and will also seek to participate in the new National network being established in April 2021.

Fife Council has committed to actions following the Scottish Parliament's enquiry on Race Equality, Employment and Skills including improving equality data at all stages of the employment cycle – recruitment, reviewing training provisions relating to diversity and inclusion and working to explore opportunities for increased community engagement (including BAME community groups) through Fife Centre for Equalities.

The impact of the pandemic has also highlighted the need for flexibility. We were part of a Scottish Government research project and our case study is available to read [here](#). We also provided specific support for those from BAME communities, those with caring responsibilities, those experiencing domestic abuse and those with underlying health conditions. Further information about this can be found in our latest Equalities in Employment Report on [fife.gov.uk](http://fife.gov.uk).

### Reporting and Setting a new Equality Outcome

The Equality Act 2010 (Specific Duties) Regulations 2012 place specific duties on Fife Council and NHS Fife to gather, use and publish employee information and publish pay gap information every two years. It also requires Fife Council and NHS Fife to publish an equal pay statement every four years.

Fife Council and NHS Fife meet the specific duties in relation to the publishing of information about the workforce and pay practices within Equality in Employment Reports / Equal Pay report (available on [fife.gov](http://fife.gov) / the NHS Fife website). These reports provide employee information across all of the protected characteristics including recruitment, training, dismissals, discipline and grievance. The appendices of these reports also provide information about gender, race and disability pay gaps, as well as occupational segregation.

In our April 2021 reports both NHS Fife and Fife Council published their revised equal pay statement.

### Looking forward

In 2021/22, we will continue to monitor and review policies, procedures and practices relating to the pandemic and ensure that we consider the impact on protected groups when making any further changes.

Both NHS Fife and Fife Council are committed to progressing their outcomes detailed in their Equality Outcomes and mainstreaming plans for 2021-2025. This means advancing equality of opportunity, fostering good relations and eliminating discrimination within the workforce.

The NHS Fife plan seeks to improve the health and welfare of BAME staff groups.

We will act on the listened to recommendations and issues faced by institutionalised behaviours that affect certain protected characteristics staff groups.

We will continue to support the development of the BAME Network in line with local needs and expectations and national guidance ensuring their voice is heard across the NHS, nationally and including at NHS Fife Board level.

Fife Council's proposed outcome is to understand the workforce better and reflect the diversity of the local population. To do this, there will be engagement with local communities about workplace practices and work to improve the information about employees. Other actions proposed to take can be found in our [Equality in Employment Report 2021](#).

## Engagement

The Fife Health & Social Care Partnership would not have been able to achieve as much as it has in the past year without the active involvement of all its staff. The need to mobilise, redeploy and recruit significant numbers of staff would not have been possible without the involvement of the staff and their Trade Unions and Professional Organisations. At all stages of the COVID-19 pandemic staff side organisations have been included in discussions and where rapid action has been required a spirit of cooperation and compromise has been sustained to achieve an acceptable outcome for all. The COVID Gold, Silver and Bronze command structures have had staff side fully engaged.

The LPF has met monthly during the past year, rather than every two months, to ensure any problems that arose were picked up at an early stage and to get feedback from staff.

Trade Unions have been fully cited with the changes to the Partnership's Organisational structure that will be implemented from June 2021.

### Everyone Matters

The Everyone Matters Pulse Survey was used to measure staff engagement for 2020. The pulse survey enabled staff to express their views, feelings and experiences of working, over a six- month 'Covid period' from March to September 2020.

All 22 NHS Boards and 30 Health and Social Care Partnerships across Scotland participated in the pulse survey, with a total of 196,784 respondents invited to submit a response. A total of 83,656 respondents participated in the survey, accounting for 43% of the Health and Social Care workforce.

The survey was sent to staff in September 2020 and the results were published on 4 December 2020. There was a 38% response rate in Fife, with almost 1900 respondents from the Health and Social Care Partnership taking part, whilst this is a lower response rate than the 2019 iMatter survey (60%), it is in line with other partnerships responses.

We recognise the level of change being experienced by Health and Social Care staff during the pandemic, with 78% of respondents experiencing a change in their job role, or the environment they are working in during the Covid period.

The pulse survey produced qualitative themes and word clouds for the first time. The word cloud included below is in response to the free text questions about well-being. The top words used by staff to describe their worries and support.





As you can see from the word cloud respondents were most worried about Covid, work, patients, colleagues and their home lives.

It is important to recognise the level of change being experienced by staff during the pandemic with around a quarter of the respondents working in a different location, having school age children at home or providing support to vulnerable relatives living elsewhere. These changes to personal circumstances place an additional pressure on staff.

Staff Health and Wellbeing continues to remain a priority. Many local and national resources have been created, to support the workforce in a focussed way and in recognition of the changing priorities and pressures on the workforce over the last months.

The pulse survey focused on staff experience during the Covid-19 period, however this was one element of a whole system approach to continually improve our staff's experience. The iMatter Programme will commence in September 2021 and we will continue work developing a new, bespoke Dignity at Work tool, enhanced wellbeing and resilience strategies and wider equalities, diversity and inclusion action.

### **National Whistleblowing Standards**

New National Whistleblowing Standards for the NHS in Scotland were introduced from 1 April 2021. This will be a change in how whistleblowing concerns are dealt within the NHS Fife. The Standards are underpinned by legislation and cover all NHS providers.

The key aim is to ensure everyone is able to speak out and to raise concerns, when they see harm or wrongdoing, putting patient safety at risk or become aware of any other forms of wrongdoing.

This learning will become a core requirement over the course of 2021/22 to ensure that all members of staff are appropriately trained. This training can be accessed via TURAS.



## CONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 16<sup>TH</sup> APRIL 2021, 1000hrs - MS TEAMS

|                               |  |
|-------------------------------|--|
| <b>Present:</b>               | Councillor Tim Brett (Chair)<br>Christina Cooper, NHS Board Member<br>Martin Black, NHS Board Member<br>Councillor David J Ross<br>Councillor Jan Wincott<br>Wilma Brown, Employee Director  |
| <b>Attending:</b>             | Dr Helen Hellewell, Associate Medical Director<br>Nicky Connor, Director of Health & Social Care<br>Lynn Barker, Associate Director of Nursing<br>Cathy Gilvear, Quality Clinical & Care Governance Lead<br>Lynne Garvey, Divisional General Manager (West)<br>Fiona McKay, Interim Divisional General Manager<br>Kathy Henwood, Chief Social Work Officer |
| <b>In Attendance:</b>         | Jennifer Cushnie, PA to Dr Hellewell (Minutes)<br>Rachel Wyse, PC Transformation Programme Manager<br>Jennifer Rezendes, Service Manager Adult Services West<br>Lesley Gauld, Information Compliance Manager, HSCP   |
| <b>Apologies for Absence:</b> | Scott Garden, Director of Pharmacy and Medicines<br>James Crichton, Divisional General Manager (Fifewide)<br>Norma Aitken, Head of Corporate Services<br>Suzanne McGuinness, Service Manager Improving Outcomes  |

| NO  | HEADING  | ACTION |
|-----|--|--------|
| 1.0 | <b>CHAIRPERSON'S WELCOME &amp; OPENING REMARKS</b><br>The Chair welcomed everyone to the meeting which had been carried forward from 2 weeks previous, due to a clash with an NHS Board meeting. |        |
| 2.0 | <b>DECLARATION OF MEMBERS' INTEREST</b><br>There were no declarations of interest.   |        |
| 3.0 | <b>APOLOGIES FOR ABSENCE</b><br>Apologies were noted as above.   |        |
| 4.0 | <b>MINUTES OF PREVIOUS MEETING</b><br>Cllr Brett asked if members wished for any changes to the previous minutes of 26.02.21, or had any matters to raise.                                       |        |

| NO  | HEADING  | ACTION |
|-----|--|--------|
|     | <b>Decision</b> – As no changes were requested, the Committee agreed to approve the Minute of 26.02.21.  |        |
| 5.0 | <b>ACTION LOG</b>  |        |
|     | No items from the Action Log were raised.  |        |
| 6.0 | <b>GOVERNANCE</b>  |        |
| 6.1 | <b>Clinical and Care Governance Update</b>   |        |
|     | <p>Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance.</p> <p>HH gave assurance SAERs and LAERs have recommenced and is working to get these back on target. She advised, priority is being given to the most significant clinical concerns. The COVID vaccination programme is progressing well with over 80's 2<sup>nd</sup> dose vaccinations expected to be completed by GPs within the next few weeks. Under 30's who are booked to receive 1<sup>st</sup> dose AstraZeneca are being rescheduled, following emerging guidance. HH advised a great deal of clinical updates, regarding AZ guidance, has been released to ensure this progresses well. Currently, there are no concerns regarding vaccine supply.</p> <p>Cllr Ross queried venues of vaccination delivery and when these would be confirmed. HH and NC advised these are yet to be decided and will be communicated as soon as a decision is made.</p>  |        |
| 6.2 | <b>Clinical Quality Report</b>   |        |
|     | <p>LB confirmed HH's comment regarding the recommencement of SAER and LAER processes from 1<sup>st</sup> March, also cluster reviews within Mental Health with 9 meetings to date. This is robust work led by the Head of Nursing. Senior Leadership 'walkabouts' are being maintained virtually.</p> <p>LB advised there has been a non-improvement/deterioration in all falls across the Partnership. Substantial work is being carried out around this issue, LB expanded on this.</p> <p>Education and training work is taking place around medicine and also significant preparatory work taking place following new guidance regarding patient visits. These will commence 26.04.21.</p> <p>LB highlighted two positive stories which have come through Care Opinion.</p> <p>MB thanked LB for her update and was encouraged by the positive story regarding Mental Health Services. However, he was concerned at the significant wait time for these services. HH made reference to a story of a patient awaiting an appointment for CAMHS and the difficulties around this. She gave assurance, robust measures are in place to tackle lengthy delays.</p> |        |

| NO  | HEADING  | ACTION |
|-----|--|--------|
| 6.0 | <b>GOVERNANCE (Cont)</b>   |        |
|     | <p>HH highlighted the improvement seen in C.diff and Staph aureus infections within hospital settings and also commented on the improvement noted in Mental Health wards where increase in incidences of ligature and restraint did not continue. This reflects the good work going on within the Mental Health Team, particularly around activities provided for patients.</p> <p>Cllr Ross questioned the change of median for fall rates. CG explained the reason for the change.</p> <p>Cllr Brett queried why COVID is not included as a hospital acquired infection. HH advised, there are ongoing National discussions taking place around this, currently it does not fit the required criteria.</p> <p>The work taking place within the Suicide Prevention Team was discussed at some length.</p> <p>CC asked HH if GPs are aware of a process available to identify patients who are not suitable for a certain type of COVID vaccine. HH confirmed GPs have received detailed communication from herself, Scott Garden and Esther Curnock regarding how to implement this process. CC and HH will discuss off-line one incidence of the process not being followed.</p> <p>The response from Services to Care Opinion stories was discussed and the continuous effort to improve and streamline pathways through joined up working and additional staffing.</p> |        |
| 6.3 | <b>Primary Care Update</b>   |        |
|     | <p>HH stated she was keen to bring an update to the Committee around Primary Care Transformation and what has been achieved, despite the constraints of the pandemic. Scottish Government has recognised it was not possible to have all parts of the Memorandum of Understanding in place by March 2021, partly due to the pandemic and also due to training and staffing needs.</p> <p>HH highlighted several points, including:</p> <ul style="list-style-type: none"> <li>• Impact of Covid 19 on planning – programme paused</li> <li>• Digital solutions embraced, particularly NearMe, other solutions in place for patients who are unable to use digital applications</li> <li>• Deployment of workforce during pandemic</li> <li>• Development of Professional-Professional pathways</li> <li>• Recruitment of 70, out of 86 whole-time equivalent posts required</li> <li>• Recruitment of MH nurses early on</li> <li>• Changes planned and extension to timescales</li> <li>• Next steps being taken and learning from pandemic</li> <li>• Flu delivery planning taking place now</li> <li>• Impact on General Practice and workload</li> </ul>   |        |

| NO  | HEADING   | ACTION |
|-----|---|--------|
| 6.0 | <b>GOVERNANCE (Cont)</b>  |        |
|     | <p>Questions were answered relating to the Tracker, GPs engaging with the public and additional staffing within General Practice.</p> <p>A further report will come to the Committee.</p> <p>NC would welcome a further report and stated it was very impressive Fife are being considered as an example of excellence by Public Health Scotland for data gathering to inform an Outcomes Framework.</p> <p>A future report will be escalated to IJB as an example of good practice.</p> <p>MB questioned poor communication between General Practice and the public. HH felt this was beyond the scope of PC Improvement Transformation and relates to the normal business of General Practice. She explained there are two strands– educating the public to recognise the correct professional to see, enabling them to go straight there. Secondly, a communication strategy which is being developed, outlining what the new General Practice is going to look like as we come out of the pandemic. HH told of work going on around health inequalities Nationally and the move to digital and ensuring some people are not dis-advantaged. She suggested a development session to explore this in more depth would be beneficial.</p> <p>It was agreed, this would be helpful and a development session on Primary Care will be scheduled.</p> |        |
| 6.4 | <b>IJB Directions Policy</b>  |        |
|     | <p>NC stated committee members will be familiar with the Directions Policy which was implemented almost a year ago and has been discussed many times since. It is now coming through each of the Committees before going to IJB for formal sign off. NC welcomed questions from the meeting.</p> <p>Cllr Brett asked if Fife Council and NHS Fife have commented on the report, as per Appendix A, headed 'For Consultation/Comment by IJB / FC / NHS', or will this be after the next IJB meeting. NC advised, the report will come to the IJB with full sign up from NHS and FC, she has personally discussed the document with Carol Potter and Steve Grimmond who have considered it within their structures.</p> <p>The report will come to IJB for approval on 23<sup>rd</sup> April '21.</p>   |        |
| 6.5 | <b>Glenrothes Hospital Action Plan / Tarvit Report</b>  |        |
|     | <p><b>i. <u>Glenrothes Hospital</u></b></p> <p>LB apologised for the late issue of these papers. She advised inspection updates have been delivered verbally at previous meetings.</p>  |        |

|                   |   |  |
|-------------------|---|--|
|                   | <p>The Glenrothes report details the Action Plan which has been implemented to align with each of the five requirements identified by Health Improvement Scotland (HIS) during their unannounced visit to Glenrothes Hospital on 7<sup>th</sup> and 8<sup>th</sup> July 2020.</p> <p>LB gave detail of the requirements identified which were predominantly nursing documentation and one requirement relating to patient equipment.</p> <p>LB commended the inordinate amount of work carried out by the teams in the wards at both Glenrothes and Tarvit. This work was supported by the Lead Nurse, Hospital Services Manager and Head of Nursing, in addition to LB, LG and HH to remedy the requirements. LB described the many areas of very good practice which were recognised during the inspection.</p> <p>LB instigated an audit across Fife by a Senior Nurse, with an action plan around it. Two sub-groups of documentation were commissioned specifically around admission and transfer from Acute. Implementation of Person Centred Care Planning, which has been considered for some time and is currently being used within Mental Health throughout Scotland will be introduced. LB felt, although used slightly differently within MH, learning can come through MH colleagues' experience.</p> <p><b>ii. <u>Tarvit Ward, Adamson Hospital</u></b></p> <p>LB advised, Health Improvement Scotland made an unannounced inspection visit to Tarvit Ward on 28<sup>th</sup> October 2020. The inspection resulted in 3 areas of good practice and 8 requirements.</p> <p>LB outlined the areas of good practice and the requirements identified. Six related specifically to documentation and 2 related to infection control and prevention. These were described in detail.</p> <p>LB advised, very similar to Glenrothes, significant work has taken place at Tarvit to implement the robust Action Plan.</p> <p>Questions were welcomed.</p> <p>Cllr Ross felt such late submission of reports was unacceptable and sought assurance papers would not be circulated without adequate reading time in future. It was agreed this would not be repeated.</p> |  |
| <p><b>6.6</b></p> | <p><b>Chief Social Work Officer's Report</b></p>  |  |
|                   | <p>KH introduced the report which is for 2019/2020 and, therefore, a retrospective report. She stated this report is for Noting and will come to Committee on an annual basis. The report has been submitted to the National Framework, allowing comparison and benchmarking activity across the whole of Scotland. The next report is due August 2021, part of this report links in with the start of the pandemic and responses Social Work took regarding staff allocation and reprioritising of work.</p>   |  |

| NO  | HEADING  | ACTION |
|-----|--|--------|
| 6.0 | <b>GOVERNANCE (Cont)</b>   |        |
|     | <p>KH advised the August 2021 report shall focus more on the improvement activity taking place and intentions going forward.</p> <p>FMcK advised the report is jointly in respect of Children &amp; Families, Criminal Justice and the SW aspect of HSCP. There is a framework the report must follow, therefore, it does not follow the normal reporting format. Key achievements of SW Social Care work in localities was outlined, Carers and the Mental Health Strategy and workforce planning were all described. Questions were invited.</p> <p>Cllr Brett commented he found the report very interesting. Discussion ensued which covered children on the edge of care, care planning, staffing and voluntary sector work.</p> <p>This report has been presented to the Education and Children's Committee and Scrutiny Committee.</p>  |        |
| 6.7 | <b>Corporate Parenting</b>   |        |
|     | <p>KH advised there is a statutory responsibility to report through the Corporate Parenting Board to Scottish Government. KH explained the Board had evolved into an operational group, which will continue, however, it will now take a more strategic leadership role, driving the agenda for change of Corporate Parenting across the formal structures within Fife. KH explained how as Corporate Parents there is a responsibility to ensure children and young adults are not discriminated for being in the care system and they have full access to the supports in place.</p> <p>KH stated through review of the Board, roles and responsibilities are being revised, a reporting structure is being implemented with an operational group monitoring data and analysis ensuring there is a keen sense of what services and supports children have been receiving and the outcomes. KH gave an insight into the work which is taking place and the changes which are planned, going forward.</p> <p>The role of Clinical &amp; Care Governance was discussed, identifying health and social care needs which KH described.</p> <p>NC suggested a development session later this year would be beneficial. KH agreed and was keen for a session to take place in approximately 5 months' time, once the Board has been reviewed. She went on to describe the many aspects of Corporate Parenting which would be covered.</p> |        |

| NO   | HEADING  | ACTION |
|------|--|--------|
| 6.0  | <b>GOVERNANCE (Cont)</b>   |        |
| 6.8  | <b>Adult Protection Annual Report 2020 : Adult and Older People</b>  |        |
|      | <p>FMcK introduced Jennifer Rezendez, Service Manager Adult Services West and gave a brief overview of the report and the work going on under the Adult Support and Protection (Scotland) Act 2007. Questions were invited.</p> <p>Cllr Brett asked if, without disclosing confidential information, an independent case review could be shared with the meeting. JZ explained when significant events are looked at through the case review process, it is a robust process with multi-agency involvement. She stated, this is a normal part of the process to ensure a good level of scrutiny is involved, not a cause for concern but as a level of re-assurance, done as a multi-agency group. Any learning is taken forward either independently or through the Committee's learning and development group and shared.</p> <p>Cllr Brett was interested to note the Professional Curiosity e-learning module which has been set up.</p> <p>FMcK advised SW are about to enter into an Inspection.</p> |        |
| 6.9  | <b>Complaints Update</b>   |        |
|      | <p>FMcK gave background to the paper by running through some of the figures – during 2020 HSCP closed 360 complaints, 64% were stage 1 and 36% stage 2. Over the year, 74% complaints have closed at stage 1, during 2020 the number of complaints being processed by the SPSO has reduced significantly, in 80% of cases, SPSO decided not to investigate the complaint whereas in 2019 this was at 35%.</p> <p>Great progress is being made in answering complaints at stage 1 and stage 2. FMcK felt this was largely down to the work of Lesley Gauld, Information Compliance Manager.</p>   |        |
| 6.10 | <b>Assurance Statement</b>   |        |
|      | <p>Cllr Brett asked if members of the Committee agreed with the details within the C&amp;CGC Assurance Statement for 2020-2021. All members indicated their agreement. Cllr Brett will link with JC to electronically sign the document.</p>   |        |
| 7.0  | <b>EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b>   |        |
|      | <p>No reports.</p>   |        |



| <b>NO</b>   | <b>HEADING</b>  | <b>ACTION</b> |
|-------------|---|---------------|
| <b>8.0</b>  | <b>ITEMS FOR ESCALATION</b>   |               |
|             | Cllr Brett commented on Primary Care Update provided by HH / RW and gave reference to the Chief Social Worker's Report which he felt were worthy of noting. |               |
| <b>9.0</b>  | <b>ANY OTHER COMPETENT BUSINESS</b>   |               |
|             | No other competent business.  |               |
| <b>10.0</b> | <b>DATE OF NEXT MEETING</b> – Wednesday 02 June 2021, 1000hrs<br>MSTeams  |               |



# Fife Health & Social Care Partnership

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## CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE THURSDAY 8 APRIL 2021 AT 10.00 AM VIA MICROSOFT TEAMS

- Present:** David Graham [Chair]  
David Alexander  
Margaret Wells, NHS Board Member  
Martin Black, NHS Board Member  
Rosemary Liewald
- Attending:** Nicky Connor, Director of Health & Social Care  
Audrey Valente, Chief Finance Officer  
Euan Reid, Lead Pharmacist Medicines Management  
Jim Crichton, Interim Divisional General Manager  
Fiona McKay, Interim Divisional General Manager  
Norma Aitken, Head of Corporate Service, Fife H&SCP  
*In attendance:*  
Tim Bridle, Audit Scotland  
Carol Notman, Personal Assistant (Minutes)
- Apologies for Absence:** Helen Hellewell, Associate Medical Director  
Lynne Garvey, Divisional General Manager (West)  
Scott Garden, Director of Pharmacy & Medicines

| NO | HEADING  | ACTION |
|----|--|--------|
| 1  | <b>WELCOME AND APOLOGIES</b>   |        |
|    | David Graham welcomed everyone to the meeting and apologies were noted as above. David advised that although there was one vacancy with Les Bissett standing down the meeting was still quorate. |        |
| 2  | <b>DECLARATIONS OF INTEREST</b>  |        |
|    | There were no declarations of interest.  |        |
| 3  | <b>MINUTE OF PREVIOUS MEETING – 5 MARCH 2021 &amp; 18 MARCH 2021</b>   |        |
|    | Minutes of the meetings held on 5 March and 18 March 2021 were approved.   |        |
| 4  | <b>MATTERS ARISING / ACTION LOG – 12 FEBRUARY 2021</b>   |        |
|    | Noted  |        |

| NO       | HEADING   | ACTION    |
|----------|---|-----------|
|          | <p>Fiona McKay noted that the Carer's Strategy was part of the discussion for Young Carers which will recommence when services reopen.</p> <p>Adult Packages is the transition from Children's Services to Adult Services and is looking to bring a paper back to the next F&amp;P Committee.</p>   | <b>FM</b> |
| <b>5</b> | <b>FINANCE PAPER</b>  |           |
|          | <p>The Finance Paper outlined at 28 February 2021 reported a projected outturn underspend of £4.851m</p> <p>There are four key areas of underspend:</p> <ul style="list-style-type: none"> <li>- Community Services</li> <li>- Older People Residential &amp; Daycare</li> <li>- Adult Supported Living</li> <li>- Nursing and Residential</li> </ul> <p>The Reserves Policy which was approved in 2017 will be implemented for the first time.</p> <p>Margaret Wells asked what the implications of using reserves was. It is planned to use the reserves with 'Invest to Save' projects so that it continues to generate savings.</p> <p>Martin Black asked about the Risk Share agreement between the partners. Nicky Connor confirmed that there would be no formula used and that the reserves would be considered in the context of the Fife £ and utilized to the best effect for the people of Fife and the transformation journey that is underway.</p> <p>The Committee noted the paper.</p>  |           |
| <b>6</b> | <b>OLDER PEOPLE TREND ANALYSIS PRESENTATION</b>   |           |
|          | <p>Audrey gave a presentation on the analysis of the trends associated with Older People Care Packages from the commencement of the Health and Social Care Partnership.</p> <p>David Graham queried whether the savings associated with the Direct Payments was linked to the changes implemented to the High Reserves. Audrey confirmed that she did not think this was the case although the service was taking back the unused reserves. Fiona McKay confirmed that the number of people who required SDS is high within the Adult Services, and their package would be dependant on their needs to remain living at home.</p> <p>Martin Black queried the slide Older People Care Packages (pg 35), how there can be a saving of £1,534 in 2020/21 compared to 2019/20. Fiona McKay advised that although there may be more packages, on average what is required may be smaller packages, which has resulted in savings for the Service.</p> <p>Margaret Wells advised that she was pleased to see that the number of direct payments have risen but noted trying to get full picture of what was happening was challenging. Audrey Valente confirmed that some services may require to grow to accommodate the requirements and in doing this reduces the burden on</p> |           |

| NO       | HEADING   | ACTION           |
|----------|---|------------------|
|          | <p>other services with a resultant realignment of the budget .This needs to be worked through with the Senior Leadership Team and brought back to this Committee for discussion at a later date.</p> <p>Margaret Wells asked if there was a price guide/ceiling for the packages provided or is the service able to spend what is required for each individual case? Audrey Valente advised that there is a national rate but agreed that a bench marking exercise would be beneficial. The bench marking exercise has commenced which will allow a more in-depth review to be undertaken and, on its completion, will be reported back to this committee.</p> <p>Rosemary Liewald asked a question about the use of new technology and how this affected costs of individual packages. Fiona McKay confirmed that ‘Just Checking’ is a good example of where best use of technology has been implemented.</p> <p>David Alexander noted that there had not been much change in the numbers associated with Nursing and Residential care which he had anticipated would have reduced? Fiona McKay advised that there are currently 75 Care Homes in Fife with additional interest to build more but recent changes introduced to planning regulation now allows the Partnership to provide comment on any new build requests.</p> <p>Nicky Connor noted going forward post covid the Partnership will be looking at the data with the transformation programme associated to Bed Based Model. Audrey Valente confirmed that the bench marking project looking at other Partnerships will help to inform planning going forward.</p> <p>Martin Black asked if there is a cut off point for the number of packages? Audrey Valente noted that the increase was in line with the yearly 3% price increase.</p> <p>The Committee noted the paper and agreed that this report would come to the Committee Annually.</p> | <p><b>CN</b></p> |
| <b>7</b> | <b>PERFORMANCE REPORT</b>   |                  |
|          | <p>Fiona McKay highlighted that the Service is seeing an increase in the number of Delays Discharges and advised that a programme to reduce the delays has been put in place.</p> <p>The Local Performance Information Scorecard Table (pg 48) highlights the delays associated with STAR Beds. It is anticipated that the numbers will drop now that the care homes have reopened.</p> <p>Fiona noted that the information regarding absence figures for Fife Council is not yet available due to technical issues.</p> <p>Margaret Wells noted that the Fife Council absence rate of 8.7% is very high. Fiona McKay noted that some of this will be related to covid absences and the Council was regularly monitoring all staff absences relating to the pandemic whether staff are shielding or requiring to self-isolate.</p> <p>Margaret Wells noted the opportunity to review the CAMHS Urgent Response Team redesign and inquired where the service was with this. Fiona McKay</p>  |                  |

| NO | HEADING   | ACTION |
|----|---|--------|
|    | <p>advised that this had been delayed due to absence information not being available within ORACLE and that it would hopefully be ready by the next report. David Graham confirmed that it was imperative that accurate staffing information is provided.</p> <p>Jim Crichton noted that the CAMHS Transition is being discussed at the Development Session on 9 April 2021. Jim Crichton confirmed that the CAMHS Team were looking to recruit an additional 8 temporary staff members which will resolve many issues.</p> <p>Nicky Connor noted the issue with Oracle, and wished to assure the Committee that absence information was being closely monitored by the Local Partnership Forum which meet on a monthly basis.</p> <p>Martin Black noted that the waiting time for the Psychological Therapies Services was incredibly long with c.1,000 people having to wait over a year and suggested that reserves are reallocated to reduce the waiting time. Jim Crichton advised that this was an ongoing problem, but the service had made some progress this year to address the issue and are on trajectory to reduce the waiting time.</p> <p>Nicky Connor invited Jim Crichton and the Mental Health Team to give a presentation to the Committee at a future meeting to provide the additional assurance that work is progressing.</p> <p>Margaret Wells noted the long length of time from referral to treatment by the Psychological Therapies Team. Jim advised that staff members who are making the referrals are very good at triaging patients.</p> <p>The service is anticipating a surge in capacity following the pandemic and are looking to recruit 6 Advanced Nurse Practitioners to support the medical team.</p> <p>Rosemary Liewald queried who would be receiving the £500 bonus payment from the Scottish Government, as she had received questions from external sources. Fiona McKay advised that Fife Council Staff will receive the money in their April Salary and information was sent out to all providers asking them to complete and return to Fife Council for progressing. It is noted that not all providers have responded which needs to be addressed to ensure that all staff who are entitled to the bonus receive it. Fiona noted managing the process for those who receive SDS Package and have a PA is providing challenging for the Fife Council Finance Team. Martin Black asked if the bonus was taxable which Fiona confirmed that it was and the offer to receive it over 3 months was available to staff if it impacted on any benefits received.</p> <p>The Committee noted the Performance Report.</p> |        |
| 8  | <b>IJB DIRECTIONS POLICY</b>  |        |
|    | <p>Nicky Connor delighted to present the policy to the Committee today.</p> <p>Norma Aitken advised that the Policy had been tabled at the Audit and Risk Committee on 5 March 2021 where it have been well received and hoped that</p>   |        |

| <b>NO</b> | <b>HEADING</b>  | <b>ACTION</b> |
|-----------|---|---------------|
|           | <p>this committee would equally support the Policy when it was tabled at the Integration Joint Board on 23 April 2021.</p> <p>The Committee noted the Directions Policy and agreed to recommend Approval to the IJB.</p>  |               |
| <b>9</b>  | <b>FLASH GLUCOSE MONITORING SYSTEM (FREESTYLE LIBRE, REVIEW)</b>  |               |
|           | <p>Euan Reid advised that the uptake for Freestyle Libre has significantly exceeded estimates, however a greater than anticipated reduction in blood glucose testing strips has resulted in an expected 2.5% saving above budget in 2020/21.</p> <p>Euan advised following changes to DVLA guidance in February 2019, capillary blood glucose testing prior to driving was no longer required for Group 1 drivers although this is still required for those driving HGV/Buses (Group 2).</p> <p>Euan advised that the COVID pandemic has drastically reduced patient facing activity and it is anticipated that the current rate of uptake will increase when patient facing activity returns to pre-COVID levels. In addition, there has recently been an advert campaign for this product therefore it is anticipated that there will be increased interest from people with diabetes looking for this technology.</p> <p>For those on Freestyle Libre, individuals receive 26 sensors annually and the Pharmacy Teams have sent regular reminders to patients, practices and community pharmacies.</p> <p>The Committee thanked Euan for his presentation.</p> |               |
| <b>9</b>  | <b>AOCB</b>   |               |
|           | No other business was raised at the meeting.  |               |
| <b>10</b> | <b>DATE OF NEXT MEETING</b>   |               |
|           | Friday 11 <sup>th</sup> June 2021 at 10.00am via Microsoft Teams  |               |



# Fife Health & Social Care Partnership

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## CONFIRMED MINUTE OF THE AUDIT AND RISK COMMITTEE WEDNESDAY 17 MARCH 2021 - 10.00AM – VIRTUAL TEAMS MEETING

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

| NO | HEADING  | ACTION    |
|----|--|-----------|
| 1  | <b>WELCOME AND APOLOGIES</b>   |           |
|    | The Chair welcomed everyone to the meeting and covered the protocols for the meeting.  |           |
| 2  | <b>DECLARATION OF INTEREST</b>   |           |
|    | There were no declarations of interest.  |           |
| 3  | <b>DRAFT MINUTES AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 22 JANUARY 2021</b>  |           |
|    | <p>Following one change to the minutes of the previous meeting. This being on page 2, 1<sup>st</sup> sentence the word Action to be added between 2019/20 and plan. With this change the minutes were accepted as a true and accurate record</p> <p>Cllr Ross queried on page 2 that Audrey Valente had noted that she was optimistic and queried whether this was still the case. Audrey advised that she would need to revisit the data and would feedback to a future committee.</p> <p>Cllr Ross queried further down page 2 where it notes submission regarding Integration Scheme will be submitted to Scottish Government by end of March and asked if this was still on schedule. Nicky Connor advised that discussions were ongoing, with both partner bodies and the working group had concluded their review with agreement from Scottish Government to submit the reviewed scheme by 31 March 2021 and outline the area that requires further work.</p> <p>The Action Log from 22 January 2021 was noted and agreed.</p> | <b>CN</b> |

|   |  |           |
|---|--|-----------|
| 4 | <b>UPDATE ON 2020/21 AUDITS</b>  |           |
|   | <p>The Chair introduced Avril Cunningham Chief Internal Auditor at Fife Council who presented this report which was for information.</p> <p>Avril Cunningham advised that since the update was prepared there has been further progress and was happy to say that the Transformation Programme is almost complete, she was waiting on response regarding Financial Information and aims to progress the information received regarding the covid-19 response within the next week.</p> <p>Avril confirmed that the actions outlined in the summary for Fife Council Audit Reports will be added to Fife Council's Action Plan. Avril noted that she was happy to attend the next Audit and Risk Committee Meeting where the post audit reports will be reviewed. The reports are anticipated to provide a clean handover to her successor Tony Gaskin when she retires in September 2021.</p> <p>The Chair thanked Avril for all her support to the committee over the years and wished her well with her early retirement.</p> <p>Cllr Dempsey noted that he had seen the Transformation Report. Avril Cunningham confirmed that the report had not been widely issued and Cllr Dempsey had received it in his role as a member of the IJB and HSCP Audit and Risk Committee and noted that it will come formally to this committee for discussion and following this is submitted to the Fife Council and NHS Fifes Committees for information.</p> <p>The Chair confirmed that the Committee had noted the update on the 2020/21 Audits as requested.</p>                                   |           |
| 5 | <b>RISK PRESENTATION</b>   |           |
|   | <p>Nicky Connor noted that the information provided in the presentation would be an excellent induction for future members who join this committee and went through the presentation with the committee.</p> <p>Cllr Ross asked for a word version of the presentation to be sent to him following the meeting.</p> <p>Cllr Dempsey asked if there was, or should there be, some distinction between Strategic and Operational risk and is there a similar or same distinction between IJB and HSCP Partnership risks as he felt they were not the same. Audrey Valente confirmed that they are separate, the Strategic Risks belong to the IJB and the Operational Risks belong to the Health and Social Care Partnership. Nicky Connor agreed that part of the process of how we identify the Strategic Risks, where they sit with the IJB and the Operational Risks and how the Partnership connects with Partners for these risks is what needs to be looked at in more detail over the next few months.</p> <p>Margaret Wells noted that the presentation was very helpful and would be beneficial to present at a development session as there is a lot of information provided in it. Nicky Connor noted that there are regular development sessions and risks could be discussed there, timings would need to be agreed along with the direction the session would take, such as asking Avril to bring her expertise or from this committee perspective looking at what they would like the wider IJB to explore. Margaret Wells noted that the Operational Risk was associated to</p> | <b>CN</b> |



the Partnership but they are actually a multiple partnership risks involving both Fife Council and NHS Fife and this needs to be taken into consideration.

Cllr Ross asked how reactive the risk register was and how relevant the longer standing items on the register was? He also noted that it would be better if the risk register was more proactive than reactive. Nicky Connor noted that these comments were well made and during the last 12 months have seen both elements of this play out. Having had a review of the risk registers what has been identified is that services locally had a red risk, and although it was a red risk to them it was not a red risk for the organisation and agreed work is required on when a risk would be categorised as red and how this would be defined. Nicky noted that the Partnership was more proactive with the risk management through the pandemic as a specific risk register was developed for Covid at the beginning as it was a significant risk for the organisation taking consideration the issue of PPE etc.

Nicky noted that there is an opportunity to review how we want our standing risk register to be and how do we support staff to react, recognise and mitigate the operational risks for their individuals services which might be an issue for them but not necessarily a strategic risk for the organisation and is an important piece of work to investigate and links in with Margaret Wells comment on connecting this with the employing organisations and partners that we work with.

Avril Cunningham noted that this was a very good overview of a complex area but had 1 point of clarification around the Integration Scheme, it says that the parties developed a shared risk management strategy. This had been picked up in the last risk management report and asked if it the IJB strategy that they formally approved or is it a new one? Nicky Connor advised that the IJB strategy had been approved but following the refresh of the Integration Scheme there is the opportunity to revisit and strengthen some of the areas.

Eugene Clarke noted that Development Sessions have been noted a few times and commented that previously there had been a session on Risk Appetite with Helen that had been very helpful introduction to risk management while not being too technical and having further session would be an excellent opportunity to raise the awareness of risk for the Board Members.

Nicky Connor noted part of this was supporting the committee in its responsibilities and another part was how we strengthen and develop further the risk approach and there has been some helpful suggestions that have come forward regarding wider discussion with the IJB and some work around Risk Appetite that is to be tested on this committee before it is shared with other committees taking into consideration the new committee structure going forward.

Eugene Clarke agreed that having a specific discussion on Risk Appetite would be helpful. Cllr Ross noted that it would be beneficial to develop it further to ensure that this committee is comfortable before it is presented at an IJB Development Session. Margaret Wells noted that it would make sense to wait as there were changes ahead with new members joining when the tenure of some members coming to an end on 31 July 2021.

Nicky Connor noted that with the changes ahead, looking at how this information could be used as an induction for new Board Members on various committees.

|          |  |                                   |
|----------|--|-----------------------------------|
|          | It was agreed that Risk Appetite should be on the agenda for the next meeting to capture reflections of the presentation.  | <b>CN</b>                         |
| <b>6</b> | <b>IJB STRATEGIC RISK REGISTER</b>   |                                   |
|          | <p>The Chair introduced Audrey Valente who presented this report and reminded all that the report was for discussion, consider the content and whether any further information is required on the management of any risk.</p> <p>Audrey Valente advised that the report sets out the IJB strategic risks and is presented at every committee meeting and the executive summary highlights the 7 risks with high residual scores, 5 have remained unchanged and 2 have been lowered since the last meeting.</p> <p>Eugene Clarke queried with regards to the reduced scoring for Brexit and asked what had happened to reduce the scoring. Audrey Valente agreed to investigate and report back.</p> <p>Cllr Dempsey noted that he had a few questions, the first he has raised previously regarding the first risk which is sitting at the top end of severity with regarding the Partnership running out of money, but since there is an arrangement in place with the Partners to meet any overspend the organisation can't run out of money so why is the risk scored with such severity?</p> <p>The second query, he noted that Column 14 is not very helpful it either states that nothing has been changed or directs you to the Management Action Column and asked if changes have been made could the information within the Management Action Column also be highlighted in red? Cllr Dempsey suggested that some of the history outlined within the Management Action column is removed as often no longer relevant.</p> <p>Eugene Clarke noted that it is often useful to see what has been done historically with regards the risks to see what has changed.</p> <p>Margaret Wells noted that she finds the document a very useful summary with enough information being shared that if the committee wish more information a report can be sought from the service. Margaret noted with regards Brexit from other committees that she sat on it was her impression that the uncertainties with drugs and workforce have not been as big an issue as first thought.</p> <p>Nicky Connor noted that she can organise that some of the historical narrative leaving the two more recent updates and where a chance has been made that this is highlighted in red within the Management Action Column.</p> <p>Nicky Connor noted that with regards the financial risk, as Director and Audrey agreed as Chief Finance Officer that it feels risky. For the Partnership's reputation, we would be wanting to be identified as a sustainable organisation and although the wording can be reviewed it remains that it would not be tolerable to partners that we are in a position to use the risk share and it is not something that we want to be doing. Audrey Valente noted that this is part of the strategic risk versus the organisational risk, and the strategic risk for the Partnership is financial sustainability and although there is a risk sharing agreement in place this, it should be treated as a last resort.</p> | <p><b>AV</b></p> <p><b>NC</b></p> |

|                 |   |                                      |
|-----------------|---|--------------------------------------|
|                 | <p>Margaret Wells noted that the report provides assurance on a wide range of issues and confirmed that she did not feel that the committee needed to discuss every item within it, the key is that the committee get the vital information and could not think of another way that all the information could be shared in a summarised format.</p> <p>Margaret Wells noted that with regards the historical information it was often useful to have the original information from when the risk was commenced which shows how long the risk has been open and gives full perspective of the risk, and requested that the start point information remains within the report.</p> <p>Audrey Valente noted that it was good to have the discussion and debate and asked Cllr Dempsey's whether the finance risk shouldn't be included within the risk register or whether the scoring should be lower. Cllr Dempsey noted that he would like to think the response through as he still found the risk register challenging. Nicky Connor agreed to organize a meeting to discuss this offline.</p> <p>Nicky Connor noted that the last column highlighted which committee owned the risk and confirmed it would not be the responsibility of this committee to go through each risk in fine detail, but if they noticed that a risk had not been updated for some time then they could say that we do not feel assured that the risk is being managed appropriately. Avril Cunningham noted that the risk register was the first level of assurance and it is there to assure the management and other committees have everything in place.</p> <p>Margaret Wells suggested that if there is an issue of concern that this is highlighted in the covering report to bring attention to the issue. Nicky Connor advised that this could be added in.</p> <p>The Chair confirmed that the paper and risk register had been discussed and it had been agreed that Risk Appetite be added to the agenda for the next meeting.</p> | <p><b>NC/DD</b></p> <p><b>NC</b></p> |
| <p><b>7</b></p> | <p><b>IJB DIRECTIONS POLICY</b></p>   |                                      |
|                 | <p>Nicky Connor invited Norma Aitken who has undertaken a huge amount of work to develop the policy, and noted that it has been discussed at previous IJB Development Sessions therefore the majority of the document will be familiar to the committee members. There is one element which is new, Appendix A (page 35) attempts to outline the connections between Fife Council, NHS Fife and the IJB giving the framework for responsibilities for delivery and the responsibilities for oversight. There is recognition that the Council and NHS Board are accountable for delivery but the IJB is overseeing these delegated services so the level of reporting will vary depending on the direction which has been issued. The IJB would expect to receive regular reports on the implementation of large strategic changes but if it is a service which is well embedded there will be less oversight as this will feed through into the appropriate Partner.</p> <p>Norma Aitken advised that the policy strengthens the IJB responsibilities and the document has been seen by all with comments received to date being incorporated.</p>  |                                      |

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| <p>Cllr Dempsey noted that he had 1 or 2 points about the report. The first that Directions should be reviewed and issued at the start of the Financial Year which he did not agree with as he felt that Directions should be issued and reviewed when required. The sentence relating to this is on pg 33 and he felt that this sentence shouldn't be included. On page 34 it notes 'depending on what type of direction' and asked if there had been definition on what types of directions there are?</p> <p>Audrey Valente noted in response to first question regarding the Direction being issued and reviewed at the start of the financial year establishes a baseline and links it to the budget process. Nicky Connor noted that the rest of the paragraph explains and there will be 2 mechanisms in which Directions will be issued, the standard/routine proactive cycle which would be reviewed once a year, but over the course of the year if a change came forward a Direction could be issued at any time. The aim is to get to the Medium-Term Change Plan where we know what we want to do in Year 1, 2 &amp; 3 linking it to the strategic plan to have the golden thread weave everything together.</p> <p>Nicky Connor noted that the wording can be reviewed if it is causing some confusion and to avoid an unnecessary glossary highlighting the different types. The key point the policy is trying to make is that some of the directions will be for significant transformational change while others will be routine service delivery.</p> <p>Cllr Dempsey noted within the diagram on pg 35, the service delivery box, bullet 2 notes the extent of the IJB operational responsibility for delivering services and asked if the IJB had operational responsibility. Nicky Connor noted that the IJB has responsibility for the operational oversight therefore the wording should be changed to reflect this.</p> <p>Cllr Dempsey suggested that within Appendix B (pg 36) suggested that an extra 2 lines are added between existing lines 9 and 10 to include success criteria, completion date as well as monitoring and review.</p> <p>Nicky Connor agreed to take away and think about the suggestions whether there should be separate lines as avoiding confusions.</p> <p>Cllr Ross noted that the wording of the template is not sufficient to ensure that the IJB goes down the right path but this is a much bigger piece of work but confirmed that he was happy with the direction of travel and acknowledged that the pandemic had delayed the implementation of the policy.</p> <p>Margaret Wells noted that in the operation of the policy a review is required to ensure that it is working.</p> <p>Tim Bridle picked up on the term operational responsibility being potentially problematic previously and notes that it has been taking out of the draft and suggested the term operational oversight to avoid confusion</p> | <p>NA</p> <p>NA</p> |
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|                 | <p>The Chair thanked Nicky Connor and Norma Aitken for all the work they had undertaken to get the policy to this point and confirmed that the policy had been discussed and will be agreed taking into consideration the suggested amendments noted through the discussions are taking into place and revised document should be tabled at the IJB Meeting on 23<sup>rd</sup> April 2021.</p>   |  |
| <p><b>8</b></p> | <p><b>FINANCE UPDATE</b></p>   |  |
|                 | <p>Audrey Valente advised that the Budget Papers had been issued for the Special Budget Finance &amp; Performance on 18 March 2021. In addition, a Special Clinical Care &amp; Governance Meeting has been organised on 19 March 2021 and Special LPF Meeting on 24 March 2021 prior to being tabled at the IJB on 26 March 2021.</p> <p>The papers outline that the Partnership has a balanced budget for the next financial year and a Medium-Term Financial Strategy (MTFS). There is some detail that needs to be worked through on the MTFS but there are proposals that balance this budget. Audrey noted that the Partnership is reporting a gap of £8M next financial year but £5M of this is CRES Savings that were approved the previous year.</p> <p>The paper talks of a programme of investment and there are quite a few transformation projects which need resources in order to implement the change.</p> <p>Audrey noted that this year's financial outturn is still being worked through, there will be an underspend this year which is anticipated to be c.£3M. The underspend is planned to be carried forward which will invoke the reserves policy for the first time ever.</p> <p>Audrey noted as well as the core budget, significant funds have been provided for covid from the Government and there will be underspends within this budget that will be carried forward into the next financial year.</p> <p>There were some specific funding provided from the Government such as £1.3M for Community Living Fund which will allow the service to invest over the next 3 year period.</p> <p>Audrey noted that there has been a hive of activity for the Finance Team as it is Year End and noted that the audit process will be similar to that of last year therefore won't be looking for approval of accounts by the end of September but end of November when the accounts will be brought back to this committee. Tim Bridle confirmed that Audit Scotland could not commit to the normal strategy timetable and was planning for this to be completed by November 2021.</p> <p>Cllr Ross asked whether it is the plan for the Audit and Risk Committee to approve the accounts this year or will it remain with the IJB. Audrey Valente noted that this had been discussed at a Development Session and did not think that there had been any agreement to date. Nicky Connor confirmed that there had been no agreement and there had been mixed views, and confirmed going forward, this will be reviewed as we bring forward the refreshed Terms of References for the new Committee Structure. Cllr Ross from his memory recalled that there was going to be further discussion at the A&amp;R Committee and</p> |  |

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|           | <p>Tim Bridle was going to outline his reasoning. It was agreed that this should be added to the agenda for the next committee.</p> <p>The Chair thanked Audrey Valente for providing a Finance Update to the Committee.</p>   | <b>CN</b> |
| <b>9</b>  | <b>TRANSFORMATION PROGRESS</b>   |           |
|           | <p>Nicky Connor recognising the frustration around the pace for the transformation work noting that it will feature in the review of transformation. She noted that she had committed to speak to both Chief Executives regarding the Integrated Transformation Board and when it was going to be meeting, the conclusion was that this needs to be reviewed and refreshed on how it will be taken forward. Nicky confirmed although there had been a delay, what the Committee will see going forward, as part of the budget setting for the Partnership is the aspirations for transformation. Work is going to be brought forward around bed-based modelling and other areas and wished to assure the Committee that they would see pace moving in terms of transformation priorities in the coming year. She acknowledged that the format for how this is going to be brought forward is no further forward from the last update, but all have committed that this needs to move forward.</p> <p>Nicky advised that it is likely that the service will need to pause and review the Integrated Transformation Board. This was to make sure that we have the connections to Partners correct and that the goal of the IJB in terms of its Strategic Planning role defined more fully. Works such as that of the Directions Policy will help bring some clarity that was not there when the transformational journey commenced.</p> <p>Eugene Clarke noted that the new financial year is about to commence, fortunately from finance update we are in a good position but noted that he was not comfortable going into the new financial year without knowing how it ends. Nicky Connor noted that some of the mitigations and measure in place hopefully give a level of assurance. As previously noted in meetings there are fortnight meetings between the Chief Finance Officers and 6 weekly meetings with the Chief Operating Officers.</p> <p>Within this what will be brought forward is agreement to the bed-based model strategy. In terms of the conclusion with the risk share aspect, this is a matter which has been escalated to both Chief Executives because it is primarily agreement between these two organisations and not the IJB. When this was escalated late last year, the further lockdown in January had not been anticipated which has had an ongoing impact.</p> <p>Cllr Dempsey noted that ultimately the process to make change is issuing directions which Nicky advised did not exist before and is one of the key changes in having developed this policy.</p> <p>The Chair thanked Nicky Connor for her update.</p> |           |
| <b>10</b> | <b>ITEMS FOR ESCALATION</b>  |           |
|           | There were not items for escalation.   |           |

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| <b>11</b> | <b>AOCB</b>                                       |  |
|           | No issues were raised under ACOB.                 |  |
| <b>12</b> | <b>DATE OF NEXT MEETING</b>                       |  |
|           | Friday 4 <sup>th</sup> June 2021 – 10.00am-12noon |  |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED MINUTES OF THE AUDIT AND RISK COMMITTEE

### FRIDAY 4 JUNE 2021 - 10.00AM – VIRTUAL TEAMS MEETING

- Present:** Margaret Wells (Chair), NHS Fife Board Member  
Eugene Clarke, NHS Fife Board Member (re-joined Meeting at 10.50am)  
Dave Dempsey, Fife Council  
David J Ross, Fife Council
- Attending:** Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)  
Audrey Valente, Chief Finance Officer (Fife H&SCP)  
Norma Aitken, Head of Corporate Services (Fife H&SCP)  
Fiona McKay, Interim Divisional General Manager  
Avril Cunningham, Chief Internal Auditor (Fife Council)  
Tony Gaskin, Chief Internal Auditor (NHS Fife)
- In Attendance:** Shona Slayford, NHS Fife Audit  
Carol Notman, Personal Assistant (Minutes)
- Apologies:** Tim Bridle, Audit Scotland

| NO | HEADING   | ACTION |
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| 1  | <b>WELCOME AND APOLOGIES</b>  |        |
|    | Due to technical difficulties, Margaret Wells chaired the committee and welcomed everyone to the meeting. Apologies for absence are noted above.  |        |
| 2  | <b>DECLARATION OF INTEREST</b>  |        |
|    | There were no declarations of interest.   |        |
| 3  | <b>DRAFT MINUTE AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 17 MARCH 2021</b>  |        |
|    | There were two changes requested these were:<br>Cllr Dempsey asked for the word succession is changed to success on pg 6.<br>Avril Cunningham asked that the 2 <sup>nd</sup> last paragraph in section 4 is amended to confirm that Cllr Dempsey had received the Transformation Policy in his role as a member of the IJB and HSCP Audit and Risk Committee.<br>With both these amendments the minutes were accepted as an accurate record of the meeting. |        |



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| 4 | <b>UPDATE ON 2020/21 AUDITS</b>  |  |
|   | <p>AC noted that this would be her final update, and confirmed that although it has been a difficult year for everybody the full programme of audits had been completed, both the transformation programme and the financial information audits and the self-assessment which is highlighted in more detail in Item 5.</p> <p>There were no questions relating to the 2020-21 Audits therefore the Chair confirmed that Members of the IJB Audit &amp; Risk Committee had noted the update on the audits in the 2020/21 plan and the summaries of the audit reports.</p>   |  |
| 5 | <b>GOVERNANCE ARRANGEMENTS DURING COVID-19 SELF-ASSESSMENT</b>   |  |
|   | <p>Avril Cunningham noted that the self-assessment was included separately to highlight that it is a self-assessment, based on the Audit Scotland guidance for audit and risk committees, rather than an audit report. It focusses on some of the challenges identified in the Audit Scotland guidance and to provide a level of assurance in the responses from the partnership as to how risk management, governance and internal controls have fared during this period.</p> <p>Margaret Wells noted that the self-assessment on pages 20-21 highlights how much has been achieved over the last year.</p> <p>Cllr Ross wished to congratulate the staff and officers and commented on how well the Partnership kept the Members of Committee's informed which helped to support the decision making</p> <p>Margaret Wells confirmed that the item had been discussed and requested that the recommendations were noted within the minutes:</p> <p style="padding-left: 40px;">Covid-19 has impacted the IJB as highlighted in this report and it has had to adapt to new ways of working in difficult circumstances. As may be expected, there are still challenges, as identified in the responses, and further action required to build on the work already undertaken.</p> <p style="padding-left: 40px;">The overall outcome of the self-assessment highlights that risk management, governance and internal controls and assurance have been key considerations in the recovery and redesign of services, with decision making supported by financial management and reporting.</p> |  |
| 6 | <b>POST AUDIT REVIEW</b>   |  |
|   | <p>Avril Cunningham confirmed that this report covers progress with implementing audit recommendations. Following discussion, Avril confirmed that there are 48 recommendations, 13 of which have been fully implemented. Of the 35 recommendations not implemented, 14 are in</p>   |  |

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|   | <p>progress. 7 have revised implementation dates and 12 have not yet reached their implementation date. Where timescales have slipped, revised implementation dates have been agreed.</p> <p>Avril Cunningham confirmed that she and Tony Gaskin has been in discussion regarding her handover as Tony will be taking over the monitoring following her retirement.</p> <p>Tony Gaskin confirmed that he would be going through a planning process with Nicky Connor and Audrey Valente to review the recommendations as they were set before the Covid-19 pandemic.</p> <p>Nicky Connor advised that the content of the report does not make easy reading and noted that she wished the Services had implemented more recommendations but acknowledged that it has been a very difficult year and wished to confirm there was a drive to implement the outstanding recommendations.</p> <p>Margaret Wells confirmed that the Committee had noted the content and the progress that has been made.</p>   |  |
| 7 | <p><b>ANNUAL AUDIT REPORT</b></p>  |  |
|   | <p>Avril Cunningham noted, in accordance with the Public Sector Internal Auditing Standards, she was required to present an Annual Audit Report as a round-up of the year on performance and compliance with the standards.</p> <p>Avril noted that the annual Public Sector Internal Auditing Standards self-assessment mentioned at para 3.2 of page 38 is now complete, and while it has been assessed that the Partnership fully conform in the majority of areas, some slippage has been identified in the last year in relation to recording of employee development and updating procedures. An action plan has been drawn up and all actions are scheduled for completion by 31 August 2021.</p> <p>Avril mentioned that Appendix 1 outlined her assurance statement for 2020/21, which is her opinion of the overall state of corporate governance and internal control in that year. Avril advised that both the pandemic and the ongoing review of the Integration Scheme had delayed progress on planned work on the underlying governance, assurance and risk areas. However, it is acknowledged that, despite the challenges, there has been some progress this year, in relation to financial management.</p> <p>Avril noted that in her opinion, there is a medium level of control within the Partnership and that reasonable assurance can be placed upon the adequacy and effectiveness of the corporate governance and internal control system in the year to 31 March 2021.</p> <p>Cllr Dempsey noted the medium level of control advising that the equivalent in Fife Council is scored medium high and queried whether NHS Fife have a similar system of rating and where does it sit? Cllr Dempsey also noted that the score of medium shows that control objectives have not been fully</p> |  |

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|          | <p>achieved and that there was work to be done to improve this scoring. He asked if there was a plan to get from Medium to Medium/High.</p> <p>Avril noted that there was a plan, acknowledging that this had been delayed due to the pandemic as well as several items being aligned to the Integration Scheme. Nicky Connor noted that the challenge of the Integration Scheme was getting full agreement with both partners which is almost complete. Nicky advised that she anticipated the Integration Scheme going through the due governance structure in the next few months, but noted that work has continued in the interim through the IJB Development Sessions.</p> <p>Audrey Valente advised the Partnership has been working on its Transformation and there are moves to create a centralised Transformation Team in the coming months.</p> <p>Margaret Wells commented with regards the changes in terms of governance structures, given the role of the audit and risk committee wished to remind the group that the NHS Membership will change at the end of July. Nicky Connor confirmed that there is a meeting in July but noted that the change will result in a huge loss to this committee and the IJB and advised that she will write to the Health Board to clarify what their interim plans are and suggested that there is more in-depth discussion at the next committee. CN to add item to the next agenda.</p> <p>Cllr Ross advised that he raised the same point at the Development Session last week and requested that the NHS Membership is looked at as a matter of priority as the committee will have annual audit and accounts to approve therefore clarity was required imminently.</p> <p>Margaret Wells confirmed that the item had been discussed and requested that the recommendations were noted within the minutes:</p> <p style="padding-left: 40px;">The Committee is asked to note the contents of this report, and in particular, my opinion that a medium level of control exists, and that reasonable assurance can be placed on the adequacy and effectiveness of the systems of corporate governance and internal control in the year to 31 March 2021.</p> <p style="padding-left: 40px;">However, it is acknowledged that, in spite of the challenges, some progress has been made this year, particularly in relation to financial management, and progressing the planned reviews should lead to further improvements in governance, risk and control in the future.</p> | <p><b>NC</b><br/><b>CN</b></p> |
| <b>8</b> | <b>IJB STRATEGIC RISK REGISTER</b>   |                                |
|          | <p>Fiona McKay advised that the report sets out the IJB strategic risks and is presented at every committee meeting. She wished to highlight Section 3.3 (pg 49) which summarises the high scoring risks advising if there has been a change in the risk scoring since the last report. The only risk where the score has changed is the Financial Risk which has been reduced as a result</p>   |                                |

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|  | <p>of funding which has been received for Covid which is supporting the service going forward.</p> <p>Nicky Connor noted that the comments that were raised at the last committee has been incorporated into this report highlighting the changes that have been made.</p> <p>Cllr Dempsey noted that he still struggled with column 14, which states management actions have been updated and requested that the changes within the management actions (column 8) are also highlighted in red.</p> <p>Fiona McKay noted that a separate box could be added highlighting the management actions that have been updated.</p> <p>Cllr Dempsey noted that the Finance Risk has been reduced and asked which of the factors had changed to allow this change. Nicky Connor confirmed that it would be the likelihood that that changed as the consequence rarely changes.</p> <p>Cllr Ross agreed that the paper was challenging to follow and asked if the score relating to delayed discharge could be clarified. Fiona McKay advised that delayed discharges are still a risk. Although there had been good progress made with plans to introduce the home first model, it remained a risk due to the level of patients currently in hospital that are experiencing delays with their discharge. This has increased over the last few months, and the impact that this is having on the services remains a constant concern and will remain on the risk register.</p> <p>Fiona McKay noted that a backlog within the Fife Courts processing Guardianships has had a detrimental impact on delayed discharges and additional resources to support families when they are not able to make decisions is being put in place.</p> <p>Margaret Wells thanked Fiona McKay for the update and noted that the steps that have been taken to date to simplify the report has been helpful but confirmed that it is a complex report set up to capture a lot of information. She noted it was important to ensure that all members were in the best position to use the report and looking at accessibility would be helpful.</p> <p>Nicky Connor suggested that it might be useful to have a 'Drop In' Session with Fiona McKay and Avril Sweeny to help members understand and give them the opportunity to make any suggestions for further refining the report for ease of use.</p> <p>Fiona McKay advised that there was the option to put updates into the main body of the report with the appendix as additional information if Members wish to investigate the risk in more detail.</p> <p>Fiona advised that Fife Council are holding a Strategic Risk Register Workshop that she will be involved in which will share good practice.</p> <p>Margaret Wells confirmed, as the recommendation asked, that the Committee had discussed the risk register and noted that the Committee had requested further clarification to the report going forward which needs to be taken into account.</p> | <p><b>FM</b></p> <p><b>FMcK/CN</b></p> |
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| 9 | <b>RISK APPETITE</b>   |  |
|   | <p>Nicky Connor provided presentation on the Risk Appetite.</p> <p>It was agreed that discussion with the IJB, Senior Leadership Team and the Partners is required to agree how the risks are filtered through the services and it was felt once the new framework is in place would be a good opportunity to implement.</p> <p>Cllr Dempsey noted that the classifications such as low and moderate are not clear until the definitions of these risks are clearly spelt out.</p> <p>Tony Gaskin noted that within organisations such as the HSCP it was so important to have a 'so what' culture for risk appetite. This will mean different things for different people but it should have real life implications. The Board needs to sets the Risk Appetite, and the language needs to translate. Tony advised that the Strategic Commissioning Plan informs the risk register as the Board looks at what it wants to achieve and what the risks involved are, and it is at this point when the risk appetite becomes real.</p> <p>Avril Cunningham noted that if the risk appetite needs to be linked to the IJB's Objectives, Planning and Performance.</p> <p>Avril noted that Fife Council are currently looking at their Risk Management Strategy and will be forming a Risk Management Strategy Group with key strategic risk owners and would be a good opportunity for collaborative working.</p> <p>Nicky Connor noted if the IJB is to implement Risk Appetite then it needs to make a difference. It needs to align the team's objectives with the strategic work of the Partnership, allowing the Partnership to hold itself accountable with the criteria outlined for who is able to access our services and how do we focus on prevention and support to the managers delivering the service. For if it is agreed that a certain criteria meets the needs of the service it is important that the Board is signed up to and agreed to the decision as there is usually financial implications and also allows the Officers and Managers to go forward with confidence. The 'so what' question and answer could add real value as well as supporting the governance framework.</p> <p>Fiona McKay noted that she had provided a paper to Fife Council's Scrutiny Committee with regards the eligibility criteria for the Partnership and some of the questions raised at the committee were, what would happen if it did go to substantial and what would it mean to Fife Council as an organisation, and what would the pressures be, as there is legislation for Social Work that must be complied with and taken into consideration. Fiona noted that legislation would be part of the 'so what' for the Partnership that would need to be teased out.</p> <p>Margaret Wells thanked Nicky for the presentation. Margaret noted that there were a couple of points that she wished to raise, the first relating to the 'Risk Universe' commenting that the IJB is in the midst of a universe where some of its risks sit, and are overseen, by the Partners which makes it critical</p> |  |

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|           | <p>for how the IJB sets its risk appetite and process and procedures linked to it to ensure that there is clear understanding across all organisations.</p> <p>Margaret noted that working through the risk appetite process with NHS Fife's Board, she advised that a Short Life Working Group had been set up that included Non-Executives and Executives to oversee the development of the risk appetite process and recommended that members of the IJB are part of the process of determining the Partnerships Risk Appetite.</p> <p>All agreed that the presentation provided clear and helpful points and should be presented at a future scheduled Development Session to allow full discussion to shape how the IJB will implement the framework going forward.</p> <p>Margaret Wells confirmed the Committee were in agreement with the proposals above.</p>   | <b>FM</b> |
| <b>10</b> | <b>GOVERNANCE ARRANGEMENT FOR ANNUAL ACCOUNTS</b>  |           |
|           | <p>Audrey Valente advised that this item had been added to the agenda following the brief discussion at the last meeting around whether the approval of accounts should take place at this committee or at the Integrated Joint Board Meeting. Audrey noted that Tim Bridle had made a recommendation that the accounts could be signed off by this committee, but it was agreed to bring back to the committee to get the Members views.</p> <p>Cllr Ross noted that he was interested in the reasoning why it was felt more appropriate for the Audit &amp; Risk Committee to approve the accounts. Audrey noted that in conversation Tim had made the suggestion to mirror Fife Council's approach.</p> <p>Tony Gaskin asked if there was delegated authority for this committee to approve the accounts and whether it could be written into the Integration Scheme. He noted that he was used to the model where the Audit and Risk Committee had a very specific role noting that his impression was that the accounts belonged to the entire Board and the Board needs to take ownership of them as every member of the IJB is accountable for the Accounts, but confirmed that the IJB was reliant on the Audit &amp; Risk Committee to scrutinise the accounts prior to submission.</p> <p>Eugene Clarke noted that this would be his understanding, the Audit &amp; Risk Committee would review, then it would be the responsibility of the IJB to accept and approve the accounts.</p> <p>Cllr Ross confirmed that he found Tony Gaskin's argument to be quite convincing and as the accounts are the IJB Accounts then they should have sight of them and approve them.</p> <p>Margaret Wells confirmed that all were in agreement that the governance route for the Accounts remains within the IJB for sign off and that it is critically important that the ownership remains with the Board.</p> |           |

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| 11 | <b>TRANSFORMATION PROGRESS</b>  |    |
|    | <p>Nicky Connor advised that Audrey Valente had taken on the role of leading Transformation within the HSCP and noted that there has been discussion with the partner Chief Executives where there is an openness to change. She confirmed that further detailed discussions with the Chief Executives and Directors of Finance will be taking place post covid around agility.</p> <p>Audrey Valente confirmed that there was a lot of work going on behind the scenes and following the restructure, transformation will fall within her remit and she is looking to create a central team with a Project Management Officer (PMO) and Senior Responsible Owner (SRO) who will be ensuring that the transformation taking place within the HSPC is aligned to the strategic plan and strategy.</p> <p>Audrey advised that she is working on the governance structure for a new Transformation Board Committee and is currently developing its Terms of Reference.</p> <p>Cllr Dempsey asked how long it would be before the committee was updated, Audrey advised that she was looking to have the high-level structure signed off by SLT and once this has been completed she anticipated bringing a presentation to the next Audit &amp; Risk Committee.</p> <p>Margaret Wells agreed that this would be helpful and asked Carol Notman to add the item to the agenda for the July meeting.</p> | CN |
| 12 | <b>ITEMS FOR ESCALATION</b>   |    |
|    | <ul style="list-style-type: none"> <li>• Highlight the Risk Appetite Development Sessions to ensure that the IJB is aware that it has been raised from this committee.</li> <li>• Decision that the committee has arrived at regarding the governance arrangements for the annual accounts.</li> </ul>  |    |
| 13 | <b>AOCB</b>   |    |
|    | <p><b>Audit &amp; Risk Assurance Statement</b></p> <p>Norma Aitken advised that the Assurance Statement for the last year has been drawn up and is now ready to be signed by the chair.</p> <p><b>Avril Cunningham</b></p> <p>Margaret Wells wanted to pass on the appreciation and thanks of the Committee to Avril Cunningham for all her support, hard work, patience and very clear explanations over the years and wished her all the best with her retirement.</p>  | EC |
| 14 | <b>DATE OF NEXT MEETING</b>   |    |
|    | <b>Friday 9 July 2021 at 10.00 am</b>   |    |



# Fife Health & Social Care Partnership

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## HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM

WEDNESDAY 14 APRIL 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

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

**APOLOGIES:** Wendy McConville, UNISON Fife Health Branch  
Wilma Brown, Employee Director, NHS Fife

| NO | HEADING   | ACTION |
|----|---|--------|
| 1  | <b>APOLOGIES</b><br><br>As above.   |        |
| 2  | <b>FIFE STAFF WELLBEING WEBSITE</b><br><br>Frances Baty, Head of Psychology, NHS Fife joined the meeting to give an overview of the Staff Wellbeing website.<br><br>It had been recognised that staff and managers were finding it challenging to negotiate the raft of local and national resources which were available to support staff during Covid-19. |        |



| NO  | HEADING   | ACTION |
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| 2   | <b>FIFE STAFF WELLBEING WEBSITE (Cont)</b>  |        |
|     | <p>The website has been set up to provide clear support to staff who require it. The Staff Hubs, which were established during 2020, will continue although these will be unstaffed in future.</p> <p>The Access Therapies Fife website can be access at <a href="http://www.accesstherapiesfife.scot.nhs.uk/">www.accesstherapiesfife.scot.nhs.uk/</a> and the Staff Wellbeing section is where the information is stored.</p> <p>The website was well received as it contained comprehensive and valuation information and was well thought through. It aligns to both Fife Council and NHS Fife values, using a common language.</p> <p>LPF members are encouraged to get in touch with Frances Baty with thoughts and ideas on other areas which could be added to the site.</p> <p>Frances' presentation will be circulated to LPF members. This has also been presented to the Extended Leadership Team and Key information is included every week in the Directors Brief.</p> <p>Nicky thanked Frances for her presentation.</p> | FB/WA  |
| 3   | <b>PREVIOUS MINUTES</b>   |        |
| 3.1 | <b>Minute from 10 March 2021</b>  |        |
|     | <p>The Minute from the meeting held on 10 March 2021 was approved.</p>  |        |
| 3.2 | <b>Action Log from 10 March 2021</b>  |        |
|     | <p>The Action Log from the meeting held 10 March 2021 was approved. The Action relating to Workforce Development Plan can now be updated and closed off.</p>  |        |
| 3.3 | <b>Minute from 24 March 2021</b>  |        |
|     | <p>The Minute from the meeting held on 24 March 2021 was approved.</p>  |        |
| 4   | <b>JOINT CHAIRS UPDATE</b>  |        |
|     | <p>Nothing to update that was not already on the agenda.</p>  |        |
| 5   | <b>FINANCIAL UPDATE</b>   |        |
|     | <p>Report had been circulated with papers for meeting. Audrey Valente advised a £4.851 underspend to the end of February 2021. Will become part of reserves and plans are being looked at on how to make best use of this in the new financial year.</p>  |        |
| 6   | <b>SLT UPDATE</b>   |        |
|     | <p>Nicky Connor reminded members that the three new Heads of Service would take up post on 7 June 2021. There will be a comprehensive induction programme. Suzanne McGuinness will leave her post as Professional Social Work Lead on 4 May to take up a new post with the Mental Health Commission and Nicky thanked Suzanne for her</p>   |        |

| NO | HEADING  | ACTION |
|----|--|--------|
| 6  | <b>SLT UPDATE (Cont)</b>   | NC     |
|    | <p>significant contribution. This post of Principle Social Work Officer will be advertised shortly.</p> <p>Simon Fevre requested further information on the roles and responsibilities of the new Heads of Service. It was agreed that this would be brought as a presentation to the next meeting for further discussion.</p>   |        |
| 7  | <b>HEALTH AND SAFETY UPDATE</b>  |        |
|    | <p>Craig Webster advised that the Health &amp; Safety Executive have now sign off the notices of contravention from the inspection in November 2020. A number of smaller Alpha Solway face masks are now available. There are personnel changes happening within in the NHS Health &amp; Safety Team which may impact on response times. Supplies of out of date alcohol-based hand rub have been found in some NHS workplaces, these should not be taken out of service but not disposed of in sinks or bins. Craig is awaiting guidance from procurement colleagues on how best to dispose of these.</p> <p>Kenny Grieve advised that his team have now completed work with Covid-19 mobile test units. Scottish Autism have asked for more help with fit testing for face masks. The team have reviewed 60 incidents in the last month and have reviewed and supported staff with almost 900 incidents in the past 12 months.</p> |        |
| 8  | <b>COVID-19 POSITION</b>   |        |
|    | <b>Current Position</b>  |        |
|    | <p>Nicky Connor advised that Fife is moving forward towards a positive position at the moment. Following the government announcement yesterday on the early lifting of some lockdown restrictions a level of caution needs to be applied. We must continue to follow the guidance on testing, isolation and FACTS. Less than 5 Care Homes are currently closed due to Covid-19.</p>  |        |
|    | <p>Eleanor Haggett asked what the figures were for those experiencing Long Covid and the support pathway used to recognise this new illness. Susan Young will see what information is being held and can be shared.</p>  | SY     |
|    | <b>Staff Testing</b>   |        |
|    | <p>Lynne Garvey had provided a paper on this from the NHS perspective, Fiona Mckay from the Fife Council perspective.</p>  |        |
|    | <p>Lynne advised that all frontline NHS staff are now eligible to have 2 lateral flow tests per week, although this is voluntary. At present the number of staff uploading their results to the App is sitting between 20 and 23%. Seeking ways to encourage staff to both undertake the tests and also to upload results and the views from the LPF were sought on how to best approach this. Suggested more flexibility on the days tests should be done would help. Bulk uploading of results, which happens in Care Homes, was being explored.</p>   |        |

| NO | HEADING  | ACTION |
|----|--|--------|
| 8  | <b>COVID-19 POSITION (Cont)</b>  |        |
|    | <b>Staff Testing (Cont)</b>  |        |
|    | <p>There is a very low positivity rate with tests, which is reassuring, given that most staff have now been vaccinated.</p>  |        |
|    | <p>Testing will continue to be important as we move out of lockdown to ensure staff and patient safety.</p>  |        |
|    | <p>Fiona's report was the regular, four-weekly management report which is provided. It gives cumulative information on testing in Social Care. Results are uploaded in blocks. Staff have both PCR and lateral flow tests.</p>   |        |
|    | <b>Workforce Sustainability</b>  |        |
|    | <p>Fiona McKay updated that weekly reports are received on staff who are shielding or isolating and these numbers are reducing significantly. Respite and Day Services are being remobilise. Third sector colleagues are keen to reopen their services in a safe and secure way. A toolkit is provided to help with this.</p>  |        |
|    | <p>The results of a recent Social Care Staff Survey, on practical support which could be provided for staff using Scottish Government funding, will be discussed at a Senior Leadership Team meeting and brought to an LPF meeting.</p>  |        |
|    | <p>Susan Young advised that shielding restrictions will be lifted on 26 April 2021 and national guidance on this is imminent.</p>  |        |
|    | <p>Work is ongoing in both Fife Council and NHS Fife on how to support staff safely back into the workplace, if that is the appropriate option. It was agreed to have further discussions within the LPF on potential staff return to the workplace to ensure that the partnership follows the Fife Council and NHS Fife principles and gets the best approach to this.</p>  |        |
| 9  | <b>HEALTH &amp; WELLBEING</b>  |        |
|    | <b>Attendance Information</b>  |        |
|    | <p>Elaine Jordan advised that information from Oracle on Attendance within Fife Council can now being produced and is currently being tested. More information will be available for the next meeting. A sway has been produced for circulating to managers within the next few weeks which will offer 6 broad workstyles for staff returning to the workplace. Access to the survey will be available through the sway, which results for the whole Council and specific Services accessible.</p> |        |
|    | <p>Susan Young had shared information from NHS Fife which showed that absence in January and February 2021 was lower than the previous year. Short term absences were up whilst long term absences had reduced.</p>  |        |
|    | <p>Susan Young advised that a new, national Workforce Recovery Mailbox has been set up to allow staff to feedback on local wellbeing and mental</p>  |        |

| NO | HEADING  | ACTION    |
|----|--|-----------|
| 9  | <b>HEALTH &amp; WELLBEING (Cont)</b>   |           |
|    | <b>Staff Health &amp; Wellbeing</b>  |           |
|    | health initiatives which could benefit other colleagues if shared nationally. This information had been shared with LPF members recently. The Mailbox address is <a href="mailto:HSCWorkforceRecovery@gov.scot">HSCWorkforceRecovery@gov.scot</a>  |           |
| 10 | <b>UNSCHEDULED CARE REVIEW UPDATE</b>  |           |
|    | Lynn Barker advised that a lot of work on pathways, workforce issues, equipment requirements, finance and budgets was ongoing. Workstreams were looked at models of workforce.   |           |
|    | Simon Fevre requested that this item was removed from the May LPF agenda and a written paper be brought to the June LPF meeting to give a fuller updated on this item.   | <b>LB</b> |
| 11 | <b>LPF ANNUAL REPORT</b>   |           |
|    | Jim Crichton thanked all who had contributed to the first draft of the Annual Report, which had been circulated to LPF members prior to the meeting. Additional sections are required. Final draft will be brought to the May LPF meeting and once approved with go through the governance route to an IJB meeting.      |           |
| 12 | <b>NATIONAL WHISTLEBLOWING STANDARDS</b>   |           |
|    | Information on this had been circulated with the papers for the meeting. National standards came into effect from 1 April 2021. NHS Fife has a Whistleblowing Policy which outlines how staff will be supported if they raise concerns, which are to be recorded on Datix. Training is available for staff and managers. |           |
| 13 | <b>ITEMS FOR BRIEFING STAFF</b>  |           |
|    | <b>Via Directors Brief</b>   |           |
|    | Staff Wellbeing; Staff Testing; Whistleblowing should all be highlighted.  |           |
|    | <b>Via Staff Meetings</b>  |           |
|    | Staff Wellbeing; Staff Testing; Whistleblowing should all be highlighted.  |           |
| 12 | <b>AOCB</b>  |           |
|    | No items were raised.  |           |
| 13 | <b>DATE OF NEXT MEETING</b>  |           |
|    | <b>Wednesday 12 May 2021 at 9.30 am</b>  |           |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED

### HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 15 MAY 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

**PRESENT:** Nicky Connor, Director of Health & Social Care (Chair)  
Simon Fevre, Staff Side Representative  
Debbie Thompson, Joint Trades Union Secretary  
Alison Nicoll, RCN  
Andrea Smith, Lead Pharmacist, NHS Fife  
Audrey Valente, Chief Finance Officer, H&SC  
Craig Webster, NHS Fife Health & Safety Manager  
Elaine Jordan, HR Business Partner, Fife Council  
Fiona McKay, Interim Divisional General Manager (East)  
Hazel Williamson, Communications Officer  
Helen Hellewell, Associate Medical Director, H&SC  
Jim Crichton, Interim Divisional General Manager (Fife-Wide)  
Kenny Grieve, Fife Council Health & Safety Lead Officer  
Kenny McCallum, UNISON  
Lynn Barker, Associate Nurse Director  
Lynne Garvey, Interim Divisional General Manager (West)  
Lynne Parsons, Society of Chiropodists and Podiatrists  
Mary Whyte, RCN  
Sharon Adamson, RCN  
Susan Young, Human Resources, NHS Fife  
Wendy McConville, UNISON Fife Health Branch  
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

**APOLOGIES:** Dr Chuchin Lim, Consultant Obstetrics & Gynaecology  
Eleanor Haggett, Staff Side Representative  
Norma Aitken, Head of Corporate Services  
Susan Robertson, UNITE  
Wilma Brown, Employee Director, NHS Fife

| NO  | HEADING  | ACTION |
|-----|--|--------|
| 1   | <b>APOLOGIES</b><br><br>As above.  |        |
| 2   | <b>PREVIOUS MINUTES</b>  |        |
| 2.1 | <b>Minute from 14 April 2021</b><br><br>The Minute from the meeting held on 14 April 2021 was approved.      |        |
| 2.2 | <b>Action Log from 14 April 2021</b><br><br>The Action Log from the meeting held 14 April 2021 was approved. |        |

| NO | HEADING   | ACTION    |
|----|---|-----------|
| 3  | <b>JOINT CHAIRS UPDATE</b>  |           |
|    | <p>Nicky Connor updated those present on the Adult Protection Inspection which began in Fife this week and will take place over the next 13 weeks. This will include Social Work, Health and Police.</p> <p>The inspection will look at several areas including -</p> <ul style="list-style-type: none"> <li>• Case File Review of 50 open cases.</li> <li>• Review of 40 cases, where people were referred but did not meet the criteria threshold.</li> <li>• Key Document Review.</li> </ul> <p>Information will be provided via –</p> <ul style="list-style-type: none"> <li>• Position Statement.</li> <li>• Staff Survey.</li> <li>• Focus Groups.</li> </ul> <p>Once the Inspection has concluded a final report will be provided (around July / August 2021). Nicky chairs an Inspection Oversight Board which will meet regularly during the inspection period.</p>  |           |
| 4  | <b>FINANCIAL UPDATE</b>   |           |
|    | <p>Nicky Connor advised that the end of year position still has to be finalised, information is awaited from Fife Council and NHS Fife. As planned savings have been fully funded there is a carry forward from the previous financial year and the Reserves Policy has been enacted for the first time. Clarity is being sought on funds in the Reserves Policy on what has been earmarked for projects and what can be utilised.</p> <p>Discussion took place on the post-election implications for H&amp;SC funding, at present this information is not available but an update will be provided at the next LPF meeting.</p>  | <b>AV</b> |
| 5  | <b>SLT UPDATE</b>   |           |
|    | <p>Nicky Connor had provided a report which was circulated on Tuesday 11 May 2021.</p> <p>This report is the outcome of significant consultation / engagement undertaken since September 2020 to review and define the SLT, overarching structure and the process of change that will take place over the coming months in line with the principles of employee transfer and organisational change policies.</p> <p>This report aligns to the Integration Joint Board five strategic priorities:</p> <p>This change will support all areas in the strategic plan with specific reference to supporting integration and best alignment of the assets.</p> <p>Report has been developed following significant engagement with the Senior and Extended Leadership Teams and IJB Development Sessions between September 2020 and March 2021. The co-chairs of the LPF are invited to all Extended Leadership Team and Integration Joint Board Development Sessions.</p> |           |

## 5 SLT UPDATE (Cont)

The Partnership budget is £580m (approx) and workforce is 6,000 (approx) between NHS Fife and Fife Council employed staff and upto 10,000 people when considering the independent and voluntary Sectors.

The IJB and HSCP were established in 2015/16. At that time operational structure was based on Geographical Delivery for East, West and Fife Wide Division. Considerable feedback has been received that this structure is no longer fit for purpose with inconsistency in size and scale of divisions, duplication of functions, the need to increase pace and scale of locality working and a focus on prevention. There has been significant SLT turnover and a need to put in place interim arrangements to provide leadership over the COVID-19 pandemic. This has provided an opportunity to consider the leadership and structure required to support the delivery of integration in Fife.

Structure review undertaken in consultation and engagement with the Senior and Extended Leadership Teams between September 2020 and March 2021 and medium-term change plan which will be progressed between now and 2024.

**Phase 1: 2021** – SLT stability, overarching structure implemented, establish the Extended Leadership Team. Supporting safe and robust transitions between June – September 2021 to help create the identity of a one HSCP approach as well as being hosted within a portfolio of services. Will be consolidated between September 2021 – December 2021 and also support engagement in bringing forward proposals by December 2021 to inform the thinking for Phase 2.

**Phase 2: 2022-2024**- Programme of transformational change including reviewing further aspects of leadership and service delivery and establishing locality working. It is anticipated that there will be multiple transformation programmes over this timeframe and we will be prioritising these in coming months to outline a road map between 2022-2024.

This paper focuses on Phase 1 of this plan. Primarily relates to changes in Line Manager for staff that are direct reports to the SLT and subsequently the services they provide to align them to the one of the following portfolio's integrated operational services, business enabling services or professional standards. Work will be progressed in the coming months to ensure that we support the culture of systems leadership and ensure there are key connections across all service delivery areas. Embedding this in practice will be a significant priority for 2021.

The Extended Leadership Team has produced a series of Success Statements which will be reviewed, updated and shared with the LPF at a future meeting.

Nicky covered the two new roles which are being established – Principle Social Work Officer and an Organisational Development post (title to be confirmed).

| NO | HEADING  | ACTION     |
|----|--|------------|
| 5  | <b>SLT UPDATE (Cont)</b>   |            |
|    | <p>Information on both of these posts will be shared with LPF co-chairs as it becomes available.</p> <p>Nicky thanked the three Interim Division General Managers for the work they had done over the past year. Debbie Thompson echoed these thanks.</p> <p>On 7 June the three new Heads of Service will take up their posts on a permanent basis. On that date Lynne Garvey will become Head of Community Care Services and Fiona McKay will return to her substantive post of Head of Head of Strategic Planning, Performance &amp; Commissioning. Jim Crichton will leave the Partnership in June 2021..</p> <p>The review of SLT concluded the need for Senior Leadership Support for the following functions:</p> <ul style="list-style-type: none"> <li>• Operational Management and Service Delivery</li> <li>• Professional Leadership &amp; Quality Standards</li> <li>• Business Enabling &amp; Support Functions</li> </ul> <p>Staff affected by the changes will receive confirmation in writing, in line with HR Policy and be given the opportunity to meet and discuss this in group and individual settings.</p> <p>Nicky met with the LPF co-chairs last week and this report was updated to reflect the discussions which took place. These included the addition of an EQIA, information being included on previous and Covid-19 structures, a timetable for the change process, clarity on the scope of change and information on planned communications.</p> <p>Debbie Thompson expressed her thanks for the early inclusion of trade unions in this process and asked that it be kept under review as it progresses.</p> <p>Comments or concerns on this paper should be raised via co-chairs.</p> | <b>ALL</b> |
| 6  | <b>HEALTH AND SAFETY UPDATE</b>  |            |
|    | <p>Craig Webster updated on the current position with see-through face masks. At a national level, it is expected that appropriate masks will be available, they will not be piloted but feedback will be collated for the manufacturer. Sharon Adamson asked if these masks were lint free, due to health concerns for asthmatic users. Craig advised all masks are made from spun plastic, but he will pick up concerns raised. These will be available to order through PECOS.</p> <p>Work is ongoing with the National Infection Prevention Control Manual which is used in Acute settings and how this could link to risks in Primary Care settings. Health and Safety are working with Occupational Health and Infection Control on this.</p> <p>Fit testing of face masks has now reduced to one scheduled clinic per week but can be reinstated if there is a need in the future.</p>  |            |



**6 HEALTH AND SAFETY UPDATE**

Discussion took place on the continued wearing of masks by employees, the impact on absence of mask wearing and the need to refer health issues relating to mask wearing to Occupational Health.

Nicky Connor, Kenny Grieve and Craig Webster met recently to discuss the remobilisation of the Health & Safety Forum. As the restructure of SLT progresses, this could mean a fairly large reconfiguration is needed to ensure this group continues to cover issues appropriate. A meeting with SLT is taking place in June 2021. A proposal on this will come to a future LPF meeting.

Kenny Grieve advised that his team continue to support services and are now attending monthly Service Manager meetings. Information on the number of H&S incidents was provided to Jim Crichton for inclusion in the Annual Report.

**7 COVID-19 POSITION****Current Position**

At present there are significant pressures within Victoria Hospital, Kirkcaldy, but these are not directly related to Covid-19. They may be associated with the effects of people not attending hospital due to the pandemic. Both Primary Care and Acute are engaging with the partnership to find the best solution for this. Fiona McKay and Lynne Garvey have been in almost constant contact on this issue. Ward 3 at Queen Margaret Hospital, Dunfermline is to be reopened to alleviate some of the pressure. Work is ongoing with internal and external care providers to create capacity. There is currently no Covid-19 in Care Homes or H&SC wards.

Simon Fevre asked that staff communications be updated regularly to ensure staff are aware of pressures and potential need to redeploy staff.

**Staff Testing**

Lynne Garvey advised that since the last LPF we have maintained our position as an outlier on staff testing. Rhona Waugh, NHS Fife is leading on this and regular meetings are held with Scottish Government to discuss the steps being taken. An Improvement Plan is in place and work is ongoing regarding bulk uploading of results, which currently happens in Care Home settings.

Fiona McKay advised that the position is similar in Social Care settings, although more staff are using PCR testing. Recently 5 staff tested positive for Covid-19 (mix of internal and external providers). This cluster is being managed in conjunction with Public Health and support is being provided.

Debbie Thompson asked if an update on staff vaccination rates was available and if clusters of C-19 were within vaccinated or unvaccinated staff. Fiona McKay advised that figures were not currently available on this as it is voluntary. Outbreaks seem to be with unvaccinated staff.

## 7 COVID-19 POSITION (Cont)

**Issues Relating to Long Covid**

A paper on this had been drafted by Elaine Jordan and Susan Young and was circulated prior to the meeting.

Fife Council

- Currently 4 Council employees recorded against Coronavirus under sick leave or under Paid Public Health Advice, who have been off for more than 12 weeks which is the definition of Long Covid by NICE.
- Initially all absences relating to Covid were managed through paid special leave (again this was agreed prior to any clinical definition of long Covid).
- Early this year CET agreed that when an absence reaches 12 weeks (which would be defined as post-Covid syndrome) normal absence management/sick pay provisions will start to apply. The approach was shared with TUs prior to agreement at CET.
- Our policy allows managers to exercise discretion in terms of trigger levels and we have asked managers to seek advice from HR.
- SJC terms and conditions allow for extensions of sick pay. This provision was not used as far as we are aware pre-Covid but we have made Services aware that this is available where appropriate and following discussions with HR.
- Scottish Government is revising the Fair Work Statement.
- Expectation is that if COSLA Leaders sign up to the revised statement then we will adopt it locally.
- Discussions continue nationally and Trade Union colleagues will be aware as they are involved with COSLA. Nationally UNISON, Unite and GMB are all involved.
- The normal support services are available for employees and managers to access. There are a wealth of resources available to support the attendance, health and wellbeing of the workforce. Occupational Health advice is case specific. The provider will depend on the same emerging national clinical information as the GPs who provide the clinical advice to the employee. Managers will also continue to be guided by advice sourced through Occupational Health.

NHS Fife

- NHS Fife SSTS system has a 'Coronavirus special leave - long covid' absence code descriptor and there were 13 employees recorded with long term absence assigned to this code in April 2021. The SSTS descriptor is relatively new and there is therefore limited data available.

**7 COVID-19 POSITION (Cont)**

**Issues Relating to Long Covid (Cont)**

- There is general information on the NHS Inform website <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-longer-term-effects-long-covid>
- The NHS Scotland attendance management policy outlines various supports and this guides managers to ensure employees are appropriately supported during ill health episodes. Long covid absences are recorded as special leave and do not therefore have a detrimental impact on pay.
- NHS Fife Occupational Health department has advised that across Scotland the SOPG has in general not seen a significant long covid issue. Occupational Health consultations will draw on what the individual person needs most, be it psychological support, physio or OT. Long covid is not a clear cut defined illness as such it is a diverse picture and so meeting individual needs will also require a varied range of expertise. Occupational Health continue to signpost employees to appropriate supports.

Helen Hellewell advised that multi-disciplinary work was being undertaken in line with a Scottish Government ask. Long covid does not require support from one specific service, rather a timely, person-centred pathway into the appropriate services is needed. There has not been an implementation date agreed for introducing the new care pathway. Decisions on what will be prioritised have still to be finalised.

**8 RETURNING TO THE WORKPLACE**

Within the NHS the Agile Working Group continues to meet weekly. Feedback is anticipated from the group. Proposals will require EDG sign off before implementation and guidance on the use of communal areas and meeting rooms is being drafted.

Fife Council Managers recently received information on future flexible workstyles and results from a recent employee survey. They have been asked to complete feedback forms and these will shape discussions with Services on staff returning to the workplace.

Discussion took place around risk assessments, ensuring staff continue to wear masks and social distance, how best to keep staff safe and who will have responsibility for ensuring compliance with rules.

**9 HEALTH & WELLBEING**

**Attendance Information**

Susan Young had provided information on NHS Fife attendance which showed that the rate in February 2021 was 4.96% and in March 2021 4.42%. East Division had the highest absence rate and Fife Wide the lowest. Short-term absence has reduced, long-term has maintained.

| NO | HEADING   | ACTION |
|----|---|--------|
| 9  | <b>HEALTH &amp; WELLBEING (Cont)</b>  |        |
|    | <b>Attendance Information (Cont)</b>  |        |
|    | <p>Training is ongoing for the new Attendance Policy, which is bedding in. Elaine Jordan advised that only limited information is being provided by Oracle, but managers can now access data for their own team. HR Advisers are working closely with managers. The partnership has received 2 years of corporate funding to provide a temporary Project Manager Post to help reduce absence and support health and wellbeing. Expressions of interest are being sought from within the Council's HR Service.</p> <p>At a recent meeting Elaine had been asked to provide information on stress related absence and was able to update that at present there are 13 live cases relating to work related stress and 18 absences relating to personal stress. These are all being managed by line managers.</p> |        |
|    | <b>Staff Health &amp; Wellbeing</b>   |        |
|    | <p>Simon Fevre recently visited all of the Staff Hubs at the Community Hospitals in Fife and a report on this will be presented to the Health and Wellbeing Group. It is intended to continue with staff hubs to allow breaks to be taken away from the workplace, but several of these are in meeting rooms or clinical spaces and alternative venues will have to be identified as these areas come back into everyday use. Thought will be given to using outdoor space.</p>   |        |
| 10 | <b>LPF ANNUAL REPORT</b>  |        |
|    | <p>Simon Fevre updated on this as Jim Crichton had left to attend another meeting.</p> <p>Feedback received since the last LPF meeting has been incorporated into the updated version of the Annual Report.</p> <p>The final version will be considered by the IJB at their meeting on Friday 18 June 2021.</p> <p>Discussion took place around the route of the report to the IJB and it was agreed it would direct to the Board.</p>  |        |
| 11 | <b>LPF SCHEDULE OF MEETINGS 2021</b>  |        |
|    | <p>Agreed to maintain current schedule of meetings until the end of 2021.</p>   |        |
| 12 | <b>EAST REGION RECRUITMENT SERVICE</b>  |        |
|    | <p>Susan Young advised that NHS Fife staff would TUPE transfer to NHS Lothian, who will be the single employer for this service, on 1 June 2021. Staff engagement will take place prior to this date.</p> <p>An organisational change process will take place once staff have moved and this will be concluded by the end of 2021.</p> <p>Information has been provided to affected staff on proposed new Job Descriptions and Structure.</p>   |        |

| NO | HEADING  | ACTION          |
|----|--|-----------------|
| 13 | <b>ITEMS FOR BRIEFING STAFF</b>  |                 |
|    | <b>Via Directors Brief</b>   |                 |
|    | It was agreed that Nicky and Simon would discuss this and advise Hazel Williamson  | <b>NC/SF/HW</b> |
|    | <b>Via Staff Meetings</b>  |                 |
|    | It was agreed that Nicky and Simon would discuss this and advise Hazel Williamson  | <b>NC/SF/HW</b> |
| 14 | <b>AOCB</b>  |                 |
|    | Simon Fevre brought up the length of time meetings are taking and whether meetings should be scheduled to take 2 hours rather than the current 1.5 hours.. This will be discussed in more detail at the LPF Pre-Agenda meeting on Wednesday 19 May 2021. |                 |
| 15 | <b>DATE OF NEXT MEETING</b>  |                 |
|    | <b>Wednesday 9 June 2021 at 9.00 am</b>  |                 |