Fife Health & Social Care Partnership

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AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 27 JANUARY 2023 AT 10.00 AM
THIS WILL BE A VIRTUAL MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time

	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS	Arlene Wood	-
2	CONFIRMATION OF ATTENDANCE / APOLOGIES	Arlene Wood	-
3	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
4	MINUTES OF PREVIOUS MEETING 25 NOVEMBER 2022	Arlene Wood	3-10
5	MATTERS ARISING - ACTION NOTE 25 NOVEMBER 2022	Arlene Wood	11-12
6	CHIEF OFFICER UPDATE	Nicky Connor	-
7	FINANCE UPDATE	Audrey Valente	13-28
8	STRATEGIC PLAN 2023-2026	Fiona McKay	29-229
9	JOINT INSPECTION REPORT AND IMPROVEMENT PLAN	Fiona McKay	230-287
10	MINISTERIAL STRATEGIC GROUP (MSG) INDICATORS	Fiona McKay	288-324
11	PERFORMANCE REPORT – EXECUTIVE SUMMARY	Fiona McKay	325-338
12	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED		339-368
	Audit & Assurance Committee Confirmed Minute from 11 November 2022 Verbal Update from 19 January 2023	Dave Dempsey	
	Finance, Performance & Scrutiny Committee Confirmed Minute from 11 November 2022 Verbal Update from 20 January 2023	Alastair Grant	
	Quality & Communities Committee Confirmed Minute from 8 November 2022 Verbal Update from 18 January 2023	Sinead Braiden	
	Local Partnership Forum Unconfirmed Minute from 16 November 2022 Verbal Update from 24 January 2023	Simon Fevre / Nicky Connor	

13	**AOCB**	**All**	**-**
14	**DATES OF NEXT MEETINGS** **IJB DEVELOPMENT SESSION – FRIDAY 24 FEBRUARY 2023** **INTEGRATION JOINT BOARD – FRIDAY 31 MARCH 2023**	**All**	**-**
MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHORS IN ADVANCE OF THE MEETING			

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

Copies of papers are available in alternative formats on request from Tracy Hogg, Finance Business Partner, 6th Floor, Fife House – e:mail Tracy.Hogg@fife.gov.uk

Fife Health & Social Care Partnership
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UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 25 NOVEMBER 2022 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) David Graham (DG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alistair Morris (AM), Martin Black (MB), Sinead Braiden (SB), Arlene Wood (AW) Wilma Brown (WB), Employee Director, NHS Fife Ian Dall (ID), Service User Representative Paul Dundas (PD), Independent Sector Representative Morna Fleming (MF), Carer Representative Kenny Murphy (KM), Third Sector Representative Debbie Fyfe (DF), Joint TU Secretary, Fife Council Amanda Wong (AW), Associate Director, AHP's, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer
Attending	Lisa Cooper (LC), Head of Primary & Preventative Care Services Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Hazel Close (HC), Head of Pharmacy (Population Health and Wellbeing) Lindsay Thomson, Head of Legal & Democratic Service, Fife Council (Observing) Tim Bridle, External Auditor Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION

1 CHAIRPERSON'S WELCOME / OPENING REMARKS

The Chair welcomed everyone to the Integration Joint Board including Hazel Close, Head of Pharmacy (Population Health and Wellbeing) who attended the meeting on behalf of Ben Hannan and presented the report at Item 13.

This meeting was the final Board meeting for Christina Cooper and Martin Black as they both leave NHS Fife at the end of year. Arlene Wood will take up the Chair with effect from 1 December 2022 and on the same date Alastair Grant and John Kemp will join the IJB as NHS members. Christina and Martin were thanked for their invaluable contribution to the Board and to integration during their time with the IJB.

NO	TITLE	ACTION

1 CHAIRPERSON'S WELCOME / OPENING REMARKS (CONT)

The Chair advised members that this is Norma Aitken's last Board meeting before she takes early retirement at the end of year. The Chair thanked Norma for her contribution to the Board.

The Chair then congratulated Danielle Fairley, a Care Worker from Roselea House, Cowdenbeath, who won the Care Worker of the Year Award 2022 at the Scottish Care Conference, Exhibition & Awards on Friday 18 November 2022.

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

Members were advised that a recording pen was in use at the meeting to assist with Minute taking and the media had been invited to listen in to the proceedings.

2 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Chris McKenna, Janette Keenan, Simon Fevre, Eleanor Haggett, Helen Hellewell, Joy Tomlinson and Ben Hannan.

3 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

4 MINUTES OF PREVIOUS MEETING 30 SEPTEMBER 2022

Graeme Downie and Arlene Wood raised two minor corrections for the content, once these have been corrected the Minute from the meeting held on 30 September 2022 was approved as an accurate record.

5 MATTERS ARISING – ACTION NOTE 30 SEPTEMBER 2022

The Action Note from the meeting held on 30 September 2022 was approved as accurate.

6 CHIEF OFFICER UPDATE

The Chair handed over to Nicky Connor for this item.

Nicky began by thanking Christina Cooper for her leadership and support during her time and Chair and Vice-Chair of the IJB and in other roles she has held. She also thanked Martin Black for his input since the beginning of the IJB and advised that they would both be missed and their legacy on the Board will continue.

Consultation on both the Strategic Plan and Carers Strategy continues and Board members are asked to contribute to these and to encourage others to participate by sharing information as widely as possible.

Nicky advised that the full Joint Inspection Report from the recent Joint Inspection of Adult Services is now available on the Care Inspectorate website. Joint inspections of services for adults (careinspectorate.com) Work continues on the Improvement Plan which must be submitted during December 2022. Both of these documents will be brought to the IJB meeting on 27 January 2022. Both Christina Cooper and Nicky Connor paid tribute to all partnership staff involved in the Inspection. **NC/FM**

6 CHIEF OFFICER UPDATE (CONT)

Nicky outlined that there continues to be significant ongoing demands on the whole system and extended thanks to all staff working within the Health and Social Care Partnership and partners as we continue to work together to support a team fife approach.

7 FIFE INTEGRATION JOINT BOARD DRAFT AUDITED ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO MARCH 2022

This report was discussed at the Audit and Assurance Committee on 9 November 2022. The Chair introduced Audrey Valente who gave a short presentation on the information contained within the Annual Accounts.

Tim Bridle began by thanking Audrey and her team for their support during his time as external auditor for the partnership. From financial year 2022/23 Azets will be the appointed auditor for the IJB and its constituent bodies. Tim gave an update on the 2021/22 Annual Audit Report and advised that the IJB are making good progress, despite the ongoing challenges and pressures. The auditors have given a clean opinion on the accounts, with some minor amendments made following the Audit & Assurance Committee. Leadership and vision remain strong, there has been progress with transformation, staff engagement continues to be good and there is a clear commitment to staff wellbeing. Some items on the Action Plan have been updated from the previous year and new items added.

The Chair thanked Audrey Valente and her team for the work on this report which is more accessible and easier to understand than previously. She also thank Tim for his investment and organisation over the last 3 years.

The Chair then invited Dave Dempsey, Chair of Audit and Assurance (A&A) to comment on discussions at the Committee before questions from Board members. Dave advised that A&A discussed the report in full and suggested minor changes, which had been included in the updated version of the report presented to the IJB today.

Discussion took place around the mis-statements and adjustments which had been made, which Tim confirmed were not unusual in situations such as this. Arrangements are now in place for processes for future years.

Potential budget gap for future years will form part of discussions at future IJB meetings and Development Sessions, as in previous years.

The Board were assured that the draft annual accounts have been reviewed by external audit and discussed at the Audit and Assurance Committee, noted the IJB's draft Audited Annual Accounts and agreed that the accounts are approved for signature.

8 FINANCE UPDATE

This report was discussed at the Finance, Performance & Scrutiny Committee on 11 November 2022. The chair introduced Audrey Valente who presented this report which detailed the financial position of the delegated and managed services based on 30 September 2022. The forecast for Fife Health & Social Care Partnership is currently a surplus £7.226m. Key areas of overspend are Hospital

8 FINANCE UPDATE (CONT)

& Long-Term Care and Adult Placements and these are offset by underspends in a number of other areas. There was also an update in relation to savings approved by the IJB in March 20021 and the use of Reserves.

The Chair then invited Arlene Wood, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Arlene advised that the committee had a full discussion on the paper including winter pressures. The committee noted the outturn position and supported the use of reserves.

Discussion took place around the return of covid 19 funding to Scottish Government, which has been reflected in the finance update.

The Board were assured that there is robust financial monitoring in place and scrutiny though the Finance Performance and Scrutiny Committee, they approved the financial monitoring position and the use of Reserves as at September 2022.

9 PUBLIC SECTOR CLIMATE CHANGE DUTIES

This report was discussed at the Finance, Performance & Scrutiny Committee on 11 November 2022. The Chair introduced Audrey Valente who presented this report which has to be presented to Scottish Government by 30 November 2022. Guidance for IJB's is of a unique nature as issues such as corporate emissions are the responsibility of Fife Council and NHS Fife.

The Chair then invited Arlene Wood, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Arlene confirmed that the committee were comfortable with the way forward outlined in the report.

The Board considered and agreed the priorities for climate change governance, management and strategy for the year ahead as set out in the Assessment section of this report as follows:

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Change Action Plan) 2020 - 2030
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP
- Continue to work with partners to identify opportunities to work more efficiently and sustainably.
- Continue to monitor actions within the Strategic Plan that promote co-benefits with climate change strategies and maintain a focus on positive contributions to climate change within the revision of the Strategic Plan 2022-2025.
- Review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

NO	TITLE	ACTION

10 WINTER PLAN: EXECUTIVE SUMMARY

The full Winter Plan report was discussed at the Quality & Communities Committee on 8 November 2022, the Finance, Performance & Scrutiny Committee on 11 November and the Local Partnership Forum on 16 November 2022. Feedback from these meetings had been incorporated into the version of the report presented today.

The Chair introduced Lynne Garvey who presented this executive summary of the report which covers four main sections:-

1. Priorities addressed within Fife's Annual Delivery Plan (ADP) for 2022/23 which include actions to address winter.
2. Actions being taken to address the recommendations in the Scottish Government (SG) letter Supporting our Health and Social Care System, 12 October 2022.
3. Update on the position on increasing the workforce as outlined in the letter issued by Mr John Burns - Winter Planning for Health and Social Care; 5 October 2021.
4. Additional work that is being undertaken within the HSCP to prepare for winter.

Lynne also covered the key areas for assurance and risks outlined in the paper.

The Chair thanked Lynne Garvey and the team involved in winter planning for a comprehensive and balanced report. She then invited Sinead Braiden, Chair of Quality & Communities Committee, Arlene Wood, Chair of Finance, Performance & Scrutiny Committee and Fiona McKay who chaired the recent LPF meeting to comment on discussions at the Committee before questions from Board members.

Members of all three meetings had been content to recommend the paper for approval by the IJB and acknowledged the ongoing, year round challenges faced by staff.

Discussion took place around the current STV recruitment campaign, staff attrition rates, issues around guardianship and the impact on delayed discharges and rates of pay.

Recruitment is also being promoted through social media and there are currently 70 Foundation Apprenticeships in place. A Princes Trust pilot is ongoing in the Levenmouth area to assist recruitment within the 18-30 year age range.

Paul Dundas confirmed that nationally Fife is ahead of the curve.. Pop up recruitment events are being held to assist with recruitment and the collaborative, which was set up a year ago, is working well.

Ian Dall raised questions around post diagnostic support for dementia patients and it was agreed that this would be discussed between Ian and Rona Laskowski outwith the meeting. **RL/ID**

Wilma Brown raised the issue of the length of time it could take to get a newly recruited staff member into post due to the pre-recruitment checks which are required by Fife Council and NHS Fife. Fife Council have dedicated HR support

10 WINTER PLAN: EXECUTIVE SUMMARY (CONT)

for recruiting care staff and discussions will be held with NHS HR to see if something similar can be put in place.

The Board were assured that the actions described have been developed with whole system service engagement, are in line with national recommendations and support our planning and preparations for winter 2022. There are risks identified and mitigating actions described with close monitoring through operational delivery structures and strong connections into NHS Fife, Fife Council and Resilience Partners to support any further responsiveness as required over the winter period.

STRATEGIC PLAN 2023-2026 – UPDATE

This report was discussed at the Quality & Communities Committee on 8 November 2022, the Finance, Performance & Scrutiny Committee on 11 November 2022 and the Local Partnership Forum on 16 November 2022. The Chair introduced Fiona McKay who presented this report.

The Strategic Plan is supported by nine transformational strategies and five enabling strategies. A Work Programme has been developed to provide a performance reporting framework for the Strategic Planning Group.

Fiona advised that further consultation is ongoing, and feedback is being assessed as it is received.

NHS Fife have commissioned an independent survey involving Fife residents and NHS Fife employees to identify their views on local health and care services, and their aspirations for NHS Fife. Fieldwork is currently ongoing, and the report findings will be incorporated into the final version of the Strategic Plan.

The Chair then invited David Graham, Chair of the Strategic Planning Group (SPG), Sinead Braiden, Chair of Quality & Communities Committee, Arlene Wood, Chair of Finance, Performance & Scrutiny Committee and Fiona McKay who chaired the recently LPF meeting to comment on discussions at the Committee before questions from Board members.

David Graham advised that significant discussion had taken place at a recent SPG meeting and agreement had been reached on how to take the plan forward.

Sinead Braiden and Arlene Wood both advised that their committee were content to recommend the Strategic Plan progress as discussed.

The Board were assured and discussed that the progress of the Strategic Plan is in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and requirements to deliver a plan for the next three years. The Strategic Plan will be brought to the Integration Joint Board for approval in January 2023.

12 WORKFORCE STRATEGY AND ACTION PLAN 2022-2025

This report was discussed at the Quality & Communities Committee on 8 November 2022, the Finance, Performance & Scrutiny Committee on 11 November 2022 and the Local Partnership Forum on 16 November 2022. The Chair introduced Roy Lawrence who presented this report.

12 WORKFORCE STRATEGY AND ACTION PLAN 2022-2025 (CONT)

Roy gave the background to this report which was originally brought to the IJB in July 2022 and was delayed coming back to this meeting as Scottish Government feedback had not been received until October. Some minor changes have been made following the Scottish Government feedback and the Strategy and Action Plan are now ready to publish.

The Chair then invited Sinead Braiden, Chair of Quality & Communities Committee, Arlene Wood, Chair of Finance, Performance & Scrutiny Committee and Fiona McKay who chaired the recently LPF meeting to comment on discussions at the Committee before questions from Board members.

All three confirmed that their committee/forum has been content to support publication of the Strategy.

The Board considered the feedback from Scottish Government and agreed that the Workforce Strategy and Plan is complete and ready for publication on the Partnership website on the 30 November 2022.

An annual Action Plan, beginning with Year 1 2022-23, has been endorsed by the IJB to deliver the actions set out in the Workforce Strategy.

Progress on this Plan will be brought to Senior Leadership Team three times annually, and an annual report presented to Quality & Communities Committee, Finance, Performance & Scrutiny Committee, the Local Partnership Forum and the Integration Joint Board annually.

13 PHARMACEUTICAL CARE SERVICES REPORT 21/22

This report was discussed at the Quality & Communities Committee (Q&C) on 8 November 2022. The Chair introduced Hazel Close who presented this report on behalf of Ben Hannan. Hazel advised that this report is normally presented to the IJB on an annual basis, but this is the first one since 2019 due to the covid pandemic.

This was a comprehensive report covering all 86 Community Pharmacies in Fife and provided information on the services available in different areas.

Christina Cooper thanked Hazel for the report and thanked all those involved in its production.

The Chair then invited Sinead Braiden, Chair of Q&C Committee to comment on discussions at the Committee before questions from Board members. Sinead advised that Q&C welcomed the report and were assured by it. They had noted the complexity around the range of services delivered.

Discussion then followed on the difficulties in setting up new community pharmacies in some areas, the method of determining how far residents are from their local pharmacy (this is being investigated and may be updated in future reports), concerns about which services are provided where and the need to ensure that effective communications are in place to ensure patients know what they can access locally. Hazel advised that all staff who respond to calls to 111 have a full suite of information to allow them to advise callers when it would be appropriate to access a pharmacy.

NO	TITLE	ACTION

13 PHARMACEUTICAL CARE SERVICES REPORT 21/22 (CONT)

The Board were assured in relation to the delivery of the Pharmaceutical Care Services in Fife as outlined in the 2021/22 annual report.

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

Nicky Connor invited each of the Committee Chairs in turn to provide an update on items to be escalated to the Board.

Audit & Assurance Committee (A&A) – 14 September 2022 / 9 November 2022

Dave Dempsey had nothing to escalate from the September meeting. There was an issue with the November meeting not being quorate, concerns raised about rolling audit actions and the need to include information on changes made to reports between committee meetings and the IJB. Nicky Connor confirmed that this feedback is being looked at with a view to changes being made in future reports.

Finance, Performance & Scrutiny Committee (FP&S) – 16 September 2022 / 11 November 2022

Arlene Wood advised there were no items to escalate from recent FP&S meetings.

Quality & Communities Committee (Q&C) – 9 September 2022 / 8 November 2022

Sinead Braiden advised there were no items to escalate from Q&C meetings. The November meeting had a full agenda and was followed by a development session which included input from current and ex-service users and this will be followed up in future meetings.

Local Partnership Forum (LPF) – 21 September 2022

Fiona McKay advised that there were not items to escalate from recent LPF meeting.

15 AOCB

Rosemary Liewald and Sinead Braiden both paid tribute to Christina Cooper and Martin Black and acknowledged their commitment over their time on the Board.

As the Chair had not been alerted prior to the meeting of any other business to be raised under this item, she closed the meeting by updating on the dates of the next meetings.

16 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 9 DECEMBER 2022

INTEGRATION JOINT BOARD – FRIDAY 27 JANUARY 2023

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 25 NOVEMBER 2022

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	**Chief Officer Update – Joint Inspection Report –** full Report and Improvement Plan to be brought to IJB in January 2023.	**Nicky Connor / Fiona McKay**	**27 January 2023**	**Complete - on IJB agenda for 27/01/23**
2	**Winter Plan : Executive Summary -** Ian Dall raised questions around post diagnostic support for dementia patients and it was agreed that this would be discussed between Ian and Rona Laskowski outwith the meeting.	**Rona Laskowski**	**TBC**	**RLas has contacted ID re Meeting - Complete**

COMPLETED ACTIONS

Finance Update – agreed to include Governance in a future Development Session.	**Nicky Connor**	**TBC**	**This has been discussed with the Chair and will be planned for a session in early 2023**
Performance Report – Executive Summary – Ian Dall requested a full copy of the Performance Report.	**Fiona McKay**	**ASAP**	**Complete**

Fife Health & Social Care Partnership
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Meeting Title:	**Integration Joint Board**
Meeting Date:	**27 January 2023**
Agenda Item No:	**7**
Report Title:	**Finance Update**
Responsible Officer:	**Nicky Connor, Director of Health & Social Care**
Report Author:	**Audrey Valente, Chief Finance Officer**

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance, Performance and Scrutiny committee- The report was scrutinised by members of the committee and robust discussion took place around whole system support. All members were supportive of the proposal and were actively involved in shaping the wording contained within the report

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 30 November 2022. The forecast for Fife Health & Social Care Partnership is currently a surplus £7.146m.

3.2 Background

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

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

3.3 Assessment

As at 30 November 2022 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £7.146m.

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- Adult Placements
- Social Care other

These overspends are offset by the underspends in:-

- Community Services
- GP Prescribing
- Children's Services
- Older People Residential and Day Care
- Homecare
- Adults Fife-wide
- Adults Supported Living
- Social Care Fieldwork

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

3.3.1 Quality / Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

There are significant vacancies identified in this report and the impact of this remains under continual review.

3.3.3 Financial

The medium-term financial strategy will be reviewed and updated in 2023-24.

3.3.4 Risk / Legal / Management

Projection for Covid-19 related costs are projected to be met from Covid-19 reserves. There is a risk that savings may not be achieved on a permanent basis however alternatives will be delivered in year.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no impacts on the environment

ClimateActionPlan2020_summary.pdf (fife.gov.uk)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4.4 Recommendation

- **Assurance –** the IJB are asked to be assured that there is robust financial monitoring in place.
- **Decision** – approve the financial monitoring position as at November 2022.
- **Decision** – approve the use of the reserves as at November 2022.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report 30 November 2022

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved 2022-23 Savings Tracker

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

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

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

11 To Be Completed by SLT Member Only (must be completed)

Lead	**Audrey Valente**
Critical	**SLT**
Signed Up	
Informed	

Report Contact

Author Name: Audrey Valente

Author Job Title: Chief Finance Officer

E-Mail Address: Audrey.Valente@fife.gov.uk

Appendix 1

www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Finance Report as at 30 November 2022

12th January 2022

NHS Fife

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Fife Council

FINANCIAL MONITORING

FINANCIAL POSITION AS AT NOVEMBER 2022

1. Introduction

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

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

A one-year revenue budget of £627.414m for delegated and managed services was approved at the IJB meeting on the 25th March 2022. Unachieved savings totalling £3.794m from prior years, which were delayed due to Covid-19, have been brought forward, and require to be met to balance the budget.

The revenue budget of £38.889m for acute set aside was also set for 2022-23

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected underspend of £7.146m at the current time is provided at Table 2 and a variance analysis provided where the variance is in excess of £0.300m. It is critical that the H&SCP manage within the budget envelope approved in this financial year.

3. Additional Budget Allocations for Year

Additional Budget allocations are awarded in year through Partners. The total budget for the delegated and managed services has increased by £10.168m since April 2022 (was £4.822m at September) through additional allocations for specific projects.

The amounts to be allocated, may be committed for use, but have not yet transferred to budget and are held centrally.

Additional Allocations	Total Allocated April to Nov	Yet to be Allocated
	£m's	£m's
PCIF (reduction in allocation due to reserve held)	-2.258	
Primary Care Development Fund (PCIF to pharmacotherapy)	-2.830	
Alcohol and Drug Partnership	-0.075	0.685
Integration Fund	0.000	
District Nurses	0.000	0.605
Mental Health Recovery	0.000	
Action 15 Mental Health Strategy	0.000	1.194
Anticipated additional pay award funding	3.306	
Perinatal & Infant Mental Health	0.000	0.008
Camhs Improvement	0.000	0.433
School Nurse	0.000	0.276
22-23 Uplifts	0.000	5.739
Urgent Care Redesign	0.681	
Family Nurse Partnership	0.000	-0.080
Naxolone for Police Scotland	0.000	0.029

FHS non-cash limited	16.318	
Integration Authorites: MDT		0.600
Development of Hospital at Home		0.219
Primary Care out of hours		0.240
Earmarked reserves allocated	3.971	
Other Budget Movements	3.670	
Budget transfer	2.407	
Miscellaneous Income	-14.811	
Total NHS	**10.379**	**9.948**
Gas and Electric increases	-0.217	
Contact Centre	0.006	
Total FC	**-0.211**	**0.000**
Overall Budget Increase	**10.168**	**9.948**

4. Directions

There are no Directions required for this paper as the paper provides an update on the financial outturn of the Health and Social Care Partnership based on the projected outturn position at March 2023.

5. Financial Performance Analysis of Provisional Outturn as at 30 November 2022

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn underspend of £7.146m as below.

Fife Health & Social Care Partnership								
As at 30 November	**2022/23**							
Objective Summary	**Budget Sept**	**Budget Nov**		**Forecast Outturn Sept**	**Forecast Outturn Nov**	**Variance as at Sept**	**Variance as at Nov**	**Movement**
	£m	**£m**		**£m**	**£m**	**£m**	**£m**	**£m**
Community Services	114.996	121.784		109.303	111.760	-5.693	-10.024	-4.331
Hospitals and Long Term Care	56.058	55.468		58.116	58.242	2.058	2.774	0.716
GP Prescribing	77.266	75.698		76.466	74.298	-0.800	-1.400	-0.600
Family Health Services	108.208	108.872		108.308	109.032	0.100	0.160	0.060
Children's Services	14.676	14.722		14.576	14.572	-0.100	-0.150	-0.050
Resource transfer & other payment	51.965	51.965		51.930	51.930	-0.035	-0.035	0.000
Older People Residential and Day Care	15.320	14.872		14.794	14.630	-0.526	-0.242	0.284
Older People Nursing and Residential	41.516	41.516		41.463	41.703	-0.053	0.187	0.240
Homecare Services	40.543	40.558		39.901	40.153	-0.641	-0.406	0.236
Older People Fife Wide	0.793	0.842		0.885	0.949	0.093	0.108	0.015
Adults Fife Wide	8.103	7.997		6.927	6.617	-1.176	-1.380	-0.204
Social Care Other - OT	4.047	4.061		3.937	3.972	-0.109	-0.088	0.021
Social Care Other - Business Enabling/Professional	0.629	1.219		-0.422	2.887	-1.051	1.668	2.719
Adult Placements	54.353	54.353		60.043	60.575	5.690	6.222	0.532
Adult Supported Living	23.563	23.563		19.969	19.760	-3.594	-3.804	-0.210
Social Care Fieldwork Teams	18.364	18.255		16.975	17.519	-1.389	-0.736	0.652
Housing	1.837	1.837		1.837	1.837	0.000	0.000	0.000
Total Health & Social Care	**632.236**	**637.582**		**625.010**	**630.436**	**-7.226**	**-7.146**	**0.080**

The main areas of variances are as follows:

5.1 Community Services
Budget £121.784m, Forecast £111.760m, underspend £10.024m

Community Services are forecasting an underspend of £10.024m. This is mainly due to vacancies across AHP services, Dental and Health Promotion services and Mental health. Attempts to recruit to all vacancies across HSCP continue. There is also an underspend which relates to a reduced spend on sexual health and rheumatology drugs due to a decrease in activity.

The movement from September forecast is a favourable movement of £4.331m and is mainly due to continued vacancies and an increase in budget.

5.2 Hospital and Long-Term Care
Budget £58.468m, Forecast £58.242m, overspend £2.774m

Hospital & Long-Term Care is forecasting an overspend position of £2.774m. £2.800m is attributable to Mental Health old age services and adult services where there are high usage/costs on medical locums. This overspend is partially offset by vacancies within specialist nurses. Community hospital inpatient services continues to overspend by £2.000m on bank and agency to cover vacancies, sickness, and increased patient supervision. There are underspends of £0.680m within palliative care services and Fife rehab services to offset this.

The movement from July forecast is an adverse movement of £0.716m and is mainly due to further usage of locums.

5.3 GP Prescribing
Budget £75.698m, Forecast £74.298m, underspend £1.400m

As at November, 6 months of actual General Practice Prescribing data to the end of September is available. Using that data, other available indicators, and 3 years previous positive outturns, the GP Prescribing forecast outturn is an £0.945m underspend on a £76m budget. Using the same assumptions, the forecast outturn is projected to be a £1.4m underspend. Worldwide the aftermath of the pandemic and the current economic environment leave supply, demand, and pricing of medicines at risk to increases, however several positive factors influencing prescribing are also currently in play, including stabilised Tariff prices and new Primary Care Rebate Schemes. A move to a single East Region Formulary is progressing, potentially reaping further benefits.

There has been a favourable movement of £0.600m since the forecast position from September, this is due to further information being available.

5.4 Homecare
Budget £40.558m, Forecast £40.153m, underspend £0.406m

The forecast underspend is £0.406m. There is a £1.970m overspend on direct packages, this is offset by an underspend of £1.334m on care at home packages. The care at home package underspend is due to vacant posts. Funding was provided to expand Homecare Services in the Community and launch an emergency peripatetic team within Homecare, these posts have been difficult to recruit to.

The movement from September forecast is an adverse movement of £0.236m and is mainly due to a further increase in uptake on direct payments.

5.5 Adults Fife Wide
Budget £7.997m, Forecast £6.617m, underspend £1.380m

The forecast underspend is £1.380m. The underspend is mainly due to budget being set for packages for named individuals expected to require a service, which have not yet started/been delayed.

There has been a favourable movement in the forecast position from September of £0.204m due to further delays mainly due to difficulties in recruiting.

5.6 Social Care Other
Budget £1.219m, Forecast £2.887m, overspend £1.668m

Occupational Therapy Budget of £4.061m, projecting an underspend of £0.088m has been moved to a line on its own and is no longer consolidated with Social Care Other.

The forecast overspend on Social Care other is £1.668m this is due to the backdated pay award for Fife Council.

There is an adverse movement from the September projection of £2.719m due to the pay award. This is a high level manual adjustment to give an accurate indication of the effect of the pay award on the overall position, and will be reflected more accurately across services once the payment is processed through the financial ledger.

5.7 Adults Placements
Budget £54.353m, Forecast £60.575m, overspend £6.222m

The forecast position is an overspend of £6.222m. The overspend is due to packages that have been commissioned in excess of the budget of £5.545m.

There is an adverse movement from the September position of £0.532m which is due to the increase in packages.

5.8 Adults Supported Living
Budget £23.563m, Forecast £19.760m, underspend £3.804m

The projected outturn is an underspend of £3.805m. This is due to the Community Support Service vacant posts which will not be filled until the future design of the service is established and agreed. There are further vacancies within Accommodation Services due to difficulties in recruiting (£1.8m) offset by a shortfall on Housing Benefit income £0.5m

There is a favourable movement of £0.210m which is due to further posts becoming vacant.

5.9 Social Care Fieldwork Teams
Budget £18.225m, Forecast £17.519m, underspend £0.736m

The projected outturn is an underspend of £0.980m. This is mainly due to staff vacancies offset by an increase in third party payments of £0.489m.

There is an adverse movement from the September projection of £0.652m mainly due to an increase in third party payments for respite.

6. Portfolio reporting

An alternative approach to presenting the budget and forecast position as at November is presented below and provides information split by budget management responsibility for each of the Heads of Service. You will note the current position reflects an underspend for each area and work is on-going to improve reporting in relation to the line 'Other' which reflects various transactions between NHS Fife and Fife Council (otherwise known as resource transfer). This expenditure will be re-classified over the four portfolios in future updates to reflect compliance with accounting standards.

	Budget Nov	Forecast Outturn Nov	Variance as at Nov
	£m	£m	£m
Primary Care & Preventative Care	246.662	241.261	(5.401)
Integrated Community Care	158.744	156.856	(1.888)
Integrated Complex & Critical Care	165.700	165.602	(0.098)
Integrated Professional & Business Enabling	7.853	7.708	(0.145)
Other - Including Resource Transfer	58.623	59.009	0.386
TOTAL HSCP	**637.582**	**630.436**	**(7.146)**

7. Savings

Unachieved savings proposals from prior years were brought forward to meet the budget gap and this was approved by the IJB as part of the budget set in March. The total value of savings for the 2022-23 brought forward is £3.794m. The financial tracker included at Appendix 2, provides an update on all savings and highlights that savings of £2.513m (66.2%) will be delivered against the target.

Finance will work with the Senior Leadership Team to ensure plans are in place to achieve these savings in 2022-23

25% of the savings (£0.950m) relating to Managed General Practice Modelling, Procurement Strategy and Re-Provision of Care is being met using temporary in year savings as substitutes, which will require to be met on a permanent basis in future years.

Resource Scheduling (Total Mobile) saving of £0.750m is projected to be undelivered in 2022-23. This saving will be funded from reserves on a one-year basis from the uncommitted reserves balance, as approved by the IJB in March.

The savings associated with the implementation of MORSE (£0.800m) will not be delivered in full in 2022-23. It is projected that only 50% will be delivered with the remaining 50% of this saving funded from reserves on a one-year basis, as approved by the IJB in March.

These savings will require to be met on a permanent basis in future years to ensure a balanced budget position.

8. Covid-19 and the Local Mobilisation Plan

In addition to the core financial position, there is a continued requirement to report monthly actual spend and full year projected spend, in relation to Covid-19 in the Local Mobilisation Plan (LMP).

The submission as at November shows projected full year costs for Covid-19 related expenditure is £14.548m, a reduction of £1.184m from the September position. Reserves for Covid-19 brought forward from 2021-22 of £35.993m are to be utilised to cover this expenditure.

Discussions are ongoing with Scottish Government regarding the use of the balance of the Covid-19 related earmarked reserve.

The main areas of expenditure are :

Projected Costs for Covid-19 @ Nov 2022	**Total £m**
Vaccinations	6.063
Workforce and Capacity	3.939
PPE, Equipment	0.595
Community Capacity	1.523
Sustainability payments to providers	2.413
Other	0.015
Total Covid-19 Costs	**14.548**

9. Reserves

Reserves brought forward at from March 2022 were £13.170m. Further to this, late funding received from Scottish Government for Covid-19 expenditure and for new commitments such as Mental Health Recovery and Renewal totalling £66.541m was received and carried forward to reserves, giving an April 2022 total reserve balance of £79.712m.

Of the £79.712m total reserve, £66.276m are earmarked for specific purposes including £35.993m which relates to Covid-19 expenditure. Earmarked reserve expenditure includes support to external organisations to reflect the rising cost of living pressures. This is currently estimated to cost an additional £0.600m by the end of the financial year. In addition to this, there is an amount of £0.200m for internal care at home staff to reflect a temporary user allowance for a period of 12 months (backdated to April 2022) for all employees who use their personal vehicle to deliver Council services and travel more than 2000 business miles per annum This was agreed at Fife Council Cabinet Committee on 20 October and reflects the 12-month cost to the HSCP.

It is proposed that earmarked reserves of £3.3m are committed to reflect a whole system response to the pressures being faced across Health and Social Care. Discussions have taken place with all Partners , and it has been agreed that given we have been operating

under Scottish Government direction for most of the financial year, as well as facing unprecedented demand, a whole system support is required on a one-off basis with no opportunity for these arrangements to continue into future years.This commitment has been reflected in the paper and brings the earmarked reserve to £11.360m , which is consistent with our reserves policy.

An in-year adjustment to classification has resulted in a further £0.516m being reclassified from earmarked to uncommitted, increasing the total to £15.452m and leaving an earmarked reserves balance of £64.260m. Earmarked expenditure has been reviewed and the projection to year end has been reduced to £13.607m. The remaining £14.660m will remain earmarked in reserve for use in 2023-24.

Total Reserves	**Balance April 2022 £M**	**Projected at Nov 2022 £M**	**Balance at YE 2023 £M**
Total Earmarked	28.267	16.907	11.360
Covid-19	35.993	14.548	
Uncommitted Reserves Available for Allocation	15.452	6.032	9.420
Total Reserves	**79.712**	**37.387**	**24.080**

Detail of the earmarked reserves and commitments for approval against the £15.452m are shown in Appendix 2.

10. Risks and Mitigation

10.1 Savings

The inability to deliver savings on a permanent basis is an area of risk. Unmet savings from prior years were carried forward to 2022-23 and must be met to balance the budget. The Senior Leadership Team will provide updates during 2022-23 to provide assurance that these savings targets are on course to be met on a recurring basis.

10.2 Forward Planning

Moving forward there is significant financial uncertainty due to the global economic crisis and there is predicted to be a reduction in future contributions from Fife Council and NHS Fife along with an increase in costs across the economy in relation to inflation, energy, supplies, pressure on pay costs. In addition to this, there is an ageing demographic which will have an impact on the demands faced by the Health and Social Care Partnership. The combination of increased costs, reduced funding from partners and the impact of an ageing population will provide a significant challenge which will require careful planning to ensure financial sustainability in both the immediate and longer term.

10.3 Covid-19

It has become clear that the impact of the pandemic will remain for years to come and there will be pressure on services and core budgets. Work will progress at pace to assess the recurring costs of covid and the impact this will have on future budget gaps, and finance will work with services and the Senior Leadership Team to progress transformation plans at pace. It is essential that we transform the way we work to allow us to provide essential services to the most vulnerable people.

11. Key Actions / Next Steps

SLT have progressed work on future budget modelling and meetings have taken place to begin to look at how to bridge any future gaps, proposals are being worked up by the service in conjunction with Finance.

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

Audrey Valente
Chief Finance Officer
12th January 2023

Appendix2

Total Reserves	**Opening Balance April 2022**	**Projection at Nov 2022**	**Expected Balance at YE**
Total Earmarked	28.267	16.907	11.360
Covid-19 - no balance as to be returned	35.993	14.548	
Reserves Available for Allocation	15.452	6.032	9.420
Total Reserves	**79.712**	**37.487**	**20.780**

Earmarked Reserves	**Opening Balance April 2022**	**Projection at Nov 2022**	**Expected balance at YE**
	£m	**£m**	**£m**
PCIF	6.585	6.585	0.000
Action 15	2.221		2.221
District Nurses	0.213	0.000	0.213
Fluenz	0.018	0.018	0.000
Alcohol and Drugs Partnership	1.700		1.700
Community Living Change Plan	1.339		1.339
Urgent Care redesign	0.950	0.950	0.000
Care Homes	0.817	0.700	0.117
Mental Health Recovery & Renewal	4.118	1.502	2.616
Buvidal	0.213	0.213	0.000
Child Healthy Weight	0.023	0.023	0.000
Acceleration of 22/23 MDT recruitment	0.300		0.300
Multi Disciplinary Teams	1.384		1.384
GP Premises	0.430		0.430
Afghan Refugees	0.047		0.047
Dental Ventilation	0.669	0.389	0.280
Interface Care	0.170	0.030	0.140
Care at Home (includes support for Cost of Living Increase)	3.345	3.300	0.045
Interim beds	2.320	2.320	0.000
Telecare Fire Safety	0.069		0.069
Self Directed Support (SDS)	0.417	0.417	0.000
Workforce Wellbeing Funding	0.196	0.196	0.000
School Nurse	0.146		0.146
Remobilisation of Dental Services	0.313		0.313
Psychological Therapies	0.264	0.264	0.000
Total Earmarked	**28.267**	**16.907**	**11.360**

Covid-19 Reserves	**Opening Balance April 2022**	**Projection at Nov 2022**	**Expected balance at YE**
Covid-19 Reserves	35.993	14.548	21.445

Uncommitted Reserves	Opening Balance April 2022	Projection at Nov 2022	Expected balance at YE
	£m	£m	£m
Opening Balance	13.436		
Reclassified from Earmarked	2.016		
Additional Staff to create capacity to progress transformation projects		0.893	
Research Manager/ Strategic Planner		0.140	
Participation & Engagement Staff		0.146	
Housing Adaptations backlog investment		0.644	
Community Alarms - Analogue to Digital		1.235	
Community Care Services – Purchase of chairs		0.024	
Moving & Handling Trainer – fund for additional 4 months		0.014	
Reviews of Adults Packages OP Team Costs		0.064	
Reviews of Adults Packages Adults Team Costs -Spend to save		0.350	
Total Mobile - Unachieved saving		0.750	
Gas & Electric cost pressure to reflect price increase		0.230	
MORSE- Unachieved saving		0.400	
Band 2-4 Regrading		0.191	
Contact centre (staffing costs test of change)		0.150	
Upgrades to Wellesley Unit		0.300	
Childrens Services - Staffing ANPS		0.273	
Pharmacy/Pain post		0.054	
FELS driver Temp 6 months- increased equipment delivery		0.024	
Bed Flow coordinators 4FTE (temp 1 year)		0.125	
Hospital at Home		0.025	
Balance	**15.452**	**6.032**	**9.420**

Notes

· Balance of reserves available for allocation has increased from £14.936m to £15.452

· £5.531m was previously approved and committee.

· Approval is sought to commit a further £0.025m from reserves for Hospital at Home.

· The remaining balance available for use is £9.420m.

Appendix 3

TRACKING APPROVED SAVINGS

Area	Approved Budget Year	Title of Savings Proposal	Savings Target £m	Overall Forecast £m	(Under)/ over achieved £m	Rag Status
All	2021-24	MORSE (Saving reduced on perm basis in budget setting by 0.400m)	0.800	0.400	(0.400)	Amber
Complex & Critical	2021-24	Bed Based Model	0.200	0.200	0.000	Green
Primary & Preventative	2020-23	Managed General Practice Modelling	0.200	0.000	(0.200)	Red
		Managed General Practice Modelling (Temp substitute)		0.200	0.200	Green
Complex & Critical/ Community Care	2021-24	Review of respite services	0.070	0.070	0.000	Green
Complex & Critical	2021-24	Review of Alternative travel arrangements - Service Users	0.174	0.174	0.000	Green
Complex & Critical/ Community Care	2020-23	Resource Scheduling (Total Mobile)	0.750	0.000	(0.750)	Red
Complex & Critical	2020-23	Procurement Strategy	0.200	0.033	(0.167)	Red
		Procurement Strategy (Temp Substitute - Adults Fieldwork temp vacancies)		0.167	0.167	Green
Complex & Critical/ Community Care	2020-23	Re-provision of Care	1.400	0.686	(0.714)	Red
		Re-provision of Care (Temp Substitute for Adults saving - vacancies in Supported Living)		0.583	0.583	Green
Grand Total			**3.794**	**2.513**	**(1.281)**	**66.2%**

Rag Status Key:-

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

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

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

Summary			
Rag Status	**Savings Target £m**	**Overall Forecast £m**	**(Under)/ over £m**
Green	**0.444**	**1.394**	**0.950**
Amber	**0.800**	**0.400**	**(0.400)**
Red	**2.550**	**0.719**	**(1.831)**
Total	**3.794**	**2.513**	**(1.281)**

Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**27 January 2023**
Agenda Item No:	**8**
Report Title:	**Strategic Plan 2023 to 2026**
Responsible Officer:	**Fiona McKay** **Head of Strategic Planning, Performance, and Commissioning**

1 Purpose

This Report is presented to the Board for:

The report is submitted to the Board for a final decision to ensure the Partnership meets the requirements within the Public Bodies Act to deliver a strategic plan in a timely manner.

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.

- Locality Core Groups (all seven localities)
- Strategic Plan Working Group
- Strategic Planning Group
- Extended Leadership Team
- Senior Leadership Team
- Quality and Communities Committee – 8th November 2022
- Audit and Assurance Committee – 9th November 2022
- Finance, Performance & Scrutiny Committee – 11th November 2022
- Local Partnership Forum – 16th November 2022 and 24th January 2023
- IJB Development Sessions – 30th September 28th October and 9th December 2022

3 Report Summary

3.1 Situation

Fife Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it, and for ensuring the delivery of those functions under Section 25 of the Public Bodies (Joint Working) (Scotland) Act 2014: www.legislation.gov.uk/asp/2014/9/section/25/enacted.

Section 29 of the above Act requires the IJB to prepare a Strategic Plan which sets out the arrangements for carrying out its integration functions, and identifies how these arrangements are intended to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Section 37 of the Act requires the IJB to review its Strategic Plan at least every three years.

The Integration Joint Board is being asked to approve the strategic plan for 2023 to 2026.

3.2 Background

The Strategic Plan for Fife 2023 to 2026 sets out the vision and future direction of health and social care services in Fife over the next three years. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. This Strategic Plan will replace the current strategy from 2019 to 2022 whish was reported on an annual basis in line with legislative requirements. Despite the significant impact from the coronavirus pandemic good progress was made. It is however timely to refresh our strategy which will lead the work the Integration Joint Board in the coming years to deliver against our mission, vision and values for health and social care in Fife.

3.3 Assessment

Several draft versions of the Strategic Plan have been developed with input from the Partnership's Strategic Planning Group, colleagues from across the Partnership, including the independent and third sectors, and members of the public.

This draft Plan incorporates all of the feedback and suggestions provided by the above groups and the comments received from all of the IJB Committee meetings held at the start of November 2022.

Overview

The Strategic Plan is based on a strategic needs assessment and robust participation and engagement work. There is alignment to both the Plan for Fife and the developing NHS Fife Public Health and Wellbeing Strategy to support strong connections between strategies and a Team Fife approach. The Strategic Plan is aligned to the outcomes of integration and the Integration Joint Boards legislative requirements for localities, governance, equality and inequalities. It acknowledges the impact of the coronavirus pandemic and demonstrates a clear golden thread from national and regional priorities to local delivery. Spanning a range of key priorities to ensure what we deliver is local and sustainable, enables wellbeing, supports integration and has a strong focus on outcomes. This Strategic Plan is ambitious in our aspirations for the people of Fife and also realistic about the challenges faced across the public sector. The strategy defines what success would look like and how we will deliver that through due diligence on budget, finance, risk, workforce participation and engagement and quality.

The Plan has been designed to provide an overarching strategy and this will be underpinned by both transformation and enabling strategies which will have clear delivery plans with specific, measurable, timely and realistic objectives. The Strategic Plan also acknowledges the potential for changing policy landscape in the coming years and can assure that through the robust monitoring and alignment to committee structures this will be monitored, and annual delivery priorities will be responsive to this. There is clear alignment to both transformation and the Medium-Term Financial Strategy which is critical to enable sustainability in the medium to long term. Progress will report through the robust governance structures of the Integration Joint Board. The process of delivery of the Strategic Plan will be overseen by the Strategic Planning Group with reports on a regular basis to the Quality and Communities Committee. Annual progress will be included within the published Annual Performance Report which will report to the Finance, Performance and Scrutiny Committee and to the full Integration Joint Board.

Updated Timescale

The new Strategic Plan was originally intended to cover the timescale 2022 to 2025 and a final draft due to be presented to the Scottish Government at the end of November 2022. This timescale was extended for these reasons:

- To enable wider consultation with hard-to-reach groups, including sharing the easy-read consultation in face-to-face sessions with individuals and groups affected by learning disabilities.
- To align with the research being undertaken by NHS Fife involving locality focus groups. The final consultation report was published in December 2022.
- Consultation on the new Carers Strategy took place during November and early December 2022 and included face-to-face workshops in all seven

localities. The feedback collected in these sessions has also informed the development of the Strategic Plan.

- The Scottish Government agreed to extend the timescale and will review the new 'Strategic Plan 2023 to 2026' once approved by the Integration Joint Board in January 2023. For assurance, if any changes are recommended, or where there is any good practice in relation to national strategy guidance anticipated in the first quarter of 2023, then this will be reported back to the Integration Joint Board.

Performance Reporting

The Strategic Plan 2023 to 2026 will be supported by nine transformational strategies and five enabling strategies. A Work Programme has been developed to provide a performance reporting framework for the Strategic Planning Group, please see Appendix 3.

Each strategy will have an approved Action/Delivery Plan that sets out how and when key priorities will be delivered. A strategy approval programme will be produced which outlines the timeline for the development of each of the underpinning strategies with the associated delivery plans. This will be reported through the next governance cycle of the Integration Joint Board. Quarterly flash reports for each strategy will be provided to the Strategic Planning Group to enable effective performance monitoring. The flash reports will form the basis of an annual report for each strategy. Regular reporting of progress will be reviewed by the Quality and Communities and Finance, Performance and Scrutiny Committee. All of the strategy annual reports will feed into the Strategic Plan's Annual Performance Reports, see Appendix 4.

3.3.1 Quality / Customer Care

The Strategic Plan outlines the Integration Joint Boards commitment vision and future direction of health and social care services in Fife. Through participation and engagement, the voices of staff, the public and partners have shaped the development and priorities of the plan.

A Quality Assurance Framework has been developed to ensure appropriate oversight for all of the activities related to the Strategic Plan. The Partnership's Strategic Planning Group has a key role in overseeing the implementation of the Strategic Plan and will regularly review quality and performance and provide report on it to the Quality and Communities Committee, who will in turn provide assurance on progress to the IJB Board. The Annual Performance Report which is reported through all the governance committees prior to being approved by the Integration Joint Board and published will also provide further assurance on delivery. The Terms of Reference for the Strategic Planning Group is included in Appendix 5. A high-level Delivery Plan for the Strategic Plan is included in Appendix 6, this will be updated as the Strategic Plan progresses and will be included with the regular update with oversight as described earlier in this report.

Professional leadership is key to supporting, enabling and assuring quality. There is robust professional oversight through both the professional leads within the Health and Social Care Partnership and professional advisors to the Integration Joint Board. There will be alignment to our clinical and care governance arrangements with areas of transformation and quality connecting to the quality and communities committee.

3.3.2 Workforce

The Strategic Plan provides a high-level overview; any impact on the Partnership's workforce will be managed through the supporting strategies, policies, and procedures relating to implementation of integration functions and operationalisation of the Strategic Plan.

The Integration Joint Board approved and published the Workforce Strategy in November 2022. The priorities outlined in the workforce strategy define how we will Plan, Attract, Train, Employ and Nurture our workforce. This is instrumental to enabling the delivery of the Strategic Plan and we have been cognisant of this in developing the strategy There is clear alignment to both NHS Fife and Fife Council as employing bodies and the third and Independent Sector as key partners in delivery to support a whole systems approach. When each of the underpinning strategies as associated delivery plans are developed there will be a review at the Workforce Strategy Implementation Group to identify if there is any impact on the Workforce Strategy priorities or organisational risk to ensure our workforce delivery plans remain contemporary and cognisant of any potential changing need. The Workforce Strategy aims to recognise not only "what" we do but "how" we will approach this which includes demonstrating our values of being person-focused, having integrity, being caring, respectful, inclusive, and empowering, with kindness. We cannot achieve any of this without the support of our highly skilled and dedicated workforce, our partners in NHS Fife, Fife Council and the Third and Independent Sectors, carers, and our communities. It's by working together that we will continue to progress with integrating services, deliver our strategic objectives and ensuring we care and support people in Fife.

Valuing the critical importance of our workforce as our greatest asset there is clear alignment to the Integration Joint Boards Strategic Risk Register which recognises workforce as an area of high risk with mitigating actions being progressed and is closely and regularly monitored through the Finance, Performance and Scrutiny Committee. Through the Local Partnership Forum there is regular engagement, scrutiny and oversight of workforce pressures in partnership between the Senior Leadership Team, Trade Unions and Staff side Colleagues.

3.3.3 Financial

The IJB continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important to develop an aligned resource strategy including a clear financial framework which will support delivery of the Strategic Plan within the finite resources available. Financial activities are managed through the Medium-Term Financial Strategy, we need to make the best use of our restricted budgets and resources by redesigning services and doing things differently. The Integration Joint Board Strategic Risk Register outlines a financial risk and with close monitoring and regular review through the finance, performance and scrutiny committee. Through the annual review and budget setting process there will be opportunities to ensure ongoing alignment regarding both the Strategic Plan and the Medium-Term Financial Strategy. Robust financial management is a key priority, we will also explore options to achieve efficiencies by improving our systems and processes, for example through better coordination of

services or providing alternative delivery models. A key enabler for delivery is the capacity to support transformation this will be enabled by the business enabling teams including Project Management Office, Participation and Engagement and Organisational Development. The development of all transformation plans will be supported by business cases which will include consideration of capacity assessed at the Senior Leadership Team. This will enable assurance to be provided through future reports to the Strategic Planning Group and to the Quality and Communities Committee on transformation capacity and capabilities.

Once the Strategic Plan is approved, relevant Directions will be developed and progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process.

3.3.4 Risk / Legal / Management

There has been engagement with Audit Services during the development of this Strategic Plan and a full Internal Audit Report on the production of the Strategic Plan is imminent. The audit advice given is reflected in this SBAR and/or the Strategic Plan as appropriate.

Through the Strategic Plan there is a clear product which meets the legislative requirements. Through the development of the underpinning strategies there is ongoing work which will ensure a robust golden thread through the overarching Strategic Plan and our priorities for transformation (e.g. Mental Health, Primary Care) and for enabling strategies (e.g. Workforce, Medium-Term Financial Strategy). In combination these strategies outline our priorities and to manage risk these priorities need to be progressed in line with realistic parameters of both the challenges we face including finance and workforce, but also opportunities we can embrace to transform our services and delivery models such as digital and technology ensuring that we have people at the heart of all we do (our population and our workforce). The Strategic Plan also outlines clear principles for delivery including participation and engagement and quality and governance and ensuring that there is a robust delivery plan which will be monitored through IJB governance structures and progress also published in the Annual Performance Report.

A Risk Register for the activities involved in the development of the Strategic Plan is included in Appendix 7. Risks relating to the delivery of the Strategic Plan are included in the IJB Strategic Risk Register. On approval of the Strategic Plan there will be a review of the wording, score and mitigating actions for all Integration Joint Board Strategic Risks taking into account the knowledge we have in relation to constraints, pressures and opportunities. This recognises that the Strategic Plan is connected to several strategic risks including finance (Strategic Risk ref 3 – High Risk), Workforce (Strategic Risk ref 7 – High Risk), Strategic Plan (Strategic Risk ref 9, Moderate Risk), Primary Care (Strategic Risk ref 26 High Risk), Demographics and changing landscape (Strategic Risk Ref 19, Moderate Risk), Whole System Capacity (Strategic Risk ref 27 High Risk) which all reference the Strategic Plan. This will continue to be reviewed regularly in line with due governance and updated when the underpinning strategies and delivery plans are produced with any risks and mitigating actions.

The Integration Joint Board is actively undertaking work in relation to risk appetite which supports good governance and decision making as part of our approach to active governance.

Under Section 35 of the Public Bodies (Joint Working) (Scotland) Regulations 2014, Fife Health and Social Care Partnership is required to publish its Strategic Plan. Once the final version of the Strategic Plan is approved by the IJB it will be published on the Partnership's website, ensuring that we meet this legislative requirement. Further information is available here:
www.legislation.gov.uk/asp/2014/9/section/35/enacted

3.3.5 Equality and Diversity, including Health Inequalities.

An EqIA has been completed and is included in Appendix 8.

3.3.6 Environmental / Climate Change

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated. There is an annual Environmental and Climate Change report that is presented to the Integration Joint Board which will provide assurance that this is monitored and the opportunity to highlight any associated benefits or risks.

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

During August to November 2022 the Partnership's Participation and Engagement Team completed a wide range of engagement activities with different stakeholder groups. This included:

- Face-to-face discussions.
- Public events.
- Surveys and feedback forms.
- Online consultation, including an easy-read version.

Overall, 683 people participated in the engagement process to develop the new Strategic Plan 2023 to 2026, this included 182 responses to the online consultation.

People overwhelming agreed with the strategic priorities. Many individuals also provided additional suggestions on how the priorities should be implemented or included comments on things Fife Health and Social Care Partnership should consider moving forward.

The key themes identified in the feedback were:

- Hospital admissions and discharges.
- Increased recruitment and retention of staff, particularly Home Carers.
- The importance of early intervention and preventative care.
- Funding and resources to deliver the planned service improvements.
- Additional support for unpaid carers.

NHS Fife also commissioned an independent survey involving Fife residents and NHS Fife employees to identify their views on local

health and care services, and their aspirations for NHS Fife. The Engagement Overview includes details of all engagement and consultation activities, see Appendix 9.

3.4 Recommendation

The Integration Joint Board is asked to:

Approve the Strategic Plan from 2023 to 2026, the Plan will then be published on the Health and Social Care Partnership website.

Take assurance that there is ongoing work in relation to the delivery plan, development of the underpinning strategies, alignment of risk and the Medium-Term Financial Strategy and the Workforce Strategy which will all report back through the governance committees to the Integration Joint Board.

Note that once the Strategic Plan is approved, relevant Directions will be developed and progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Strategic Plan 2023 to 2026 (Final Draft)

Appendix 2 – Strategic Needs Assessment 2022

Appendix 3 – Strategic Planning Group Work Programme 2023

Appendix 4 – Strategy Performance Reporting Process

Appendix 5 – Strategic Planning Group Terms of Reference

Appendix 6 – Strategic Plan Delivery Plan

Appendix 7 – Strategic Plan Risk Register

Appendix 8 – Equality Impact Assessment for the Strategic Plan

Appendix 9 – Engagement Overview

5 Implications for Fife Council

Once the Strategic Plan is approved, relevant Directions will be developed in accordance with our statutory requirements and current Integration Scheme, the progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process.

6 Implications for NHS Fife

Once the Strategic Plan is approved, relevant Directions will be developed in accordance with our statutory requirements and current Integration Scheme, the progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process.

7 Implications for Independent Sector

Future activities will be developed in conjunction with the independent sector in accordance with their role as Members of the Strategic Planning Group.

8 Implications for Third Sector

Future activities will be developed in conjunction with the third sector in accordance with their role as Members of the Strategic Planning Group.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To Be Completed by SLT Member Only

Lead	Fiona McKay
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Lesley Gauld

Author Job Title: Team Manager – Strategic Planning

E-Mail Address: lesley.gauld@fife.gov.uk

www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Strategic Plan for Fife

2023-26

Contents

A message from our Chair

Our Strategic Plan for 2023 to 2026 sets out how health and social care services will evolve over the next three years and continues the journey to improve outcomes for the people of Fife, through the integration of health and social care in the Kingdom.

As the new chair of Fife's Integration Joint Board (IJB), I'm delighted to see the steady progress made over the past three years across a wide range of services, which is no mean feat given the challenges we have faced. Having to adapt how we deliver many of our services in response to the pandemic, we have learned so much. In developing our refreshed Strategic Plan, we have remained focussed on our core strategic priorities whilst aiming to be innovative and inclusive.

This Strategic Plan is ambitious, and the IJB is committed through integrated working to provide the best care and support we can, to achieve our vision for all residents in Fife to live healthy and independent lives. It is underpinned by extensive engagement with health and social care staff, independent and third sectors and Fife's citizens.

We couldn't do what we do, and care and support people across Fife, without the skilled and dedicated health and social care workforce, including those from the voluntary and independent sectors and the many unpaid carers within our communities. They are essential to delivering high standards of care and enhancing wellbeing and I thank and value what they do, each and every day.

It is by working together that we can deliver improved health and social care services for the people of Fife. There will no doubt be challenges ahead, however, it's our Strategic Plan that sets the way forward, building on our strengths, working collaboratively, and looking at ways to improve to ensure the people of Fife have the best possible outcomes.

I look forward to the next three years and working with health and social care staff, partners and citizens, to continually improve on what we do and to make a real difference in our communities.

Arlene Wood

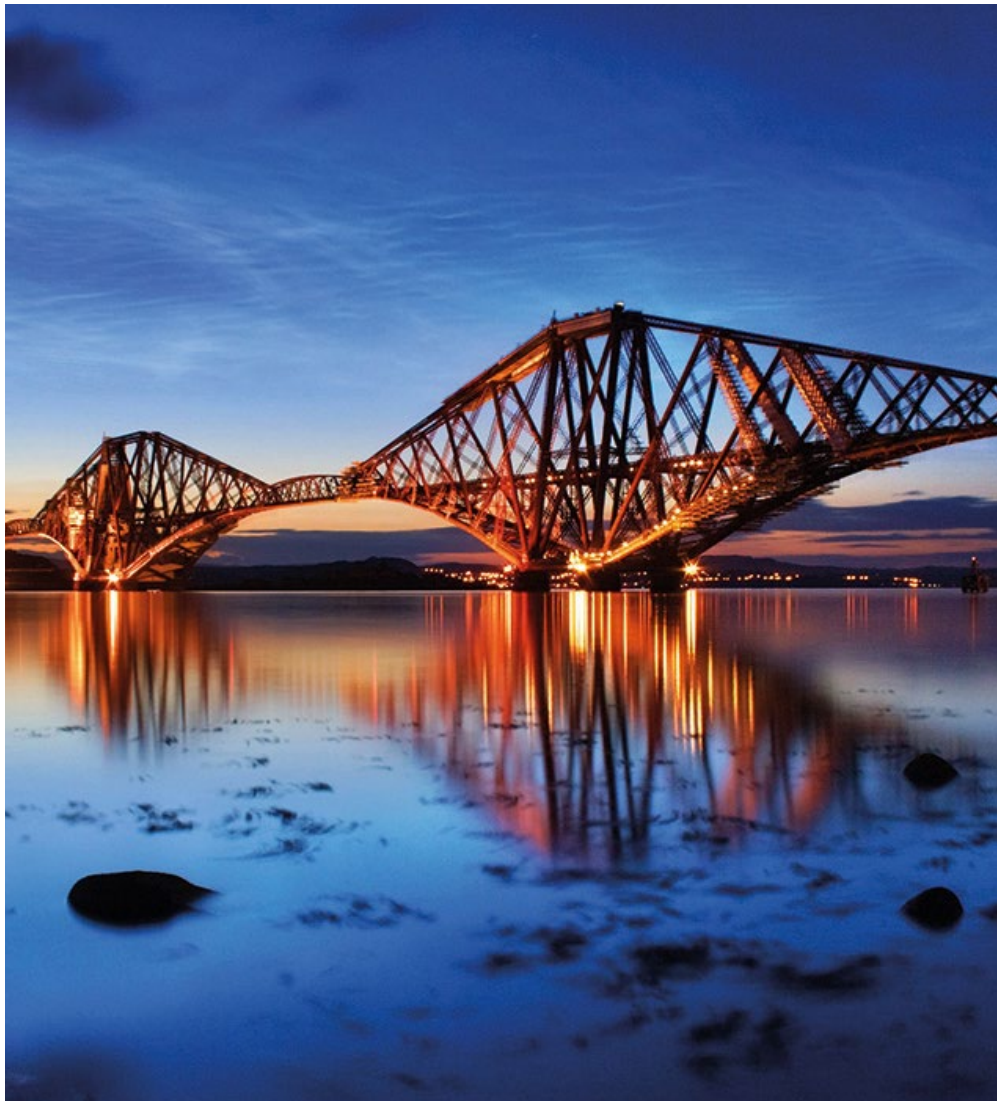
Chair, Fife Integration Joint Board

Introduction

I'm delighted to introduce the refreshed Strategic Plan for Fife and look forward to leading on the implementation of the Plan to ensure we deliver the best services we can in our Fife communities.

Building on the foundations established in the 2019 to 2022 Strategic Plan, the refreshed plan is innovative and ambitious about the future for health and social care in Fife, focusing on the years 2023 to 2026. We will achieve our objectives by enhancing our Partnership approach and by building on the existing integrated working of our health and social care teams. We know that by working together we will achieve the best outcomes for our citizens and make the best use of our collective resources for the wellbeing of our communities.

The Plan sets out our vision for the Partnership with communities, individuals, and staff at the heart of this. Co-producing this plan has enabled us to incorporate all we have learned about integration since the Partnership was created, especially over the last three years as we have worked through the ongoing challenges of the pandemic. Collaborative working over this period was critical to our success in continuing to deliver services and it has been humbling to see all agencies working together and supporting each other in practical and compassionate ways. This emphasised the critical importance of kindness within our work, so much so that we have added this to our core values expressed in this Strategic Plan.



Another innovation that demonstrated its value over the pandemic was the increasing use of digital technology, enabling us to provide flexible services to those we support as well as supporting staff to operate in a dynamic way using a range of technologies.

As a Partnership we wholeheartedly believe that our greatest strength is our staff, and how they responded to the pandemic alongside the ongoing daily challenges demonstrates just how committed, resilient, and skilled our Fife health and social care workforce is. I hear daily from those using our services how much staff are valued and I'm extremely proud to lead this workforce. We want our staff to work in an organisation with a clear vision, and to experience positive leadership and an optimistic culture. Another key strength we have is our partnership working through our "Team Fife" approach working closely with partners in NHS Fife, Fife Council, third sector and independent sector. This collective belief in the value of working together to meet the needs of the people of Fife underpins the delivery of this Plan.

We have achieved a lot over the last three years, but recognise there is still much more we can do. We want to ensure our future way of working continues to embrace integrated working and the opportunities that digital platforms can provide, and the ambitions in this Strategic Plan will help us to do this.

Our collective vision is for a Partnership that has strong, meaningful connections with our localities in Fife to ensure people have the right care and support at the right time and in the right place, and we will do this by actively listening, learning and responding to feedback from the people of Fife. We are ambitious and are committed to continuous service improvements focusing not only on "what" we do to improve our performance, outcomes and sustainability but also "how" we do things, placing significant importance on organisational development and culture, through demonstrating values-based leadership in the way we work together.

I look forward to working with you all on delivering our collective ambitions for Fife.

Nicky Connor
Director of Fife Health and Social Care Partnership
Chief Officer, Fife Integration Joint Board

About Fife Integration Joint Board and Fife Health and Social Care Partnership

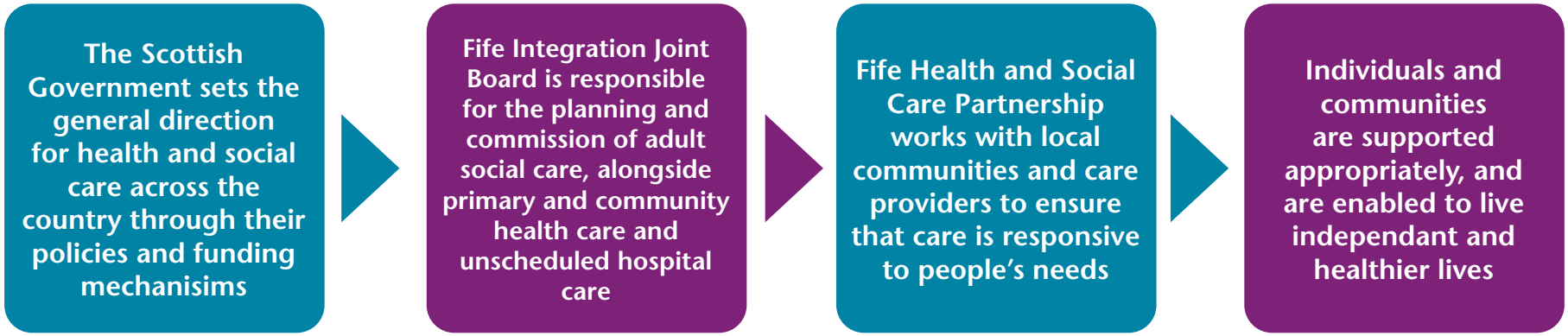
What is health and social care integration?

In Scotland, we have legislation, the Public Bodies (Joint Working) (Scotland) Act 2014, which requires local authorities and health boards to work together to integrate health and social care services, and to improve outcomes for individuals, carers, and their communities. The Council and Health Board working together to deliver these services is known as 'health and social integration'.

Fife Integration Joint Board (IJB) was established on 1st April 2016 and is responsible for the planning and delivery of integration arrangements and delegated functions in Fife. The IJB includes representatives from Fife Council and NHS Fife, it also has several professional advisors and other specialists.

The IJB is commonly referred to as Fife Health and Social Care Partnership. This is the public facing aspect of Fife Integration Joint Board and is essentially the employees from both organisations working in partnership to deliver health and social care services.

Further information about the legislation is available online: Public Bodies (Joint Working) (Scotland) Act 2014: www.legislation.gov.uk/asp/2014/9/contents/enacted



Which services and functions are integrated in Fife?

Fife Health and Social Care Partnership is responsible for these services and functions:

- all adult and older people Social Work Services
- community health services, for example district nursing, physiotherapy, and mental health services
- children's community health services, such as health visiting
- housing services which provide support services to vulnerable adults, and disability adaptations; and
- the planning of some services provided in hospital, for example medical care of the elderly.

In Fife we work with around 300 organisations across the third and independent sectors and they are a vital part of the Partnership in delivering services.

What is the Strategic Plan?

Every Integration Joint Board in Scotland has to have a Strategic Plan that sets out the vision and future direction of their health and social care services. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. Strategic Plans are reviewed regularly to make sure that they are still relevant to the needs of the area and the people who live there.

National Health and Wellbeing Outcomes for Health and Social Care

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

Public Health Priorities for Scotland

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

The previous Strategic Plan for Fife covered the timescale 2019 to 2022. Lots of things have changed since then, both nationally and locally. To ensure that the people who live, visit, or work in Fife have opportunities to influence the Strategic Plan, we worked with a range of service users, patients, carers, employees, and service providers, to find out what is important to them and what the Health and Social Care Partnership should be focussed on over the next three years.

This Strategic Plan sets out an updated vision for the timescale 2023 to 2026.

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

The National Health and Social Care Health and Wellbeing Outcomes are available here: www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

The Public Health Priorities for Scotland are available here: www.gov.scot/publications/scotlands-public-health-priorities/pages/1/

Strategic Direction

To deliver reform, transformation, and sustainability, Fife Health and Social Care Partnership was restructured in 2021 to create clearer, more service-user-aligned care pathways, that enable the people who need to work together to be a team together. This seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services. These portfolios include:

- Primary and Preventative Care: service delivery across primary care and early intervention and prevention.
- Community Care: a range of services across community hospitals, care homes and people's own homes, promoting people's independence and enabling people to stay well at home and in a homely setting.
- Complex and Critical Care: including the delivery of mental health, learning disability and adult and older peoples social work services.
- Professional Quality Standards and Regulation: this is integrated professional leadership in support of the delivery of nursing, medicine and social work working collaboratively with leads in allied health professions, pharmacy, and psychology.
- Business Enabling: services that support our delivery including finance, strategic planning, performance, commissioning, organisational development, and culture.

Senior Leadership Team

Nicky Connor
Chief Officer and Director of Health & Social Care

Operational Service Delivery

SLT leads for orperational management delivery and business outcomes for a portfolio of services

Lisa Cooper
Head of Integrated Primary & Preventive Care Services

Lynne Garvey
Head of Integrated Community Care Services

Rona Laskowski
Head of Integrated Complex & Critical Care Services

Business Enabling

SLT leads for Corporate Services and functions inc. financial governance, strategic planning, performance, transformational change and organisational development

Audrey Valente
Chief Finance Officer and Head of Transformation & Corporate Services

Fiona Mckay
Head of Strategic Planning, Performancee & Commissioning

Roy Lawrence
Principal Lead Organisational Development & Culture

Professional & Quality Services

SLT leads for quality, safety, experience, clinical and care governancee, professional regulation and standards

Lynn Barker
Associate Director for Nursing

Helen Hellewell
Associate Medical Director

About Fife

Locality Planning

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

Localities provide one route, under integration, for communities and professionals (including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists, and others) to take an active role in, and provide leadership for, local planning of health and social care service provision.

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

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

Localities aims to:

a) Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved - robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.

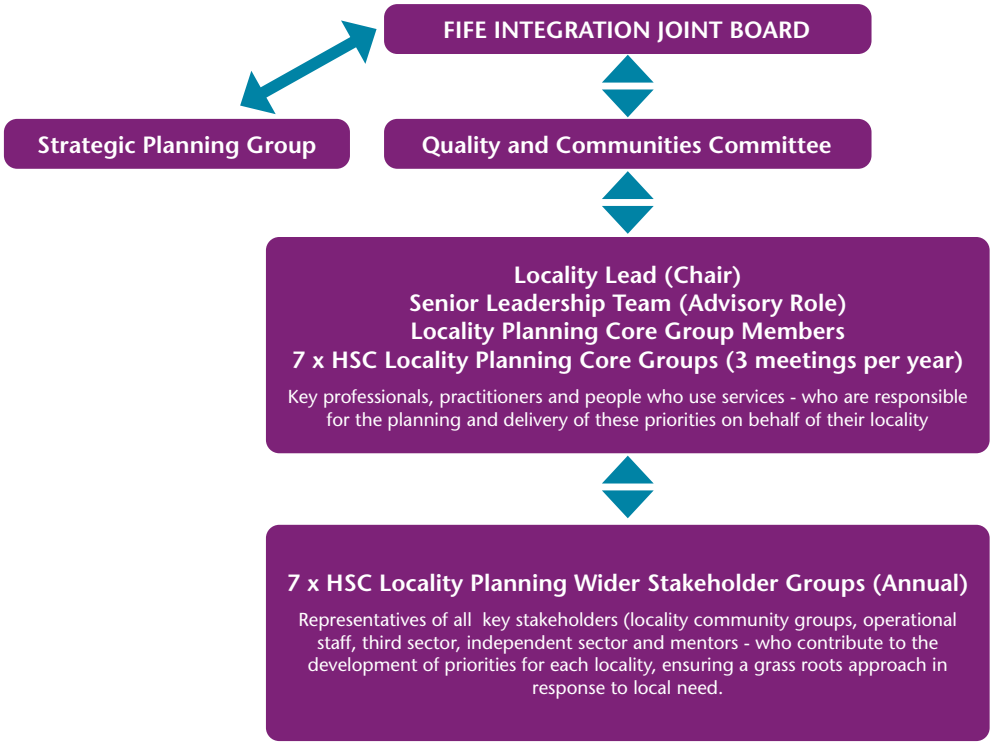
b) Support GPs to play a central role in providing and co-ordination of care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care, and social care colleagues, and third sector providers – to help improve outcomes for local people.

c) Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.

We introduced a governance and reporting route for Health and Social Care Locality Planning, which allowed us to implement a process to engage and consider the views of our communities and professionals working within the localities.

These are links to the current Locality Guidance Documents:

- **Cowdenbeath** (includes Lochgelly, Kelty and Cardenden)
- **City of Dunfermline**
- **Glenrothes** (includes Thornton, Kinglassie and Leslie)
- **Kirkcaldy** (includes Burntisland and Kinghorn)
- **Levenmouth** (includes West Wemyss, Buckhaven, Methil, Methilhill, Kennoway and Leven)
- **North East Fife** (takes in Auchtermuchty, Cupar, Taybridgehead, St Andrews, Crail and Anstruther)
- **South West Fife** (includes Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley and Saline)



This process also allows us to consider a range of local and national strategies and frameworks.

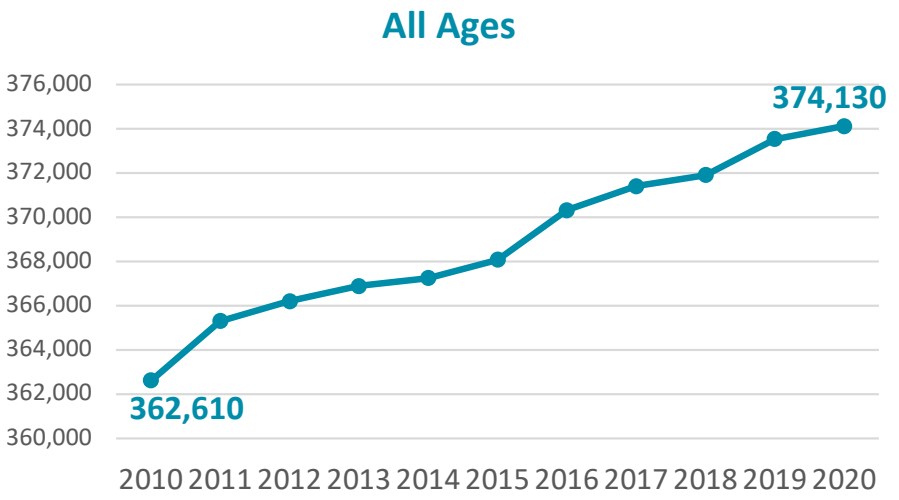
Population Profile

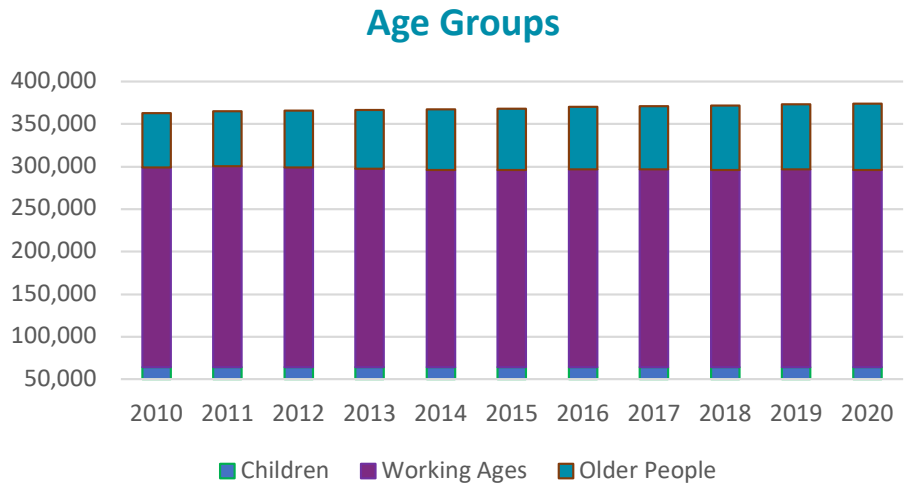
Fife has a population of 374,000 (National Records of Scotland, 2020), this is an increase of 11,500 people (3.2%) since 2010.

- 64,152 (17%) children aged 0-15 years
- 231,809 (62%) adults aged 16-64 years, and
- 78,169 (21%) older people aged 65 and over.

However, not all age groups have seen increases over the last ten years, some groups have experienced decreases.

- Children (aged 0-15) have seen their numbers fall by around 0.6%, with the youngest age groups, pre-school age children (0-4 years) seeing the most reductions.
- People of working age (16-64 years) have seen the largest decreases in numbers of around 1.3%.
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 24% in the 10-year period. Groups of people aged in their 70s have seen the largest increases.



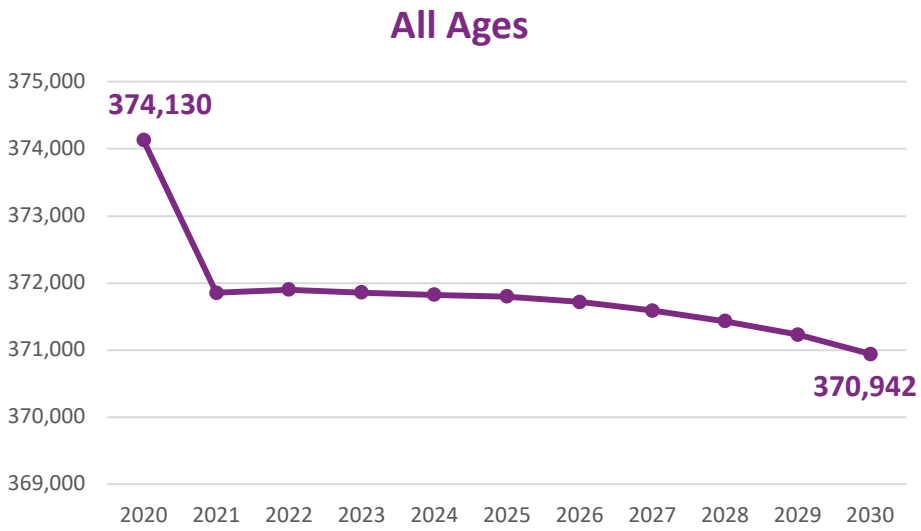


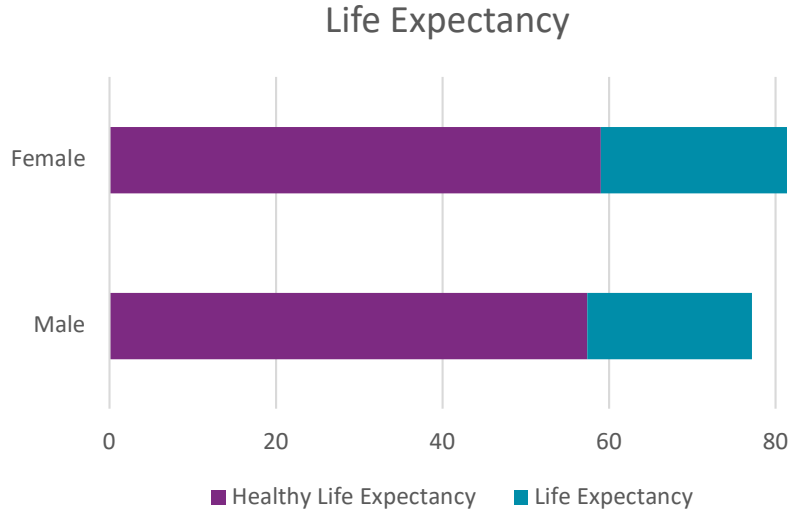
Healthy Life Expectancy and Mortality

After several decades of year-on-year increases in Fife's overall population, Fife's future population is set to reduce. This is similar to many other parts of Scotland. Unlike the rest of the UK, Scotland is the only UK country that expects to see reductions in its population, and Fife is one of eighteen council areas that will see these reductions.

The overall population in Fife is expected to decrease from 374,000 in 2020 to just under 371,000 by 2030, a decrease of 1%. However, only children and groups of working age people will see decreases, older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers expected to rise by 20% in the 10-year period. Those aged in their late 60s and early 80s will show the largest increases. In 2020, older people made up around 21% of the total population; by 2030, this proportion is expected to have grown to 25%.

With a life expectancy of 81 years, women in Fife are estimated to live 59 years in relatively good health. Men are expected to have shorter life expectancy (77 years) and marginally lower healthy life expectancy (57 years).





Poverty and Deprivation

Significant rises in the cost of living, including fuel, energy, and food, increases the financial pressures for Fife's residents, and may lead to crisis point for those already facing financial hardship. The identification of individuals living with financial insecurity who may require increased care is paramount as many will be residing in areas of differing degrees of deprivation.

Several communities within Fife face additional and multiple disadvantage. In many cases this was amplified during the coronavirus pandemic. For example, some disabled people are more likely to face multiple disadvantage than non-disabled people, with less access to employment, greater ill-health and mortality, increased social and digital exclusion and food insecurity. Likewise, several housing areas in Fife, including Levenmouth and Cowdenbeath, also experience increased deprivation compared to other housing areas, such as North East Fife.

Significant health inequalities exist and persist within the Fife population. The most deprived areas have 35% more deaths and 106% more early deaths (aged 15 to 44) than the Fife average. In addition, Fife has a higher rate of both emergency admissions and potentially preventable hospital admissions than Scotland. The most deprived areas have 53% more preventable emergency hospitalisations for a chronic condition, and 42% more repeat hospitalisations in the same year than the Fife average.

There is potential to re-design and deliver services that focus on early intervention and preventative care. Supporting people to manage their own long-term conditions, and helping them avoid preventable conditions is key in managing future demand for community and primary care health services. The Partnership is committed to helping people develop and maintain the knowledge to manage their own health conditions, and to live independent and healthier lives.

Housing and Homelessness

People living in areas of multiple deprivation are more likely to experience housing issues leading to poor health and well-being, including overcrowding, fuel poverty, poorer housing quality and housing that does not meet their needs. The demand for adapted housing and specialist housing is expected to rise in line with the ageing population profile, with individuals in the age group 75 years having the greatest need.

Most households in Fife currently live in private sector housing (75%).

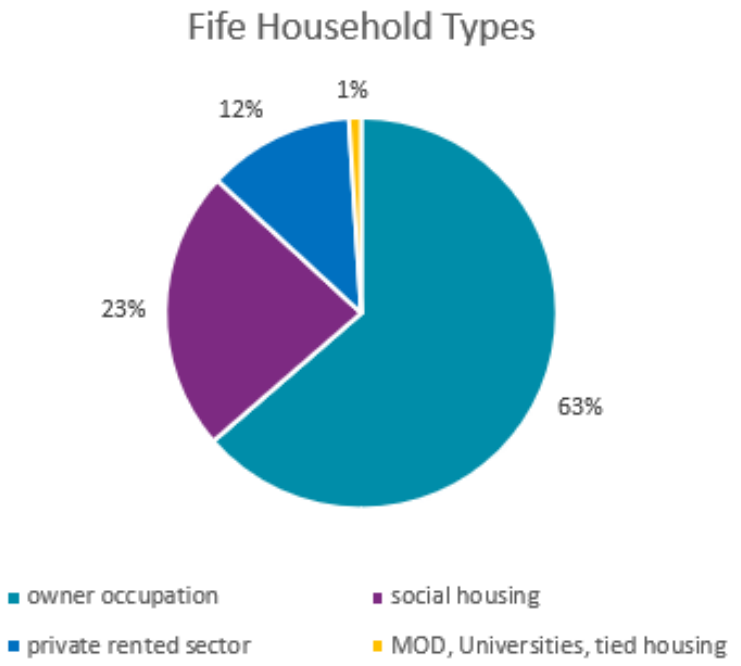
The percentage of social housing (23%) has increased over recent years through new-build affordable housing programmes. However:

- 40% of households cannot afford to buy a lower priced house
- 58% of households cannot afford the average private rent

During 2021 to 2022, across Fife, 2,502 people were identified as homeless. Most homeless households in Fife are single people, and 17% have moderate or complex support needs. Key housing interventions to support these needs are:

- Accessible and adapted homes
- Adaptations in existing homes
- Care and support services
- Home safety, security, and repairs
- Supported housing for key groups
- Technology enabled care

The Partnership works with Fife Council and other housing partners to assess specialist housing needs and deliver integrated solutions that are designed to increase access to safe, sustainable, and appropriate housing, and enable people to live well at home, or in a homely setting, for longer.



Coronavirus Pandemic

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

Across Scotland, at the start of the pandemic, coronavirus was the second leading cause of death and disability, lower than heart disease but higher than all other leading causes such as dementias, lung cancer, and drug use disorders, with deaths occurring most frequently in the elderly, vulnerable, and frail. Despite the success of the vaccination programme in reducing significant illness and death, the pandemic has starkly demonstrated the importance of health to the normal functioning of society. While all groups of people faced considerable impact from this, not all social groups and communities experienced the same level of impact. Older people, those with underlying health issues, and people from black and minority ethnic groups are the most vulnerable to the disease itself. Those with disabilities are more disadvantaged by coronavirus and are at increased clinical risk as they have higher rates of illness compared to the general population. The pandemic continues to have a disproportionate impact on health outcomes, with those living in deprived areas suffering the worst outcomes.

The past few years have been incredibly difficult for the people that we care for, and for the employees and other individuals involved in delivering that care. The ongoing impact of the pandemic, and unprecedented demand over the winter period, has created increased demand for health and social care services and reduced options through both ward and care home closures, and challenges in community care capacity. These factors have produced unprecedented pressures on our workforce.

We recognise that the impact of these pressures will continue into the future and are working hard to reduce inequalities and improve outcomes for individuals and their communities, and to ensure that our employees are fully supported, both professionally and personally, in the work that they do.

Fife Health and Social Care Partnership, the individuals who access our services, and society in general, owes a huge debt of gratitude to the work carried out by the health and social care workforce, which includes those working formally in these sectors and those volunteering to provide care and support for loved ones and neighbours.

Plan for Fife 2017 to 2027

The Strategic Plan incorporates the aims outlined in the Plan for Fife 2017 to 2027 which includes actions to reduce levels of preventable ill health, and premature mortality across all communities, particularly around obesity, alcohol and smoking.

374,000
people lived in Fife In 2020

4,285
Deaths in Fife in 2020

3,143
Babies born in Fife in 2020

Children aged 0-15 years make up 17% of the population of Fife

62% of the population are adults aged 16-64 years

Older people aged 65 and over make up 21% of the population of Fife

2020

374,000 people

	2020	2043	
0-15	64,152	53,522	-17%
16-64	231,809	209,218	-10%
65+	78,169	101,424	+30%

2043

364,164 people

Vision, Mission and Strategic Priorities

Vision

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

Mission

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

Values

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

Strategic Priorities 2023 to 2026

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

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

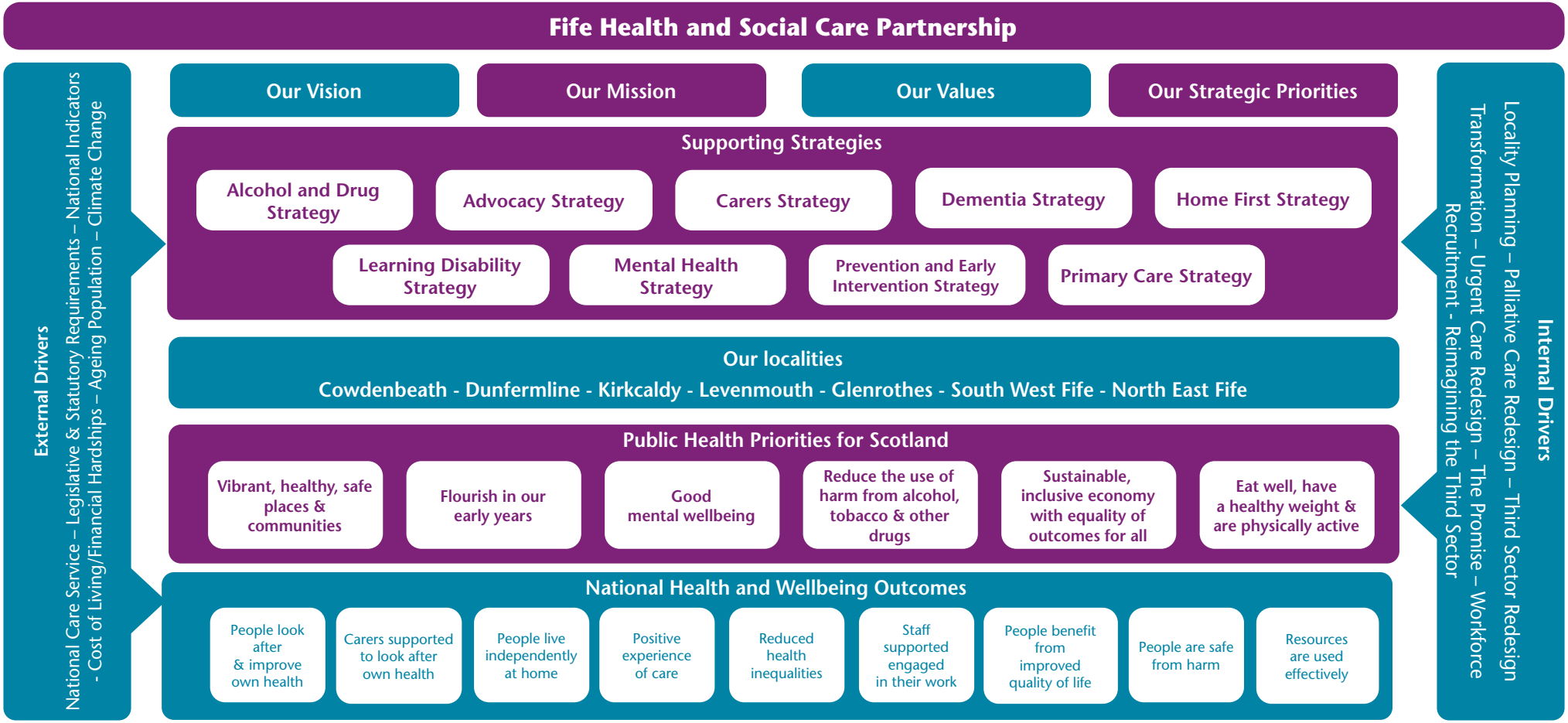
- **Integration** – A Fife where we will strengthen collaboration and encourage continuous improvement

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

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

Our Plan – Making it Happen in Fife

The Strategic Plan integrates the Partnership's vision, mission and values with all of the national requirements and key drivers as highlighted in this strategic framework. The Partnership's strategic priorities set out how we will deliver national requirements in our localities, and provide a foundation for all of the work that we will do, and the services that we will deliver, over the next three years.



The Strategic Plan 2023 to 2026 is supported by nine transformational strategies which describe some the work that the Partnership will carry out over the next three years to deliver our vision of enabling the people of Fife to live independent and healthier lives. These are the key areas of work; this is not a complete list of all activities.

The top five priorities for each of the transformational strategies are included in the tables below. We will measure our performance against these objectives and provide an Annual Performance Report once a year that will explain the work that we have completed. Sometimes unexpected events, for example a global pandemic, can influence our Strategic Plan and the activities that we have planned. The Annual Performance Reports will explain any significant changes that have happened, and any changes that are required. The first Report is due to be published in September 2023.

A high-level summary is also included for each of the enabling strategies:

- Commissioning Strategy
- Digital Strategy
- Risk Management Strategy
- Local Housing Strategy
- Medium Term Financial Strategy
- Workforce Strategy
- Participation and Engagement Strategy

The Partnership's Strategic Planning Group will assess the progress of the Strategic Plan against the national health and wellbeing outcomes. This includes monitoring the progress of the supporting strategies and delivery plans. We have a robust performance framework in place to ensure that any identified risks or significant changes are considered and responded to timeously by the Strategic Planning Group and Fife Integration Joint Board.

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

NW01 NW02 NW04 PHP1 PHP2

- We will work with individuals, local communities, staff, and partners to provide personalised care, by the right person, in the right place, and at the right time.
- We will engage and listen to individuals, local communities, and provide support to more people enabling them to live well at home, or in a homely setting.
- We will maximise opportunities to provide safe, sustainable, and appropriate housing.

The changes we need to make	What will success look like?	Where do we want to be in 2026
Alcohol and Drug Strategy – we will provide targeted support to people and communities at risk of harmful substance use by listening carefully to those communities and building responses and service provision together.	Develop and maintain a community drop-in model provided by specialist Alcohol and Drug Teams. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development.	More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low.
Dementia Strategy – we will identify opportunities to build the capacity of day services support for people with dementia in each locality and provide greater opportunities to deliver meaningful support.	There will be more daytime opportunities for people with dementia and their carers.	Identification and delivery of improvement opportunities for delivering day services to support people in Fife who live with dementia.
Dementia Strategy – we will develop and deliver a locality level capacity building plan.	Completion of a gap analysis of the support services available within each locality for people with dementia, and identification of opportunities to build additional capacity at a local level.	People with dementia have access to appropriate care services, provided in a suitable environment by well trained staff who are skilled in caring for and rehabilitating, people with dementia.
Home First Strategy – we will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible.	A reduction in the number of patients who are required to remain in hospital after they are medically well enough to be discharged home.	Individuals require fewer hospital admissions, and when they do require hospitalisation are able to return to their home environment as soon as they are medically well enough.

Local continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
Home First Strategy – we will utilise digital systems and applications to enable relevant multi-agency access to a single Anticipatory Care Plan.	An increase in the number of patients and service users with an agreed Anticipatory Care Plan, and the number of agencies that can access the Plans.	All patients and service users will be offered the opportunity to develop an appropriate Anticipatory Care Plan.
Home First Strategy – we will utilise digital systems and applications to create a single point of access and build capacity in communities to embed a new model of care.	Access to community care services will be streamlined, there will be fewer people visiting in people's houses and care coordination within localities will result in people being cared for at the right time at the right place.	People in Fife will be able to live longer healthier lives at home or in a homely setting.
Home First Strategy – we will ensure that people who present at the Victoria Hospital, Kirkcaldy (VHK) and do not need an acute admission, are redirected and supported to be cared for in the right place.	Multi-disciplinary teams will work on-site at the VHK and will be integrated with Acute Services to ensure joined-up decision making, resulting in appropriate redirection of patients who do not require hospital admission.	Only individuals who require acute care and whose needs cannot be met at home, or in a homely setting, are admitted to VHK.
Home First Strategy – we will continue to build a model that utilises multi-agency Teams who can prevent admissions and support people to manage their long-term condition(s) at home.	Teams will have access to relevant records and information that highlights those who may be at risk of admission to hospital, and supports those who require intense case management.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.
Learning Disability Strategy – we will map and redesign pathways into and out of our specialist Learning Disability Hospital.	Development and implementation of clear roles and remit for hospital based assessment and treatment.	All admissions to hospital are planned, as far as possible, with clear clinical outcomes identified in advance. Planned discharge is integral to the admission process.
Mental Health Strategy – we will develop additional and alternative services that meet national requirements, support local needs and support improvement in the mental health of individuals and local communities.	Mental Health and Wellbeing multi-agency hubs are set up in each of the seven localities.	An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.

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

NW01 NW06 NW09 PHP5

- We will work together to identify unpaid carers within our communities. We will offer, and increase the support available for all carers, including enabling regular breaks for carers, and supporting all models of care.
- We will work with our partners in the third and independent sector to deliver services that are collaborative.
- We will ensure our financial viability is considered in any transformation work identified.

The changes we need to make	What will success look like?	Where do we want to be in 2026
Alcohol and Drug Strategy – we will amplify the voice of lived and living experience of those affected directly by alcohol and drug use and their family members.	Continued development of the ADP's Lived Experience Panel. Peer led advocacy service has a sustainable model including the use of volunteers. Improvements to the alcohol treatment system.	A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development.
Carers Strategy – we will complete a review and update of our short breaks service statement, and commission a significant increase in the support for unpaid carers to access breaks from their caring role(s).	An increase in the range and format of short breaks, personalised support, and other initiatives that are available to carers, including regular micro-breaks and self-directed support provided for carers.	Our approach to short breaks is fully aligned to the duties within the Carers Act, National Carers Strategy, and National Care Service and other aligned strategies and policies.
Carers Strategy – we will commission a full independent audit and impact assessment of our approach to supporting carers.	Completion of an independent audit which will inform future planning.	Carers will have access to high quality information at a time and place that best meets their needs, and enables them to make positive choices regarding their caring role.
Carers Strategy – we will encourage and support carers to look after their own health and well-being.	Increased opportunities for carers to improve their knowledge and understanding of preventative care, and positive choices for their own health and wellbeing.	Improved outcomes for carers, and a reduction in any negative impact of their caring role on the carer's own health and wellbeing.

Sustainable continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
Carers Strategy – we will review and update our existing eligibility criteria in accordance with national developments including the National Carers Strategy.	Development of an approach to support carers which is outcome focused, person-centred and considers the views and experiences of carers.	An improvement in people's experience of support for carers in Fife, as evidenced by positive feedback and increased user satisfaction.
Dementia Strategy – we will complete a comprehensive review of dementia services, and engage with service users, carers and partner agencies to identify local needs and aspirations.	Development of a robust Dementia Strategy which incorporates both national and local requirements for people living with dementia, their families, and carers.	An improvement in people's experience of dementia support and services in Fife, as evidenced by positive feedback and increased user satisfaction.
Dementia Strategy – we will develop plans to ensure all public spaces in Fife meet the Dementia Friendly Standard.	Dementia Friendly Plans implemented in all public access areas managed by Fife Health and Social Care Partnership.	Dementia Friendly Scheme embedded across all public places in Fife.
Dementia Strategy – we will complete a full review of current pathways to social and medical support for everyone who is living with dementia.	A dedicated team will be established to review current pathways, and develop solutions that expand the scope, scale and availability of support for people with living with dementia.	Improved health and wellbeing outcomes for people living with dementia, their families, and carers.
Learning Disability Strategy – we will develop a Workforce Plan for the full range of Learning Disability Services, from anticipatory through to complex.	Workforce Plan for full range of learning Disability Services developed and implemented	A relevant and skilled workforce that provides successful and resilient social care services for people with learning disabilities is established.
Mental Health Strategy – we will develop additional and alternative services that meet national requirements, support local needs and support improvement in the mental health of individuals and local communities.	Mental Health and Wellbeing multi-agency hubs are set up in each of the seven localities.	An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.

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

NW01 NW03 NW04 PHP1 PHP2 PHP3

- We will support people to develop and maintain the knowledge to manage their own health conditions, make positive choices, and lead healthier lives.
- We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities.
- We will promote prevention, early intervention, and harm reduction.

The changes we need to make	What will success look like?	Where do we want to be in 2026
Alcohol and Drug Strategy – we will continue to develop assertive outreach and retention approaches and improve follow up protocols and pathways into treatment from hospital, A&E, custody, prison and other statutory provision.	A reduction in the number of people affected by drug related, and alcohol specific, harm and death. Improving access to residential rehabilitation provision by promoting new pathway developments.	National Treatment Measure met and sustained. Increased use of residential rehabilitation places for those in priority groups. Fully embedded Hospital Liaison Service across all sites
Alcohol and Drug Strategy – we will work with partners to protect children, young people and families as part of a targeted early intervention/prevention approach to address deprivation, poverty and stigma.	Evidence of collaborative and shared care approach between the ADP's families, children and young people's service/Kinship care and adult treatment. Lowering indicators of alcohol and drug harm indicated in health and wellbeing measures for children and young people.	Greater integration between family services and adult treatment and support service. Adult Family Support service fully embedded into applicable provision with family groups/support in all areas of Fife.
Alcohol and Drug Strategy – we will continue to develop a safe, accessible, effective and human rights-based system of care, treatment and support for all people seeking recovery in line with the Medication Assisted Treatment Standards.	A reduction in the number of people affected locally in Fife by drug related, and alcohol specific, harm and death. An increase in people trained (from non-drug services) to carry and distribute take home naloxone (THN).	The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained.

Wellbeing continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
Mental Health Strategy – we will improve access to mental health services.	A reduction in referral times for mental health services, and an increase in the number of referrals offered to individuals.	An improvement in people's experience of access and availability of Mental Health Services in Fife evidenced by positive feedback and increased service user satisfaction.
Mental Health Strategy – we will re-establish the Mental Health Strategic Implementation Group to ensure key stakeholder involvement, and an integrated approach, is established across Mental Health Services.	Development of a dynamic and effective feedback loop that includes patients, service users, families, carers and wider stakeholder groups.	Alignment with national strategies for Suicide Prevention, Self Harm, and the over-arching Mental Health Strategy for Scotland.
Mental Health Strategy – we will analyse the patient journey to inform strategic service improvement and development of a stepped care model.	Development of a stepped care model, where the most effective, yet least resource-intensive treatment is provided first, from first contact through to highly specialised psychiatric care and treatment.	All service development will be trauma informed, and developed with people who have lived experience, ensuring that co-production is central to service delivery.
Prevention and Early Intervention Strategy – we will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.	An integrated, person-centred, life course approach is embedded across Fife.
Prevention and Early Intervention Strategy – we will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	Increased opportunities for people to improve their knowledge and understanding of health and lifestyle choices, leading to more positive outcomes.	Preventative care is fully embedded in care services across Fife.
Prevention and Early Intervention Strategy – we will improve data collection and management, ensuring that our resources are deployed effectively.	An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.	An improvement in health and wellbeing outcomes for the people in Fife.
Prevention and Early Intervention Strategy – we will ensure inclusive and equitable access to care across Fife.	More support available with personalised support to prevent escalation of need as the first line of prevention.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.

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

NW01 NW05 NW07 PHP3 PHP4 PHP5 PHP6

- We will work with partners, staff, local communities, and individuals, to challenge sources and biases towards inequality.
- We will, as appropriate, target specific actions to support communities and individuals most at risk of harm from inequalities.
- We will actively work to improve health and wellbeing outcomes across Fife.

The changes we need to make	What will success look like?	Where do we want to be in 2026
Advocacy Strategy – we will complete an extensive gap analysis of our Advocacy Service provision and identify measures that will improve access and availability of Advocacy Services in Fife.	Completion of a gap analysis of Advocacy Service provision which will inform future planning for Advocacy Services.	An improvement in people's experience of access and availability of Advocacy Services in Fife evidenced by positive feedback and increased service user satisfaction.
Advocacy Strategy – we will work in partnership with Fife Advocacy Forum and other advocacy organisations to develop an effective communication strategy and raise awareness of Advocacy Services using a wide variety of communication methods.	Development and delivery of a robust communication strategy and an effective awareness raising campaign.	More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them. Evidenced through an increase in the number of referrals to advocacy organisations.
Advocacy Strategy – we will review our Service Level Agreements with local advocacy providers to ensure that these are fully reflective of the aims and objectives of the Advocacy Strategy and incorporate any necessary changes in policy, legislation, and guidance.	Completion of a review of Service Level Agreements with advocacy providers and development of a new SLA template where appropriate.	Service Level Agreements will be in place with advocacy providers (as appropriate) that are reflective of the Advocacy Strategy and current policy, legislation and guidance.
Carers Strategy – we will ensure that our health and social care workforce have the skills, knowledge and confidence to identify, support, and involve, carers in accordance with legislative requirements and current best practice.	Relevant training on identifying and effectively supporting carers has been provided across the health and social care workforce.	Carers are able to access the support and assistance to which they are entitled, and encouraged to balance their caring activities with a meaningful quality of life beyond their caring role(s). Carers' Adult Carer Support Plans will be prepared within published timescales.

Outcomes continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
Learning Disability Strategy – we will complete a needs assessment of people with learning disabilities, and identify measures that will improve people's experiences and satisfaction.	Completion of a needs assessment of people with learning disabilities which will inform future planning.	An improvement in people's experience of the Learning Disability Service in Fife as evidenced by positive feedback and increased user satisfaction.
Learning Disability Strategy – we will co-produce a plan for service redesign and investment in Learning Disability Services in Fife.	Current service provision has been mapped, and a gap analysis of service capacity (informed by the needs assessment) has been completed.	Re-design of Learning Disability Services completed and implemented.
Prevention and Early Intervention Strategy – we will assess existing service provision and identify both current and future requirements.	Completion of gap analysis, and improved range of service interventions available.	Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.
Primary Care Strategy – we will recover and transform services to reduce backlogs of care and unmet need with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system.	Individual wellbeing and outcomes are optimised through building enabling relationships with people and focusing on continuity of care, supported self managements and asset-based approaches.	More seamless pathways between primary care, secondary care, third and independent sectors, underpinned by a system and place-based approach with the person engaged and involved in their care when possible.
Primary Care Strategy – we will embed and accelerate digital solutions to support recovery and underpin transformation of primary care.	An environment that is more supportive of digital health innovation to improve and enhance care delivery.	Digital solutions will be embedded and underpin the care delivery models.
Primary Care Strategy – we will contribute to improving population health and wellbeing and reducing health inequalities.	Primary Care Services recognise the needs of people whose lives are negatively affected by inequalities, isolation, and the wider social determinants of health, and actively support a reduction in the inequalities of access to care.	A localities based approach to the transformation of Primary Care Services in Fife that ensures services are co-designed with communities to better meet the needs of people, families, and carers.

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

NW08 NW09 PHP5

- We will champion collaboration and continuous improvement, enabling our workforce to be responsive and innovative.
- We will manage our resources effectively to increase the quality of our services and provide them to those individuals and communities most at need.
- We will continue the development of an ambitious, effective, and ethical Partnership.

The changes we need to make	What will success look like?	Where do we want to be in 2026
Advocacy Strategy – we will work in partnership with our advocacy providers to review eligibility criteria with a view to expanding the range of people who are eligible to receive advocacy services.	Completion of a review of eligibility criteria to advocacy services ensuring that the criteria are fit for purpose and are inclusive of all equality groups.	Provision of eligibility criteria across Fife which meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.
Advocacy Strategy – we will renew our independent professional advocacy contract to ensure provision of a comprehensive independent advocacy service which adheres to our legislative requirements and aligns with the priorities within our Advocacy Strategy.	Refresh and renewal of the Partnership's Advocacy Contract in accordance with current, and identified future needs.	Delivery of a comprehensive professional independent advocacy contract which adheres to legislative requirements and meets the advocacy needs of the people of Fife.
Learning Disability Strategy – we will develop and implement a fully integrated health and social care Learning Disability Service.	An increase in the support and life opportunities available for people with learning disabilities.	Implementation of a fully integrated Health and Social Work Learning Disability Service.
Primary Care Strategy – we will work in partnership to develop an integrated Workforce Plan to support the capacity and capabilities required across all Primary Care Services.	Our primary care workforce is extended, more integrated, and better co-ordinated with community and secondary care.	A sustainable primary care workforce delivering the right care, to the right people, at the right time and by the right person.

Integration continued...

The changes we need to make	What will success look like?	Where do we want to be in 2026
Primary Care Strategy – we will improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality Primary Care Services.	Investment in premises and management support that enables expansion of the multidisciplinary teams within primary care to better manage demand, create capacity, and support localities to operate at scale.	Services are developed and delivered at scale, with improved planning, infrastructure, delivery, and person-centred practice that supports individuals and communities.
Re-imagining Third Sector Commissioning – we will develop an outcome focussed approach, incorporating gap analysis, to commissioning that aligns with the Partnership's Strategic Plan.	All Third Sector Commissioning Services are aligned to the HSCP strategic priorities and reflect the needs of local people.	An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.
Strategic Planning Group – we will oversee the development and implementation of the Strategic Plan, and provide advice to the IJB on national policy and requirements.	Increased compliance with legislative and statutory requirements relating to the development and implementation of the Strategic Plan including the Integration Delivery Principles.	The Strategic Plan has delivered transformational change that is person-centred, community based, and effectively uses available resources to support health and well-being improvements for the people of Fife.

Partnership Working

Commissioning Strategy

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

Our commissioning activity is governed by procurement legislation known as the Public Contracts (Scotland) Regulations 2015. The regulations relating to the procurement of social care services allow for a more flexible and creative approach to the purchase of these services known as the 'light-touch' regime. As such the Partnership has more scope to choose the procurement methodology most suited to the market. We will strengthen relationships and work collaboratively with our procurement partners in Fife Council and NHS Fife to deliver on our contracting and commissioning requirements. Our contracting and commissioning activity will encompass a commitment to Community Wealth Building, sustainable and ethical purchasing, and the climate change agenda which will be embedded in our purchasing processes, approach, and decisions.

The Partnership will maximise opportunities for collaborative commissioning with the aim of improving services, outcomes, processes, and efficiency. Our contracting and commissioning activity will support the Partnership's strategic priorities and aspirations as well as the delivery of transformational change.

To achieve this we will:

- Build on our existing approach by refreshing and developing a new Commissioning Strategy 2023 to 2026, which will focus on delivering Best Value (quality and cost) and working with care providers to provide high quality care that promotes choice and independence in line with our legislative requirements and our governance framework.
- Increase the number of individuals who are able to receive appropriate and effective care in their home environment for longer.
- Increase the choice and availability of social care services through implementing digital solutions where appropriate, adopting a Community Wealth Building approach, and by working with our external care providers to develop sustainable social care services.
- Build on our existing good working relationships with the voluntary and independent sector care providers and demonstrate a continual commitment to partnership working as well as ensuring that feedback from those who use, and those who deliver, social care services is at the heart of our development and improvement plans.
- By 2026, ensure that robust and high-quality care provision is available at the right time and in the right place to enable people to live independent and healthier lives in their own home, and within their own community.

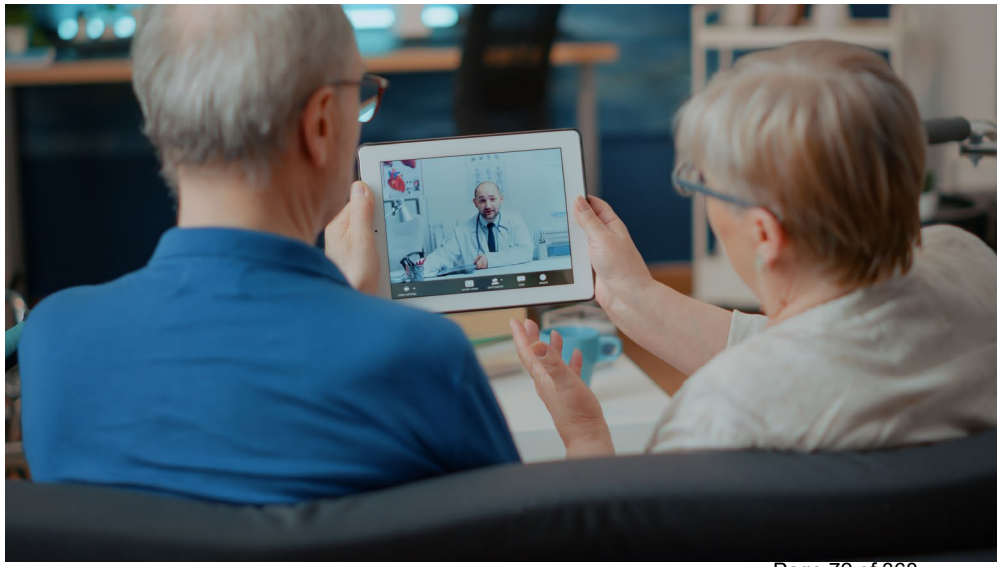
Digital Strategy

Our **Digital Strategy** sets out our priorities and plans for the next three years. We will actively promote digital solutions across the Partnership to deliver health and social care services. This will include increasing the number of consultations delivered using video conferencing, the use of self-assessment tools and other digital solutions, and will ensure that digital solutions and alternative models of care are fully embedded across all relevant health and social care services.

We will also provide training and support to maximise opportunities for technology enabled care, empowering individuals to successfully manage their own care and wellbeing. This will be evidenced by an increase in the uptake of technologies such as telehealth, telecare, telecoaching and self-care applications, and ensure that technology enabled care services are available and accessible, enabling value maximisation and improved models of care for our patients and services users.

Risk Strategy

The IJB has a **Risk Management Strategy** and Framework in place to support delivery of the Strategic Plan. This is currently under review, following the review of the Integration Scheme, to ensure it remains up to date, fit for purpose and effective. The Risk Management Strategy facilitates robust risk management, analysis, audit, and reporting within the Health and Social Care Partnership. A strategic risk register identifies the key risks to delivery of the Strategic Plan and is regularly reported to the IJB and governance committees. The risk register will be updated to take account of the strategic priorities within this plan.



Local Housing Strategy

Our **Local Housing Strategy 2022 to 2027** sets out outcomes and actions within the following five priority areas which will help us achieve our vision to 'Provide housing choices for people in Fife':

- Ending Homelessness
- More Homes in the Right Places
- A Suitable Home
- A Quality Home
- A Warm Low Carbon Home

Our key priorities include meeting the requirements of the Prevention of Homelessness Duty, and working together to meet the housing needs of Housing First customers. These activities will ensure that people are provided with suitable and sustainable housing options, and increase the number of individuals who are prevented from becoming or being homeless. All key services will have a clear Prevention of Homelessness Duty embedded into their plans and any service users who wish to go down the Housing First Pathway will be supported to do so.

We will also build additional Extra Care Housing, and develop new models of Supported Housing to increase the number of Extra Care and Supported Housing accommodation available in Fife. For example, Care Villages that fit the needs of local communities will be established in Methil, Cupar and Anstruther.

Financial Framework

The IJB continues to operate in uncertain times, facing significant budget challenges and pressures. It is therefore important to develop an aligned resource strategy including a clear financial framework which will support delivery of the strategic plan within the finite resources available.

Our **Medium-Term Financial Strategy (MTFS)** sets out the resources available and ensures they are directed effectively to help deliver the outcomes of the Strategic Plan. The MTFS will quantify the challenges over the next three years, with an aspiration to extend this to a 10-year plan. The strategy will inform decision making and actions required to support financial sustainability in the medium term. It estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife, and therefore highlights areas of financial pressure. The MTFS details plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and it sets out the medium-term transformational change required to allow us to work closely with partners to deliver services in the most effective way whilst balancing the budget.

There are national priorities which will have investment from the Scottish Government, and there will be additional areas that where we will deliver care or introduce digital solutions that align with our vision of enabling people to live independent and healthier lives. These improvements will generate financial savings and inform our Medium Term Financial Strategy ensuring sustainable services and person-focused care for the people of Fife.

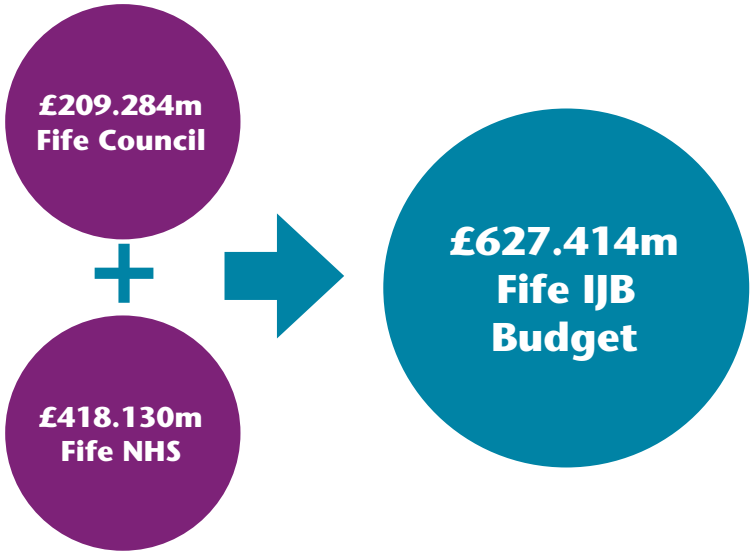
The MTFS identifies measures required to address the financial challenge, these include:

- Ensuring Best Value - ensure the best use of resources
- Whole system working - building strong relationships with our partners
- Prevention and early intervention - supporting people to stay well and remain independent
- Technology first approach - to enhance self-management and safety
- Commissioning approach - developing third and independent sectors
- Transforming models of care - to support people to live longer at home, or a homely setting
- Prescribing - reduce medicines waste and realistic prescribing

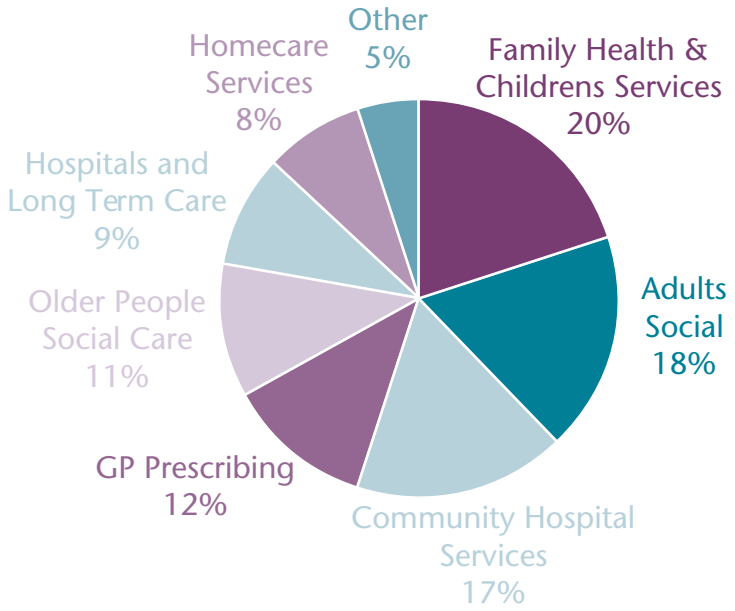
Demand for health and social care services is increasing, and our finances are under significant pressure. This means that we need to make the best use of our restricted budgets and resources by redesigning services and doing things differently. Robust financial management is a key priority, we will also explore options to achieve efficiencies by improving our systems and processes, for example through better coordination of services or providing alternative delivery models. All of our supporting strategies are linked to the MTFS, this ensures that all transformational programmes and planned improvements align with current budgets and support our financial vision.

Budget Position

Functions are delegated to the IJB and it is the responsibility of Fife IJB to best utilise these resources in line with the Strategic Plan. Our funding comes from contributions from our partner organisations to the IJB Budget – the 'Fife IJB pound'. For 2022-23 the contributions to Fife IJB budget are:



Further non-recurring allocations are received in year for specific priorities. The Annual Budget paper was presented to the IJB Committee on 25 March 2022. The paper presented a balanced budget, which was set for one year only. However, a 3-year focus was maintained, recognising the significant financial challenge that lies ahead and ensuring decisions made when setting the budget gave consideration to any longer-term consequences. The budget for 2022-23 has been allocated for use as follows:

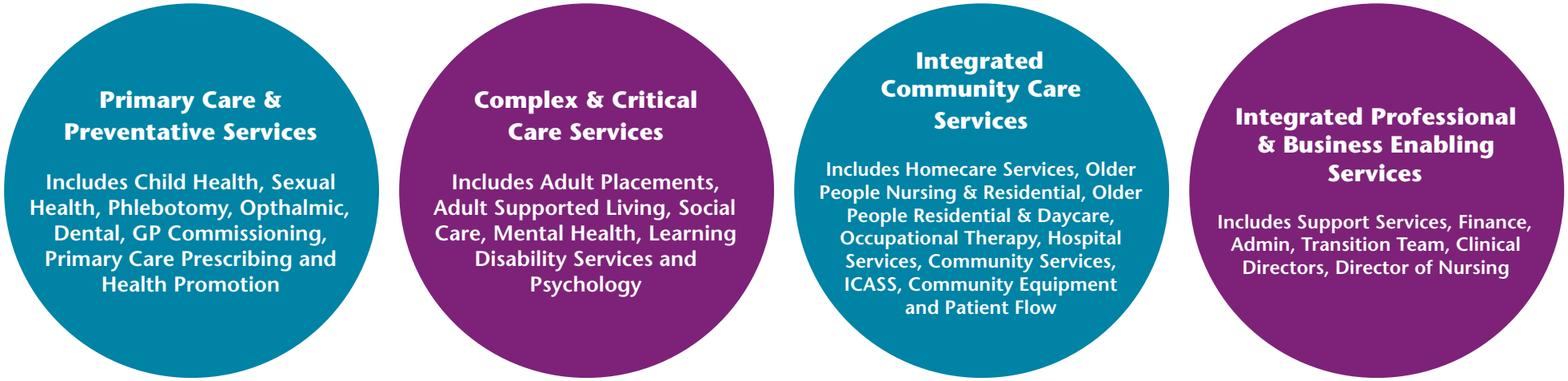


Additional funding received from Scottish Government for investment has been included in the baseline position. The funding was received to invest in services by increasing capacity in the community, reduce delays in hospitals and investment in a sustainable third sector workforce with a commitment to the living wage.

There are additional demands on budgets from an ageing population, rising costs, remobilisation, and recovery of services as we move out of the pandemic and deal with the financial effects of Brexit. The Annual Budget paper sets out the estimated gap between funding available and funding required and sets out savings targets required. Where transformation of the services we deliver will be required in future years to ensure sustainability this is noted. The Annual Budget paper should be read in conjunction with the MTFS.

April 2021-22 was the first year since inception of the IJB where funds were brought forward to be held in reserve. This was the result of late funding received from Scottish Government in February 2021 and a surplus on our core position. Our policy states an ambition to maintain a prudent level of uncommitted reserves of 2% of budgeted expenditure, to create a contingency to cushion the impact of unexpected events or emergencies. Whilst this level of reserve will allow flexibility, this must be proportionate and take cognisance of the level of savings required to be delivered and should be kept under regular review. Most of the late funding received was earmarked or ring-fenced, to be used specifically for projects or to fund ongoing expenditure relating to the coronavirus pandemic. However an uncommitted balance of 1% of total budget was held in reserve at April 2021, rising to 2% at April 2022

The Partnership has undergone significant change and a new structure of service provision was implemented, effective from June 2021. Services delegated to the IJB and managed by the HSCP are reflected in this diagram:



The Partnership is committed to delivering services within the financial resources that are available and strives to do this while transforming the services which it delivers. The transformational change programme spans the entirety of the Partnership's business and requires the Partnership to look at what services are delivered, how they are delivered, and where they are delivered from.

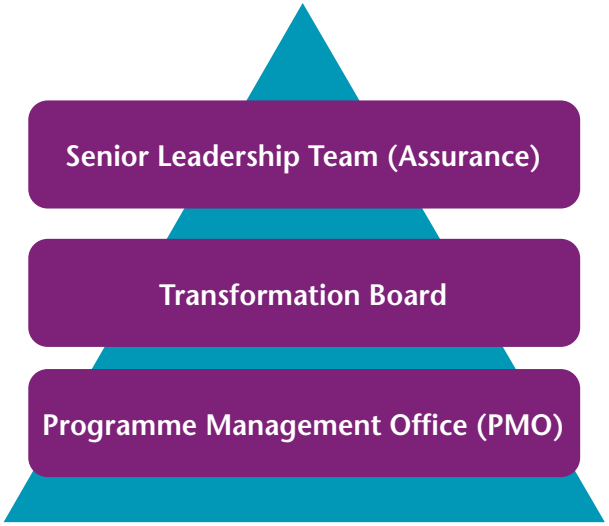
There has been significant investment and a Transformation Team has been created and formal governance put in place to review and approve all transformation work. The Team has developed a series of programmes and projects, covering areas such as mental health, digital and home first (which aligns to service users being able to live longer healthier lives at home or in a homely setting). The programmes will measure improvements in both outcomes and quality of services. Financial benefits will also be tracked; benefits such as cost avoidance through prevention and early intervention, efficiency savings from providing more cost-effective services, and cashable savings from completely transforming services.

Transformation and Change Portfolio

The Home First Programme aims is to ensure that Fife citizens are able to live longer, healthier lives at home, or in a homely setting. This will be achieved by creating a person-centred, single-point-of-access, with multi-disciplinary reviews of individual needs, and earlier decision making.

The Near Me Programme will implement a secure and easy-to-use video conferencing solution for Adults and Older People Social Work. The technology supports digital appointments, enabling multi-disciplinary consultations with individuals and family members who may not be available to attend local face-to-face meetings.

The Fife Primary Care Improvement Plan builds on the core strengths and values of general practice (expertise in holistic, person-centred care) and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership.



Portfolios

- **Our Fifers Matter:** Independant Living
- **Our Place of Care Matter:** Right Place of Care
- **Our Localities Matter:** Integrated Service Delivery
- **Our Digital Matters:**
- **Continuous Improvement:**

Programmes

- Home First
- Care Home Replacement
- Home Care Scheduling Improvement Project
- Community Services Redesign (bed based model)
- Community Nursing Transformation
- Wellbeing Centres
- Urgent Care Redesign
- Primary Care Improvement Plan
- Mental Health Services Redesign
- Technology Enabled Care
- Sensory Technology
- Flexible Working Practices
- Commissioning
- Finance
- Medicines Efficiencies
- Digital

Workforce Strategy

Plan

We will develop pathways that set out career progression, succession planning and retention to support our workforce that is representative of the communities we serve and continue to develop integrated services in the hearts of our communities.

Attract

We will increase our workforce through a range of integrated actions to recruit talent through innovations in youth employment, apprenticeships, employability programmes, and marketing across the whole partnership.

Train

We will work with all partners to create an integrated approach to training across the Partnership including 'growing our own pathways' to provide the qualifications and training to develop our existing workforce.

Employ

We will continue to work in Partnership with employers across the statutory, third and independent sectors to meet the requirements of Fair Work and strenghthening multi-disciplinary models within health and social care.

Nurture

We will continue to listen to and learn from our workforce about what matters to them through the iMatter annual survey and working with our Local Partnership Forum to promote the mental health and wellbeing of our people through an improved culture and investing in our leadership.

The fundamental ambition of our **Workforce Strategy for 2022 to 2025** is to inspire our workforce to strive to achieve the best outcomes for the people of Fife, to assure our workforce that their wellbeing is at the heart of our leadership approach and that they are supported within their workplace, wherever that is, across the whole of our Partnership.

The strategy recognises that we need to continue our successful day to day delivery of services alongside our leadership of change for tomorrow.

To meet this ambitious vision, we will provide the leadership and organisational development needed to support our personal team, service and system improvement needed to meet our future challenges.

Key to the sustainability of our services is developing a skilled workforce with career choices. This includes a focus on nurturing our organisational culture in parallel with transformation in systems, processes and structures, and a commitment to integrated working.

The strategy sets out our ambition to deliver a range of actions critical to Fife's recovery from the coronavirus pandemic, within the wider context of addressing inequalities and making a continued shift to early intervention and prevention.

Participation and Engagement Strategy

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

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

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

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

Over the next three years the Participation and Engagement Strategy aims to:

- set out the Partnership's approach to participation and engagement with stakeholders across Fife.
- define the principles of the approach to engagement.
- acknowledge the different communities within Fife and the need to tailor our approach to maximise engagement opportunities.
- define the different levels of engagement with the Partnership.
- outline the local and Fife wide engagement structures we need to develop so that people can engage with these structures.
- deliver an action plan to implement and improve our approach to participation and engagement.

Mainstreaming Equality

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

Our equality outcomes include:

- Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
- Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.
- Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.
- Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.
- Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.

Further information about our equality outcomes, and our commitment to integrate equality into the day-to-day working of the Partnership is available on our website: **www.fifehealthandsocialcare.org/publications**

Children's Community Health Services

Article 24 of the United Nations Rights of the Child (UNCRC) states that all children have a right to good quality health care, clean water and good food, and that children and young people's health should be as good as possible.

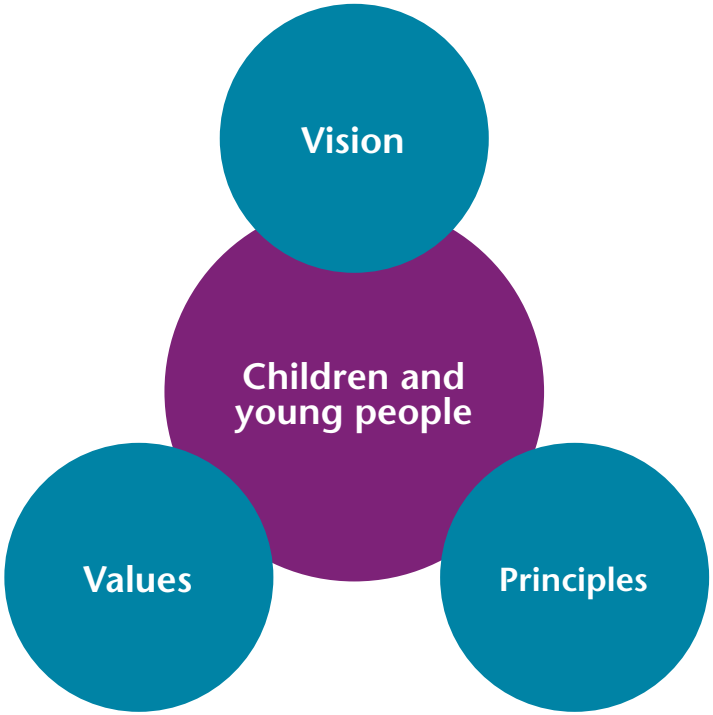
Fife Children Services Plan sets out how partner agencies will work together to promote, support, and safeguard the wellbeing of children and young people. By putting children, young people, and their families at the centre of our vision, values, and principles we can ensure that we meet our ambition.

Following the findings of an Independent Care Review in 2020, Scotland made a Promise to care experienced children and young people: **You will grow up loved, safe and respected.** And by 2030, that promise, must be kept.

The Promise underpins our work. This means ensuring that the voice of children and young people is heard, valuing families, ensuring appropriate care and supporting staff. It also means ensuring that help, support, and accountability is there when it is needed to enable all children to grow up loved, safe and respected by their families.

Children Services Vision:

Making Fife a place where every child and young person matters



Children Services Values:

- Compassion
- Ambition
- Respect
- Collaboration
- Integrity

Children Services Principles:

- A targeted response
- Trauma informed and nurture approaches
- Choice and participation
- Mitigate the impact of poverty

Our key priorities are:

- **Delivering the Promise** - improve the experiences and outcomes of those who experience care, are on the edge of care, and have additional needs to support them to live safely at home, for example listening to the views of care experienced young people about our services and making any changes required to improve.
- **Supporting wellbeing** - promote and support the emotional, mental and physical wellbeing of children and young people, for example we will support parents and carers to maintain healthier options such as reducing smoking and increasing breastfeeding (where appropriate).
- **Closing the equity gap** - improve opportunities and choices for children and young people who experience barriers to good health and wellbeing, for example increasing access to income maximisation advice and looking for ways to minimize the impact of poverty on children's access to healthcare.
- **Promoting children's rights** - ensure that the rights of children are embedded into practice across all services, for example ensuring that the voice of the child, their family and carers is heard in service redesign, and reducing appointment waiting times.

The work of Children Services is under pinned by the following guidance and legislation:

Children and Young People (Scotland) Act 2014: www.legislation.gov.uk/asp/2014/8/contents/enacted

Getting It Right For Every Child (GIRFEC): www.gov.scot/policies/girfec/

The Promise: https://thepromise.scot

National Guidance for Child Protection: www.gov.scot/publications/national-guidance-child-protection-scotland-2021/

*Child Poverty (Scotland) Act 2017 and Tackling Child Poverty Delivery Plan 2018-2022:*www.legislation.gov.uk/asp/2017/6/contents/enacted

United Nations Convention on the Rights of the Child: www.gov.scot/publications/implementing-united-nations-convention-rights-child-introductory-guidance/documents/

Governance and Assurance

Clinical and Care Governance: Quality Matters Assurance

The highest standard of care delivery is the responsibility of everyone working in Fife Health and Social Care Partnership, and is built upon partnership and collaboration across health and social care teams to ensure the best outcomes and experiences for the population of Fife.

The management of risk underpins all operational activities and services, and to this end, services are required to have robust risk management procedures in place throughout the organisation.

Five key principles of clinical and care governance:

- Clearly defined governance functions and roles are performed effectively
- Values of openness and accountability are promoted and demonstrated through actions
- Informed and transparent decisions are taken to ensure continuous quality improvement
- Staff are supported and developed
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Structures are in place to provide assurance that clinical and care governance is discharged effectively within the partnership whilst meeting the statutory duty of the quality of care delivered using a person centred, rights-based approach, which is underpinned by adopting the Integration Governance Principles: "How Do You Know"?

Services:

- Use patient, service user, and carer feedback to ensure that people are at the centre of everything that we do
- Ensure that the protection and enhancement of equality and human rights are core service values central to care delivery
- Monitor and review key quality outcome data to provide assurance on the quality of care delivered, and to inform and prioritise quality improvement activity to prevent and reduce avoidable harm for patients and service users of Fife
- Ensure that key learning is derived from multiple sources including local/national data, adverse incidents, inspections, national reports, professional bodies etc.
- Ensure that relevant clinical and care standards are robustly implemented across the Partnership
- Ensure that evidence-based quality improvement care processes are robustly implemented.

National Care Service

In Fife we **CARE** about….

Co-producing your care pathway with you, building on your strengths and preferences.

Anticipating the support, you will need and making sure that it's available before your situation escalates.

Respecting your rights in all the work we do with you.

Empowering, encouraging and enabling you, and those with care for you, to have a say in any decision-making about your needs.

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

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

It is expected that the National Care Service will be in place by 2026.

You can find out more about the National Care Service on the Scottish Government website: **www.gov.scot/policies/social-care/national-care-service/**

Legislation and References

The Public Bodies (Joint Working) (Scotland) Act 2014 is available here: www.legislation.gov.uk/asp/2014/9/contents/enacted

The National Health and Social Care Health and Wellbeing Outcomes are available here: www.gov.scot/publications/national-health-wellbeing-outcomes-framework/

The Public Health Priorities for Scotland are available here: www.gov.scot/publications/scotlands-public-health-priorities/pages/1/

The Scottish Government has information on the coronavirus pandemic here: www.gov.scot/coronavirus-covid-19/

This is a link to the National Records of Scotland website: www.nrscotland.gov.uk/statistics-and-data

Information about the National Care Service is available here: www.gov.scot/policies/social-care/national-care-service/

The Scottish Government's Medication Assisted Treatment Standards are available here: www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/

This is a link to the national report, Preventing Homelessness in Scotland: www.crisis.org.uk/media/244558/preventing-homelessness-in-scotland

The Plan for Fife 2017 to 2027 is available here: www.fife.gov.uk/__data/assets/pdf_file/0027/164574/Plan-for-Fife-2017-2027.pdf

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

FIFE HEALTH AND SOCIAL CARE PARTNERSHIP

JOINT STRATEGIC NEEDS ASSESSMENT

JUNE 2022

Introduction

Fife's communities have changed significantly over the years, the size, the health conditions that people live with for longer, healthcare and how people can now use digital technology - have all changed and continue to change.

Demand for social care services remains one of the greatest challenges facing Fife and in response to this a wide range of health and social care services are delivered across Fife by the Fife Health & Social Care Partnership, NHS Fife, GP Practices and third sector organisations.

The purpose of a Joint Strategic Needs Assessment (JSNA) is to ensure that Fife's Health and Social Care Partnership strategic plans are based on robust understanding of the current and predicted future needs of local populations. The information from the JSNA will inform and guide the commissioning and delivery of health, wellbeing and social care services.

To inform the development of the future Strategic Plans this needs assessment has been undertaken on key areas around Fife's demographics and population health that are likely to impact on levels of need and demand that need to be taken account of in planning for future services. Note: It is not a catch all for all available data pertaining to the health and wellbeing of Fife's population.

Key Findings

1. Fife's population is ageing. In 2020, older people made up around 21% of the total population. By 2030, this proportion will have grown to 25%. The proportion of older people aged above 65 with a long-term condition has risen, and their needs are likely to become more complex, leading to increased demand for services.
2. Children (aged 0-15) will see their numbers fall, with those children aged 9-11 showing the largest reductions. In 2020, Children made up around 17% of the total population, but by 2030 this is expected to reduce to 15%.
3. Life expectancy has stalled in recent years and is in decline. Healthy life expectancy is also reducing, particularly for those in the more deprived areas, who can expect to live shorter lives and spend fewer years in good health.
4. Significant health inequalities exist and persist within the Fife population. The difference in life expectancy between the 20% most and least deprived areas in Fife was 10 years for males, and 8 years for females (2016-2020). The most deprived areas have 35% more deaths and 106% more early deaths (aged 15 to 44) than the Fife average. If the levels of the least deprived area were experienced across the whole population, deaths from all ages would be 27% lower and early deaths would be 70% lower. Area variations in population and levels of deprivation will require local responses to needs and priorities.
5. Many conditions are 'potentially preventable', such as COPD, angina and diabetes complications. There is scope to substantially reduce potentially preventable hospital admissions in Fife annually. Supporting people to reduce or avoid preventable conditions will be key in managing future demand for community and primary care health care services.
6. Whilst drug-related deaths in Fife are now at their lowest point since 2017, male deaths are more than double that of females. The rate of drug-related hospital admissions continues to rise and remains consistently higher than Scotland.
7. Among young people (11-25 years) Fife has a significantly higher rate of alcohol related hospital admissions than Scotland and this gap continues to grow.
8. Smoking in pregnancy continues to be higher in Fife than the national average and the gap is widening.
9. Cancer continues to be a leading cause of early death. The risk of developing cancer increases as a person gets older, and this, coupled with an increasing older adult population means that the number of cancer registrations is set to rise. Those experiencing most health inequalities are often those less likely to participate in universal screening campaigns, such as the breast and bowel screening programmes.
10. The estimated percentage of the population being prescribed drugs for anxiety, depression or psychosis in Fife is higher than in Scotland and is increasing, whereas Scotland has remained static.
11. Fife's suicide rate is on par with Scotland; however, the number of male suicides is approximately 3 times the number of female suicides.
12. People living in areas of multiple deprivation are more likely to experience housing issues leading to poor health and well-being, including overcrowding, fuel poverty, poorer housing quality and housing that does not meet their needs. A 2018 Housing Study

estimated a significant increase in the population of wheelchair users by 2024. The demand for adapted housing and specialist housing will rise in line with the ageing population profile, with the 75+ age group projected to see the largest percentage increase between 2018 and 2028.

13. Evidence indicates an increased pressure on Fifers finances, physical and mental health. This is likely to increase vulnerability of homeless households and those at risk of homelessness. The rate of households assessed as homeless in Fife compares to the Scotland figure.
14. Despite the success of vaccinations in reducing COVID-19 mortality, the impact and burden of disease of COVID-19 in 2021 continued to be substantial and comparable with pre-pandemic losses from lung cancer and drug use disorders. COVID-19 has reinforced high levels of inequalities in the health of the population. It continues to have a disproportionate impact on health outcomes, with those living in deprived areas suffering the worst outcomes.
15. Plans to create a National Care Service represent an opportunity for the biggest shift in how health and social care is planned, organised and delivered for decades, but also brings with it risks in how this is implemented, between the policy aims of the Scottish Government and the reality of people's experiences to get things right for supported people in both Fife and Scotland. Risks relating to workforce capacity and wellbeing are significant. There is a need to prioritise addressing workforce availability challenges if recovery plans are to be successful and if staff are to have the time and opportunity to engage in the preventative, relational work that policy expects.

COVID-19

Over the last two years, the pandemic has had a substantial impact on the health of the population, and has exacerbated the demand for social care services. In Scotland in 2020, COVID-19 was the second leading cause of death and disability, lower than heart disease but higher than all other leading causes such as dementias, lung cancer, and drug use disorders, with deaths occurring most frequently in the elderly, vulnerable, and frail. Despite the success of vaccinations in reducing COVID-19 mortality, the impact and burden of disease of COVID-19 in 2021 continued to be substantial and comparable with pre-pandemic losses from lung cancer and drug use disorders[1].

The pandemic has starkly demonstrated the importance of health to the normal functioning of society. While all groups of people faced considerable impact from this, not all social groups and communities experience the same level of impact. Older people, those with underlying health issues, and people from black and minority ethnic groups are the most vulnerable to the disease itself. Those with disabilities are more disadvantaged by coronavirus and are at increased clinical risk as they have higher rates of co-morbidities compared to the general population. COVID-19 has exposed high levels of inequalities in the health of the population. It continues to have a disproportionate impact on health outcomes, with those living in deprived areas suffering the worst outcomes.

As well as direct effects from contracting COVID-19, there are also indirect consequences to be considered: arising from changes to health and social care made in order to respond to COVID-19; the impact of reduced capacity and availability of health services; and reduced demand for services with people deferring seeking treatment. There are also wider health impacts across the population arising from social distancing measures such as the impact of social isolation on mental health – with 1 in 20 people in Fife during the pandemic reporting feeling often or always lonely - or the range of conditions impacted by reductions in physical activity.

While much attention has been placed on the immediate and short-term implications of coronavirus and how it is affecting the population, it is worth highlighting the longer-term impact that it will have on people's health and wellbeing. For example, those people that have either not been able to, or have chosen not to, access vital health services for suspected major health and life-threatening issues. There is also growing evidence that coronavirus may produce significant long-term health implications; again, it is too early to estimate the consequences of this. These factors may all have an influence on Fife's longer-term life expectancy and healthy life expectancy levels, for many years to come.

Before the pandemic, improvements in population health in Scotland had been faltering, with a slowdown in the overall progress of reducing mortality and widening of socioeconomic inequalities in mortality. As the indirect harms continue to accumulate from attempts to control the COVID-19 pandemic, there is an increasing need for rapid preventative action to recover and improve and reduce inequalities in population health.

[1] Wyper GMA, Fletcher E, Grant I, et al. (2022) 'Widening of inequalities in COVID-19 years of life lost from 2020 to 2021: a Scottish Burden of Disease Study'

Health and Social Care Landscape

While much of the current policy and legislation being developed for Scotland's communities aligns with the sector's fundamental approach - empowering individuals to find what works for them, using trauma-informed practice, de-stigmatising mental health and advocating for human rights - the policy landscape is characterised by increasing volume and complexity.

Health and Social Care Partnerships are facing significant challenges due to a combination of unprecedented financial pressures and the cost of implementing several new pieces of legislation simultaneously.

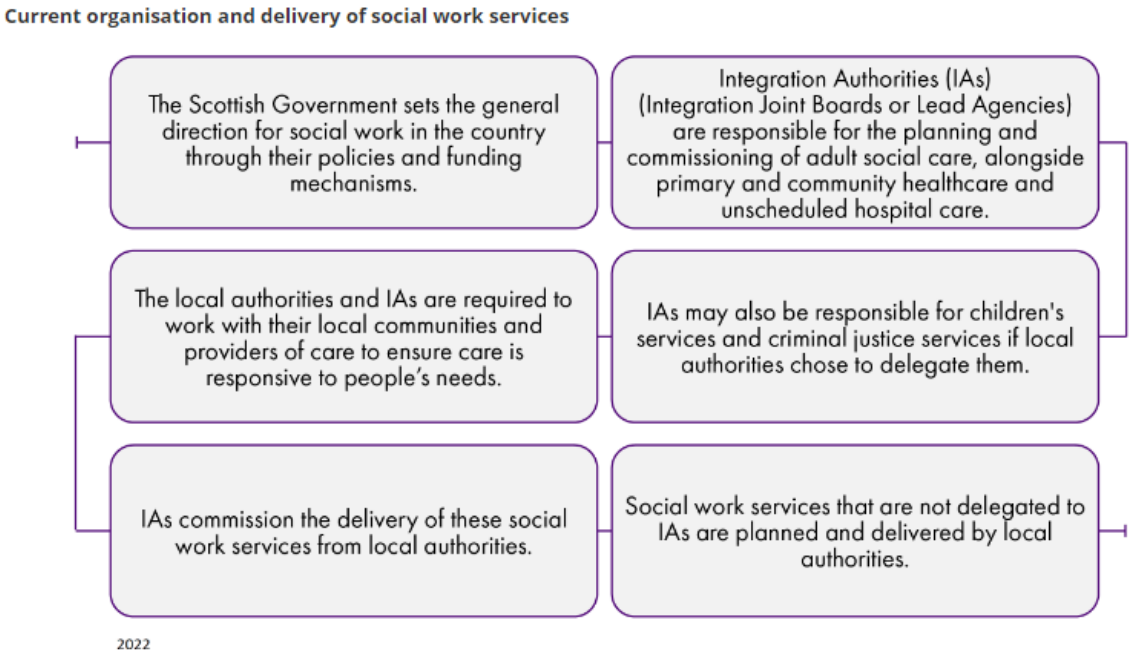


Figure 1 – Current organisation and delivery of social work services

Since the integration of health and social care in 2016, Integration Authorities have been responsible for the planning and commissioning of adult social care. From 1 April 2019, provision of free personal care was extended to all adults, not just those age 65 whose social work assessment identified that they required it (Community Care & Health (Scotland) Act 2002).

In 2021, the Independent Review of Adult Social Care recommended the establishment of a National Care Service, with Scottish Ministers being accountable for the delivery of consistent and high standards in health and social care services.

In June 2022, legislation was lodged with the Scottish Parliament to begin the process of creating a National Care Service. The Bill allows Scottish Ministers to transfer social care responsibility from local authorities to a new, national service. This could include adult and children's services, as well as areas such as justice social work. Scottish Ministers will also be able to transfer healthcare functions from the NHS to the National Care Service.

While this represents opportunity in the biggest shift in how social work and social care is planned, organised and delivered for decades, it also brings with it risks in how this is implemented, between the policy aims of the Scottish Government and the reality of people's experiences to get things right for supported people in both Fife and Scotland.

Through the consultation on the introduction of a National Care Service, concerns were raised about the potential lack of accountability within a centralised service, the loss of understanding of local needs with a top-down approach, losing local links to partners in the local authority like Education or Housing, not to mention disrupting and destabilising an already stretched system and weary workforce.

Risks relating to workforce capacity and wellbeing are significant. The Setting the bar survey (2022) of social work staff employed by local authorities / Health and Social Care Partnerships in Scotland found that the size of the social work workforce in Scotland has remained relatively unchanged in recent years, and now faces retention and recruitment challenges, not least because of an ageing workforce. The key issues are not new but have intensified over time, and include increasingly unmanageable caseloads, resulting in reduced work quality, administrative burdens, excessive hours worked, reduced wellbeing and people choosing to leave the profession. There is a need to prioritise addressing workforce availability challenges if recovery plans are to be successful and if staff are to have the time and opportunity to engage in the preventative, relational work that policy expects.

Profile and Demographics

Population Profile/Change and Housing Impact

Note: The Population Projections for Fife's Area Committee areas shown in this report, have been taken from the National Records of Scotland (NRS)/Improvement Service's (IS) 2018-based sub-council level population projections at Multi-Member Ward. These population projections are based on the population as at 30 June 2018, and cover the period from mid-2018 to mid-2030. These population projections are consistent with the sub-national projections (Council level) produced by NRS and are constrained to match the council projections.

The population projections data shown in this report differs from the Health and Social Care Partnership (H&SCP) Locality Profiles, which use a different calculation to derive population projection figures for each of Fife's Area Committee areas –

Footnote from H&SCP profile – "*Population projections are not currently provided by NRS at the locality level. To explore how the population in Glenrothes is expected to change in the future, the percent changes in population projection to 2025 for Fife by age group and gender were calculated from the NRS Local Authority Population Projections. These percent changes were then applied to the Glenrothes 2018 mid-year population estimates (also split by age group and gender) to obtain population projection estimates for [Area], based on the projections for the HSCP and the current population structure of the locality*".

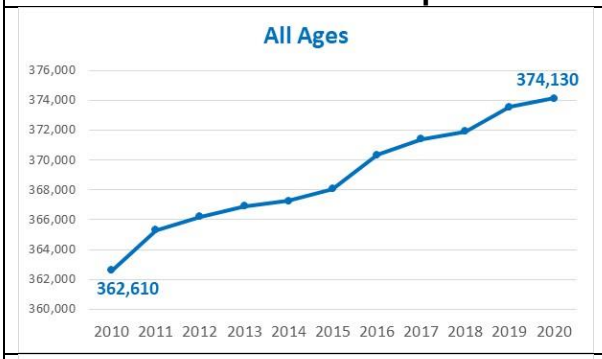
The following sections provide population profile information on how Fife and its seven Area Committees' population has changed from 2010 to 2020, and estimates how these areas' population is likely to change over the period 2020 to 2030.

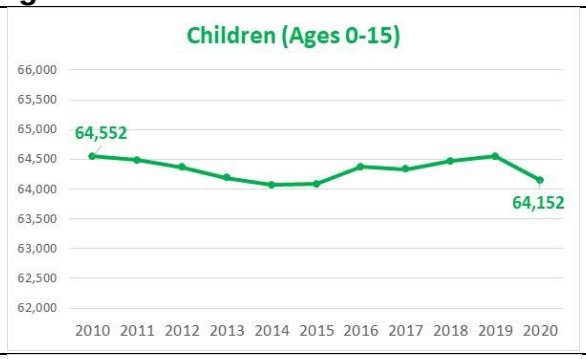
Housing development information is also provided at the Area level to highlight the local impact of proposed 'effective' and 'strategic' housing sites, which is taken from the Fife Housing Land Audit 2021, for sites with capacity for at least 200 new homes. While this information implies the potential for increased population as a result of more houses in an area, this does not always result in an increase in population. In some cases, not all the houses proposed will actually be built. Household size is continuing to fall (less people living in each house), and people already living in the area may simply move into the new houses, for example, younger people that used to live with their parents in the area.

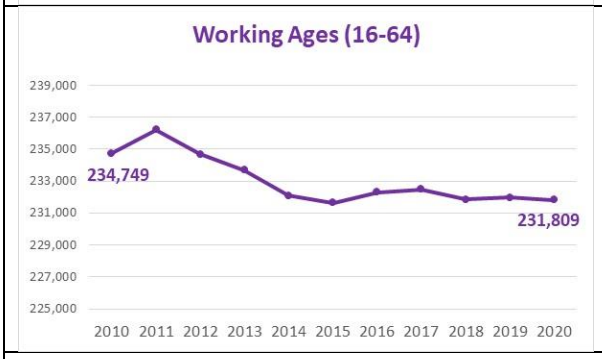
This population and housing information is intended to provide evidence of future likely demand for public health services across various ages and locations in Fife.

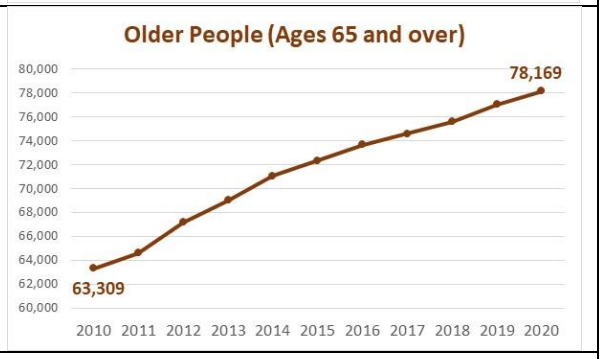
Fife Level

Past Population Change from 2010-2020









- Overall population in Fife has increased from 362,500 in 2010 to 374,000 by 2020, an increase of 11,500 people (3.2%), although not all age groups have seen increases, with some experiencing decreases.

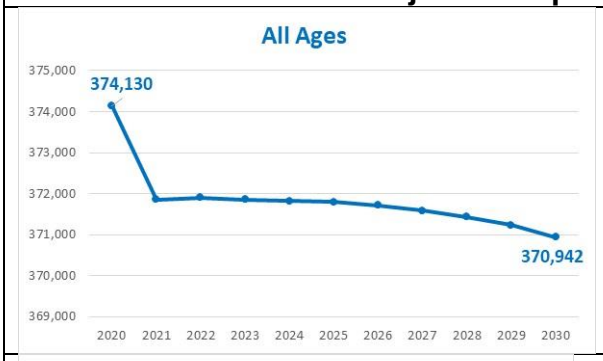
- Children (aged 0-15) have seen their numbers fall by around -400 (-0.6%), with the youngest age groups - pre-school age children (0-4 ages) seeing the largest reductions. Primary school aged children (5-11) have seen their numbers increase, while secondary school ages (12-15) have mostly decreased. Children have consistently made up around 17% of the total population over the decade.

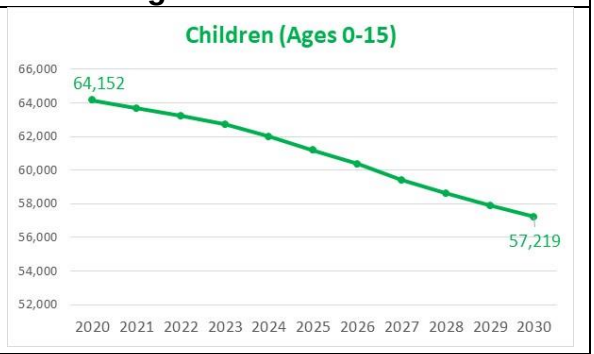
- Working age people (16-64) have seen the largest decreases in numbers of around -3,000 (-1.3%), although there is wide variation amongst this age group. Younger adults (16-24) have mostly decreased, as have those aged 35-49, with the mid-40s showing the largest decreases of all age groups. People aged 25-34 have mostly increased in number, as have people aged 50 and older. In 2010, Working ages made up around 65% of the overall population, by 2020, this proportion had dropped to 62%.

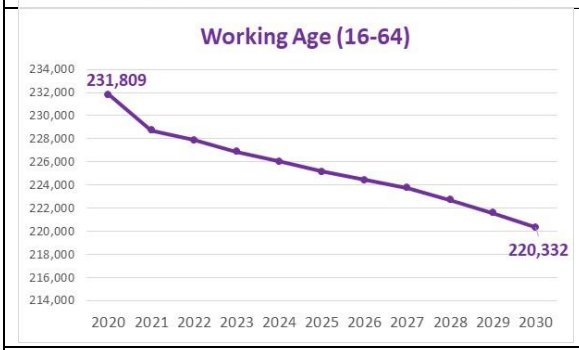
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 15,000 (24%) in the 10-year period, with those in their 70s showing the largest increases. In 2010, Older people made up around 17% of the total population. By 2020, this proportion had grown to 21%.

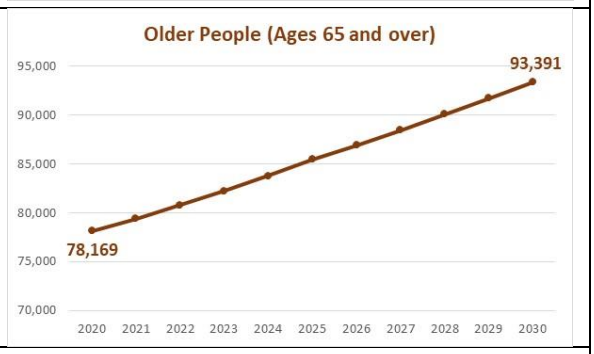
Fife Level

Future Projected Population Change 2020-2030









- Overall population in Fife is estimated to decrease from 374,000 in 2020 to just under 371,000 by 2030, a decrease of -3,000 people (-1%), although only children and working age people will see decreases.

- Children (aged 0-15) will see their numbers fall by around -7,000 (-11%), with those children aged 9-11, showing the largest reductions. In 2020, Children made up around 17% of the total population, but by 2030 this is expected to reduce to 15%.

- Working age people (16-64) will see the largest decreases in numbers overall of around -11,500 (-5%), although not all people in this age group will see reductions. The Working age groups that will see increases include - younger adults (16-20), those aged mid-30-40s, and those pre-retirement ages (61-64). Those working age groups seeing reductions include - people aged 21 to early 30s, and those in their mid-40s to 60. In 2020, Working ages made up around 62% of the overall population, by 2030, this proportion is expected to fall to 59%.

- Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers rising by 15,000 (20%) in the 10-year period, with those in their late 60s and early 80s showing the largest increases. In 2020, Older people made up around 21% of the total population. By 2030, this proportion will have grown to 25%.

Key Messages for Fife

- After several decades of year-on-year increases in Fife's population, Fife's future population is set to reduce, similar to many parts of Scotland. Unlike in the rest of the UK, Scotland is the only UK country set to see reductions in its population, and Fife is one of eighteen council areas that will see these reductions.

- While the number and proportion of children in Fife have remained fairly constant over the last 10 years for most areas in Fife, record low levels of fertility will result in lower numbers of children in the coming years than has been seen in previous years. As a result, the number and proportion of children that make up the overall size of Fife's population is set to fall, which will have implications for the provision of many social, and health related services.

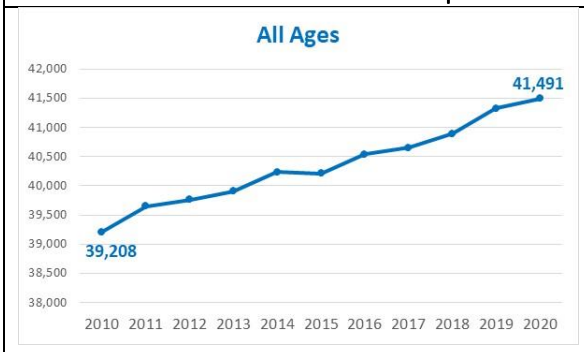
- Fife has seen a gradual reduction in working age population over the last decade and over the coming years this reduction is set to accelerate, due to a number of factors, such as, expected reductions in future migration levels, the legacy of Covid-19, and immigration restrictions as a result of Brexit. These factors will have implications and impact on Fife's proportion of already diminishing numbers of its working ages which make up the total population for Fife.

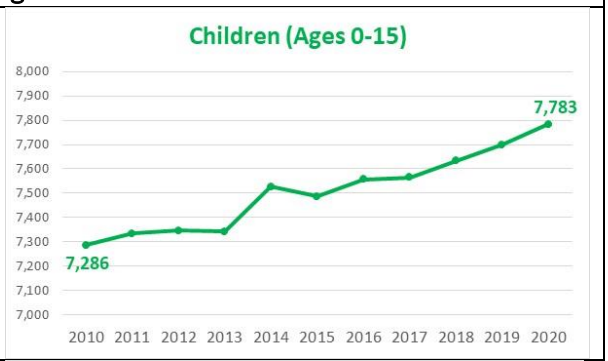
- Fife has experienced a continuing increase in older people in the last ten years, and this is set to continue going forward, further increasing the proportion of the population that is made up of older people, although at a slightly reduced rate of increase due to life expectancy stabilising rather than increasing as in previous years

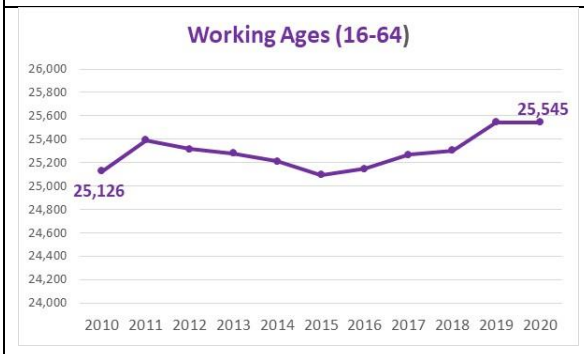
- While a few age groups in some areas across Fife will see modest increases in population, most population growth will be in the older age groups, particularly Fife's 75 and over age group, which is an age group that places considerable demands on health and public services.

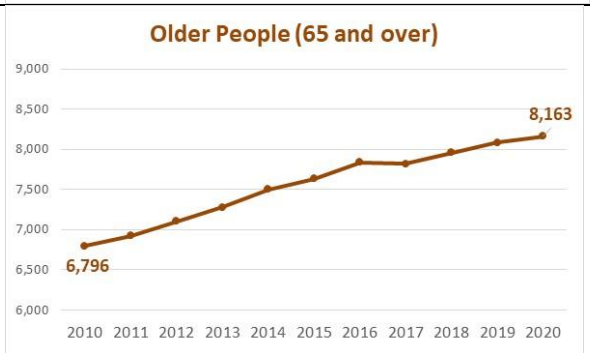
Cowdenbeath Area

Past Population Change from 2010-2020









- Overall population in Cowdenbeath Area has increased from 39,200 in 2010 to 41,500 by 2020, an increase of 2,300 people (6%), with all age groups seeing increases.

- Children (aged 0-15) have seen their numbers rise by around 500 (7%), although pre-school age children have seen reductions in numbers, as have secondary age groups. Primary school aged children have seen their numbers increase. Children have consistently made up around 18% of the total area population over the decade.

- Working age people (16-64) have seen a marginal increase in numbers of around 500 (2%), although there is wide variation amongst this age group. Younger adults (16-24) have mostly increased, as have those aged mid-30s to mid-40s, with their early-40s showing the largest decreases of all age groups. People aged 25-34 have mostly increased in number, as have almost all age groups over 50. In 2010, Working ages made up around 64% of the overall population, by 2020, this proportion had dropped to 61%.

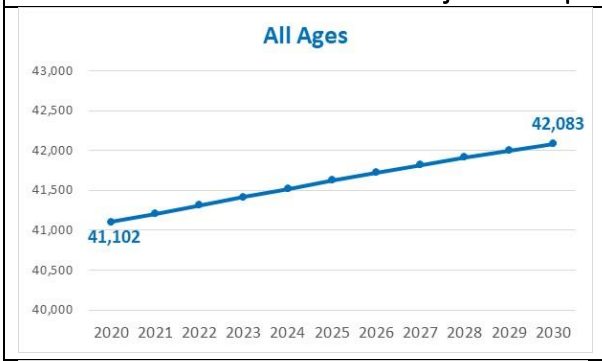
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 1,400 (20%) in the 10-year period, with those in their early-70s showing the largest increases. In 2010, Older people made up around 17% of the total population. By 2020, this proportion had grown to 20%.

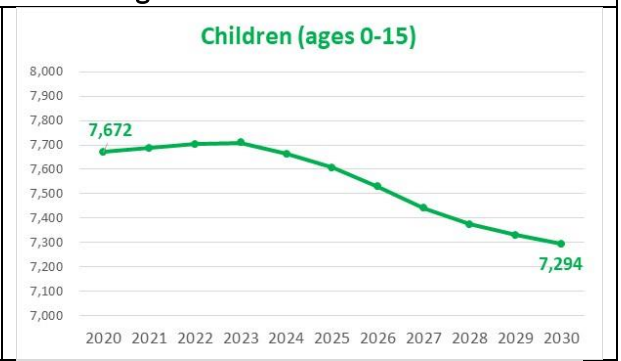
Housing Impact

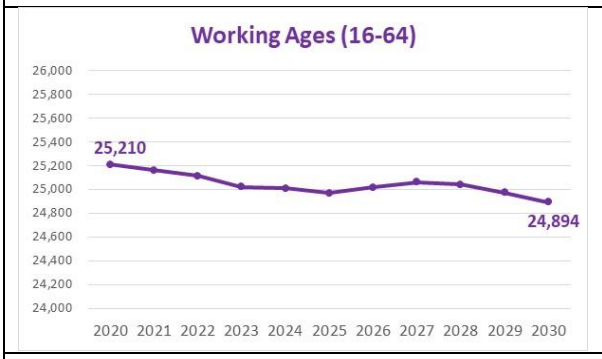
There is one large-scale strategic housing development proposed within this area. One housing site at south-west Kelty is expected to provide around 900 new homes over 20 years which at current average household sizes would be expected to accommodate around 2,000 people.

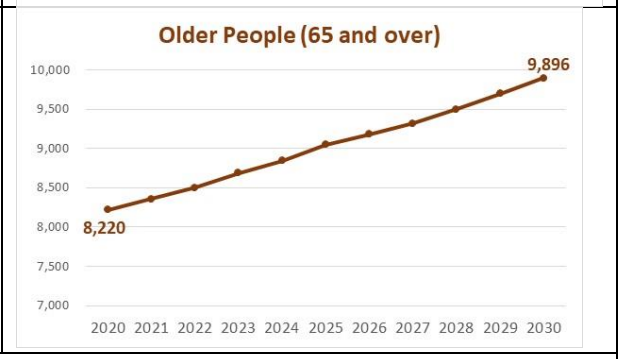
Cowdenbeath Area

Future Projected Population Change 2020-2030









- Overall population in Cowdenbeath Area is estimated to increase from just over 41,000 in 2020 to around 42,000 by 2030, an increase of 1,000 people (2%), although children and working ages will both see decreases in numbers.

- Children (aged 0-15) will see their numbers fall by around -400 (-5%), with both pre-school and primary ages seeing decreases in numbers, with primary ages showing the most reductions, while secondary ages will see increases in their numbers. In 2020, Children made up around 19% of the total population, but by 2030 this is expected to reduce to 17%.

- Working age people (16-64) will see marginal decreases in numbers overall of around -300 (-1%), although not all people in this age group will see reductions. The Working age groups that will see increases include - younger adults (16-24), those aged mid-30-40s, and those pre-retirement ages (60-64). Those working age groups seeing reductions include - people aged mid-20s to mid-30s, and those in their mid-40s to mid-50s. In 2020, Working ages made up around 61% of the overall population, by 2030, this proportion is expected to fall to 59%.

- Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers rising again by 1,700 (20%) in the 10-year period, with those in their late 60s to early-70s, and early to mid-80s, showing the largest increases. In 2020, Older people made up around 20% of the total population. By 2030, this proportion will have grown to 24%.

Key Messages for Cowdenbeath Area

- After several decades of year-on-year increases in Cowdenbeath's population across all age groups, its future overall population is estimated to continue to increase, but unlike in previous years, this increase will be restricted to only older age groups.

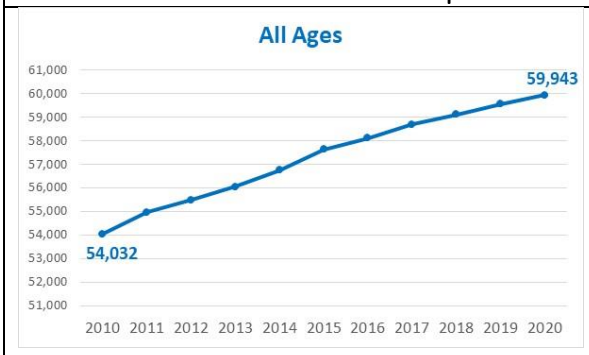
- While the number and proportion of children in Cowdenbeath have remained fairly constant over the last 10 years, going forward, the number and proportion of children that make up the overall size of Fife's population is set to fall, which will have implications for the provision of many social, economic and health related services in the area

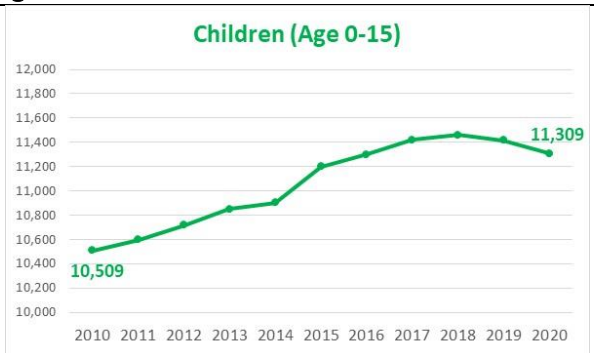
- Cowdenbeath Area is one of only a few areas in Fife to see a slight increase in its working age population over the last decade. This, however, is estimated to reverse over the next decade or two, with a gradual reduction of both the number and proportion of working ages that make up the area's overall population.

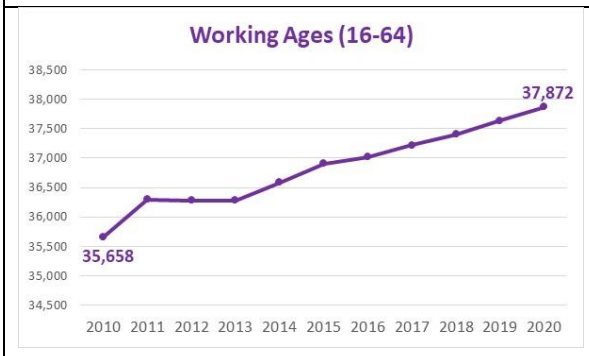
- Cowdenbeath has experienced continuing increases in older people in the last ten years, and this is set to continue going forward, although at a reduced rate of growth in numbers. This, however, will mean that the percentage of older people will make up an increasing proportion of the area's overall population.

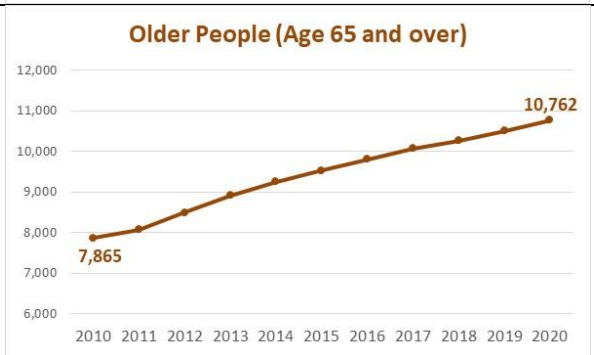
Dunfermline Area

Past Population Change from 2010-2020









- Overall population in Dunfermline Area has increased from 54,000 in 2010 to 60,000 by 2020, an increase of 6,000 people (11%), with all age groups seeing increases.

- Children (aged 0-15) have seen their numbers rise by around 800 (8%), with the mid to late primary school ages showing the largest increases, and more modest increases for secondary ages. Pre-school age children (0-4 ages) saw the largest decreases. Children have consistently made up around 19% of the total population over the decade.

- Working age people (16-64) have seen increases in numbers of around 2,200 (6%), although there is some variation amongst this age group. Younger adults (18-24) have mostly decreased, as have those aged mid-30s to mid-40s. People aged mid-20s to mid-30s have mostly increased in number, as have people aged mid-40s to early 60s. In 2010, Working ages made up around 66% of the overall population, by 2020, this proportion had dropped to 63%.

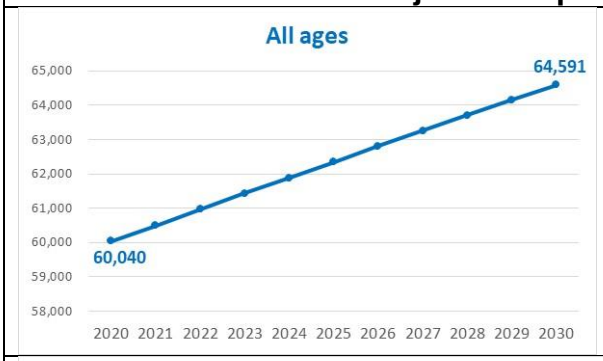
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 2,900 (37%) in the 10-year period, with those in their early 70s showing the largest increases. In 2010, Older people made up around 15% of the total population. By 2020, this proportion had grown to 19%.

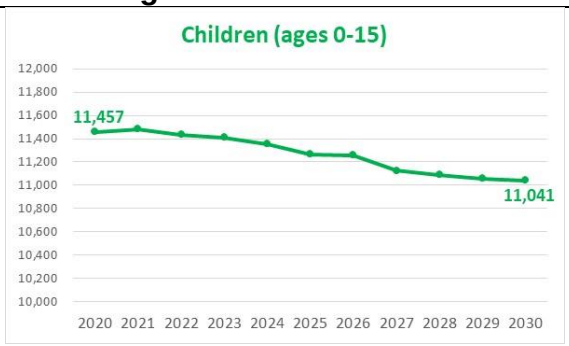
Housing Impact

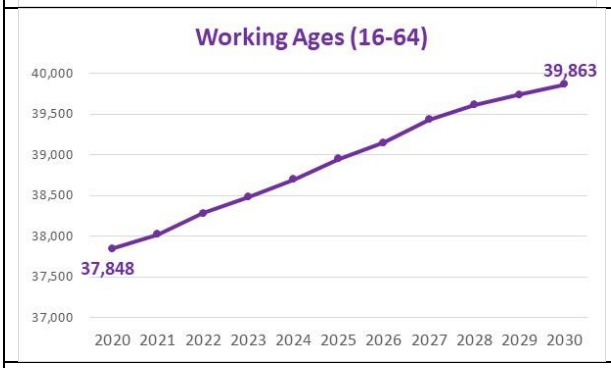
There are five large-scale strategic housing developments proposed within this area. Housing sites at Wellwood (on site now), Swallowdrum, Halbeath, Berrylaw and Broomhall are expected to provide around 6,500 new homes over 20 years which at current average household sizes would be expected to accommodate around 14,100 people.

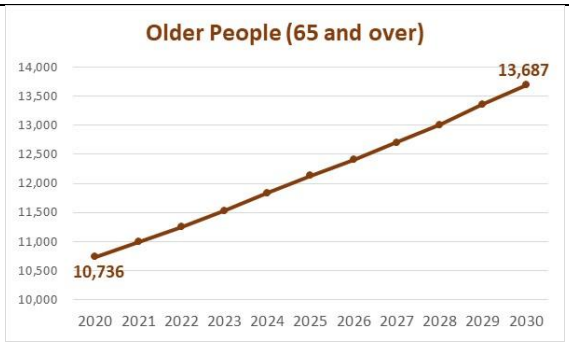
Dunfermline Area

Future Projected Population Change 2020-2030









- Overall population in Dunfermline Area is estimated to increase from 60,000 in 2020 to just over 64,500 by 2030, an increase of 4,500 people (8%), although only working age people and older people will see these increases.

- Children (aged 0-15) will see their numbers fall by around -400 (-4%), with mostly primary school ages showing the largest reductions. In 2020, Children made up around 19% of the total population, by 2030 this is expected to reduce to 17%.

- Working age people (16-64) will see increases in numbers of around 2,000 (5%), although not all people in this age group will see increases. The Working age groups that will see the most increase include - younger adults - early to mid-20s, those aged mid 30-40s, and those pre-retirement ages (60-64). Those working age groups seeing reductions include - people aged late-20s to early 30s, and those in their mid-40s to mid-50s. In 2020, Working ages made up around 63% of the overall population, by 2030, this proportion is expected to fall to 62%.

- Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers rising by 3,000 (27%) in the 10-year period, with those in their early to mid-80s showing the largest increases. In 2020, Older people made up around 18% of the total population. By 2030, this proportion will have grown to 21%.

Key Messages for Dunfermline Area

- After several decades of year-on-year increases in Dunfermline's population across all age groups, its future overall population is estimated to continue to increase, but unlike in previous years, this increase will be restricted to only working ages and older age groups.

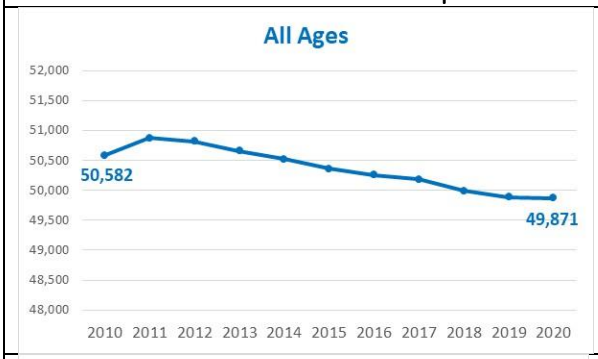
- While the number and proportion of children in Dunfermline have remained fairly constant over the last 10 years, going forward, the number and proportion of children is set to fall, which will have implications for the provision of many social, economic and health related services in the area.

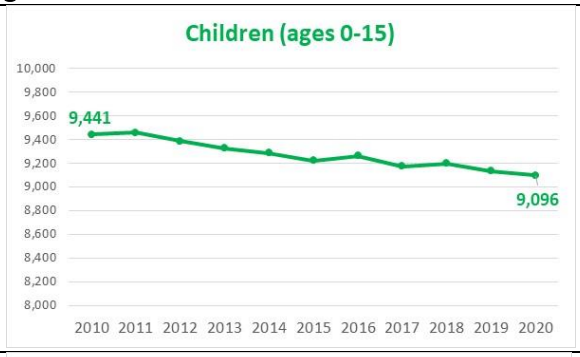
- Dunfermline Area is one of the few areas in Fife to see an increase in its working age population over the last decade, and for this trend to continue at the same rate over the next decade or two, although the proportion of working ages that make up the area's overall population, will, as in previous years, continue to reduce.

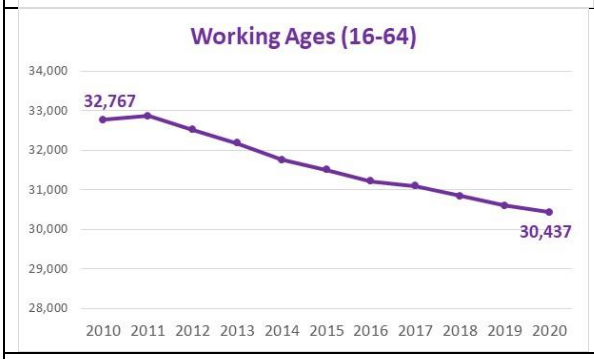
- Dunfermline has experienced continuing increases in older people in the last ten years, and this is set to continue at the same rate going forward. This, however, will mean that the percentage of older people will continue to make up an increasing proportion of the area's overall population, and the bulk of this age group places considerable demands on health and public services.

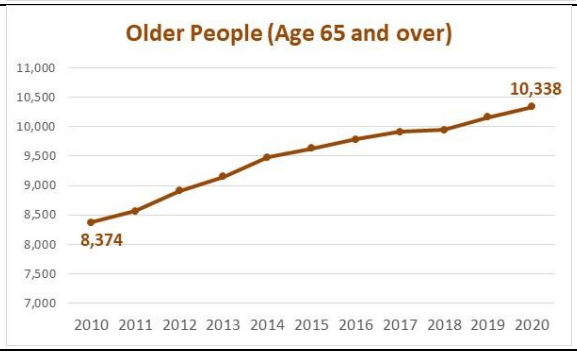
Glenrothes Area

Past Population Change from 2010-2020









- Overall population in Glenrothes Area has decreased from 50,600 in 2010 to 49,900 by 2020, a decrease of -700 people (-1%), with children and working ages showing the bulk of these decreases.

- Children (aged 0-15) have seen their numbers fall by around -350 (-0.4%), with the youngest age groups - pre-school age children (0-4 ages) seeing the largest reductions. Primary school aged children and most secondary school ages have seen modest increases, with the exception of older secondary ages. Children have consistently made up around 18% of the total population over the decade.

- Working age people (16-64) have seen the largest decreases in numbers of around -2,300 (-7%), although there is wide variation amongst this age group. Younger adults (16-24) have mostly decreased, as have those aged 25-49, with the early to mid-40s showing the largest decreases of all age groups. People aged 50 and over have mostly increased in number. In 2010, Working ages made up around 65% of the overall population, by 2020, this proportion had dropped to 61%.

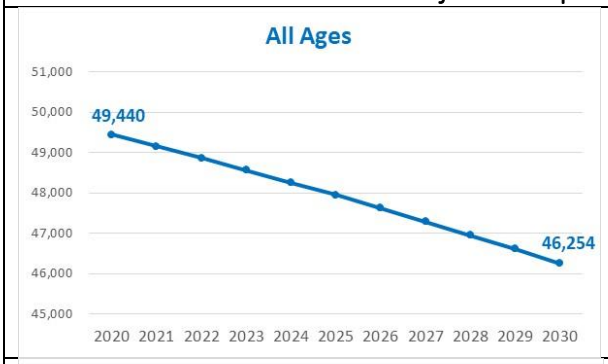
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 2,000 (23%) in the 10-year period, with those in their early to mid-70s showing the largest increases. In 2010, Older people made up around 17% of the total population. By 2020, this proportion had grown to 21%.

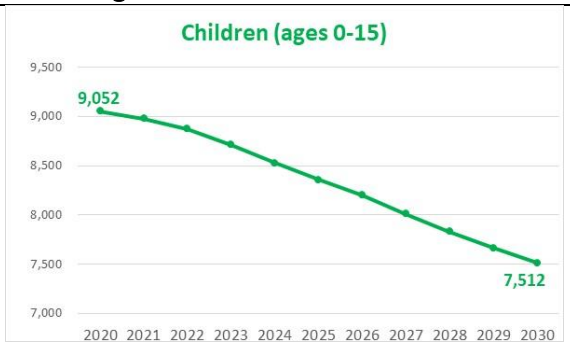
Housing Impact

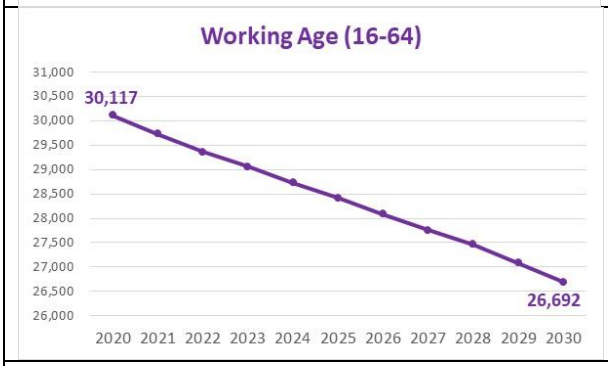
There are four large-scale strategic housing developments proposed within this area. Housing sites at Markinch (on site now), Thornton West (x2) and Bankhead are expected to provide around 1,620 new homes over 20 years which at current average household sizes would be expected to accommodate around 3,500 people.

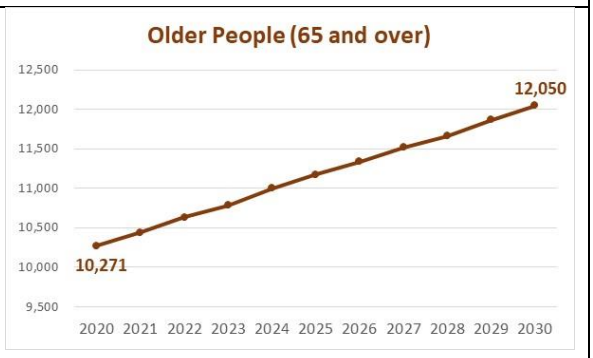
Glenrothes Area

Future Projected Population Change 2020-2030









- Overall population in Glenrothes Area is estimated to decrease from 49,500 in 2020 to 46,200 by 2030, a decrease of -3,200 people (-6%), with children and working age people accounting for the largest decreases.

- Children (aged 0-15) will see their numbers fall by around -1,500 (-17%), with almost all age groups showing the decreases, with the largest reductions for those aged 7-13. In 2020, Children made up around 18% of the total population, by 2030 this is expected to reduce to 16%.

- Working age people (16-64) will see the largest decreases in numbers overall of around -3,400 (-12%), although not all people in this age group will see reductions. Some ages will see increases including - younger adults (18-22), and those in their early-40s. Those working age groups seeing the greatest reductions include - people in their mid-20s to mid-30s, and those from early-50s to 60. In 2020, Working ages made up around 61% of the overall population, but by 2030, this proportion is expected to fall to 58%.

- Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers rising 1,800 (17%) in the 10-year period, with those in their early to mid-80s showing the largest increases. In 2020, Older people made up around 21% of the total population. By 2030, this proportion will have grown to 26%.

Key Messages for Glenrothes Area

- Glenrothes is one of the few areas in Fife to see a decline in its population over the past decade, and for this trend to continue in future years, but at a significantly greater rate.

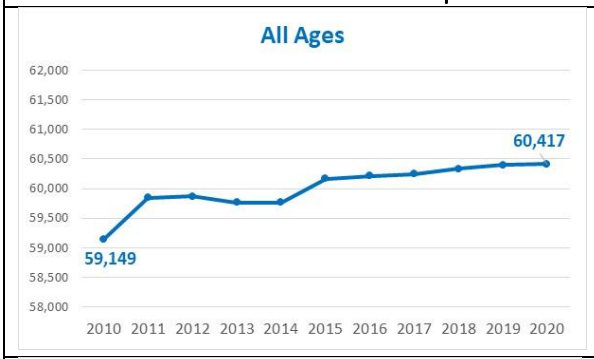
- While the number and proportion of children in Glenrothes have reduced slightly over the last 10 years, going forward, this number and proportion of children that make up the overall size of Glenrothes' population is set to reduce at a faster rate, which will have implications for the provision of many social, economic and health related services in the area

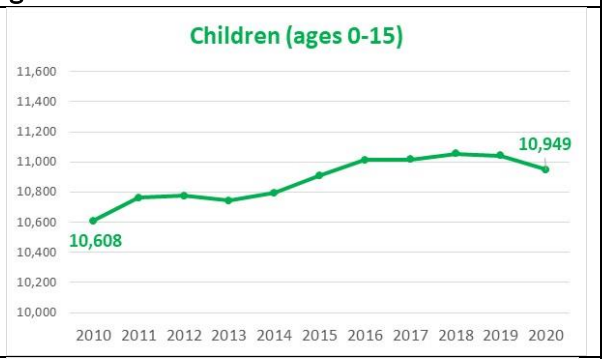
- Glenrothes Area has seen a decrease in its working age population over the last decade, and this is set to continue at a similar rate over the next decade or two. This means that the number and proportion of working ages that make up the area's overall population will continue to decrease.

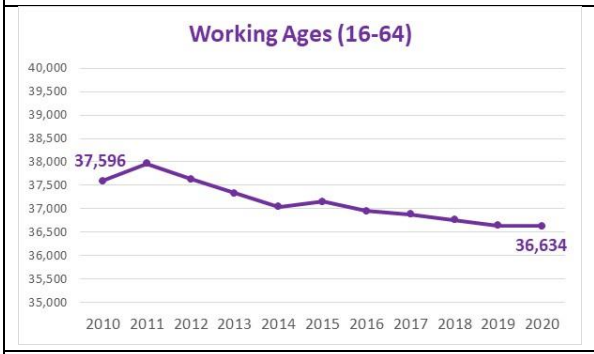
- Glenrothes has experienced continuing increases in older people in the last ten years, and this is set to continue going forward, although at a reduced rate of growth in numbers. This will however, mean that the older people age group will increasingly make up a larger proportion of the area's overall population.

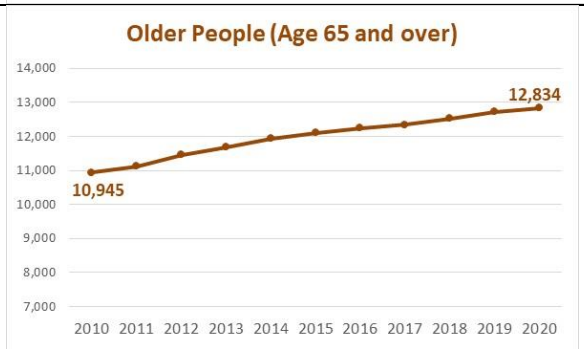
Kirkcaldy Area

Past Population Change from 2010-2020









- Overall population in Kirkcaldy Area has increased from 59,100 in 2010 to 60,500 by 2020, an increase of around 1,300 people (2%), although not all age groups have seen increases, with working age people experiencing decreases.

- Children (aged 0-15) have seen their numbers increase by around 350 (3%), with the youngest age groups – primary school age children seeing the largest increases. Pre-school and secondary school numbers mostly decreased. Children have consistently made up around 18% of the total population over the decade.

- Working age people (16-64) have seen the largest decreases in numbers of around -1,000 (-3%), although there is wide variation amongst this age group. Younger adults (16-30) have mostly decreased, as have those aged 35-49, with the mid-40s showing the largest decreases of all age groups. People aged early-30s have mostly increased in number, as have people aged 50 and older. In 2010, Working ages made up around 64% of the overall population, but by 2020, this proportion had dropped to 61%.

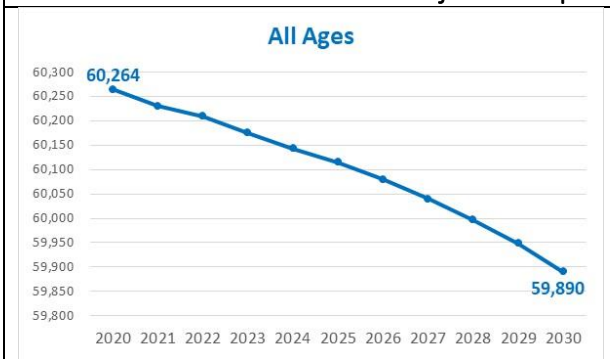
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 1,900 (17%) in the 10-year period, with those in their early to mid-70s showing the largest increases. In 2010, Older people made up around 18% of the total population. By 2020, this proportion had grown to 21%.

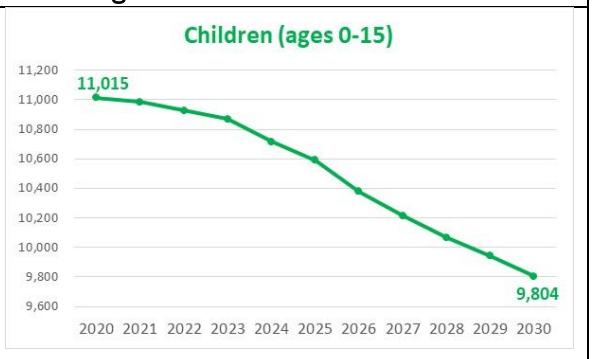
Housing Impact

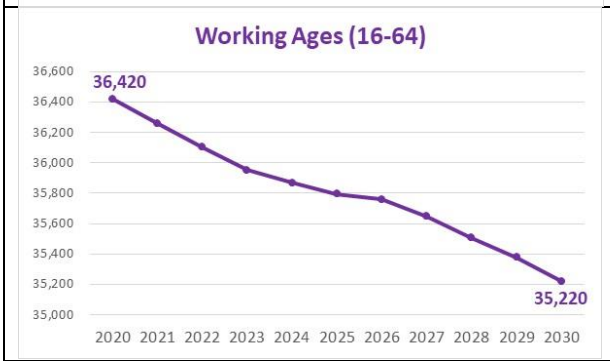
There are two large-scale strategic housing developments proposed within this area. Housing sites in Kirkcaldy at Kingslaw (on site now) and Invertiel are expected to provide around 2,070 new homes over 20 years which at current average household sizes would be expected to accommodate around 4,500 people.

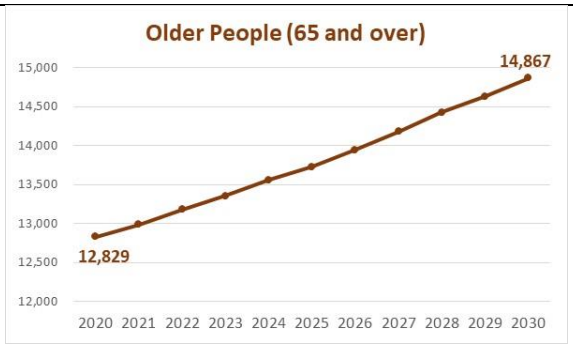
Kirkcaldy Area

Future Projected Population Change 2020-2030









- Overall population in Kirkcaldy Area is estimated to decrease slightly from 60,200 in 2020 to just under 59,900 by 2030, a decrease of just under -400 people (-0.5%), with children and working age people making up the bulk of the decreases.

- Children (aged 0-15) will see their numbers fall by around -1,200 (-11%), with primary school ages seeing the largest reductions. In 2020, Children made up around 18% of the total population, but by 2030 this is expected to reduce to 16%.

- Working age people (16-64) will see the largest decreases in numbers overall of around -1,200 (-3%), although not all people in this age group will see reductions. The Working age groups that will see increases include - younger adults (16-20), those aged mid-30-40s, and those pre-retirement ages (60-64). Those working age groups seeing reductions include - people in their mid-20s to mid-30s, and those in their mid-40s to 60. In 2020, Working ages made up around 60% of the overall population, by 2030, this proportion is expected to fall to 59%.

- Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers rising by 2,000 (16%) in the 10-year period, with those in their early to mid-80s showing the largest increases. In 2020, Older people made up around 21% of the total population. By 2030, this proportion will have grown to 25%.

Key Messages for Kirkcaldy Area

- After several decades of gradual year-on-year increases in Kirkcaldy's overall population, this is estimated to decrease slightly over the next decade.

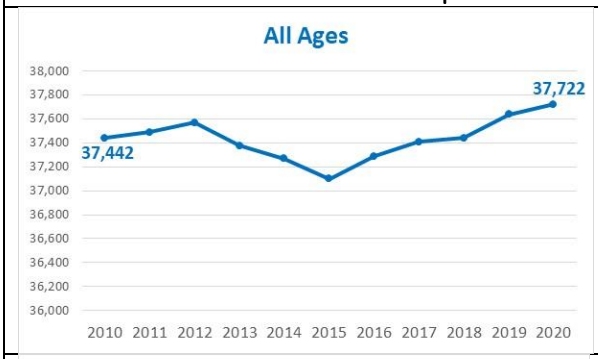
- While the number and proportion of children in Kirkcaldy have remained fairly constant over the last 10 years, going forward, this number and proportion of children is set to fall, which will have implications for the provision of many social, economic and health related services in the area

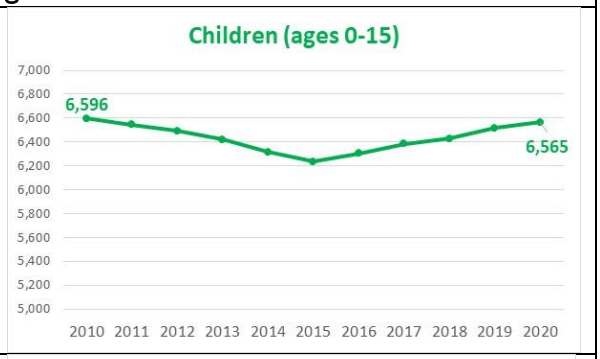
- Kirkcaldy Area's working age population has reduced in numbers over the last decade, and this is set to continue at a slightly increased rate. This will mean that the proportion of working age people that make up the area's overall population will continue to fall.

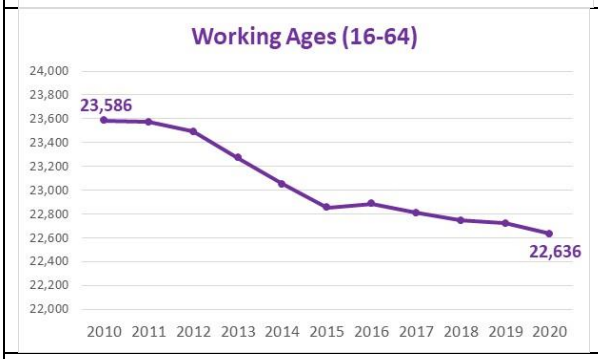
- Kirkcaldy has experienced continuing increases in older people in the last ten years, and this is set to continue going forward at a similar rate. This, however, will mean that the percentage of older people will continue to make up an increasing proportion of the area's overall population.

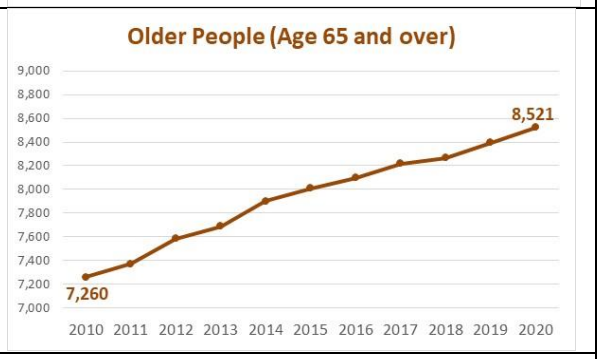
Levenmouth Area

Past Population Change from 2010-2020









- Overall population in Levenmouth Area has increased from 37,400 in 2010 to 37,700 by 2020, an increase of 300 people (0.7%), although only older age groups have seen increases.

- Children (aged 0-15) have seen their numbers remain fairly stable and only losing around -30 (-0.5%), with pre-school and secondary ages seeing the largest reductions, and primary ages mostly seeing modest increases. Children have consistently made up around 17% of the total population over the decade.

- Working age people (16-64) have seen the largest decreases in numbers of around -1,000 (-4%), although there is wide variation amongst this age group. Younger adults (16-24) have mostly decreased, as have those aged 35-49, with the mid-40s showing the largest decreases of all age groups. People aged 25-34 have mostly increased in number, as have people aged 50 and older. In 2010, Working ages made up around 63% of the overall population, by 2020, this proportion had dropped to 60%.

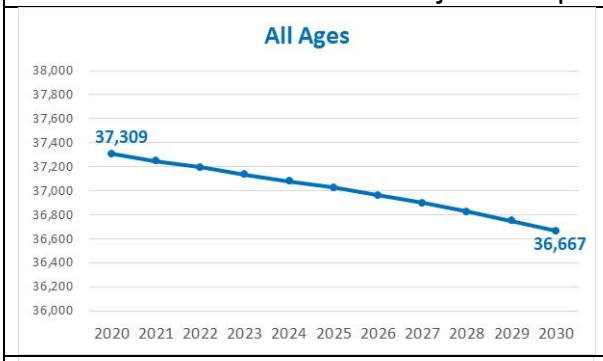
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 1,200 (17%) in the 10-year period, with those in their late 60s and early 70s showing the largest increases. In 2010, Older people made up around 19% of the total population. By 2020, this proportion had grown to 23%.

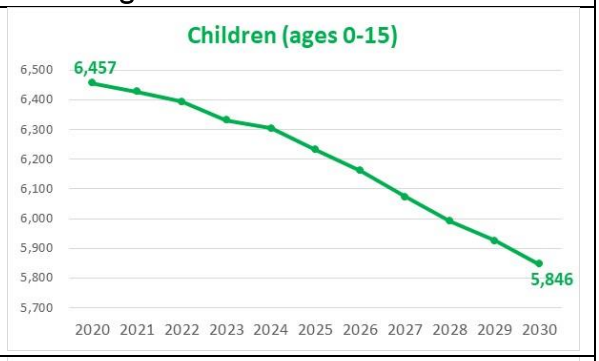
Housing Impact

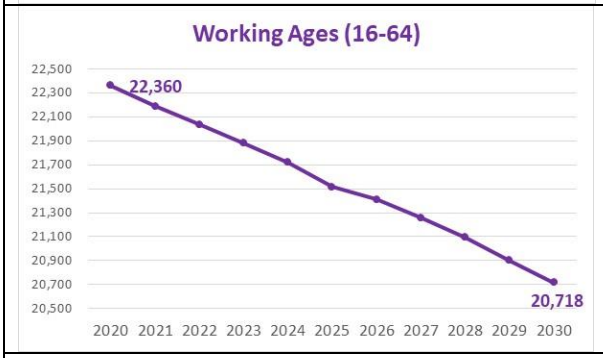
There is one large-scale strategic housing development proposed within this area. One housing site in the Methil / Buckhaven area is expected to provide around 1,600 new homes over 20 years which at current average household sizes would be expected to accommodate around 3,600 people.

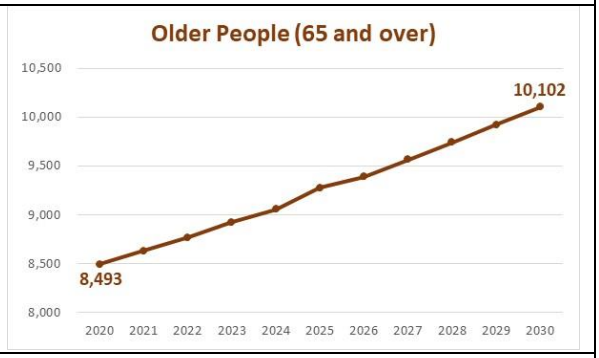
Levenmouth Area

Future Projected Population Change 2020-2030









- Overall population in Levenmouth is estimated to decrease from 37,300 in 2020 to just under 36,700 by 2030, a decrease of -650 people (-2%), with children and working age seeing the bulk of the decreases.

- Children (aged 0-15) will see their numbers fall by around -600 (-10%), with primary school age children showing the largest reductions. In 2020, Children made up around 17% of the total population, by 2030 this is expected to reduce to 16%.

- Working age people (16-64) will see the largest decreases in numbers overall of around -1,600 (-7%), although not all people in this age group will see reductions. The Working age groups that will see increases include - younger adults (16-20), those aged mid-30-40s. Those working age groups seeing reductions include - people aged 21 to early 30s, and the most decreases for those in their mid-40s to 60. In 2020, Working ages made up around 60% of the overall population, by 2030, this proportion is expected to fall to 57%.

- Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers rising by 1,600 (19%) in the 10-year period, with those in their late 60s and those aged 80-90 showing the largest increases. In 2020, Older people made up around 23% of the total population. By 2030, this proportion will have grown to 28%.

Key Messages for Levenmouth Area

- Levenmouth has seen a slight growth in its population over the last decade, although in future years its population is estimated to decline.

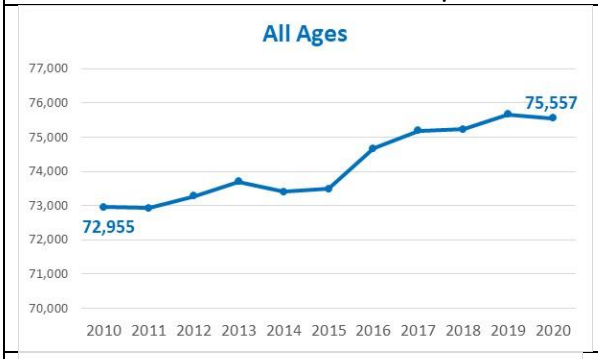
- While the number and proportion of children in Levenmouth has remained fairly constant over the last 10 years, going forward, the number and proportion of children that make up the overall size of Fife's population is set to fall, which will have implications for the provision of many social, economic and health related services in the area

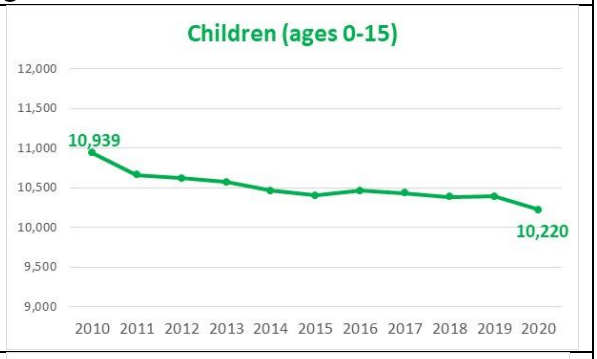
- Levenmouth Area has seen its working age population reduce over the last decade and this is set to continue at a slightly faster rate over the next decade or two, with a reduction of both the number and proportion of working ages that make up the area's overall population.

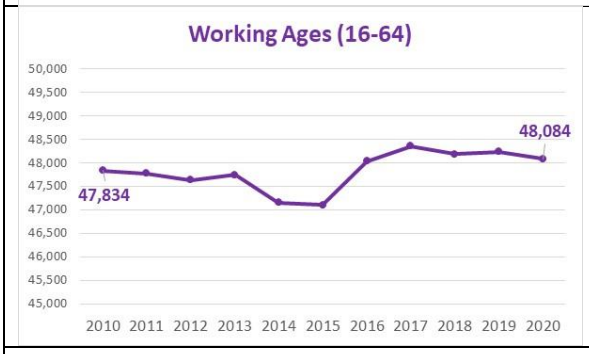
- Levenmouth has experienced continuing increases in older people in the last ten years, and this is set to continue going forward, although at an increased rate of growth in numbers. This will mean that the percentage of older people will make up an ever increasing proportion of the area's overall population.

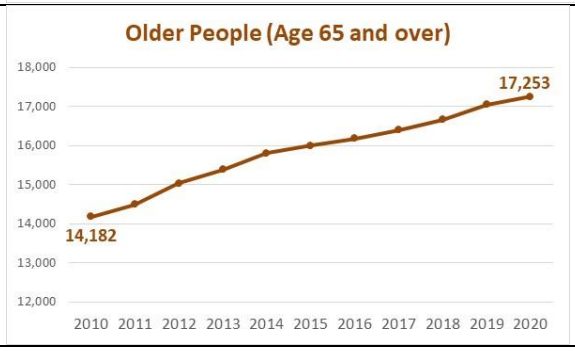
North East Fife Area

Past Population Change from 2010-2020









- Overall population in North East Fife has increased from 73,000 in 2010 to 75,500 by 2020, an increase of 2,500 people (3.6%), with working ages and older people making up the bulk of the increases.

- Children (aged 0-15) have seen their numbers fall by around -700 (-7%), with the youngest age groups - pre-school age children and secondary school ages seeing the largest reductions. Primary school aged children have seen their numbers increase. Children in 2010 made up around 15% of the area's population, by 2020 this had reduced to 13%.

- Working age people (16-64) have seen a modest increase of around 250 (0.5%), although there is wide variation amongst this age group. Younger working age adults (16-34) have mostly increased, as have those aged 50 and over. Those aged 35-50, have decreased in numbers, with those in their 40s showing the largest decreases of all age groups. In 2010, Working ages made up around 66% of the overall population, by 2020, this proportion had dropped to 64%.

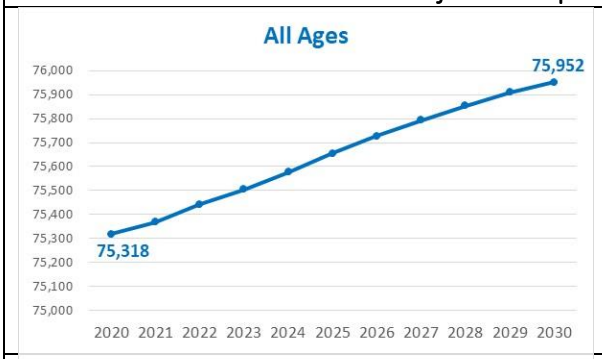
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 3,000 (22%) in the 10-year period, with those in their 70s showing the largest increases. In 2010, Older people made up around 19% of the total population. By 2020, this proportion had grown to 23%.

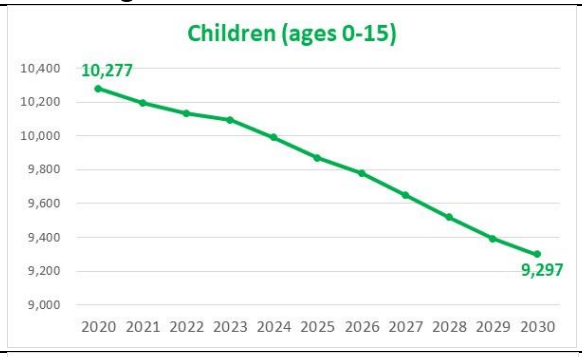
Housing Impact

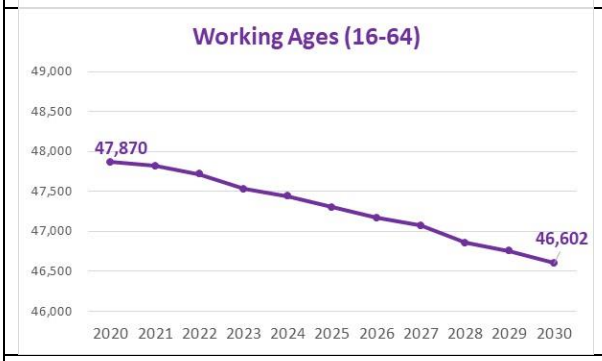
There are three large-scale strategic housing developments proposed within this area. Housing sites at Cupar, St Andrews and Craigtoun are expected to provide around 2,750 new homes over 20 years which at current average household sizes would be expected to accommodate around 6,000 people.

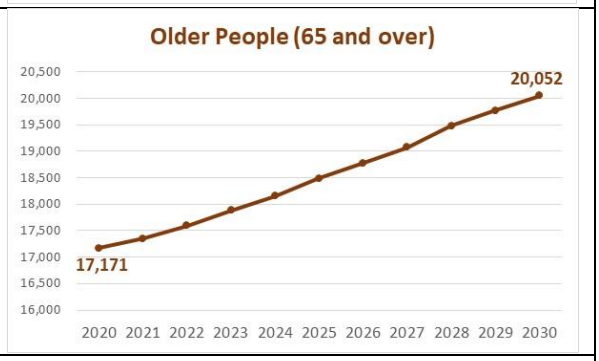
North East Fife Area

Future Projected Population Change 2020-2030









- Overall population in North East Fife is estimated to increase from 75,500 in 2020 to just under 76,000 by 2030, an increase of around 600 people (1%), although only older people will see these increases in numbers.

- Children (aged 0-15) will see their numbers fall by around -1,000 (-10%), with almost all ages decreasing in number and primary school ages showing the largest decreases. In 2020, children made up around 13% of the total population in the area, by 2030 this is expected to reduce to 12%.

- Working age people (16-64) will see the largest decreases in numbers overall of around -1,200 (-3%), although not all people in this age group will see reductions. The Working age groups that will see increases include - younger adults (16-20), those aged 30-50, and those pre-retirement ages (61-64). Those working age groups seeing reductions include - people aged 21 to early 30s, and those in their mid-40s to 60. In 2020, Working ages made up around 64% of the overall population, by 2030, this proportion is expected to fall to 61%.

- Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers expected to rise by 2,800 (17%) in the 10-year period, with those in their late 60s and particularly those in their 80s showing the largest increases. In 2020, Older people made up around 23% of the total population. By 2030, this proportion will have grown to 26%.

Key Messages for North East Fife Area

- After several decades of year-on-year increases in North East Fife's population, its future overall population is estimated to continue to increase, but at reduced rate and will only result in a very small increase in population.

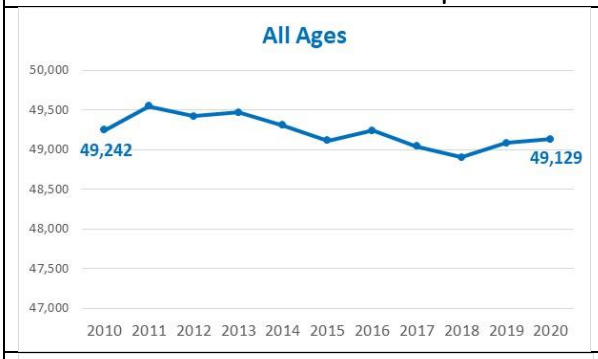
- The number and proportion of children in North East Fife have reduced slightly over the last 10 years, and going forward, this is estimated to continue to fall at a similar rate over the next decade. This will have implications for the provision of many social, economic and health related services in the area.

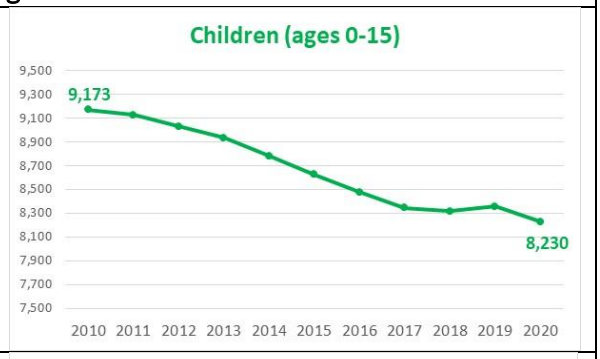
- North East Fife is one of only a few areas in Fife to see a slight increase in its working age population over the last decade. This, however, is estimated to reverse over the next decade, with a gradual reduction of both the number and proportion of working ages that make up the area's overall population.

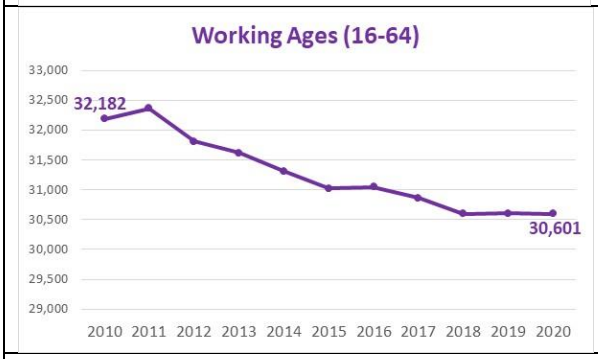
- North East Fife has seen continuing increases in older people in the last ten years, and this is set to continue going forward, although at a reduced rate of growth in numbers. This will mean that older people will make up an increasing proportion of the area's overall population.

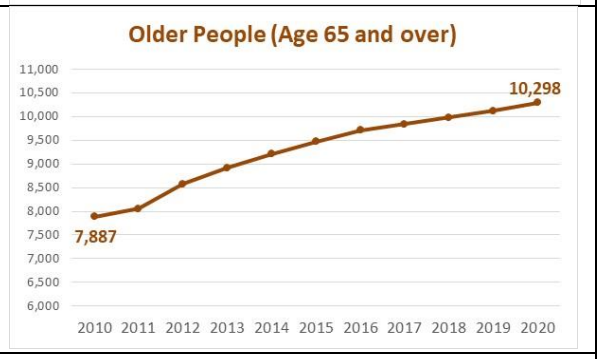
South and West Fife Area

Past Population Change from 2010-2020









- Overall population in South and West Fife has slightly decreased from 49,200 in 2010 to 49,100 by 2020, a decrease of 100 people (-0.2%), with children and working ages both showing decreases.

- Children (aged 0-15) have seen their numbers fall by just under -1,000 (-10%), with the pre-school age children and secondary school children seeing the largest reductions. Children in 2010 made up 19% of the total population for the area. By 2020, this proportion had dropped to 17%.

- Working age people (16-64) have seen the largest decreases in numbers of around -1,600 (-5%), although there is wide variation amongst this age group. Younger adults (16-20) have mostly decreased, as have those aged 35-49, with the mid-40s showing the largest decreases of all age groups. People aged 25-34 have mostly increased in number, as have people aged 50 and older. In 2010, Working ages made up around 65% of the overall population, by 2020, this proportion had dropped to 62%.

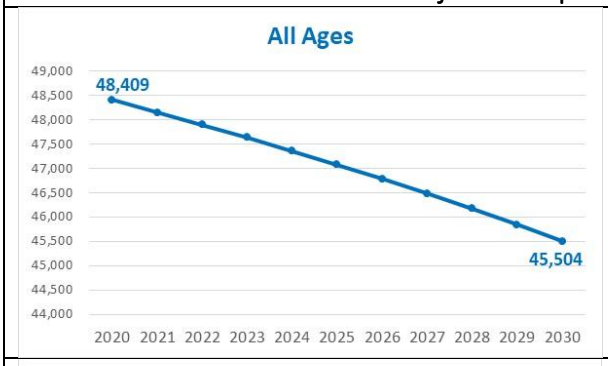
- Older people (aged 65 and over) have seen the largest increase of all the age groups, with numbers rising by nearly 2,500 (31%) in the 10-year period, with those in their early to mid-70s showing the largest increases. In 2010, Older people made up around 16% of the total population. By 2020, this proportion had grown to 21%.

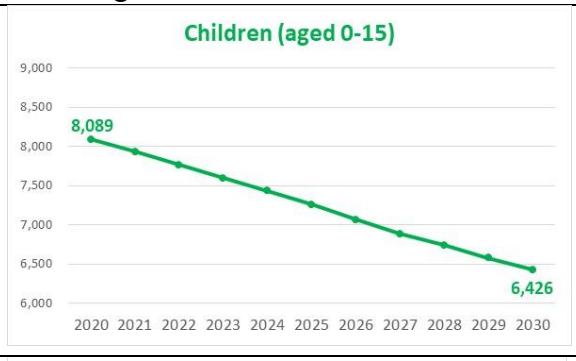
Housing Impact

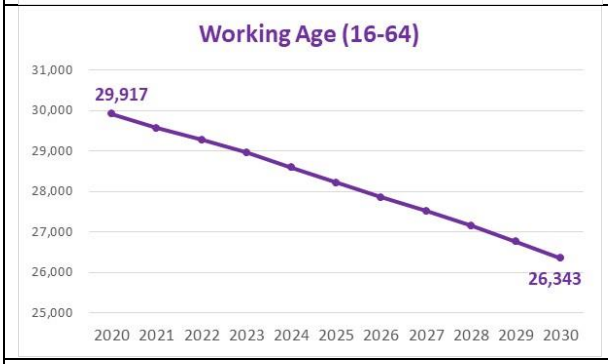
There are no large-scale strategic housing developments proposed within this area.

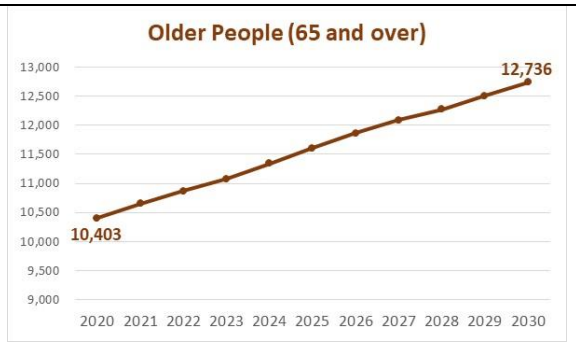
South and West Fife Area

Future Projected Population Change 2020-2030









- Overall population in South and West Fife is estimated to decrease from 48,500 in 2020 to 45,500 by 2030, a decrease of -3,000 people (-6%), although only children and working age people will see decreases.

- Children (aged 0-15) will see their numbers fall by around -1,600 (-21%), with all age groups seeing a decrease, and primary school age children showing the largest reductions. In 2020, Children made up around 17% of the total population, by 2030 this is expected to reduce to 14%.

- Working age people (16-64) will see the largest decreases in numbers overall of around -3,500 (-12%), although not all people in this age group will see reductions. One age group, those aged mid-30s-mid-40s, will see moderate increases in numbers. The remaining working age groups will all see reductions, with those in their early to mid-50s showing the largest decreases. In 2020, Working ages made up around 62% of the overall population, by 2030, this proportion is expected to fall to 58%.

- Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers rising by 2,300 (22%) in the 10-year period. Those aged 80 and over, will see the largest increases. In 2020, older people made up around 21% of the total population. By 2030, this proportion will have grown to 28%.

Key Messages for South and West Fife Area

- South and West Fife has seen a very slight increase in its overall population over the last decade, however, going forward, its future population is estimated to decrease.

- The number and proportion of children in South and West Fife have decreased over the last 10 years, and going forward, this is estimated to decrease at a faster rate, which will have implications for the provision of many social, economic and health related services in the area

- South and West Fife Area has seen its working age population decrease over the last decade, and this is expected to continue to fall at an accelerated rate over the next ten years, further reducing the proportion of working ages that make up the area's overall population.

- South and West Fife has experienced continued increases in older people in the last ten years, and this is set to continue going forward, although at a slightly reduced rate. This, however, will mean that older people will make up an increasing proportion of the area's overall population.

Health inequalities/Health determinants

The strongest influences on people's health are the social, economic, environmental and commercial conditions surrounding people's lives – the "wider determinants of health". For this reason, a significant difference is seen between most and least deprived communities.

Fife now has 97 datazones in 20% most deprived for Scotland (Scottish Index of Multiple Deprivation, 2020). Increases are in the Levenmouth and Dunfermline areas. Fife's most deprived areas continue to be concentrated in Mid Fife, across the Levenmouth, Kirkcaldy, Cowdenbeath and Glenrothes areas. Fife's deprived areas are becoming more deprived, with increasing concentrations of deprivation in 5% and 10% from 15% and 20% most deprived.

'Deprived' does not mean just 'poor' or 'low income'. It can also mean people have fewer resources and opportunities. With most domains Fife continues to see a relative worsening of its position over time. This is particularly apparent on the Health domain where there are now 13 more datazones in 20% most health deprived datazones, up from 73 in SIMD 2016.

Adults and Older People

Key health & wellbeing issues for the population of adults in Fife (generally aged 18 years plus but for some themes there may be a crossover with younger adults).

Life Expectancy

In Fife in 2018-2020, life expectancy at birth was 77.15 years for males and 81.41 years for females (76.8 and 81.0 for Scotland). This is a decrease of around 7.8 weeks (0.15 years) for males and an increase of 13.5 weeks (0.26 years) for females since last year's estimates.

Life expectancy in Scotland has increased since the early 1980s but then remained virtually unchanged, stalling between 2012-2014 and 2017-2019. In the most recent year, it has now dropped below the 2012-2014 figure, reflecting unprecedented changes in life expectancy trends declining levels among more deprived populations have been observed across the UK since the early 2010s, largely attributed to UK Government 'austerity' policies.

COVID-19 deaths accounted for the vast majority of the decline in life expectancy for both males and females. Drug-related deaths also had a negative impact on life expectancy for males.

NRS Healthy life expectancy accessed June 2022

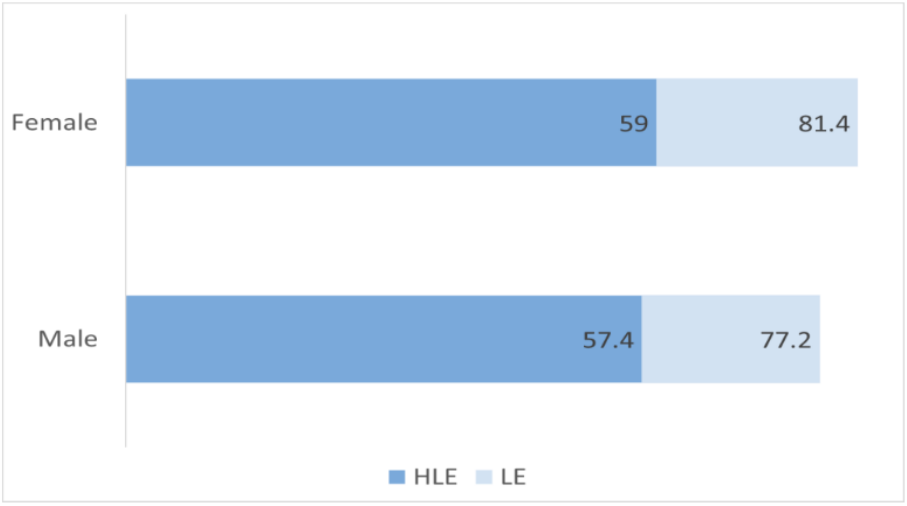


Figure 2 – Life and Healthy Life Expectancy in Fife, 2018-2020 (Source: National Records of Scotland)

Healthy Life Expectancy

With a life expectancy of 81.4 years, women in Fife are estimated to live 59 years in relatively good health. Men are expected to have shorter life expectancy (77.2 years) and marginally lower healthy life expectancy (57.4 years).

The difference in life expectancy between the 20% most and least deprived areas in Fife was 10 years for males, and 8 years for females (2016-2020). Healthy life expectancy is also linked to deprivation. People in more deprived areas can expect to live shorter lives and spend fewer years in good health.

While Healthy Life Expectancy increased markedly between 1995 and early 2010s, it then declined by approximately 2 years between 2011 and 2019. People living in the 20% most deprived areas have seen a greater decline (of around 3.5 years) which has been driven by welfare reform changes since 20102.

Behavioural risk factors (Smoking, alcohol, drugs, diet and obesity)

Our own health behaviours play a significant role in health outcomes and the development of a range of both acute and chronic or long-term conditions.

Smoking is one of the leading causes of preventable illness and premature death. Smoking is not a lifestyle choice but rather a dependency requiring treatment, often the result of wider social drivers and is closely linked to socioeconomic status. Those living in our most disadvantaged communities are considerably more likely to smoke (27%) than those in our wealthiest areas (9%) – and they experience more harm from it (Public Health Scotland).

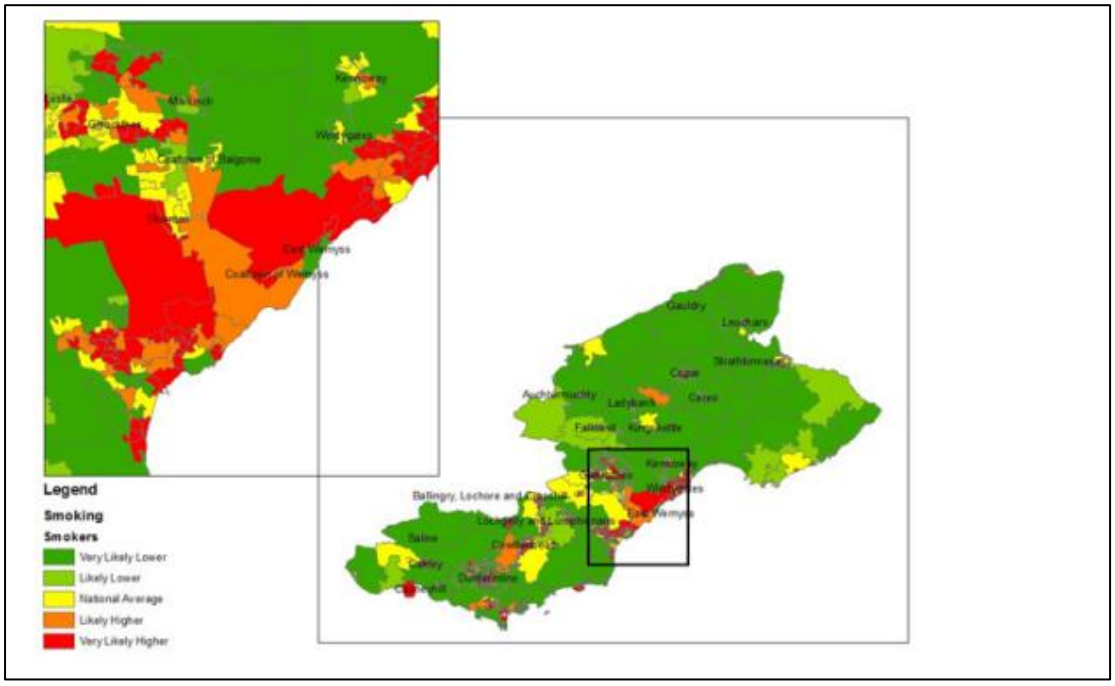


Figure 3 – Small area estimates of smoking prevalence (Scottish Survey Core Questions, Scottish Government, Experimental Data, 2016)

Fife's smoking rates have been variable but have shown an increase. In 2019 the smoking rate for over 16's was 19%, compared to 17.5% for Scotland. There is a pronounced association with socioeconomic position which means that smoking is a contributory factor to health inequalities. (ScotPHO)

Smoking attributable deaths have reduced and are now at their lowest level since 2012-13, with 342 deaths per 100,000, compared to 328 for Scotland.

[2] Walsh, Wyper and McCartney (2022) Trends in Healthy Life Expectancy in the age of austerity

Smoking in pregnancy is higher in Fife than the national average. The 3-year rolling average for those recorded as "current smoker" at first antenatal booking was 19.8% in Fife compared with 13.9% in Scotland and this shows that the gap is widening.

Our alcohol related alcohol admissions have reduced for 2020/21 and are now at a rate of 589 per 100,000, slightly lower than Scotland as a whole. Among young people (11-25 years) however, we now have a significantly higher rate of alcohol related hospital admissions than Scotland (Fife 3-year average 2016/17 to 2018/19 is 407.54 per 100,000, compared to Scotland rate of 269.97) and this gap continues to grow. *https://scotland.shinyapps.io/ScotPHO_profiles_tool/*

22% of adults in Fife admit to being a hazardous/harmful drinker.

Drug-related deaths are now at their lowest point since 2017, at a rate of 18.96 per 100,000 (65 deaths), significantly below the Scotland figure of 25.44. Male deaths are more than double that of females. The rate of drug-related hospital admissions continues to rise, with 278.64 per 100,000 and remains consistently higher than Scotland

In the years 2016-2019, 31% of the population of Fife was classed as obese, compared to 29% for Scotland. In addition, 68% of Fife's population was classed as overweight, compared to 65% for Scotland. (Scottish Health Survey)

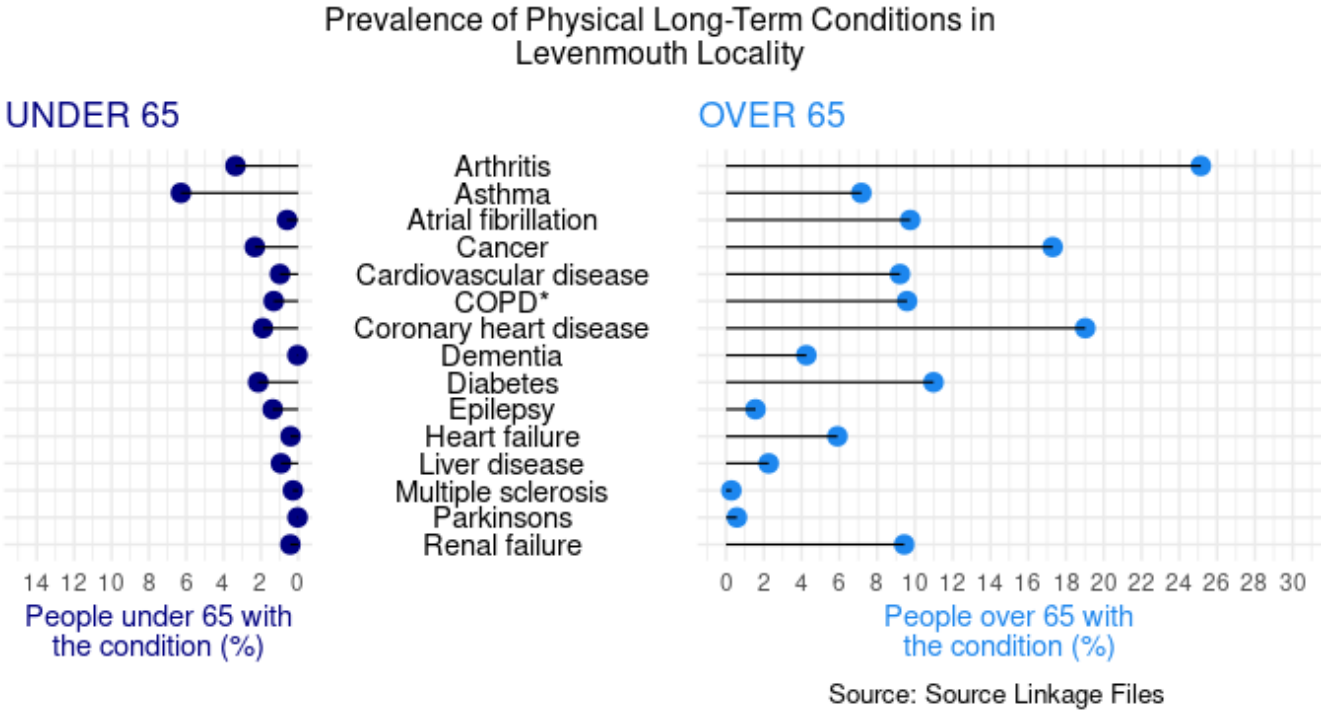
70% of adults felt that they are in good or very good health in the years 2016-19 with 9% admitting to being in bad/very bad health.

Future Consideration

Much of the variation in behavioural risk factors is attributable to socio-economic disadvantage and entrenched health inequalities.

Long term conditions

There are more of the population in Fife (23%) than Scotland (19%) living with a long-term condition. These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. Prevalence of conditions varies by age group.



*COPD: Chronic Obstructive Pulmonary Disease

Figure 4: Percentage people with each physical LTC, split by age group.

People are often living with more than one long-term conditions, with multimorbidity, the co-occurrence of two or more conditions, increasing in prevalence with age.

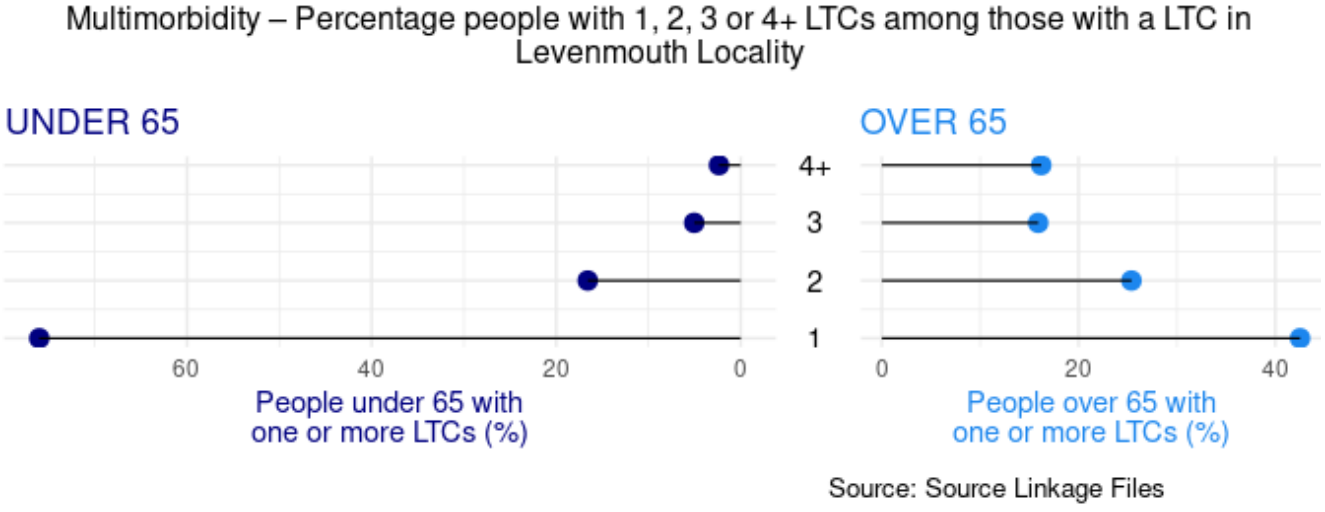


Figure 5: Multimorbidity in those who have physical long-term conditions by age group in 2019/20.

Burden of Disease

In 2019, Cancer and Cardiovascular diseases were the leading causes of disease burden in both Fife, and across Scotland. Mental health disorders and musculoskeletal disorders have the greatest burden in terms of years lost to ill health disability. More recently, COVID-19 has overtaken other causes to become one of the leading causes of both ill health and early death.

Burden of Disease by Cause and Local Authority (Disability Adjusted Life Years)

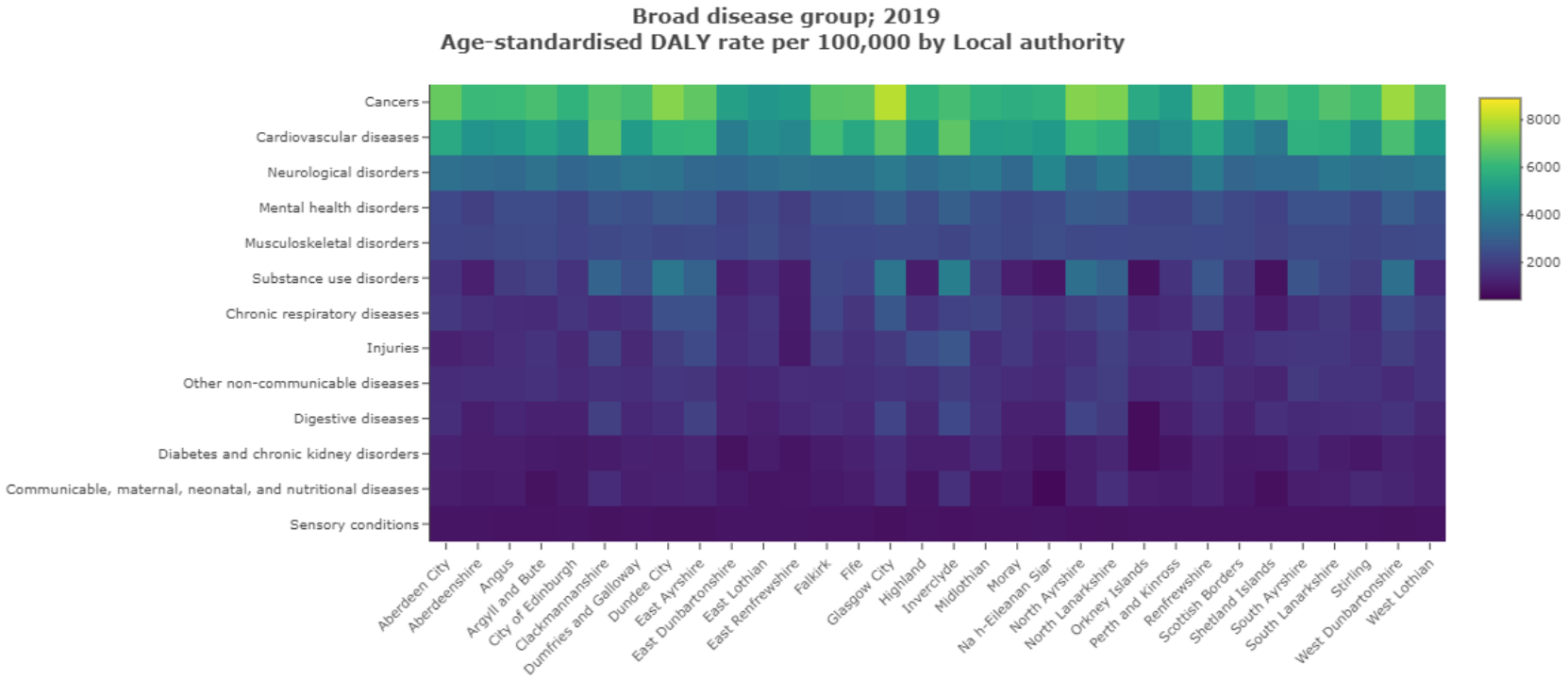


Figure 6 – Scottish Burden of Disease Heatmap – Burden of Disease (DALY), by Cause and Local Area, 2019 (Scottish Public Health Observatory)

Ill Health (Years Lost to Disability)

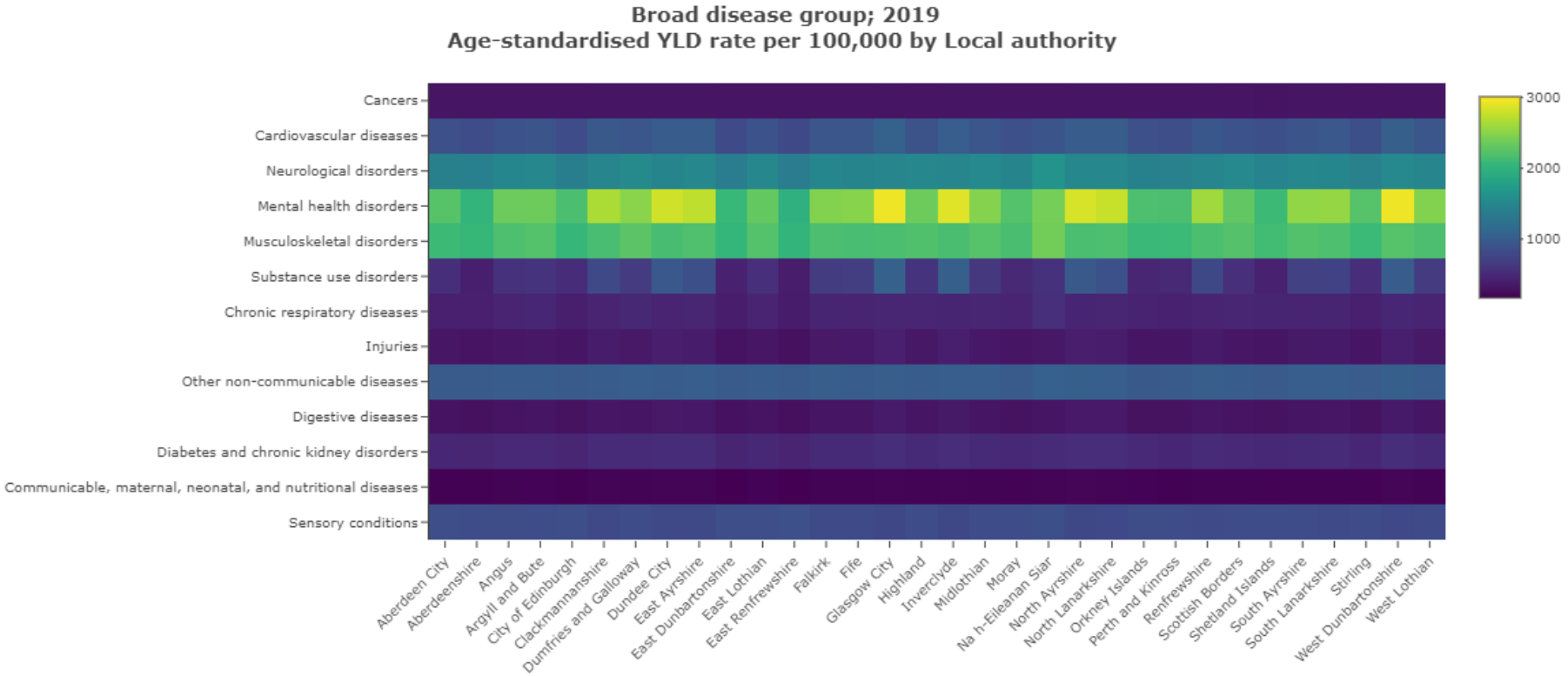


Figure 7 – Scottish Burden of Disease Heatmap - Ill Health (YLD) by Cause and Local Area, 2019 (Scottish Public Health Observatory)

Early Death (Years of Life Lost)

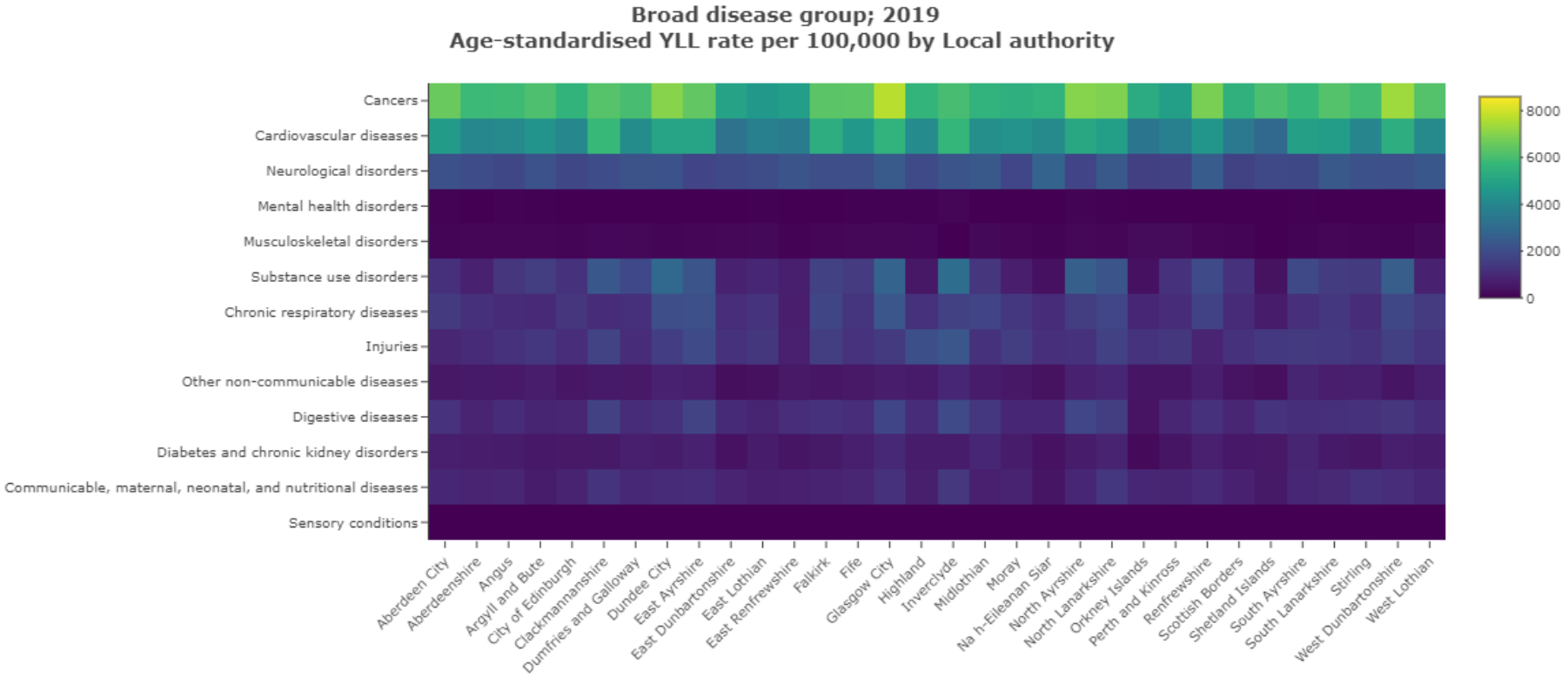


Figure 8 – Scottish Burden of Disease Heatmap - Early Death (YLL) by Cause and Local Area, 2019 (Scottish Public Health Observatory)

Ill health		Early death	
1	Low back and neck pain	1	Ischaemic heart disease
2	Depression	2	Lung cancer
3	Headache disorders	3	Alzheimer's disease and other dementias
4	Anxiety disorders	4	Cerebrovascular disease
5	Osteoarthritis	5	Other cancers
6	Diabetes mellitus	6	Drug use disorders
7	Cerebrovascular disease	7	Chronic obstructive pulmonary disease
8	Other musculoskeletal disorders	8	Colorectal cancer
9	Alcohol use disorders	9	Self-harm and interpersonal violence
10	Age-related and other hearing loss	10	Lower respiratory infections

Figure 9 – Top Ten Causes of Burden in Fife from ill-health and early death, 2019 (Source: Public Health Scotland)

Cancer

Cancer continues to be a leading cause of early death (Years of Life Lost = 6336 per 100,000).

In the 3-year rolling period between 2017-2019 there were 640.95 cancer registrations per 100,000 population, compared with the Scotland average of 643.58. This was a slight increase from the previous period 2016-2018, and also meant that the number of registrations is the highest it had been since 2013-2015.

Future Consideration

Those experiencing most health inequalities are often those less likely to participate in universal screening campaigns, such as the breast and bowel screening programmes.

The risk of developing cancer increases as a person gets older, and this, coupled with an increasing older adult population means that the number of cancer registrations is set to rise.

Age standardised = crude rates (simple count with no further adjustments)
2023-27 = 13,608 registrations (21% increase)
Using the European Standard Population estimates 2013, Cancer Incidence projections ISD

Coronary Heart Disease

Coronary Heart Disease (CHD) hospitalisations continue to fall and are now at their lowest level since 2002-03. This mirrors the national trend. In the 3-year period 2018/19 - 2020/21 there were 331 hospitalisations per 100,000 population compared to 355 for Scotland.

CHD incidences (new cases per year) in Fife have also fallen and are comparable with Scotland – 321 per 100,000 incidences compared with 325 for Scotland. However, whilst the rate at which new cases of coronary heart disease occur (the incidence) has fallen by 22% over the last decade in Scotland, in Fife it has largely remained the same (1235 cases in 2011 compared with 1238 cases in 2022). ***Age standardised incidence rates (ESP2013) - PHS Scottish Heart disease statistics 25/1/2022***

Future Consideration

Coronary Heart Disease remains a leading cause of death (Years of Life Lost: 4,388 per 100,000) and a major public health problem in Scotland, however it is largely preventable. The prevalence of CHD has been on a gradual downward trend (from 3.99 per 100 people in 2016/17 to 3.88 in 2018/19).

Chronic Obstructive Pulmonary Disease

Chronic respiratory disease is associated with both ill health and early death. In 2018/19, around 10,000 people in Fife were living with Chronic Obstructive Pulmonary Disease (COPD), increasing from 9,023 on 2016/17. Fife ranked 13th highest out of the 31 HSCPs for COPD prevalence (2.66 per 100 population) and while the rate of increase has slowed, it remained at a higher rate than the Scotland average (2.46).

The number of incidences (new cases) however, have fallen significantly in the rolling 3-year period 2018/19 to 2020/21, and are now at their lowest level (139 per 100,000), mirroring the trend for Scotland.

Future Consideration

People affected by poverty and social disadvantage have poorer health outcomes than their neighbours with more resources. COPD prevalence data indicates there are a higher number of people living with COPD in areas where people are more likely to experience disadvantage.

Diabetes and Obesity

Diabetes is a common life-long health condition. One in 20 people in Scotland have diabetes - the majority (88.2%) have type 2 diabetes and nearly 11% have type 1 diabetes (Scottish Government, 2014). It is thought that a further 49,000 people have undiagnosed type 2 diabetes (ScotPHO) and Diabetes UK estimates that at least 620,000 people in Scotland are at high risk of developing type 2 diabetes.

Group	DALY	YLL	YLD
Cardiovascular diseases	5311	4388	923
Diabetes and chronic kidney disorders	1191	692	499
Digestive diseases	1396	1080	316

Table 1 – Disability Adjusted Life Years, Years of Life Lost, and Years Lost to Disability for key conditions

Future Consideration

Type 2 diabetes is two and a half times higher in our most impoverished communities than in the most affluent areas. Weight management support and intervention, and Interventions that reduce poverty or the impact of poverty on individuals and families could have positive impact on health and disease, including type 2 diabetes.

Physical and Learning disabilities

Disability is difficult to define and, therefore, the prevalence of disability is difficult to measure; however, it is critical to do both for reasons of policy, service provision and planning.

It is important to understand the different definitions, and perceptions, of disability. 'Individual' definitions focus on the person and their impairment and functioning, whereas 'social' definitions emphasise the restrictions imposed upon the person by their social and physical environment.

In the 2011 Census, 10% (34,829 people) of Fife's population reported that they had a long-term health condition or disability, where daily activities are limited a lot.

In 2019, it was estimated that 26% of adults (aged 16 years and over) in Scotland had a limiting long-term physical or mental health condition or illness, while 8% of adults self-rated their health as 'bad' or 'very bad'. In 2016, 5.78% of adults in Fife were claiming incapacity benefit/severe disability allowance (ScotPHO)

The proportion of adults rating their health as 'bad' or 'very bad', or reporting a limiting long-term health condition or illness, increases as area deprivation increases.

Around 2.5% (9,200) of the population reported having a learning disability or learning / developmental difficulty, with 26.3% of people with a learning disability living in the most deprived SIMD quintile.

Future Consideration

There is no straightforward method to project future numbers of those with physical or learning disabilities. The Census is the only source where these conditions are reported at a relatively detailed level and is now 11 years out of date.

A relatively simple method is to use percentages from 2011 and then apply them to the population figures for now, and to make the assumption that the same levels of disabilities exist now as in 2011. The problem with this approach would be that healthy life expectancy has been going down in Scotland and Fife over the last few years, so the levels of disability, particularly physical disabilities, might be worse now than in 2011.

Carers

Scotland's Census 2011 reported that in Fife there are 34,828 unpaid carers. This is around 9.5% of the population and we know there are a considerable number of 'hidden' carers who do not define themselves as such. Almost half of all carers in Fife spend over 20 hours a week providing care on an unpaid basis. *Scotland's Census 2011; the percentage of the population who provide unpaid care expressed as a % of the total population.*

Future Consideration

With our ageing population, it's likely that more people will become unpaid carers. There will be a demand from carers for services that help them plan for the long-term future. The Coronavirus crisis has shown us all how quickly things can change and that unpaid carers need plans in place for when they are less able or unable to care ***(Carers Trust July 2020)***.

Caring comes with additional costs that can significantly impact their financial situation. Carers already have lower financial resilience as caring is often unpredictable and can be difficult to plan for financially ***(Carers UK: March 2022)***

Neurological disorders (including Dementia)

Neurological disorders are a leading cause of both ill health and disability or early death.

In 2020, Dementia and Alzheimer's disease was the leading cause of death for females in Fife with 12.8% of all female deaths. This was also the leading cause of death in females in Scotland overall with 14.2%. source: NRS area profile: deaths

Dementia and Alzheimer's disease deaths are affected by a change in cause of death coding software at the beginning of 2017.

Using estimates of the prevalence of dementia in studies published by Alzheimer's Scotland and the Alzheimer's Society, along with mid-year population estimates (2020) and population projections published by National Records of Scotland (NRS), it is possible to produce estimates for Fife for the number of people who are expected to have dementia.

It is estimated that there are 7,249 people diagnosed with Dementia in Fife. (3,087 in 2018/19: disease prevalence register).

Age	Male	Prev rate	Number	Female	Prev rate	Number	Total
30-34	10,410	0.009	1	11,460	0.010	1	2
35-39	10,532	0.006	1	11,380	0.009	1	2
40-44	10,444	0.008	1	11,114	0.020	2	3
45-49	11,698	0.032	4	12,443	0.027	3	7
50-54	13,380	0.063	8	14,152	0.055	8	16
55-59	13,253	0.180	24	14,270	0.097	14	38
60-64	12,225	0.600	73	12,898	0.900	116	189
65-69	10,410	1.600	167	11,342	1.400	160	327
70-74	10,382	3.500	363	11,431	3.800	434	797
75-79	6,929	7.400	513	8,143	7.600	619	1,132
80-84	4,457	15.700	700	5,930	16.400	973	1,673
85-89	2,317	26.200	607	3,583	28.500	1,021	1,628
90+	1,033	41.861	432	2,212	45.330	1,003	1,435
			2,894			4,355	7,249

Table 2 – People diagnosed with Dementia in Fife

Future Consideration

Between 2020 and 2030, the population is expected to decrease by 1% (3,000 people), although only children and working age people will see decreases. Older people (aged 65 and over) will continue to see the largest increases of all the age groups, with numbers rising again by 15,000 (20%) in the 10-year period.

Using the same prevalence rates the projected number of older people expected to have dementia in 2030 is 8390. (This can be broken down into age bands)

No consideration has been made for the effect of COVID-19 on these estimates and projections, however, this will become apparent in future updates to NRS estimates and projections.

Mental Health & Wellbeing

Mental health disorders are a leading cause of ill health, disability and early death. Mental health problems are influenced from an early age by social environment. Half of all lifetime mental health problems start by the mid-teens and three-quarters by the mid-twenties. Adversity and multiple disadvantage in childhood, as well as abuse and neglect, poor parenting and parental mental health problems are some of the factors associated with an increased risk of mental health problems in both childhood and adulthood. *https://www.scotpho.org.uk/media/1685/efa-mental-health-and-wellbeing-short-evidence-briefing-20180905.pdf*

The mental wellbeing scores (based on the mean score on the Warwick-Edinburgh Mental Well-being scale) in Fife for females, (49.3) and males, (50.7) are comparable with Scotland. ***(Scottish Health Survey 2016-2019).***

The estimated percentage of the population being prescribed drugs for anxiety, depression or psychosis in Fife is higher than in Scotland (20.35% in 2020/21 compared with 19.29) and is increasing, whereas Scotland has remained static at 19.29% between 2018/19 and 2020/21.

Between 2016 and 2020, there were 249 suicides in Fife (14.14 per 100,000), on a par with the Scottish rate of 14.07 per 100,000). 189 were male (21.83 per 100,000, above Scotland rate of 20.88), and 60 were female (6.45 per 100,000, below Scotland rate of 7.26). 29 were young people between the ages of 11 and 25 years olds (8.91 per 100,000, below Scotland rate of 10.8).

Between 2011-2019, an average of 60% of the cohort had a mental health drug prescription in the period before suicide; 50% had hospital contact and 46% had community contact (e.g. NHS24, GP out of hours). ***Scottish suicide information database: Public Health Scotland***

Future Consideration

Scotland wide statistics demonstrate that women and those living in deprived communities are significantly more likely to have been identified as having a mental health problem. Psychiatric hospital admissions from deprived areas (364.7 per 100,000) are more than three times higher than from least deprived areas (107.9 per 100,000), and more than 50% higher than Fife as a whole (227.5 per 100,000), highlighting the link to socioeconomic health inequalities.

The Mental Health Foundation's landmark Mental Health in the Pandemic study show that one year on, the crisis has had wide and deep emotional impacts on Scottish adults.

The overall picture of the impact of Coronavirus on mental health is mixed. Whilst research reveals falling levels of anxiety, feelings of loneliness has become much more common. The extent of hopelessness has also risen among Scottish adults. Of those surveyed in March 2020, 15 per cent said they had felt hopeless because of the pandemic over the previous two weeks, rising to 20 per cent in February 2021.

The Study also shows that suicidality has become more common over the year. In April 2020 when the Study first asked the question, 10 per cent of Scottish adults said they had had thoughts or feelings about suicide within the previous two weeks. In February 2021, 13 per cent of people said this.

"It is not yet clear whether the pandemic will affect suicide rates. We do know that suicide is preventable, if we take action now. It is also important to remember that most people who have suicidal thoughts and feelings do not go on to attempt or complete suicide. Nevertheless, the Study clearly reveals that a considerable portion of the population has been living in hopeless circumstances for a whole year". (mentalhealth.org.uk)

Children's Community Health Services

Context

According to the latest population figures available (for year 2020, National Records of Scotland), Fife's child population (ages 0-15) has remained fairly stable over the last decade, hovering just above 64,000 children, with a slight reduction overall of 400 children (-0.6% reduction). During this time, child population numbers showed a downward trend from 2010-2015, then an upward trend from 2015 to 2019, and then another decline through to 2020. Not all child age groups have seen this pattern of change. Pre-school age children (ages 0-4) have seen the largest decreases, while secondary ages (12-15) have seen more modest reductions. In contrast, primary school ages (5-11) have experienced increases over this time period. Throughout the ten years, child numbers have made up around 17% of Fife's overall population.

Expected Child Population Change

Using the latest population projection figures available, Fife's child population is estimated to reduce considerably over the next 10 years and beyond. Unlike in the previous 10 years, which saw a modest reduction of 400 children (-0.6%), the next ten years will see much larger reductions of around 7,300 fewer children (-11%). The proportion of children that make up the Fife population will also drop from 17% in 2020 to 15% in 2030.

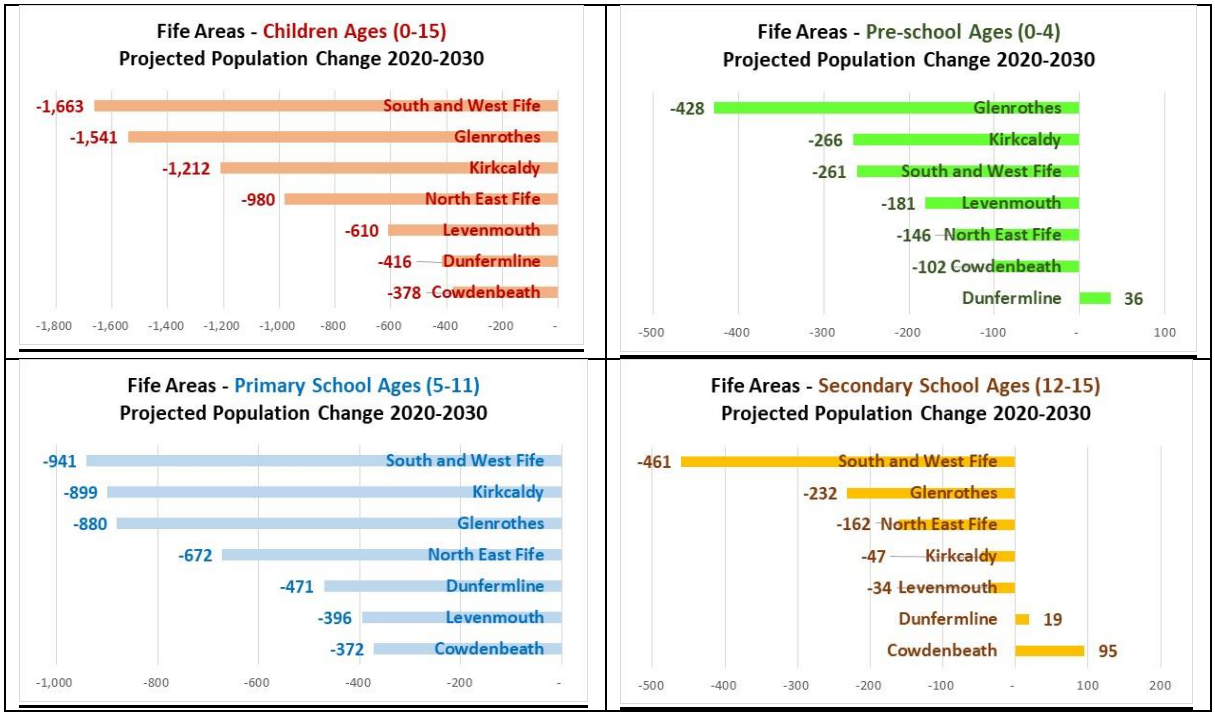


Figure 10 National Records of Scotland/Improvement Service - Population Projections for Sub-Council Areas (2018-based)

Future Consideration

- While Fife's child population is estimated to reduce overall, the extent of this reduction is varied across the seven areas, and a few areas may see a slight increase in certain age groups of children.

- For children overall, South and West Fife is expected to see the largest reduction, losing around 20% of its children in ten years, followed closely by Glenrothes Area, which is expected to see its child numbers drop by around 17%. Other areas will see more modest reductions, with Cowdenbeath and Dunfermline Areas likely to see their child numbers drop by around 5%.

- For the pre-school age group (ages 0-4), Glenrothes Area will see the largest decrease, while Dunfermline Area will see a small increase.

- For the primary school age group (ages 5-11), South and West Fife, Kirkcaldy and Glenrothes Areas will see the largest declines in population, while Levenmouth and Cowdenbeath Areas will see the lowest reductions.

- For secondary school age groups (12-15), South and West Fife Area will see the highest reductions, while Cowdenbeath and Dunfermline Areas will see modest increases in numbers.

- Significantly lower numbers of children in Fife over the next decade and beyond will have an impact on the level of provision needed for child health services, although this will need to be adjusted for local variation, as some areas will see significant reductions, while other areas may see modest increases.

- Lower numbers of children should equate with lower levels of service provision needed. However, while some areas may experience lower child numbers than in previous years, other factors may impact on future need, such as the levels of deprivation in the area, the health and wellbeing of the children in an area, and ease of access to child health services.

Housing

Mapping care provision in Fife

Housing condition/suitability, availability and deprivation are intrinsically linked with health outcomes, with adverse health leading to lower life expectancy, increased hospitalisation, and demand on NHS and Social Care services. Fife's interim LHS references that 55% of households in Fife contain person(s) who have a long-term illness or disability, and around 11,000 households are living in dwellings which have aspects which restrict activity of a person with a long-term illness or disability. As adequate housing is essential in meeting social care needs, further information is required on how Fife's residents, who have a long-term disability or illness, can be supported to enable independent living.

Deprivation and Inequality

People living in areas of increased deprivation are more likely to experience housing issues leading to poor health and well-being, including overcrowding, fuel poverty, poorer housing quality and housing that does not meet their needs. The distribution of the 20% most housing deprived datazones have remained stable between 2016 and 2020 at 14. However, the Housing domain makes up only 2% of the deprivation index.

Fife's most deprived areas continue to be concentrated in Mid Fife, with some areas now showing as more deprived relative to other areas of Scotland. Across domains, Fife's overall deprived areas are becoming more deprived with Levenmouth and Cowdenbeath housing strategy areas detailing increased deprivation, compared to housing areas in North East Fife.

Housing Demand and Suitability

Ensuring availability and affordable housing in Fife is essential. There were 169,886 households in Fife in 2020, with projections detailing an increase of 3.4% between 2018 and 2028, under the 4.9% increase detailed for Scotland as a whole. The figure below provides a breakdown in housing tenure between 2015 and 2020. The Strategic Housing Investment Plan (21/22 - 25/26) details the potential to deliver 771 units per annum, equating to 3,859 over the plan period.

Although there has been a general increase in the number of private rented dwellings, Increased interest rates and rent prevent people on low incomes, or people looking to move out of the family home, from finding suitable affordable housing in the private rented sector.

The Housing Needs and Demand Assessments (TAYplan & SESplan) provides that 19,361 (11.4%) households in Fife were assessed as being in housing need. 47% of this proportion requiring an adaptation and 3% requiring specialist housing.

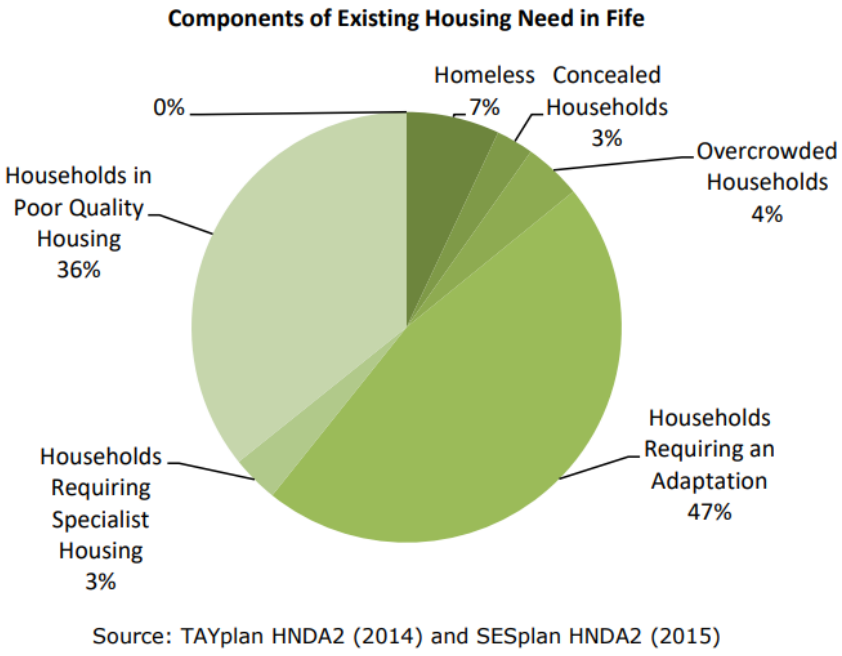


Figure 11 – Components of Existing Housing Need in Fife

A review into the requirement for specialist and wheelchair housing has been commissioned for the revised LHS 2022 – 27, with Fife Council setting an aspiration to build 5% of new council homes as wheelchair properties.

Homelessness

In 2020/21, 6.5 per 1,000 households in Fife were assessed as homeless (age 16+). This compares to the Scottish figure of 6.1 per 1,000 (H&SCP possible additions).

Future Consideration

Success will be measured in 2022 by the number of independent living solutions that are provided, with the current housing provision for older people and vulnerable adults being mapped to identify what care is being provided within the 7 health and social care localities.

The significant rise in the cost of living, including fuel, energy and food, increases the financial pressures of Fife's residents, and may lead to crisis point for those already facing financial hardship. The identification of Individuals living with financial insecurity who may require increased care is paramount and will be residing in areas of differing degrees of deprivation. The delivery of housing adaptation and support services throughout Fife is essential in limiting ecological fallacy implications.

A 2018 Housing Study estimated an 80% increase in the population of wheelchair users by 2024. The demand for adapted housing and specialist housing will rise in line with the ageing population profile, with the 75+ age group projected to see the largest percentage increase

between 2018 and 2028 (31.1%). A significant projected increase within the same period is detailed for the household type 'one adult'. Although the number of support interventions (2019/20) were below the baseline target, at 2,395 and 2,574 respectively, the time spent on each case has risen due to increased complexity of housing support requirements. The baseline of 20.8% of housing adaptations was not met, at 18% of homes, across all tenures. However, fewer homes requiring adaptations. A requirement on how adaptations will be funded in the future is highlighted, following the rise in requirement for housing adaptations, and increasing budget restrictions.

Service uptake considerations for older people and people with long-term health issues that are not fully benefitting from the opportunities that Technology Enabled Care offers them to live independently in their own home. Digital inclusion, in terms of access to health services and staff delivering them, must also be considered as a future demand increased digital tools and services to help people manage their own health and well-being at home.

Additional needs housing is designed to meet the needs of vulnerable and older people who have additional support requirements to live independently. Extra care housing offers more support than sheltered housing whilst enabling people to live independently. It is designed for older people with higher care needs. Future demand to take into consideration younger age adults; housing after hospital discharge (awaiting updated Housing data).

The Scottish Government's commitments on climate change are recognised within affordable housing supply. Impact of climate change on both affordable housing supply and greener heating. Increased adverse/extreme weather conditions that are projected to increase in the coming decades must be considered and how health and social care services will respond in terms of service delivery in people's homes and residential care facilities.

Joint research with Housing Services carried out in 2021, confirmed that the top-level profile of homelessness is in line with Housing Service expectations. Evidence indicated an increased pressure on Fifers finances, physical and mental health. This is likely to increase vulnerability of homeless households and those at risk of homelessness.

Hospital Services

Fife's Clinical Strategy is focused on shifting more preventative care and early intervention into communities and closer to people's lives by designing joined up services that respond to individual needs, enabled by using technology to help people to live, long, healthy and independent lives.

The NHS in Scotland has been operating on an emergency footing during the pandemic and remains under severe pressure. The backlog of patients waiting longer for treatment poses a significant risk to recovery plans, which aim to transform how care is delivered. The impact of unidentified and unmet healthcare needs on the demand for future services has yet to be fully understood.

There is a need to prioritise the prevention and early intervention agenda as part of the recovery and redesign of health services, to enable it to be sustainable into the future. The goal is to enable access to health and social care services through streamlined points of access, using models designed to provide care at home, or as close to home as possible, unless hospital admission is required. There is a clear commitment to doing things differently, building on lessons learned and on innovations such as the redesign of urgent care and Near Me (video consultation).

There are challenges around moving funding into early intervention and preventative care when there are existing pressures in emergency and planned healthcare, and capacity issues in both primary care and social care. There is a need to work with partners in the social care sector to develop a long-term, sustainable solution for reducing delayed discharges from hospital, particularly for older people.

While the rate for unscheduled acute bed days is lower, delayed discharge bed days are considerably higher in Fife than in Scotland. There is a higher rate of emergency admissions from falls, particularly from those aged 75 plus.

Future Consideration

Significant health inequalities exist and persist within the Fife population. The most deprived areas have 35% more deaths and 106% more early deaths (aged 15 to 44) than the Fife average. If the levels of the least deprived area were experienced across the whole population, deaths from all ages would be 27% lower and early deaths would be 70% lower.

There is the potential to design and deliver services to prevent admissions. Fife has a higher rate of both emergency admissions and potentially preventable hospital admissions than Scotland, both of which incur higher costs. The most deprived areas have 53% more preventable emergency hospitalisations for a chronic condition, and 42% more repeat hospitalisations in the same year than the Fife average (2012/13-2014/15).

Patient hospitalisations would be substantially reduced if the levels of the least deprived area were experienced across the whole population (see Table X below).

Health outcome	Fife	Most deprived	Least deprived	Lower by
Chronic obstructive pulmonary disease (COPD) patient hospitalisations	207.6	421.7	72.7	65%
Alcohol-related hospital admissions	589	1212.5	236.5	60%
Psychiatric patient hospitalisations	227.5	364.7	107.9	53%
Asthma patient hospitalisations	92.8	150.1	50.1	46%
Coronary heart disease (CHD) patient hospitalisations	331	431.6	267.3	20%
Cancer registrations	640.9	719.8	542.3	16%

(Source: ScotPHO Profiling Tool, Inequalities)

Table 3 – Inequalities in health outcomes between most and least deprived areas of Fife, and impact on those outcomes if inequalities were addressed

Community Health Services and Primary Care (including GP Capacity)

In order to support people to use NHS Services wisely, there has been a lot of emphasis within community health services on people getting the “right care, in the right place” to ensure that people get the care that they need quickly, safely and as close to home as possible.

This includes directing people to NHS 24 for urgent care, to Minor Injuries Units to relieve pressure on Accident and Emergency Departments, and to NHS Inform to access the health information needed to make informed decisions. Pharmacy First encourages people to seek advice from their local pharmacist for minor ailments, to free up the capacity of GPs to see patients with more serious medical conditions. Immunisation and vaccination programmes are also vital early interventions, such as ensuring uptake of childhood immunisations, flu vaccinations or the shingles booster for older people.

A person’s first point of contact with health services, and where most patient contact occurs, is with Primary Care, which is provided by generalist health professionals including GPs, Nurses, Dentists, Pharmacists, Optometrists and Allied Health Professionals (AHPs).

Services in the Fife Health and Social Care Partnership’s Primary and Preventative Care Service include:

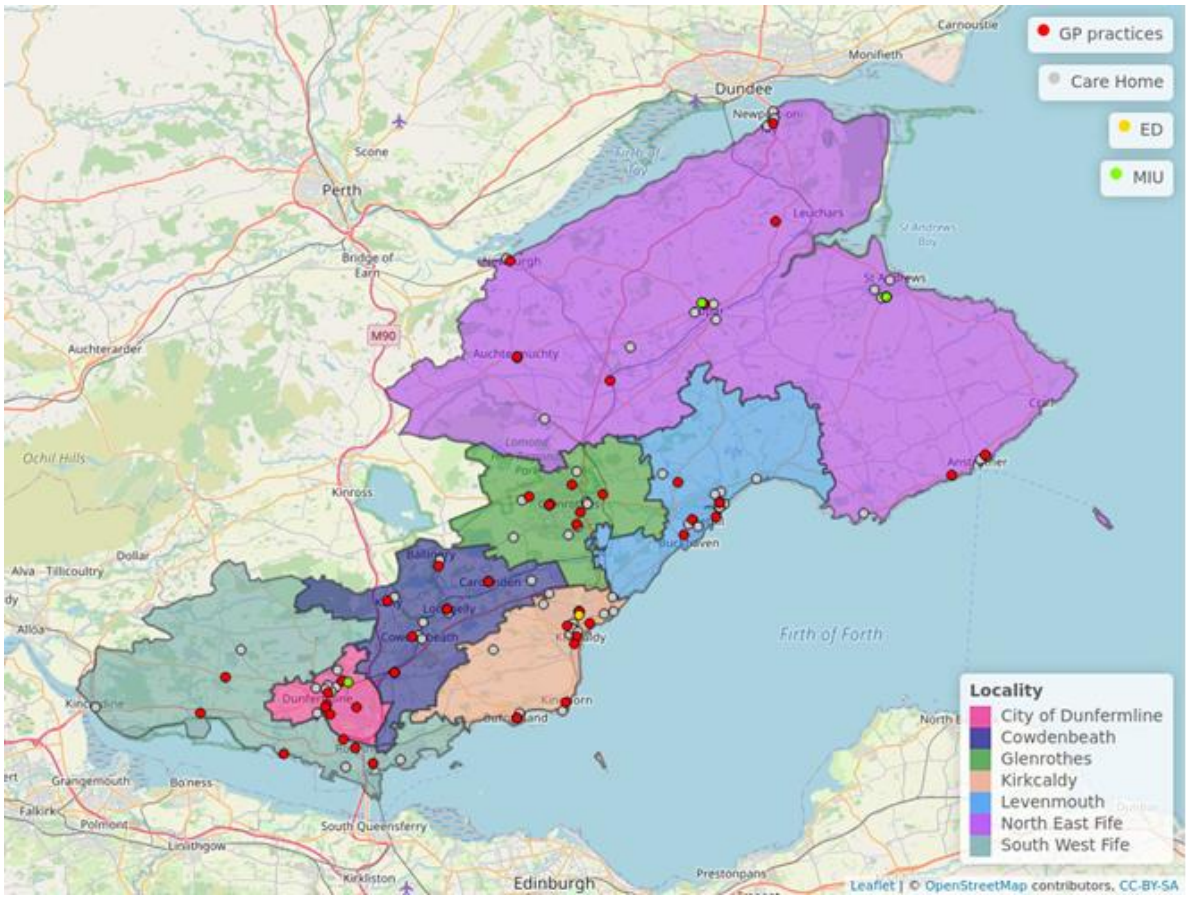
- Children's Services
- Urgent Care
- Sexual Health
- Rheumatology
- Primary Care (General Practice, Community Pharmacy, Community Dental, Community Ophthalmology)
- Podiatry
- Physiotherapy
- Speech and Language Therapy
- Dietetics
- Occupational Therapy
- Dental
- Health Improvement / Promotion
- Locality Workers
- Local Area Co-ordinator
- Immunisations

The Scottish Government's vision for the future of primary care services is of

“General practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in our communities and be involved in the strategic planning of our services".

The Scottish Government hopes that the transformation of primary care will help to put in place long-term, sustainable change that can better meet changing needs and demands.

As with many areas in the health and social care sector, primary care is facing an increase in demand for services placing increasing pressures on existing resources. The geography of Fife also presents a unique set of challenges in terms of location and access to primary care services.



ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Figure 12 - Map of GP practices by locality in Fife

Service Type	Service	Number
Primary Care	GP Practice	46
A&E	Emergency Department	1
	Minor Injuries Unit	3
Care Home	Elderly Care	71
	Other	46

Table 4 - Number of each type of service in Fife

For a list of all service types please see Appendix 1 (on page 56 below).

Fife has 46 GP practices, located in different locality areas across Fife. In terms of health inequalities, as well as dealing with a greater burden of disease in the population, General Practitioners in the most deprived areas have 6% more patients than the Fife average. Prescriptions for drugs for anxiety / depression / psychosis would be 30% lower if the levels of the least deprived area were experienced across the whole population.

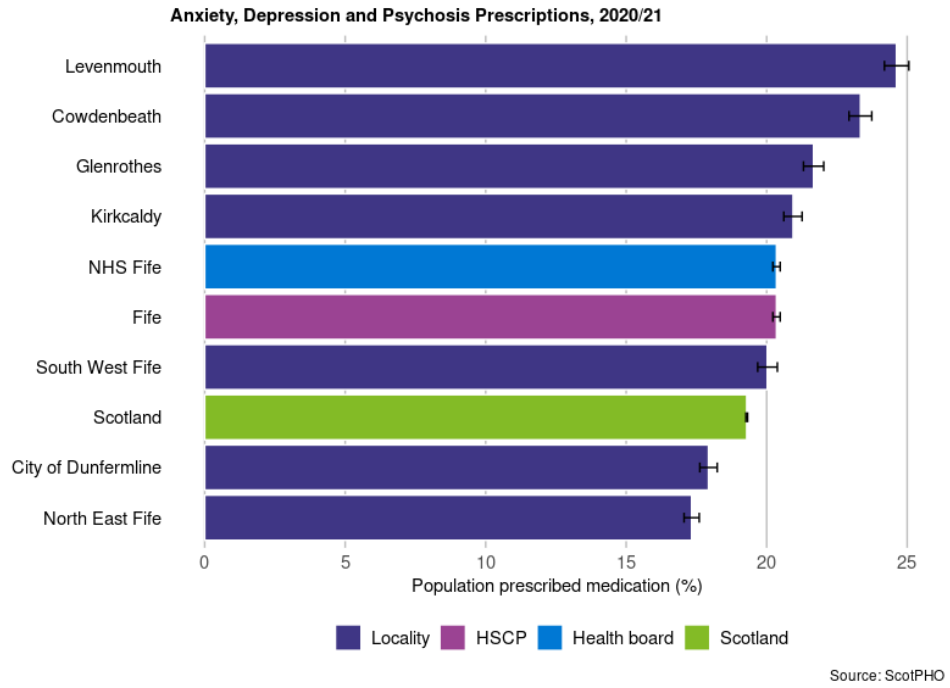


Figure 13 - Percentage population prescribed medication for anxiety, depression and psychosis in Fife HSCP localities.

23% of the population in Fife have a long-term condition. This is above Scotland (19%). There are 19 conditions defined as 'potentially preventable', such as COPD, angina and diabetes complications. There is scope to substantially reduce potentially preventable hospital admissions in Fife annually.

The ambition is for half of frontline spending on health and social care to be in community health services by 2021/22. Fife is currently some way from this, and lack of progress on this is expected to exacerbate the situation in both the immediate and longer term.

Future Consideration

Supporting people to reduce or avoid preventable conditions will be key in managing future demand for community health care services.

An increase in chronic conditions, such as diabetes, and changing models of care that see a move from moving care out of hospital (acute services) and into the community, where possible, will result in a considerable impact on primary care services and resources.

However, this marks an important paradigm shift in terms of prevention and early intervention, alongside Realistic medicine which aims to put the person receiving health and social care at the centre of decisions made about their care and encourage shared decision making.

Appendix 1: List of Facilities

Facility Type	Name	Locality
GP Practice	Anstruther Medical Practice	North East Fife
GP Practice	Auchtermuchty Practice	North East Fife
GP Practice	Muiredge Surgery	Levenmouth
GP Practice	Burntisland Medical Group	Kirkcaldy
GP Practice	The Links Practice	Kirkcaldy
GP Practice	Wallsgreen Medical Practice	Cowdenbeath
GP Practice	Cowdenbeath Surgery	Cowdenbeath
GP Practice	Crossgates Medical Practice	Cowdenbeath
GP Practice	Eden Villa Practice	North East Fife
GP Practice	Bank Street Medical Group	North East Fife
GP Practice	Nethertown Surgery	City of Dunfermline
GP Practice	New Park Medical Practice	City of Dunfermline
GP Practice	Hospital Hill Surgery	City of Dunfermline
GP Practice	Millhill Surgery	City of Dunfermline
GP Practice	Bellyeoman Surgery	City of Dunfermline
GP Practice	Linburn Road Health Centre	City of Dunfermline
GP Practice	The Lomond Practice	Glenrothes
GP Practice	North Glen Medical Practice	Glenrothes
GP Practice	The Glenwood Practice	Glenrothes
GP Practice	Cos Lane Surgery	Glenrothes
GP Practice	Rothes Medical Practice	Glenrothes
GP Practice	Valleyfield Medical Practice	South West Fife
GP Practice	Inverkeithing Medical Group	South West Fife
GP Practice	Kelty Medical Practice	Cowdenbeath
GP Practice	Kennoway Medical Group	Levenmouth
GP Practice	Kinghorn Medical Practice	Kirkcaldy
GP Practice	Nicol Street Surgery	Kirkcaldy
GP Practice	Drs McKenna, Murphy & McCallum	Kirkcaldy
GP Practice	Bennochy Medical Centre	Kirkcaldy
GP Practice	St Brycedale Surgery	Kirkcaldy
GP Practice	Path House Medical Practice	Kirkcaldy
GP Practice	Drs Dixon, Duggan, Egerton, MacKernan & McCrickard	Kirkcaldy
GP Practice	Drs Fordyce & Lempke	Kirkcaldy
GP Practice	Howe of Fife Surgery	North East Fife
GP Practice	Leslie Medical Practice	Glenrothes
GP Practice	Pitcairn Practice Leuchars & Balmullo	North East Fife
GP Practice	Scoonie Medical Practice	Levenmouth
GP Practice	Charlestown Surgery	South West Fife
GP Practice	Meadows Practice	Cowdenbeath
GP Practice	Benarty Medical Practice	Cowdenbeath
GP Practice	Dr K Thompson	Cowdenbeath

GP Practice	Markinch Medical Practice	Glenrothes
GP Practice	Lochgelly Medical Practice	Cowdenbeath
GP Practice	Methilhaven Surgery	Levenmouth
GP Practice	Airlie Medical Practice	Levenmouth
GP Practice	Newburgh Surgery	North East Fife
GP Practice	Tayview Medical Practice	North East Fife
GP Practice	Oakley Medical practice	South West Fife
GP Practice	Coast Health	North East Fife
GP Practice	Primrose Lane Medical Centre	South West Fife
GP Practice	Park Road Practice	South West Fife
GP Practice	Blackfriars Medical Practice	North East Fife
GP Practice	Pipeland Medical Practice	North East Fife
Emergency Department	Victoria Hospital (NHS Fife)	Kirkcaldy
Minor Injury Unit or Other	Adamson Hospital	North East Fife
Minor Injury Unit or Other	Queen Margaret Hospital	City of Dunfermline
Minor Injury Unit or Other	St Andrews Community Hospital	North East Fife
Care Home Service	Ladywalk House	North East Fife
Care Home Service	Matthew Fyfe Care Home	City of Dunfermline
Care Home Service	Northeden House	North East Fife
Care Home Service	Methilhaven Home	Levenmouth
Care Home Service	Villa Atina	Kirkcaldy
Care Home Service	Barrogil House	Cowdenbeath
Care Home Service	Orchardhead House	South West Fife
Care Home Service	Fernlea House	Cowdenbeath
Care Home Service	Abbeyfield House Care Home	Kirkcaldy
Care Home Service	Glendale Lodge	City of Dunfermline
Care Home Service	Bandrum Nursing Home	South West Fife
Care Home Service	Pitlair House Nursing Home	North East Fife
Care Home Service	Benarty View	Cowdenbeath
Care Home Service	Lunardi Court	North East Fife
Care Home Service	Jean Mackie Centre	City of Dunfermline
Care Home Service	Glenburnie Care Home	Levenmouth
Care Home Service	Craigie House.	Cowdenbeath
Care Home Service	Rosturk House	North East Fife
Care Home Service	St Andrews House Care Home	North East Fife
Care Home Service	West Park Care Home	Glenrothes
Care Home Service	Leys Park Care Home	City of Dunfermline
Care Home Service	Methven House	Kirkcaldy
Care Home Service	Camilla House.	Kirkcaldy
Care Home Service	Riverview Lodge Care Home	North East Fife
Care Home Service	Canmore Lodge Nursing Home	City of Dunfermline
Care Home Service	Auchtermairnie Care Home	Levenmouth
Care Home Service	Benore Care Home	Cowdenbeath
Care Home Service	Alexander House	Cowdenbeath

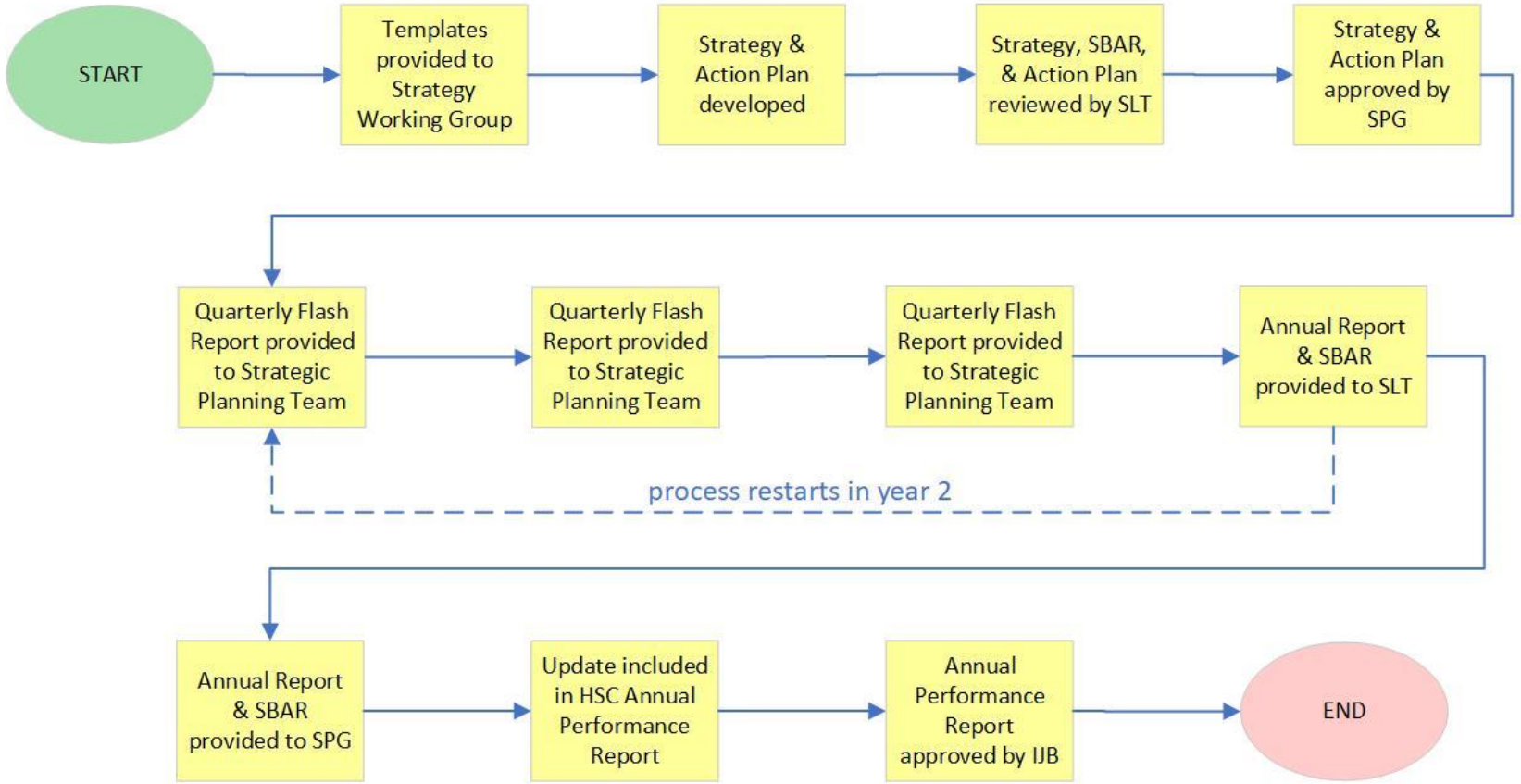
Care Home Service	Peacehaven	Levenmouth
Care Home Service	Links View	Kirkcaldy
Care Home Service	Lister House	Cowdenbeath
Care Home Service	Preston House	Glenrothes
Care Home Service	Roselea House	Cowdenbeath
Care Home Service	Abbotsford Care, Methil	Levenmouth
Care Home Service	Abbotsford Care, Newburgh	North East Fife
Care Home Service	Abbotsford Care, Kinglassie	Glenrothes
Care Home Service	Abbotsford Care, Cowdenbeath	Cowdenbeath
Care Home Service	Abbotsford Care, Glenrothes	Glenrothes
Care Home Service	St Serfs	North East Fife
Care Home Service	Chapel Level Nursing Home	Kirkcaldy
Care Home Service	Lomond Court Nursing Home	Glenrothes
Care Home Service	The Beeches Nursing Home	City of Dunfermline
Care Home Service	Woodside Court Nursing Home	Glenrothes
Care Home Service	Balfarg Care Centre	Glenrothes
Care Home Service	Forth View Care Centre	Levenmouth
Care Home Service	Abbotsford Care, Dunfermline	City of Dunfermline
Care Home Service	Lomond View	North East Fife
Care Home Service	Newlands Residential Home	City of Dunfermline
Care Home Service	Forth Bay	South West Fife
Care Home Service	Scoonie House	Levenmouth
Care Home Service	Strathview Care Home	North East Fife
Care Home Service	Harbour Care Home	Kirkcaldy
Care Home Service	Mossview @ The Opera	Cowdenbeath
Care Home Service	Bennochy Lodge Care Home	Kirkcaldy
Care Home Service	Raith Manor	Kirkcaldy
Care Home Service	Ostlers House	Cowdenbeath
Care Home Service	Balnacarron	North East Fife
Care Home Service	Napier House	Glenrothes
Care Home Service	Lindsay House	Cowdenbeath
Care Home Service	Elizabeth House Residential Care Home	Kirkcaldy
Care Home Service	Walton House	Levenmouth
Care Home Service	Willow House	North East Fife
Care Home Service	Finavon Care Home	Glenrothes
Care Home Service	Wilby House	Kirkcaldy
Care Home Service	Marchmont	Kirkcaldy
Care Home Service	Craighead Care Home	North East Fife
Care Home Service	Earlsferry House Care Home	North East Fife
Care Home Service	Henderson House	South West Fife
Care Home Service	Gowrie House Care Home	Kirkcaldy
Care Home Service	Leven Beach Care Home	Levenmouth
Care Home Service	Gibson House Care Home	North East Fife
Care Home Service (Other)	STEPP	Kirkcaldy

Care Home Service (Other)	Glenmar	Glenrothes
Care Home Service (Other)	17 Park Road	Kirkcaldy
Care Home Service (Other)	Arndean	City of Dunfermline
Care Home Service (Other)	78 Broad Street	Cowdenbeath
Care Home Service (Other)	Hepburn Court, West Lodge	Glenrothes
Care Home Service (Other)	Maidstone, No 3 Promenade	Levenmouth
Care Home Service (Other)	No 76	Kirkcaldy
Care Home Service (Other)	Tall Trees	City of Dunfermline
Care Home Service (Other)	34 and 36 Hazel Avenue	Kirkcaldy
Care Home Service (Other)	62 Mina Crescent & 19 Ashgrove Terrace	Glenrothes
Care Home Service (Other)	Care Visions - Cowdenlaws Farm	Levenmouth
Care Home Service (Other)	Crannoch Residential Child Care Resource	Cowdenbeath
Care Home Service (Other)	Abbotsford Care, East Wemyss	Levenmouth
Care Home Service (Other)	Hilton Court Care Home	South West Fife
Care Home Service (Other)	A Life Explored	North East Fife
Care Home Service (Other)	Aberlour Sycamore Service	City of Dunfermline
Care Home Service (Other)	Aberlour Options - Fife	City of Dunfermline
Care Home Service (Other)	Aberlour Options - Fife	Glenrothes
Care Home Service (Other)	Aberlour Options (residential) - Fife	City of Dunfermline
Care Home Service (Other)	Aberlour Sycamore Service	Kirkcaldy
Care Home Service (Other)	Aberlour Sycamore Service	Kirkcaldy
Care Home Service (Other)	Aberlour Sycamore Services - Frankfield House	Kirkcaldy
Care Home Service (Other)	The Bungalow	Kirkcaldy
Care Home Service (Other)	Springfield House	North East Fife
Care Home Service (Other)	Care Visions - Leuchars Castle	North East Fife
Care Home Service (Other)	Buchanan House	South West Fife
Care Home Service (Other)	Robert Allan Unit	Cowdenbeath
Care Home Service (Other)	Care Visions - Phantassie Cottage	Levenmouth
Care Home Service (Other)	Earlseat House	Levenmouth
Care Home Service (Other)	Forth Craig	South West Fife
Care Home Service (Other)	Pitillock Farmhouse	North East Fife
Care Home Service (Other)	10 Ramsay Gardens	Glenrothes
Care Home Service (Other)	Our House (A Home for Young People)	North East Fife
Care Home Service (Other)	Bellview Cottage	Cowdenbeath
Care Home Service (Other)	The Cottage	Glenrothes
Care Home Service (Other)	The Stables	North East Fife
Care Home Service (Other)	Greenacres	North East Fife
Care Home Service (Other)	Burnside Cottage	North East Fife
Care Home Service (Other)	Glenlyon	Levenmouth
Care Home Service (Other)	Options Fife McNally House (Residential)	Glenrothes
Care Home Service (Other)	South Lodge	Glenrothes

Strategic Planning Group

Agenda Item	Frequency	Purpose	Lead	22/11/2022		01/03/2023		05/05/2023		05/09/2023		01/11/2023		March 2024		May 2024		September 2024	
		Assurance Discussion Decision Direction		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Standing Items																			
Minutes from previous meeting	Standing Item	Discussion	David Graham	Yes	Yes	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Action List (outstanding items)	Standing Item	Discussion	David Graham	Yes	n/a	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Escalation of issues to IJB	Standing Item	Decision	David Graham	Yes	n/a	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
AOCB	Standing Item	Discussion	David Graham	Yes	Yes	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Date of Next Meeting	Standing Item	Discussion	David Graham	Yes	Yes	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Governance																			
Terms of Reference	Annually	Discussion	Fiona McKay							Yes								Yes	
Work Programme	Annually	Discussion	Fiona McKay	Yes	Yes							Yes							
Strategic Plan																			
Strategic Plan	Quarterly	Discussion	Fiona McKay	Yes	Yes	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Strategic Needs Assessment	Annually	Discussion	Fiona McKay	Yes	Yes					Yes								Yes	
Annual Performance Report	Annually	Discussion	Fiona McKay									Yes							
Strategies																			
Advocacy Strategy	Annually	Discussion	Fiona McKay					Yes											
Alcohol and Drug Strategy	Annually	Discussion	Fiona McKay			Yes								Yes					
Carers Strategy	Annually	Discussion	Fiona McKay			Yes								Yes					
Commissioning Strategy	Annually	Discussion	Fiona McKay			Yes								Yes					
Dementia Strategy	Annually	Discussion	Rona Laskowski																
Digital Strategy	Annually	Discussion	Audrey Valente																
Home First Strategy	Annually	Discussion	Lynne Garvey					Yes						Yes					
Learning Disability Strategy	Annually	Discussion	Rona Laskowski																
Local Housing Strategy	Annually	Discussion	Paul Short																
Medium Term Financial Strategy	Annually	Discussion	Audrey Valente																
Mental Health Strategy	Annually	Discussion	Rona Laskowski					Yes											
Participation and Engagement Strategy	Annually	Discussion	Fiona McKay							Yes								Yes	
Prevention and Early Intervention Strategy	Annually	Discussion	Lisa Cooper																
Primary Care Strategy	Annually	Discussion	Lisa Cooper																
Workforce Strategy	Annually	Discussion	Roy Lawrence																
Ad-Hoc/Requested Papers																			
Strategy Development Pack	Annually	Discussion	Fiona McKay	Yes	Yes							Yes							

Strategy Performance Reporting Process



Key
SLT = Senior Leadership Team
SPG = Strategic Planning Group
IJB = Fife Integration Joint Board

Strategic Planning Group

Terms of Reference

1. Background

Fife Health and Social Care Partnership (HSCP) delivers a wide range of health and social care services to individuals and communities across Fife. Working with partner agencies, organisations in the independent and third sectors, local groups and national bodies, the Partnership supports and cares for people of all ages, and with very different circumstances, needs, and aspirations.

The governance arrangements and the membership of the Strategic Planning Group are set out in the Public Bodies (Joint Working) (Scotland) Act 2014 (Section 32). Fife Integration Board is required to review its Strategic Plan at least every three years (Section 37): Public Bodies (Joint Working) (Scotland) Act 2014

The current Strategic Plan highlights previous achievements and sets out the vision and priorities for Fife over the timescale 2019 to 2022. The Plan is available on the HSCP website: Strategic Plan for Fife 2019-2022

A new Strategic Plan is being developed for 2023 to 2026, and the Strategic Planning Group, with support from the Strategic Plan Working Group, is taking this work forward.

2. Purpose

The Strategic Planning Group has responsibility for the development and oversight of the Strategic Plan for the Partnership. This includes:

- Development of the Strategic Plan 2023 to 2026
- Review of the Strategic Plan
- Joint Strategic Needs Assessment
- ensuring locality representation
- ensuring robust stakeholder representation in the strategic planning process
- assessing progress in the implementation of the plan against the national health and wellbeing outcomes (see Appendix 1).

3. Remit

The Strategic Planning Group will:

- Make a lead contribution to the development of the Strategic Plan for the Fife Health and Social Care Partnership.
- Take a principal role in the implementation of the Health and Social Care Partnership's Strategic Plan and lead reviews of the Strategic Plan.
- Confirm locality arrangements for Fife, the relationship between the Strategic Plan, Community Planning, and local service delivery arrangements.
- Determine the service redesign, service remodelling, investment, disinvestment and commissioning intentions required to meet the planned strategic and commissioning shifts.
- Contribute to the assessment of progress in the implementation of the Strategic Plan against the health and wellbeing outcomes (Appendix 1).
- Have an overview of the Joint Strategic Commissioning Process.
- Be empowered to establish working groups to take forward strategic priorities identified within the strategic planning process.
- Ensure the locality planning arrangements and emerging issues are reflected in its work.
- Provide feedback to the Integration Joint Board on its activities.
- Work constructively and collaboratively with other key partnerships and agencies as appropriate in relation to the delivery of health and wellbeing outcomes.
- Align priorities and gather intelligence from other relevant strategic planning to enable a consistent approach (see National Indicators in Appendix 2).
- Ensure compliance with legislative and statutory requirements relating to the development and implementation of the Strategic Plan (see Integration Delivery Principles in Appendix 3).
- Provide advice to the Integration Joint Board in developing responses to emerging Scottish Government Policy and Regulations.
- Provide stakeholder advice to the Integration Joint Board.

4. Membership and Roles

Membership of the Strategic Planning Group can include:

- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Health professionals
- Social care professionals

- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

Fife Integration Joint Board may also include other persons it considers appropriate in the Strategic Planning Group. The current membership list is included in Appendix 4.

5. Meetings

The Strategic Planning Group will meet not less than 4 times per year. Additional meetings, either using MS Teams or if appropriate face-to-face meetings, can be arranged if required.

Meeting will be quorate when at least 7 members are present.

The standing agenda for meetings will include:

- Welcome, introductions and apologies
- Minutes of the previous meeting – for approval
- Work Programme – updates on agreed actions/any new actions identified
- Any other business
- Date of next meeting

Meeting papers will be circulated digitally to the Strategic Planning Group at least five working days prior to the meeting date.

6. Reporting Arrangements

The Strategic Planning Group will report to Fife Integration Joint Board.

Minutes of meetings will be presented to Fife Integration Joint Board for noting, and the Chair of the Strategic Planning Group will raise any issues as/when required.

Revision History

Date: 13th July 2022 Created by: L Gauld Version: 1.0

Appendix 1: 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.

Appendix 2: Indicators for Integration of Health and Social Care

Outcome Indicators

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 social 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
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

Data Indicators

11	Premature mortality rate per 100,000 persons: by calendar year
12	Emergency admission rate (per 100,000 population)
13	Emergency bed day rate (per 100,000 population)
14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
15	Proportion of last 6 months of life spent at home or in a community setting
16	Falls rate per 1,000 population aged 65+
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
18	Percentage of adults with intensive care needs receiving care at home
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
21	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
22	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
23	Percentage of people who are discharged from hospital within 72 hours of being ready

Further information is available here: Core suite of integration indicators 21 September 2021 - Core suite of integration indicators - Publications - Public Health Scotland

Appendix 3: Integration Delivery Principles

The integration delivery principles are:

- that the main purpose of services which are provided to meet integration functions is to improve the wellbeing of service-users,
- that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:

    - is integrated from the point of view of service-users
    - takes account of the particular needs of different service-users
    - takes account of the particular needs of service-users in different parts of the area in which the service is being provided
    - takes account of the particular characteristics and circumstances of different service-users
    - respects the rights of service-users
    - takes account of the dignity of service-users
    - takes account of the participation by service-users in the community in which service-users live
    - protects and improves the safety of service-users
    - improves the quality of the service
    - is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
    - best anticipates needs and prevents them arising
    - makes the best use of the available facilities, people and other resources

Further information is available here: Annex A: Detailed requirements - Strategic commissioning plans: guidance - gov.scot (www.gov.scot)

Appendix 4 – Membership List

Name	Role	Position	Email Address
Cllr David Graham	Chair	Fife Integration Joint Board	cllr.david.graham@fife.gov.uk
Nicky Connor	Member	Director of Health & Social Care	Nicky.Connor@nhs.scot
Fiona McKay	Member	Head of Strategic Planning, Performance and Commissioning	Fiona.McKay@fife.gov.uk
Cllr Dave Dempsey	Member	Fife Integration Joint Board	cllr.dave.dempsey@fife.gov.uk
Cllr Rosemary Liewald	Member	Fife Integration Joint Board	cllr.rosemary.liewald@fife.gov.uk
Cllr Sam Steele	Member	Fife Integration Joint Board	Cllr.Sam.Steele@fife.gov.uk
Lisa Cooper	Member	Head of Primary and Preventative Care Services	Lisa.Cooper@nhs.scot
Lynne Garvey	Member	Head of Community Care Services	Lynne.Garvey@nhs.scot
Rona Laskowski	Member	Head of Complex and Critical Care Services	Rona.Laskowski2@nhs.scot
Ben Hannan	Member	Director of Pharmacy & Medicines	Benjamin.Hannan2@nhs.scot
Claire Dobson	Member	Director of Acute Services	Claire.Dobson3@nhs.scot
Tracy Harley	Member	Service Manager, Participation and Engagement	Tracy.Harley@fife.gov.uk
Debbie Thompson	Member	Employee Representation	debbie.thompson@fife.gov.uk
Fay Richmond	Member	Executive Officer to Chief Executive and Board Chair, NHS Fife	fay.richmond@nhs.scot
Helen Hellewell	Member	Associate Medical Director, NHS Fife (GP Representative)	Helen.Hellewell@nhs.scot
Ian Dall	Member	Service User Representative (Chair of the PEN)	iandall@btinternet.com
Jacquie Stringer	Member	Locality Planning Co-ordinator	Jacquie.Stringer-fc@fife.gov.uk
Rishma Maini	Member	Consultant in Public Health (Secondary care), NHS Fife/Public Health Scotland	rishma.maini@nhs.scot
Kenny Murphy	Member	CEO, Fife Voluntary Action (Third Sector Representative)	kenny@fva.org
Lynn Barker	Member	Associate Director of Nursing	Lynn.Barker@nhs.scot
Morna Fleming	Member	Carer Representative	mornafleming@talk21.com
Paul Dundas	Member	Independent Sector Representative	Paul.dundas@scottishcare.org
Paul Short	Member	Service Manager, Housing Management Executive	Paul.Short@fife.gov.uk
Simon Fevre	Member	Employee Representation (NHS)	simon.fevre@nhs.scot

Strategic Plan 2023 to 2026						
Delivery Plan						
Responsible: Fiona McKay, Head of Strategic Planning, Performance, and Commissioning						
Priority Number	**Action/Activity**	**Lead**	**Resources needed (internal/external)**	**Desired Outcome**	**Potential Risks**	**Evidence of Improvement**
Priority number in your strategy that action is linked to	*What you'll need to do to implement the relevant priority in the strategy*	*Who is responsible for carrying out each action step*	*What resources will you need to complete each action step*	*How will you know that you have made progress on each action step*	*What are the risks that could affect this action step being achieved*	*Detail what was done to complete this action*
SP.2023.001	Final review and approval of Strategic Plan 2022 to 2026 and supporting documents.	FMcK	IJB will review Strategic Plan at meeting on 27.01.2023	Strategic Plan Approved.	Final draft is incomplete, or does not meet requirements.	Robust development process has been completed, including ongoing engagement with the IJB and supporting Committees.
SP.2023.002	Publish Strategic Plan on HSCP website, and distribute to key stakeholders.	FMcK	Support from HSCP Communications Team.	Strategic Plan available in digital, easy-read, and print formats.	Strategic Plan is inaccessible to stakeholder groups	Communications Plan will be developed once the Strategic Plan is approved.
SP.2023.003	Annual Performance Report 2022 - 2023	FMcK	Review of current progress and collation of evidence for the Annual Performance Report.	Final Annual Performance Report approved by IJB, submitted to Scottish Government, and published online by September 2023.	Failure to meet strategic planning requirements under the Public Bodies (Joint Working) (Scotland) Act 2014.	A full Delivery Plan will be developed for the Annual Performance Report once the Strategic Plan is finalised. This will include scheduled reviews by the Senior Leadership Team, the Strategic Planning Group, and other key stakeholders.

SP.2024.001	Annual Performance Report 2023 - 2024	FMcK	Review of current progress and collation of evidence for the Annual Performance Report.	Final Annual Performance Report approved by IJB, submitted to Scottish Government, and published online by September 2024.	Failure to meet strategic planning requirements under the Public Bodies (Joint Working) (Scotland) Act 2014.	A full Delivery Plan will be developed for the Annual Performance Report once the Strategic Plan is finalised. This will include scheduled reviews by the Senior Leadership Team, the Strategic Planning Group, and other key stakeholders.
SP.2025.001	Annual Performance Report 2024 - 2025	FMcK	Review of current progress and collation of evidence for the Annual Performance Report.	Final Annual Performance Report approved by IJB, submitted to Scottish Government, and published online by September 2025.	Failure to meet strategic planning requirements under the Public Bodies (Joint Working) (Scotland) Act 2014.	A full Delivery Plan will be developed for the Annual Performance Report once the Strategic Plan is finalised. This will include scheduled reviews by the Senior Leadership Team, the Strategic Planning Group, and other key stakeholders.

Improvement/ Outcome	Completion Date
The outcome of completing this action step	*Date completed*
Compliance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, and other related legislation.	
Individuals and local communities can easily access and understand the Partnership's vision and strategic priorities for the next three years.	
Evidence of performance in relation to the nine National Health and Wellbeing Outcomes for Health and Social Care, and the agreed local priorities in the Strategic Plan.	

Evidence of performance in relation to the nine National Health and Wellbeing Outcomes for Health and Social Care, and the agreed local priorities in the Strategic Plan.	
Evidence of performance in relation to the nine National Health and Wellbeing Outcomes for Health and Social Care, and the agreed local priorities in the Strategic Plan.	

Strategic Plan 2023 to 2026
Risk Register

Strategic Plan Risk Register - as at 04/10/2022					Original Risk Score				Residual Risk Score			
Ref.	**Source**	**Date Added**	**Risk Heading**	**Risk Description**	**Likelihood**	**Consequence**	**Risk Grade**	**Mitigation/ Management Actions**	**Residual Likelihood**	**Residual Consequence**	**Residual Risk Grade**	**Target Risk Grade**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
1	Initial Risk	13/09/2022	Strategic Direction / Decision Making	There is a risk that development of the Strategic Plan is delayed by poor decision making and/or lack of consensus on strategic direction.	Likely (4)	Major (4)	(HR) 16	A robust governance framework has been established to facilitate discussion and improved decision making. This includes refreshing the Strategic Planning Group and setting up the Strategic Plan Working Group. A regular programme of meetings has been established, and a Work Plan implemented to support ongoing discussion with the Partnership's Senior Leadership Team and the Extended Leadership Team.	Unlikely (2)	Moderate (3)	(LR) 6	(VLR) 3
2	Initial Risk	13/09/2022	Timescales / Resource Management	There is a risk that insufficient resources are available to develop the new Strategic Plan within required timescales.	Likely (4)	Major (4)	(HR) 16	The Scottish Government have extended the timescale for submission of the Strategic Plan from September 2022 to November 2022. Two Team Managers have been recruited to support the development of the Strategic Plan and supporting Strategies.	Possible (3)	Major (4)	(MR) 12	(LR) 6
3	Initial Risk	13/09/2022	Financial Viability / Best Value	There is a risk that unexpected events or drivers may impact on the financial viability of the Strategic Plan, leading to restrictions on what we can realistically achieve over the next three years, for example the cost of living crisis.	Likely (4)	Major (4)	(HR) 16	The Medium Term Financial Strategy considers external events and influences drivers. Ongoing monitoring and horizon scanning will ensure that unexpected events are considered and financial viability maintained.	Likely (4)	Major (4)	(HR) 16	(MR) 12

5	Initial Risk	13/09/2022	Engagement: Alignment of Strategic Plan/Service Delivery	There is a risk of failure to understand community needs and align the Strategic Plan and service delivery to meet these, leading to gaps between community needs and the services delivered as well as risk of reputational damage if we collect public views and do not act on them.	Possible (3)	Major (4)	(MR) 12	An Engagement Overview has been agreed to ensure that appropriate and sufficient engagement takes place. This includes attendance at Locality Planning Core Groups to ensure that an understanding of local needs and priorities is captured and included in the development of the Strategic Plan.	Unlikely (2)	Major (4)	(MR) 8	(LR) 4
6	Initial Risk	13/09/2022	Recordkeeping	There is a risk that relevant records were/are not retained during the development of current and/or previous strategies, reducing the evidence available to support the development of new supporting strategies for the Strategic Plan.	Possible (3)	Moderate (3)	(MR) 9	Work is underway to identify and collate current records, and two Microsoft Team sites have been set up as central repositories. Templates and supporting guidance material will be developed to ensure a standardised and consistent approach moving forward. Naming conventions are being developed.	Unlikely (2)	Moderate (3)	(LR) 6	(VLR) 3
7	Initial Risk	13/09/2022	Integration	There is a risk that the process of developing the Strategic Plan is undertake in isolation, and is not integrated with existing governance approaches/frameworks, particularly the IJB Strategic Risk Register.	Possible (3)	Major (4)	(MR) 12	The Strategic Plan Working Group will review the IJB Strategic Risk Register against the developing Strategic Plan and, where relevant, make recommendations for any changes required.	Possible (3)	Major (4)	(MR) 12	(LR) 4

Risk Ownership						
Accountable Officer	**Managed by**	**Next Review Date**	**Review Results**	**Date last reviewed**	**Risk Status**	**Comments**
14	**15**	**16**	**17**	**18**	**19**	**20**
Head of Strategic Planning, Performance & Commissioning	Head of Strategic Planning, Performance & Commissioning	22/11/2022	Risk reviewed on 04/10/2022 - no change to Risk Score.	04/10/2022		
Head of Strategic Planning, Performance & Commissioning	Service Manager (Quality Assurance)	22/11/2022	Risk reviewed on 04/10/2022 - no change to Risk Score.	04/10/2022		
Chief Finance Officer	Partnership Finance Manager	22/11/2022	Risk reviewed on 04/10/2022 - no change to Risk Score.	04/10/2022		

Head of Strategic Planning, Performance & Commissioning	Service Manager, Participation and Engagement	22/11/2022	Risk reviewed on 04/10/2022 - no change to Risk Score.	04/10/2022		
Head of Strategic Planning, Performance & Commissioning	Team Manager - Strategic Planning	04/10/2022	Risk reviewed on 04/10/2022 - no change to Risk Score.	04/10/2022		
Head of Strategic Planning, Performance & Commissioning	Head of Strategic Planning, Performance & Commissioning	22/11/2022	Risk reviewed on 04/10/2022 - no change to Risk Score.	04/10/2022		

Risk= Likelihood x Consequence		Increasing likelihood				
		Remote (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Increasing consequence	Extreme (5)	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Moderate (3)	3	6	9	12	15
	Minor (2)	2	4	6	8	10
	Negligible (1)	1	2	3	4	5

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

Probability/Likelihood Ratings

Descriptor	Unlikely	Possible
Likelihood	Not expected to happen, but definite potential exists – unlikely to occur	May occur occasionally, has happened before on occasions – reasonable chance of occurring

Impact/Consequence Ratings

Descriptor	Minor	Moderate
Project Objectives	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule
Partnerships/ Relationships	Minor effect on relationships with partners	Significant effect on relationships with key partners
Service Disruption	Short term disruption to service with minor impact on supported person (or carer)	Some disruption in service with unacceptable impact on supported person (or carer)
Publicity/ Reputation	Minor effect on staff morale / public attitudes.	Significant effect on staff morale and public perception of the organisation

Likely	Almost Certain
Strong possibility that this could occur – likely to occur	This is expected to occur frequently / in most circumstances – more likely to occur than not

Major	Extreme
Significant project over-run	Inability to meet project objectives
Ineffective partnerships	Irreparable damage to partnership working
Sustained loss of service which has serious impact on delivery of outcomes for supported person (or carer)	Disruption to service leading to significant “knock on” effect to quality of life for supported person or carer
Public confidence in the organisation undermined	MSP / MP concern (Questions in Parliament). Court Enforcement or Public Enquiry

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Strategic Plan for Fife 2023 to 2026
Brief description of proposal (including intended outcomes & purpose)	Every Integration Joint Board in Scotland has to have a Strategic Plan that sets out the vision and future direction of their health and social care services. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. Strategic Plans are reviewed regularly to make sure that they are still relevant to the needs of the area and the people who live there. The previous Strategic Plan for Fife covered the timescale 2019 to 2022. Lots of things have changed since then, both nationally and locally. To ensure that the people who live, visit, or work in Fife have opportunities to influence the Strategic Plan, we worked with a range of service users, patients, carers, employees, and service providers, to find out what is important to them and what the Health and Social Care Partnership should be focussed on over the next three years. We also considered the aims outlined in the Plan for Fife 2017 to 2027 which includes actions to reduce levels of preventable ill health, and premature mortality across all communities, particularly around obesity, alcohol and smoking. The Partnership undertook a Strategic Needs Assessment in 2022 which considered recent demographic changes, and those predicted over the next few years, at both local and Fife level. It is likely that these changes will have a significant influence moving forward, for example as more people live longer there is an increased demand for health and social care services that support multiple or complex health conditions such as dementia or diabetes. All of these factors have informed and shaped the development of this new Strategic Plan for Fife which sets out an updated vision for the next three years (2023 to 2026).

Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership
EqIA Lead Person	Fiona McKay Head of Strategic Planning, Performance & Commissioning
EqIA Contributors	• Senior Leadership Team • Extended Leadership Team • Strategic Planning Group • Strategic Plan Working Group • Locality Core Groups • Members of the public involved in some of the Partnership's public engagement events.
Date of EqIA	September 2022

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

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	The new Strategic Plan and range of supporting strategies will ensure that we work effectively with partners, staff, local communities, and individuals, to challenge sources and biases towards inequality. For example, the Fife Immunisation Strategic Framework has supported improved wellbeing and reduced health inequalities by providing equitable access to immunisation for all eligible groups. This was achieved by a number of initiatives including: • Timing of sessions • Mobile Units • Specific sessions (for individuals who were shielding or high risk)

	Another example is the Partnership's Alcohol and Drug Strategy which has reduced discrimination through increased assertive outreach approaches for those in custody and in prison, and helped to reduce harm by providing specialist support where needed. The Partnership's Equality Outcomes and Mainstreaming Report is currently being refreshed (November 2022). This will ensure alignment with the priorities in the new Strategic Plan.
Advancing equality of opportunity	Locality Action Plans are currently being developed for each of the seven localities in Fife. Final versions of the Plans are due to be published in March 2023. Work already underway includes engagement on the Home First Strategy which aims to reduce and prevent hospital admissions, improve discharge from hospital for those who do require treatment, and enable people to live well at home or in a homely setting, for longer. National restrictions during the coronavirus pandemic resulted in some face-to-face services being reduced. The Partnership has worked hard to reinstate services wherever practically possible, for example the Wells have now returned to a full face-to-face service in all seven localities. The Wells enable people to speak directly to health and social care professionals and to discuss any concerns regarding their health and wellbeing. This could include carer support, social isolation, housing, benefits, bereavement or any health or social care issue. The strategic priority linked to our Local theme is 'A Fife where we will enable people and communities to thrive'. We will work with individuals, local communities, staff, and partners to provide personalised care, by the right person, in the right place, and at the right time.
Fostering good relations	The Strategic Plan has been developed by the Partnership's Strategic Planning Group and the Strategic Plan Working Group. These groups have multi-agency membership

	including relevant colleagues from the independent and third sectors, and public representation. The Engagement Overview for the development of the Strategic Plan includes consultation and engagement with a wide range of stakeholders, groups and organisations. This has ensured that a wider range of individuals have had the chance to provide their views and feedback, and to influence the direction of the Strategic Plan over the next three years. The Partnership continues to promote inclusiveness. A recent example being the setting up of a dedicated Team to support carer involvement and promote participation and engagement by unpaid carers and other individuals. Our Sustainable theme includes this strategic priority 'A Fife where we will ensure services are inclusive and viable'. We will work together to identify unpaid carers within our communities, and increase the support available for carers, including enabling regular breaks for carers, and supporting all models of care. We will work with our partners in the third and independent sector to deliver services that are collaborative.
Socio-economic disadvantage	We recognise that low income and reduced access to resources, can impact negatively on people's health and wellbeing. For example, it can affect an individual's ability to: • have safe, good quality, accessible housing, • access their local community and families for support, • access to nutritious food, and know how to prepare/cook fresh produce, • buy fuel to heat homes and cook nutritious meals. Our Wellbeing theme is linked to the strategic priority 'A Fife where we will support early

	intervention and prevention'. We will support people to develop and maintain the knowledge to manage their own health conditions and lead healthier lives. We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities We will maximise opportunities to provide safe, sustainable, and appropriate housing.
Inequalities of outcome	Outcomes is a key theme of the new Strategic Plan, and the related strategic priority is 'A Fife where we will promote dignity, equality, and independence'. This approach embeds equalities in our practice and ensures that we will, as appropriate, target specific actions to support communities and individuals most at risk of harm from inequalities. In addition, we will actively work to improve health and wellbeing outcomes across Fife. The Partnership has several initiatives designed to reduce or remove inequalities of outcome. For example, the Shared Lives Fife service provides family-based care in the homes of carers to adults with disabilities or mental health difficulties. Families and individuals are carefully matched to support adults to live their lives as fully as possible. Link Life Fife provides support for adults to help manage stress or anxiety that is affecting their mental health or general well-being. Individuals can be referred to Link Life Fife by their GP or Primary Care Team. The Partnership's Deaf Communication Service provide advice and support for the deaf community and work closely with local communities to remove barriers to communication for people affected by deafness.

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the policy change is on any of the protected characteristics

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)
Age (including older people aged 65+)	By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of the Strategic Plan these stakeholders will be able to provide feedback on the Plan, and their views on the priorities that should be taken forward by the Partnership over the next three years.	Failure to consider and mitigate the specific barriers faced by children or older people when developing the Strategic Plan would serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them. Potential barriers include: • arranging engagement activities during school hours, or in locations with little or no public transport. • failure to consider the differential knowledge or experience of using more modern, often digital, engagement	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with people of different ages will enable the Partnership to identify and mitigate the potential barriers that children and older people may face, and then take reasonable steps to reduce or remove these barriers. Mitigations include: • providing easy-ready versions, and information that is accessible to individuals with a range of competences, reading skills, and different levels of capacity.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		methods, or failure to consider the accessibility requirements of older people.	• ensuring opportunities to engage are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face. • arranging physical engagement activities in locations that are accessible for the intended audience.
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of the Strategic Plan these stakeholders will be able to provide feedback on the Plan, and their views on the priorities that should be taken forward by the Partnership over the next three years.	Failure to consider and mitigate the specific barriers faced by people with mental and physical disabilities when developing the Strategic Plan would serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them. Potential barriers include:	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with people with mental and physical disabilities will enable the Partnership to identify and mitigate the potential barriers that disabled people face, and then take reasonable steps to reduce or remove these barriers. Mitigations include:

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		• arranging engagement activities in buildings that lack appropriate access, or venues that require significant or specific travel arrangements. • providing limited access options, for example digital-only consultations, or failure to provide easy-read versions.	• arranging physical engagement opportunities in locations with disabled access and appropriate facilities such as induction loops, interpreters, or extra staff assistance if required. • providing consultations and other information in alternative formats. • ensuring opportunities to engage are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face.
Gender Reassignment	By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of the Strategic Plan these stakeholders will be able to provide feedback on the Plan,	Failure to consider and mitigate the specific barriers faced by transgender people when developing the Strategic Plan would serve to exclude them from the engagement process and fail to capture	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with transgender people will enable the Partnership to identify and mitigate the potential barriers

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	and their views on the priorities that should be taken forward by the Partnership over the next three years.	their feedback in relation to health and social care services important to them. Potential barriers include: • failure to provide sufficient privacy during engagement opportunities, as some individuals may prefer not to share their views in a public forum. • providing forms or surveys which do not include appropriate options for pronouns and gender (natal, identified, and expressed). • arranging activities in venues that do not provide suitable facilities for transgender people, for example buildings which only provide gender-neutral or single	that individuals may face, and then take reasonable steps to reduce or remove these barriers. Mitigations include: • ensuring opportunities to engage are inclusive, and enabling individuals to contribute in confidence where preferred. • signposting alternative formats that can be utilised in a confidential setting, for example providing details of online surveys during public events. • arranging events in venues that provide appropriate facilities and signage for transgender people.

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)
		sex, toilets, signage, and other amenities.	
Marital Status (Marriage and Civil Partnerships)	It is unlikely that an individual's marital status will have an impact on their opportunity to review or provide feedback on the Strategic Plan.	N/A	N/A
Pregnancy and Maternity	By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of the Strategic Plan these stakeholders will be able to provide feedback on the Plan, and their views on the priorities that should be taken forward by the Partnership over the next three years.	Failure to consider and mitigate the specific barriers faced by women who are pregnant or breastfeeding when developing the Strategic Plan would serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them. Potential barriers include: • arranging engagement activities in venues that have limited access or facilities for women who are pregnant or breastfeeding.	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with women who are pregnant or breastfeeding, will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers. Mitigations include: • ensuring opportunities to engage are inclusive and cover an appropriate range of formats, for example

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
			digital, telephone, and face-to-face. • providing multiple engagement opportunities so that individuals have several opportunities to get involved and provide their views on the Strategic Plan. • providing appropriate support so that women can breastfeed during engagement opportunities.
Race (All Racial Groups including Gypsy/Travellers)	By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of the Strategic Plan these stakeholders will be able to provide feedback on the Plan, and their views on the priorities that should be taken forward by the Partnership over the next three years.	Failure to consider and mitigate the specific barriers faced by some ethnic and racial groups when developing the Strategic Plan would serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them.	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with ethnic and racial groups will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)
		Potential barriers include: • providing limited access options, for example digital-only consultations, or failure to provide information in different languages. • arranging engagement activities in venues that may be difficult for some individuals to access, or at times that may be restrictive.	Mitigations include: • ensuring that interpretation services, including interpreting tools and face-to-face interpreters, are available if/when required. • providing consultations and other information in alternative formats and languages. • organising engagement events in accessible locations and offering tailored opportunities where required.
Religion, Belief, and Non-Belief	By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of the Strategic Plan these stakeholders will be able to provide feedback on the Plan, and their views on the priorities	Failure to consider and mitigate the specific barriers faced by individuals with particular religious or philosophical beliefs, or individuals connected to someone who has a particular religion or belief, when	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with individuals that have particular religious or philosophical beliefs will enable the Partnership to identify and

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	that should be taken forward by the Partnership over the next three years.	developing the Strategic Plan would serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them. Potential barriers include: • arranging engagement activities on specific days or at times that are likely to be restrictive for particular religious groups. • holding all engagement activities in religious venues, for example churches or denominational schools. • providing information and materials that contain content that could be perceived as discriminatory towards particular groups.	mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers. Mitigations include: • ensuring opportunities to engage are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face. • providing multiple engagement opportunities so that individuals have several opportunities to get involved and provide their views on the Strategic Plan. • ensuring that engagement materials and other information do not contain biased or

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
			potential discriminatory content.
Sex (Women and Men)	By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of the Strategic Plan these stakeholders will be able to provide feedback on the Plan, and their views on the priorities that should be taken forward by the Partnership over the next three years.	Failure to consider and mitigate the specific barriers faced by individuals of a particular sex when developing the Strategic Plan would serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them. Potential barriers include: • arranging engagement activities in locations, and/or on specific day and times that are likely to be restrictive for particular groups, for example holding all public meetings at times, or in locations, that are inaccessible for	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with individuals of a particular sex will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers. Mitigations include: • ensuring opportunities to engage are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face. • providing multiple engagement opportunities so that

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
		individuals with child-care responsibilities.	individuals have several opportunities to get involved and provide their views on the Strategic Plan. • arranging physical engagement activities in locations that are accessible for the intended audience and offering tailored opportunities where required.
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	By ensuring that individuals have appropriate opportunities and accessible routes to get involved in the development of the Strategic Plan these stakeholders will be able to provide feedback on the Plan, and their views on the priorities that should be taken forward by the Partnership over the next three years.	Failure to consider and mitigate the specific barriers faced by individuals who are (or who are perceived as) heterosexual, gay, lesbian or bisexual, when developing the Strategic Plan would serve to exclude them from the engagement process and fail to capture their feedback in relation to health and social care services important to them.	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with individuals who are (or who are perceived as) heterosexual, gay, lesbian or bisexual, will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.

Protected characteristic	**Positive impact** (May benefit an equality group.)	**Negative impact** (Could disadvantage an equality group.)	**Mitigations** (Steps we will take to reduce the risk of disadvantage by an equality group.)
		Potential barriers include: • failure to provide sufficient privacy during engagement opportunities, as some individuals may prefer not to share their views in a public forum. • providing forms or surveys which do not include appropriate options for sexual orientation.	Mitigations include: • ensuring opportunities to engage are inclusive, and enabling individuals to contribute in confidence where preferred. • signposting alternative formats that can be utilised in a confidential setting, for example providing details of online surveys during public events.

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

	Positive impact	**Negative impact**	**No impact**
Carers	Many carers are included in the protected characteristics groups highlighted above. This includes carers who are in protected characteristics groups themselves, and individuals who care for other people that are in protected characteristics groups. All carers are included in the Partnership's Carers Strategy and the supporting delivery plan, guidance, and procedures. This approach ensures that carers, requirements, and potential impacts on their health and wellbeing, as well as their capacity to undertake their caring role, are considered in all planning and decision-making.	Changes to the way that services are delivered can impact on individuals, and the people who care for them. For example, reductions in service provision for the individual can have a negative impact on the carers' health and wellbeing, work role, family relationships or other commitments. The risk of adverse impacts will be addressed through the implementation of the Carers Strategy and proactive inclusion of carers in service planning, decision-making, and delivery.	
Looked After Children and Care Leavers	These groups are included in the mitigations highlighted above.		X

Privacy (including information security, data protection, and human rights)	Fife Health and Social Care Partnership has robust procedures in place to ensure compliance with legislative requirements including data protection and privacy rights.		X
Economy	The Partnership's Medium-Term Financial Strategy includes appropriate mitigations for potential economic impacts.		X

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	**Source of evidence**
1. Equality Outcomes and Mainstreaming Report	Legislative requirements, benchmarking, stakeholder input.
2. Locality Action Plans	Multi-agency discussions.
3. Engagement Overview	Ongoing engagement with key stakeholder groups.
4. Annual Performance Report 2021 to 2022	Service updates and case studies.

Part 3: Recommendations and Sign Off

Sign off

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

Date completed: September 2022	Date sent to Community Investment Team: 6th October 2022. Enquiry.equalities@fife.gov.uk
Senior Officer Name: Fiona McKay	Designation: Head of Strategic Planning, Performance & Commissioning

FOR COMMUNITY INVESTMENT TEAM ONLY

EqIA Ref No.	Strategic Plan for Fife 2022 to 2026
Date checked and initials	ZR 22.11.2022

Fife Health & Social Care Partnership

Supporting the people of Fife together

Strategic Plan 2023 to 2026

Stakeholder Engagement Analysis

Author	C. Rogers
Date	November 2022

Contents

We Asked, You Said, We Did

During May to November 2022, Fife Health and Social Care Partnership engaged with local communities and other stakeholders to capture their views on health and social care needs across Fife. Feedback from the engagement process has informed the development of the Partnership's Strategic Plan 2023 to 2026.

683

people responded

People were asked to answer several key questions on the different strategic priorities identified:

1. **Are the strategic priorities we have identified the right ones, and if not, what should the priorities be?**
2. **Are the next steps we propose to take in respect of each of the priorities the right ones and if not, what steps should we be taking?**
3. **Are there any significant issues we have missed and if so, what are they?**

Different formats, including easy-read versions, were available.

People from all seven Fife localities provided their views.

There was overwhelming support for the strategic priorities.

The top five areas highlighted in the feedback were:

- Hospital admissions and discharges.
- Increased recruitment and retention of staff, particularly Home Carers.
- The importance of early intervention and preventative care.
- Funding and resources to deliver the planned service improvements.
- Additional support for unpaid carers.

We listened to your feedback, and will continue to work with you to ensure that your views are reflected in our strategic priorities, and in the wide range of transformational projects and service improvements, that we will deliver over the next three years to enable the people of Fife to live independent and healthier lives.

This Report provides details of the engagement activities and the feedback received: *Add link to Engagement Report once published.*

Executive Summary

The Fife Health and Social Care Partnership's (HSCP) Participation and Engagement Team supported the Strategic Plan Working Group from May through November 2022 to plan, develop and deliver a range of engagement activities to ensure the voice of all stakeholders were represented and considered in the Partnership's updated Strategic Plan 2023 to 2026.

The engagement process involved a range of methods and opportunities for people to get involved and express their views, including:

- Public reference groups which represent underrepresented individuals and groups to design and trial the consultation questions.
- Face to face engagement sessions in locality venues and groups.
- An online survey.
- Other strategy consultations associated with the overarching Strategic Plan running across the Fife HSCP.

A total of **683** stakeholders were involved and gave us their views using a variety of engagement tools. This report includes feedback from face-to-face sessions as well as responses submitted to the online Microsoft Form that was created.

The consultation period ran from July 2022 through to November 2022. The initial engagement period between July and October included visiting public reference groups and involving them in the development and design of questions around the suggested priorities for the consultation which would inform the second phase of the engagement activities. The second phase of engagement saw the launch of the online and wider consultation.

The Participation and Engagement Team were able to connect with, and work with, a variety of stakeholder groups to ensure as many voices as possible across each of the seven localities in Fife were listened to, especially those considered as protected characteristic groups. Most stakeholders involved in the groups were those with a personal lived experience of receiving a health and/or social care service in Fife. A breakdown of engagement activities per locality has been provided in section three of this report.

Throughout the initial engagement process several priority areas were highlighted by the HSCP Senior Leadership Team (SLT) and endorsed by the Strategic Planning Group (SPG) and the Integration Joint Board (IJB). These strategic priorities were then consulted on and agreed with stakeholders across the landscape which.

The Partnership's Strategic Priorities are:

- LOCAL – a Fife where we will enable people and communities to thrive.
- SUSTAINABLE – a Fife where we will ensure services are inclusive and viable.
- WELLBEING – a Fife where we will support early intervention and prevention.
- OUTCOMES – a Fife where we will promote dignity, equality, and independence.
- INTEGRATION – a Fife where we will strengthen collaboration and encourage continuous improvement.

As well as the consistent themes raised by people across Fife, discussions also highlighted some specific local opportunities and challenges.

For example, there is a perception by some people in the North East Fife locality that there are few community groups and organisations available in this locality and transport is expensive and not always easily accessed, whilst people in the Levenmouth locality recognised they would like to live a healthier lifestyle but physical activities such as gyms and sports groups are expensive, and the cost of healthier foods is higher. The Kirkcaldy locality raised issues around transport to and from hospital and the lengthy waiting times for health care appointments, the Dunfermline locality generally agreed with similar issues.

Extensive engagement was carried out using:

- Face-to-face methods,
- Online consultation which was also developed into an easy-read version,
- Utilising parallel engagement with other consultations which were running locally (see Appendix 1), and
- Locality Planning Groups.

The Participation and Engagement Team tapped into existing networks and organisations representing underrepresented individuals and groups. For example

- The Well, which is a Community Led Support project that allows members of the public to engage directly with health and social care staff from statutory, third sector and independent sector local groups and organisations. The Well supports individuals to access different services and support in their own communities to assist them to resolve a range of problems that they may be facing.
- SAMH Sunflower Hubs which is a mental health peer support service.
- People First the National Disabled People's Organisation of adults with a Learning Disability Scotland which hosts local groups Fife.

In addition to the themes identified in the individual localities mentioned above, the various equalities groups identified specific issues in their localities and Fife-wide. Accessible information and signage were identified as a huge barrier for people with learning disabilities. This included information being available in easy-read formats such as leaflets and posters, as well as signage in hospitals and GP surgeries. Additional issues identified included accessible transport to and from appointments,

such as public buses with access ramps and spaces for wheelchairs and walkers. Those who use services felt that being passed between teams can often lead to miscommunication and/or information being lost and having to re-tell their story multiple times. Improved communication across all services and between services and their patients was also identified in these groups as well as in the wider consultation.

Although there were a lot of areas identified that people felt need to be improved to better support the people of Fife, there was also a lot of positive feedback received, and some people identified things that didn't need to change. Many respondents wanted to acknowledge the staff across health and social care services and thank them for their hard work and support, particularly throughout the pandemic and recovery phase, with staff shortages across the sector also being acknowledged. Some respondents also felt that adaptations to some services and the flexibility that has come from the coronavirus pandemic has improved service provision and efficiency significantly such as online and telephone appointments, or Pharmacy First which has enabled Fife Pharmacy's to prescribe some medications which previously only GPs would be able to prescribe.

People across Fife have engaged openly and actively around the HSCP Strategic Plan welcoming the opportunity to input, inform, and shape decisions around services and support available in their localities. In many cases, people described the quality of services that they had received from health and social care staff as good or even exceptional. Concerns tended to be about waiting times for appointments, communication and accessing services.

Whilst the availability and support of resources is crucial in the implementation of the Strategic Plan, a number of the improvements and ideas that are summarised in this report may only require a shift in approach, or minor changes to the ways of working. This includes continuing to participate and engage with local communities for their input to develop and improve the services that they use. Listening to the voice of local people has been fundamental to informing the development of the Fife Health and Social Care Partnership's Strategic Plan 2023 to 2026. The Fife HSCP can continue to build on this by creating an ongoing partnership with local people and communities as well as with a wide range of services and stakeholder organisations.

Fife Health and Social Care Partnership would like to thank everyone who participated in the engagement process for their time, and for sharing their views and experiences of health and social care services in Fife.

1.0 Introduction

Between July and November, the Fife Health and Social Care Partnership's Participation and Engagement Team supported the Strategic Plan Working Group to carry out extensive engagement for the Partnership's Strategic Plan 2023 to 2026. The objectives of the engagement were to capture the priorities and ideas from Fife's communities and to hear directly from those with experience of using services.

The feedback gathered throughout the engagement period was collated and used to inform the priorities in the Strategic Plan.

We recognise the importance of gathering feedback from individuals and communities to reflect the different voices of those people across our Fife localities who use and are affected by the range of services that we deliver.

There are some current challenges that Fife are faced with which are out with the control of the Fife Health and Social Care Partnership. Many communities are still recovering from the impact of the coronavirus pandemic, the ongoing cost of living crisis is impacting everyone, as well as staffing and resources issues across Scotland and the UK. When carrying out engagement we recognised that we had to be open, honest, and transparent with the people of Fife because we do not know what we could face over the next Strategic Plan cycle between 2023 to 2026. However, we wanted to assure people that we were listening, that we are taking on board their feedback and welcoming ideas and solutions on how we can work together to prioritise and improve services to enable the people of Fife to live longer and healthier lives.

1.1 The Engagement Timeline

The full engagement program was carried out between July and November 2022 whilst the online consultation and easy-read version was open for responses between mid-October and the end of November.

2.0 Engagement Methods

2.1 Designing the consultation

The public reference groups brought together knowledge and expertise from a variety of protected characteristic groups to ensure the questions being asked were understood with no corporate jargon and were relevant to what the people of Fife view as their key priorities in health and social care services.

The questions were carefully developed and trialled with People First groups across Fife and asked the following:

1. What would help you in terms of your general health over the next 3 years? Please select all that apply.

    - More exercise and/or outdoor activities, e.g., walk more, take the stairs, try new activities/sports
    - Healthier choices, e.g., eat more fruit and vegetables, drink more water, manage your weight, and get enough sleep
    - Use screening and other support services available, e.g., bowel, cervical, and breast screening, Stop Smoking Service
    - Additional support and guidance to manage stress and anxiety, e.g., advice from Moodcafé Fife, Breathing Space, Addiction Services
    - Having clear information about services in your local area, e.g., information online, posters, accessible information, audio versions, drop-in sessions
    - Other (please specify)

2. Over the next 3 years how can the Fife Health & Social Care Partnership help you to look after your own health and wellbeing? Please select all that apply.

    - Advice and guidance to support people with their own mental and physical health and wellbeing, e.g., On Your Doorstep, Advocacy, Mindfulness, The Well
    - Equality of opportunity for all to access and get involved in local activities leading to contribution and belongingness to local community, e.g., Food banks, Community Cafes, classes, and groups
    - More use of digital technologies, e.g., online appointment bookings and video calls with GPs (Doctor) and other health specialists
    - Training and support for members of the public, carers and families using digital technologies and Technology Enabled Care, e.g., Community Alarms or Selfcare Apps
    - More information about who to contact when you need advice, support, or assistance with a health-related issue, e.g., GPs, Dentists, Pharmacies
    - Other (please specify)

3. Where do you find information and advice about health and social care services? This includes adults and older people's social work services, community hospitals, GPs (Doctor), mental health homecare services, housing aids and adaptations.

    - Online websites, e.g., NHS Inform, Fife Council, NHS Fife, and Fife HSCP websites
    - Social Media, e.g., Facebook, WhatsApp, Twitter
    - Fife HSCP YouTube Channel
    - GP Surgery
    - Fife Council Contact Centre
    - Family and friends
    - Other (please specify)

4. Does the Fife Health and Social Care Partnership do a good job of providing health and social care services? This may include your GP (Doctor), Carers, Social Workers, Housing, Community Groups, etc.

5. Is there something good that is going on in your community that could help improve people's health and wellbeing in other places?

6. How could we improve the service(s) that you receive?

2.2 Engagement Methods

2.2.1 In Person

A number of face-to-face engagement sessions were organised between July and September to identify the priorities for the Strategic Plan. The Participation and Engagement Team tapped into existing groups and networks and attended People First groups, The Well and SAMH Sunflower Hub across the seven localities. It was important to reach these groups to ensure they were supported and given an equal opportunity to participate. The Participation and Engagement Team also attended the SAMH Community Fun Day in Methil and had a pop-up stall to invite members of the public to discuss what is important to them.

In addition to this, the easy-read consultation was distributed to colleagues in Social Work and Community Support Services to support individuals in residential care settings to complete the consultation. Colleagues also attended a number of third sector and volunteer groups to gain feedback from protected characteristic groups including People First groups in Leven and Kirkcaldy.

Colleagues who attended the Locality Planning Group Meetings as representatives of grass roots staff across health and social care, Fife Council, third and independent sectors landscape held in August and September 2022 were also invited to provide feedback and encouraged to share the consultation with their wider networks. Feedback from these sessions were gathered through the use of postcards which is detailed in Section 2.2.2 of this report.

2.2.2 Postcards

Once priorities had been identified these were then developed into questions (as seen in Section 2.1 of this report) on postcards which were circulated with colleagues at the Locality Planning Groups held in August and September in each of the Fife localities.

The postcards were also distributed into some GP practices per locality however the Strategic Planning Group felt this was not the best way to gather the views of people and therefore these were not used extensively.

2.2.3 Online

An online Microsoft Form was created to detail the strategic priorities and the transformational strategies and locality actions plans tied into these.

An easy-read version was developed for anyone who requested a copy of this.

Hardcopies of the original and the easy-read version of the consultation were made available and sent out upon request with freepost envelopes to return back to the Participation and Engagement Team. Any responses received were then submitted to the online form by the Participation and Engagement Team.

2.2.4 Other Consultation

In addition to the public engagement and consultation activities, we also asked colleagues from across the Partnership to provide their comments and suggestions, including key governance groups:

- Fife Integration Joint Board
- Health and Social Care Partnership Senior Leadership Team
- Health and Social Care Partnership Extended Leadership Team
- Strategic Planning Group
- Local Partnership Forum
- Locality Core Groups
- Fife Partnership Board

It was important to use previous and ongoing consultations to recognise the priorities in specific service areas. This included information from:

Engagement/Consultation Name	Date	Type of Engagement	Engagement Owner
Fife HSCP Employee and Wellbeing Consultation	August 2022	Online Survey	Fife HSCP Organisational Development and Culture
Fife HSCP Dementia Strategy Review	January 2022	F-2-F Workshops Online Survey Paper Survey	Fife HSCP Participation and Engagement Team
Fife HSCP Participation & Engagement Strategy	May 2022	Online Workshops F-2-F Workshops Online Survey	Fife HSCP Participation and Engagement Team
Fife HSCP Fife Community Support Services – Service Redesign	May 2022 July/August 2022 September 2022	F-2-F Workshops Paper Survey F-2-F Workshops	Fife HSCP Participation and Engagement Team
NHS Fife “What Matters to You” Day	June 2022	F-2-F Pop-up	Fife HSCP Participation and Engagement Team
Fife HSCP Older People Day Services – Service Redesign	June 2022	Telephone Consultation	Fife HSCP Participation and Engagement Team
Fife HSCP Home First Strategy	August 2022	Online Workshops Online Survey	Fife HSCP Participation and Engagement Team
Scottish Government – Fife HSCP response to Mental Health Consultation	August 2022	Online Consultation	Fife HSCP Participation and Engagement Team

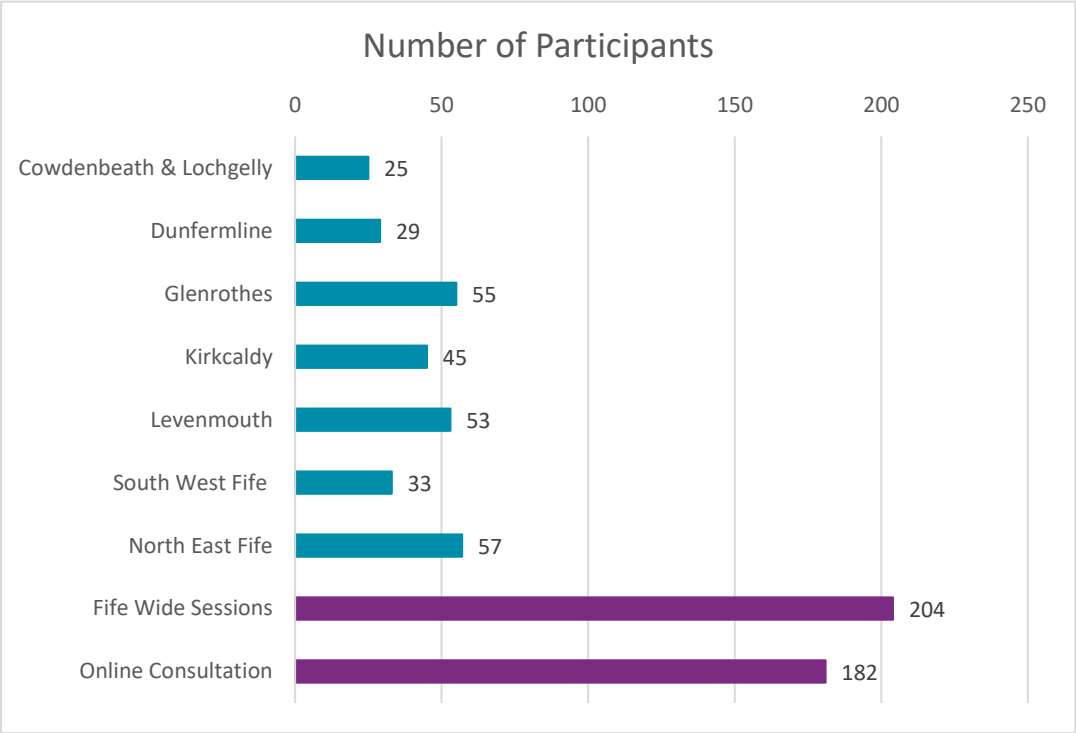
Feedback from these consultations has been collated and presented in Appendix 1.

3.0 Stakeholder Engagement

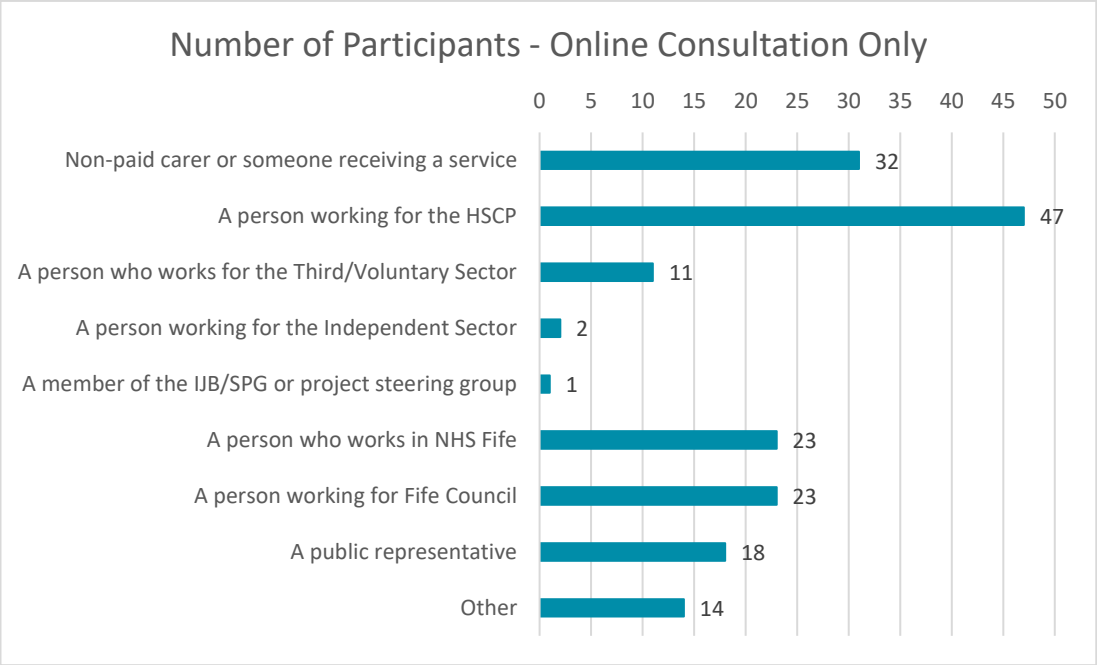
A total of **683** stakeholders were involved in the engagement for the Strategic Plan 2023 to 2026. The following graphs give a break-down of stakeholder demographics.

A further breakdown of respondents per locality can be seen in the following sub sections in this report.

Graph 1: Number of respondents per locality



Graph 2: Number of respondents to the online consultation (by role)



3.1 North East Fife Locality

Group Name	Location	Start Date	End Date	Participants	Pilot/Live/Other
The Well	St. David's Community Centre, St. Andrews	16/08/2022	16/08/2022	6	Pilot
People First	Cosmos Centre, St. Andrews	16/08/2022	16/08/2022	6	Pilot
SAMH Sunflower Hub	YMCA, Cupar	17/08/2022	17/08/2022	3	Pilot
SAMH Sunflower Hub	Cosmos Centre, St. Andrews	18/08/2022	18/08/2022	0	Pilot
Locality Planning Group	Online	12/09/2022	12/09/2022	35	Live
People First	Cosmos Centre, St. Andrews	08/11/2022	08/11/2022	7	Live (Easy-read)
				57	

3.2 Levenmouth Locality

Group Name	Location	Start Date	End Date	Participants	Pilot/Live/Other
SAMH Community Fun Day	Bay View, Methil	05/082022	05/08/2022	Approx. 25	Pilot
The Well	Leven	10/08/2022	10/08/2022	0	Pilot
Locality Planning Group	Fife Renewables Innovation Centre, Leven	13/09/2022	13/09/2022	22	Live
People First	The Centre, Leven	30/11/2022	30/11/2022	6	Live (Easy-read)
				53	

3.3 Kirkcaldy Locality

Group Name	Location	Start Date	End Date	Participants	Pilot/Live/Other
People First	Kirkcaldy	04/08/2022	04/08/2022	11	Pilot
Locality Planning Group	Dysart Community Hall	01/09/2022	01/09/2022	24	Live
People First	Kirkcaldy	01/12/2022	01/12/2022	10	Live (Easy-read)
				45	

3.4 Glenrothes Locality

Group Name	Location	Start Date	End Date	Participants	Pilot/Live/Other
The Well	St. Luke's, Glenrothes	09/08/2022	09/08/2022	7	Pilot
Locality Planning Group	Fife House, Glenrothes	26/09/2022	26/09/2022	48	Live
				55	

3.5 Cowdenbeath Locality

Group Name	Location	Start Date	End Date	Participants	Pilot/Live/Other
SAMH Sunflower Hub	Lochgelly	08/08/2022	08/08/2022	5	Pilot
Locality Planning Group	Kelty Community Centre	07/09/2022	07/09/2022	20	Live
				25	

3.6 Dunfermline Locality

Group Name	Location	Start Date	End Date	Participants	Pilot/Live/Other
People First	Dunfermline	03/08/2022	03/08/2022	7	Pilot
The Well	Duloch Leisure, Dunfermline	15/08/2022	15/08/2022	0	Pilot
Locality Planning Group	Court Room, Dunfermline	06/09/2022	06/09/2022	22	Live
				29	

3.7 South West Fife Locality

Group Name	Location	Start Date	End Date	Participants	Pilot/Live
The Well	Valleyfield	19/08/2022	19/08/2022	0	Pilot
Locality Planning Group	Inverkeithing Civic Centre	20/09/2022	20/09/2022	33	Live
				33	

3.8 Fife Wide

Group Name	Location	Start Date	End Date	Participants	Pilot/Live/Other
People First	Online	01/08/2022	01/08/2022	8	Pilot
Home First – Third Sector	FVA, Glenrothes	11/08/2022	11/08/2022	27	Other
Home First – Operational Staff (1)	Online	22/08/2022	22/08/2022	17	Other
Home First – Operational Staff (2)	Online	23/08/2022	23/08/2022	34	Other
Home First – Carers (1)	Rothes Halls, Glenrothes	24/08/2022	24/08/2022	6	Other
Home First – ELT	Online	01/09/2022	01/09/2022	11	Other
Home First – NHS Acute	Online	05/09/2022	05/09/2022	24	Other

Home First – Carers (2)	Carnegie Conference Centre, Dunfermline	06/09/2022	06/09/2022	3	Other
Home First - Care Provider Network	Online	13/09/2022	13/09/2022	3	Other
Home First - GP CQL Cluster Group	Online	14/09/2022	14/09/2022	9	Other
Home First - Independent Care at Home Collaborative Members	Online	15/09/2022	15/09/2022	7	Other
Home First - Independent Sector	Online	20/09/2022	20/09/2022	5	Other
Home First - ICASS Staff	Online	22/09/2022	22/09/2022	13	Other
Home First - Advocacy Forum	Online	27/09/2022	27/09/2022	6	Other
Home First - Pharmacy Group	Online	28/09/2022	28/09/2022	15	Other
Home First - All stakeholders – Home First	Online	11/08/2022	30/09/2022	16	Other
Strategic Plan Draft for Consultation	Online	17/10/2022	30/11/2022	182	Live
				386	

3.9 NHS Fife Consultations

In addition to the above engagement activities, NHS Fife commissioned independent research with Fife residents to gather opinions on health and wellbeing services provided in Fife. This included focus groups and interviews with seldom heard groups to understand their experiences of health and care services, and to understanding how services could be improved to better meet their needs. This included:

- A focus group with people living with dementia.
- Interview with college students.
- A focus group with faith leaders from across Fife.
- Interviews with people with learning disabilities.

To support the NHS Fife Population Health and Wellbeing Strategy 2023 to 2028, a number of extra engagement activities were completed:

- 945 people completed a survey about their health and wellbeing.
- 374 comments and feedback from Care Opinion were collated and reviewed.
- 131 staff attended sessions to discuss steps to reduce inequalities.
- 75 meetings were held with clinical teams to discuss priorities for future service developments.

The research findings from these engagement activities have also informed the development of the Partnership's Strategic Plan 2023 to 2026.

4.0 We asked, You said, We did

People were asked to answer several key questions on the different priorities identified:

1. **Are the strategic priorities we have identified the right ones, and if not, what should the priorities be?**

2. **Are the next steps we propose to take in respect of each of the priorities the right ones and if not, what steps should we be taking?**

3. **Are there any significant issues we have missed and if so, what are they?**

The Partnership's strategic priorities for 2023 to 2026 are:

4.1 LOCAL

We asked:

People to consider the following strategies and subsequent topics and provide feedback where appropriate.

- Home First Strategy
    - Improving the hospital discharge process
    - Anticipatory Care Plans
    - Using more technology and digital systems

The changes we need to make
In line with the Home First Strategy we will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible.

What will success look like?
A reduction in the number of patients who are required to remain in hospital after they are medically well enough to be discharged home.

Where we want to be in 2026
Individuals require less hospital admissions, and when they do require hospitalisation are able to return to their home environment as soon as they are medically well enough.

Do you agree with this priority?

You said:

Yes	163
No	5
Not sure	12

- People wanted more reassurance that anticipatory care planning takes a 'joined up' approach.

- You asked that on admission to hospital, patients/representatives should be advised as soon as possible about their hospital journey and the discharge planning approach for their individualised care.
- People wanted stronger links between health, social care, and housing providers to optimise patient discharge pathways.
- People said that this seemed to be a reasonable and practical approach.

We did:

- Make a commitment to transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible.
- Make a commitment ensure that multi-disciplinary teams work on site at the Victoria Hospital Kirkcaldy (VHK) and will be integrated with Acute Services to ensure joined-up decision making, resulting in appropriate redirection of patients who do not require hospital admission.
- Make a commitment to utilise digital systems and applications to enable relevant multi agency access to a single Anticipatory Care Plan.
- Make a commitment to build a model that utilises multi-agency Teams who can prevent admissions and support people to manage their long-term conditions at home.

We asked:

- Local Housing Strategy
    - Preventing homelessness
    - Developing new models of Supported Housing

The changes we need to make
In line with the Local Housing Strategy we will meet the requirements of the Prevention of Homelessness Duty, and work together to meet the housing needs of Housing First customers.

What will success look like?
An increase in the number of individuals who are prevented from becoming or being homeless.

Where we want to be in 2026
All key services will have a clear Prevention of Homelessness Duty embedded into their plans. Any service users who wish to go down the Housing First Pathway will be supported to do so.

Do you agree with this priority?

You said:

Yes	152
No	8
Not sure	17

- People asked that we work closely with our local authority partners to ensure adequate housing stock is available.
- People asked for a co-ordinated multi agency approach to homelessness.
- People asked us to deliver a reduction in homelessness and appropriate housing to meet individual needs.
- You asked for more care villages to be built, noting that these are a great way for people to maintain more independent living including those with disabilities.

We did:

- Make a commitment to work with our Housing partners on the following priorities:
    - Ending Homelessness
    - More Homes in the right places
    - A Suitable Home
    - A Quality Home
    - A Warm Low Carbon Home

- Make a commitment to build additional Extra Care Housing and develop new models of Supported Housing accommodation for example: Care Villages that fit the needs of local communities.

4.2 SUSTAINABLE

We asked:

People to consider the following strategies and subsequent topics and provide feedback where appropriate.

- Carers Strategy
  - Breaks from caring
  - Support for carers

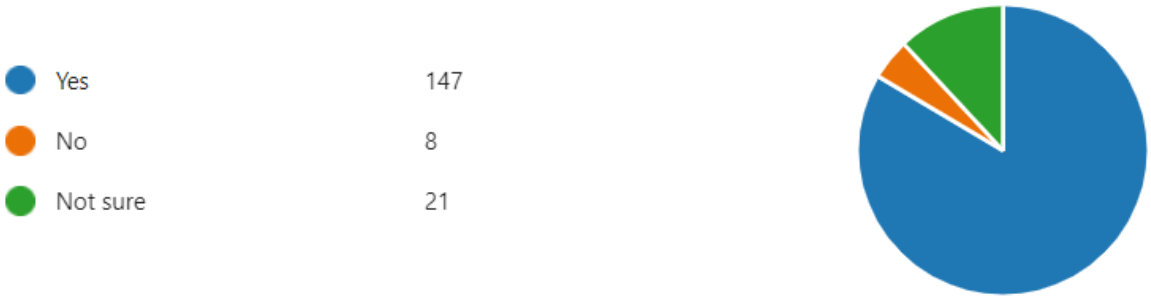
The changes we need to make
In line with the Carers Strategy we will commission a full independent audit and impact assessment of our approach to supporting carers.

What will success look like?
Completion of an independent audit which will inform future planning.

Where we want to be in 2026
Carers will have access to high quality information at a time and place that best meets their needs, and enables them to make positive choices regarding their caring role.

Do you agree with this priority?

You said:



- People asked that we connect with Carers who are not on our radar or who don't see themselves as Carers.
- You asked us to consider training needs and increased support and supervision for carers to help them stay well at work.
- You asked that we ensure that those working with unpaid carers are fully trained on the legal requirements and how these should be fulfilled including Self Directed Support (SDS).
- You asked for more effective communication on Carers support and access to information.

- You asked that we ensure Carers are listened to.

We did:

- Make a commitment to reviewing our short breaks and commission an increase in the support for unpaid carers to access breaks from their caring role(s).
- Make a commitment to commission a full independent audit and impact assessment of our approach to supporting carers to inform our future planning and deliver on more effective communication.
- Make a commitment to ensuring that our health and social care workforce have the skills, knowledge, and confidence to identify, support and involve carers in accordance with legislative requirements and current best practice.

We asked:

- Dementia Strategy
    - Creating Dementia friendly spaces in Fife
    - Day services for people with dementia

The changes we need to make
In line with the Dementia Strategy we will identify opportunities to build the capacity of day services support for people with dementia in each locality and provide greater opportunities to deliver meaningful support.

What will success look like?
An increase in the availability of day services support for people with dementia and their carers.

Where we want to be in 2026
Identification and delivery of improvement opportunities for delivering day services to support people in Fife who live with dementia.

Do you agree with this priority?

You said:

Yes	164
No	3
Not sure	10

- People asked for additional day services.
- You asked that we be creative about how dementia services are delivered.
- People asked that the public are more aware of dementia friendly schemes allowing information to be disseminated positively and quickly and that all public spaces meet the dementia friendly standard.

We did:

- Make a commitment to building the capacity of day services to support people with dementia in each locality and provide greater opportunities to deliver meaningful support.
- Make a commitment to establish a dedicated team to review current pathways and develop solutions to expand the scope, scale, and availability of support for people living with dementia.
- Make a commitment to ensure that the dementia friendly scheme is embedded across all public spaces in Fife.

4.3 WELLBEING

We asked:

People to consider the following strategies and subsequent topics and provide feedback where appropriate.

- Alcohol and Drug Strategy
    - Improve follow up care for those with alcohol and drug addictions when they are discharged from hospital, prison, or A&E
    - Improve support to families as a targeted early intervention approach

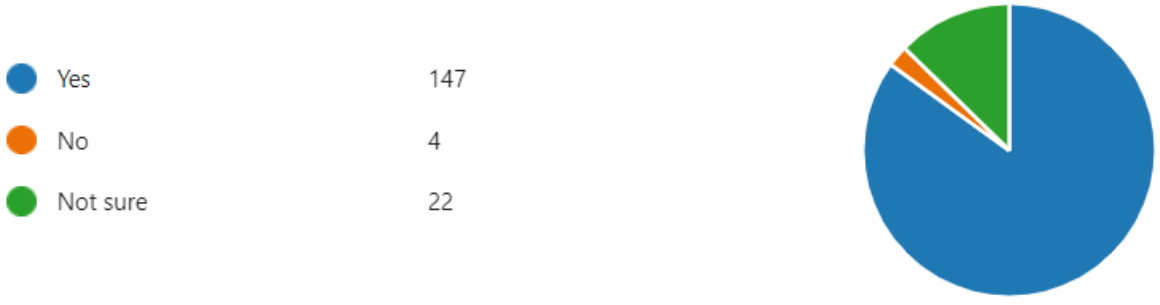
The changes we need to make
In line with the Alcohol and Drug Strategy we will work with partners to protect children, young people and families as part of a targeted early intervention/prevention approach to address deprivation, poverty and stigma.

What will success look like?
An increase in the number of shared collaborations with partners at locality and community level.

Where we want to be in 2026
Greater integration between family services and adult treatment and support service.

Do you agree with this priority?

You said:



- You told us that addictions often start in childhood and teenage years. You asked for a focus to be placed on raising awareness of danger of substance use amongst young people.
- People asked for more consultation and with the public.

- People asked us to increase the capacity of services and encourage partnership working.
- You asked that we offer more pathways to services who can offer support and response to crisis intervention at any time.

We did:

- Make a commitment to developing a collaborative and shared care approach working with our partners to protect children, young people, and families as part of a targeted early intervention and prevention approach to address deprivation, poverty, and stigma.
- Make a commitment to sustain a lived/living experience based panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy, and service development.
- Make a commitment to continue to develop outreach and retention approaches to improve follow up protocols and pathways into treatment.

We asked:

- Mental Health Strategy
    - Develop seven Mental Health Hubs across Fife's localities through co-production with people who have experience of accessing mental health supports
    - Early intervention and prevention - identify current provision, current and future requirements, and any gaps in services

The changes we need to make

In line with the Mental Health Strategy we will develop additional and alternative services that meet national requirements, support local needs and support improvement in the mental health of individuals and local communities.

What will success look like?

Mental Health and Wellbeing multi-agency hubs are set up in each of the seven localities.

Where we want to be in 2026

An integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and supports people to live independent and healthy lives.

Do you agree with this priority?

You said:

Yes	160
No	6
Not sure	11

- You asked us to recruit more staff and allocate more resources to mental health.
- You asked that we take a preventative approach to mental health with more targeted prevention and early intervention work.
- You asked for more community based support away from corporate buildings.
- People asked that we reduce waiting times for access to mental health services.
- People asked for more public engagement and awareness raising.

We did:

- Make a commitment to developing an integrated community-based system which supports mental health and wellbeing, ensures access to the right services, in the right place and at the right time.
- Make a commitment to reduce referral waiting times for mental health services and increase the number of referrals offered to individuals.
- Make a commitment to re-establish the Mental Health Strategic Implementation Group and develop an effective feedback loop that includes patents, service users, families, carers, and wider stakeholder groups.

We asked:

- Prevention and Early Intervention Strategy
    - Identify current provision, current and future requirements, and any gaps in services

The changes we need to make
In line with the Prevention and Early Intervention Strategy we will assess current provision, identify current and future requirements, and address any potential gaps.

What will success look like?
An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.

Where we want to be in 2026
Improved outcomes evidenced for individuals and their families, and a reduction in pressure on acute service delivery.

Do you agree with this priority?

You said:

Yes	152
No	5
Not sure	20

- People should be able to live at home as long as possible and that living at home is more comfortable than in a care home.
- You said that all strategies should focus on early intervention, wellbeing, outcomes, and sustainability.
- People said that we had a cohesive approach in place across the Partnership with the most vulnerable people targeted.
- People said that we should focus on early intervention and not at the point of crisis.

We did:

- Make a commitment to introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.
- Make a commitment to enable and support people living at home with long term conditions to effectively manage their condition at home and to live longer, healthier lives at home or in a homely setting.
- Make a commitment to improve data collection and management to ensure that our resources are deployed effectively leading to an increase in the number of conditions that can be successfully identified and addressed at an early stage.

4.4 OUTCOMES

We asked:

People to consider the following strategies and subsequent topics and provide feedback where appropriate.

- Advocacy Strategy
    - Independent advocacy

The changes we need to make
In line with the Advocacy Strategy we will ensure comprehensive independent advocacy provision which adheres to legislative requirements and reduces gaps to access.

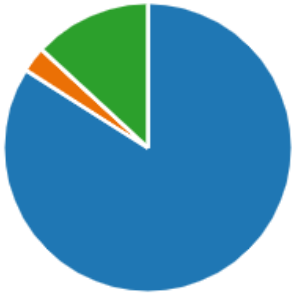
What will success look like?
An increase in the availability and range of independent advocacy provision in Fife.

Where we want to be in 2026
Comprehensive independent advocacy provision which adheres to legislative requirements and reduces potential access gaps, including all equality groups.

Do you agree with this priority?

You said:

Yes	147
No	5
Not sure	23



- People asked us to do more awareness raising on the advocacy services available and how to access these.
- You asked us to ensure that social workers offer a referral for advocacy as standard practice.
- You asked that we invest in a stronger advocacy presence.
- You asked that 'collective advocacy' is available for minority groups.

We did:

- Make a commitment to complete a gap analysis of advocacy service provision and identify measures that will improve access and availability of advocacy services in Fife.
- Make a commitment to work with our third sector partners to develop an effective communication strategy to raise awareness of advocacy services in Fife using a variety of communication methods.
- Make a commitment to work with our partners to review our eligibility criteria with a view to expanding the range of people who are eligible to receive advocacy services.

We asked:

- Learning Disability Strategy
    - Improving services based on people's needs and requirements
    - Develop and implement a fully integrated Learning and Disability service

The changes we need to make

In line with the Learning Disability Strategy we will complete a needs assessment of people with learning disabilities, and identify measures that will improve people's experiences and satisfaction.

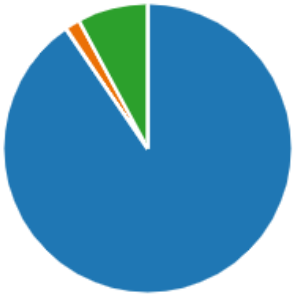
What will success look like?
Completion of a needs assessment of people with learning disabilities which will inform future planning.

Where we want to be in 2026
An improvement in people's experience of the Learning Disability Service in Fife as evidenced by positive feedback and increased user satisfaction.

Do you agree with this priority?

You said:

Yes	161
No	3
Not sure	14



- People asked for more daytime support facilities and parent/carer support.
- People said that our future planning should be multi-agency.
- People asked us to improve education of the general public and raise awareness of those with LD to be seen as valued members of the community.
- People asked us to identify and support family as well as individual needs.

We did:

- Make a commitment to establish a relevant and skilled workforce that provides successful and resilient social care services for people with learning disabilities.
- Make a commitment to increase the support and life opportunities available for people with learning disabilities through the implementation of a fully integrated Health and Social Care Learning Disability Service.
- Make a commitment to co-produce a plan for service redesign and investment in learning disability services in Fife by carrying out a gap analysis of service capacity informed by needs assessment.

We asked:

- Primary Care Strategy
    - Making it easier for people to access primary care services

The changes we need to make
In line with the Primary Care Strategy we will develop an integrated approach across all four areas of primary care, and we will improve access to services in primary care settings.

What will success look like?
Completion of an integrated approach across all four areas of Primary Care, and a reduction in referral waiting times for interventions in Primary Care settings.

Where we want to be in 2026
An embedded, sustainable approach to Primary Care service delivery and an improvement in people's experience of Primary Care Services in Fife as evidenced by positive feedback and increased user satisfaction.

Do you agree with this priority?

You said:

Yes	162
No	3
Not sure	12

- You asked us to ensure that the appropriate resources are in place to facilitate our plan and to attract more people into primary care roles.
- People said we should, as a priority focus on an integrated approach to primary care service delivery.
- People asked us to think about the integration pathway between primary and secondary care.
- People asked for more face to face appointments to be made available in primary care services.

We did:

- Make a commitment to transform services to reduce backlogs of care and unmet need with a renewed focus on what matters to people and deliver a safe, sustainable, high quality health and social care support system.
- Make a commitment to deliver a localities based approach to the transformation of primary care services and ensure that services are co-designed with communities to better meet the needs of the people, families, and carers.
- Make a commitment to extend our primary care workforce and ensure that this is more integrated, and better co-ordinated with community and secondary care.

4.5 INTEGRATION

We asked:

People to consider the following strategies and subsequent topics and provide feedback where appropriate.

- Strategic Planning Group
    - Decision making in Fife

The changes we need to make
Working closely with the Strategic Planning Group we will oversee the development and implementation of the Strategic Plan, and provide advice to the IJB on national policy and requirements.

What will success look like?
Increased compliance with legislative and statutory requirements relating to the development and implementation of the Strategic Plan including the Integration Delivery Principles.

Where we want to be in 2026
The Strategic Plan has delivered transformational change that is person centred, community based, and effectively uses available resources to support health and well-being improvements for the people of Fife.

Do you agree with this priority?

You said:

Yes	154
No	4
Not sure	18

- People asked for more consultation with those with lived experience of using services.
- People asked us to continue to look at ways to ensure the appropriate resources are in place to facilitate the application & implementation of this projected vision.
- People asked that all planning, discussions, and services are person centred.

We did:

- Make a commitment to build on or existing good working relationships with the voluntary and independent sector care providers and demonstrate a continual commitment to partnership working as well as ensuring that feedback from those who use, and those who deliver, social care services is at the heart of our development and improvement plans.
- Make a commitment to ongoing meaningful participation and engagement activity through the development of our Participation and Engagement Team. We are committed to listening to people and taking views into account to achieve the best possible outcomes for everyone.

We asked:

- Reimagining Third Sector Commissioning
    - Working closer with our third sector organisations

42. **The changes we need to make**
Working closely with the Reimagining Third Sector Commissioning project we will develop an outcome focussed approach, incorporating gap analysis, to commissioning that aligns with the Partnership's Strategic Plan.

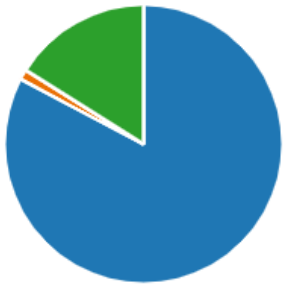
What will success look like?
All Third Sector Commissioning Services are aligned to the HSCP strategic priorities and reflect the needs of local people.

Where we want to be in 2026
An outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.

Do you agree with this priority?

You said:

Yes	144
No	2
Not sure	28



- People asked that we ensure joined up third sector commissioning across all services to make the best use of resources.
- People asked that we map our third sector and statutory services in each locality and commission services to fill gaps where they exist, and a need is evident.

We did:

- Make a commitment to maximising opportunities for collaborative commissioning with the aim of improving services, outcomes, processes, and efficiency.
- Make a commitment to build on the Third Sector Re-imagining Project gap analysis work that is already underway by mapping statutory and contracted services and reviewing these against needs assessment(s).

We asked:

- Medium Term Financial Strategy
    - Ensuring responsible money spending

44. **The changes we need to make**
Working closely with the Medium Term Financial Strategy we will produce a balanced budget and achieve financial sustainability over the medium to long term.

What will success look like?
Production of a balanced budget, and the development of a longer-term outlook over the next ten years.

Where we want to be in 2026
Balanced budget and reserves that align with the Partnership's reserves policy.

Do you agree with this priority?

You said:

Yes	147
No	2
Not sure	21

- People said that all priorities are excellent and well thought out and that they hoped they would come to fruition.
- You said that our plans look good and that you hope it will be achievable within the funding available.
- You said ensure that there is funding available to allow our plans to be delivered.
- You said that our plans should be realistic and achievable within the current financial climate.

We did:

- Develop our Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan 2023 – 2026. The MTFS acknowledges the financial challenges ahead and identifies measures required to address these challenges including ensuring best value in all our purchasing activity, developing a whole system working approach by building strong relationships with our partners, transforming models of care to support people to live longer at home, or in a homely setting, developing our third and

independent sectors, adopting a technology first approach to enhance self-management and safety and reducing medicines waste by adopting a 'realistic prescribing' approach. Further detail on our plans to bridge the budget gap can be seen in our Medium-Term Financial Strategy (add link here).

We asked:

- Commissioning Strategy
    - Focusing on services that deliver quality and are cost effective

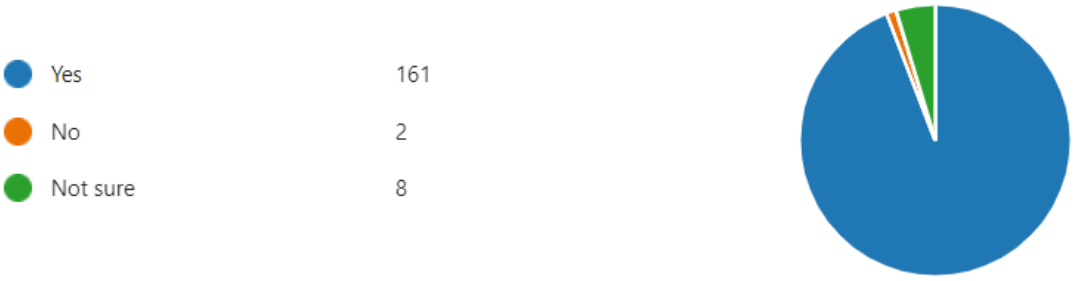
46. **The changes we need to make**
Working closely with the Commissioning Strategy we will focus on commissioning quality services which deliver best value (quality and cost) working with care providers to provide high quality care.

What will success look like?
An increase in the number of individuals who are able to receive appropriate and effective care in their home environment for longer.

Where we want to be in 2026
Robust and high-quality care provision is available to enable people to live independent and healthier lives in their own home, and within their own community.

Do you agree with this priority?

You said:



- People said that we need to ensure that the appropriate resources are in place to facilitate the application and implementation of our vision.
- People encouraged multi agency and service user lived experience to assess what is required and how this can be achieved.
- People said we need more resources and a robust workforce strategy.

We did:

- Make a commitment to adopting a community wealth building approach, and to working collaboratively with our external care providers to develop innovative, sustainable social care services which demonstrate fair work practices, training plans and succession planning for all social care workers.
- Make a commitment through our workforce strategy to increase our workforces through a range of integrated actions to recruit talent through innovations in youth employment, apprenticeships, employability programmes, and marketing across the whole partnership.

5.0 Conclusion

The engagement activities in the development process for the Strategic Plan 2023 to 2026 have highlighted that many people have positive experiences of health and social care services, and feel that their needs are appropriately supported.

There is also evidence that a range of recent external factors, including the coronavirus pandemic, the cost-of-living crisis, and climate change have had a significant negative impact for some people. In addition, Fife's future population is expected to reduce, however, the number of older people (aged 65 and over) is likely to rise by 20% over the next 10 years.

We need to take account of these changes, and ensure that we work effectively together to achieve the best outcomes for the people of Fife, and that we make best use of our collective resources for the wellbeing of our communities.

Co-producing the Strategic Plan, and working together to identify the strategic priorities that we wish to deliver, supports our vision to enable the people of Fife to live independent and healthier lives.

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

6.0 Appendix

Appendix 1: Additional Consultations

Name of Consultation/Engagement	Key themes identified to tie in with Strategic Plan
Fife HSCP Dementia Strategy Review	Earlier diagnosis Post diagnostic support to be continuous not time limited Care/support packages at home is lacking Community/support groups play an important role in supporting both those living with dementia and those who provide unpaid care Respite/support for carers to enable those with dementia to continue to live at home Clearer more concise, consistent information that should be easy to find Day activities/day care for socialising, physical activity, and respite for unpaid carers More family involvement from diagnosis to delivering support/care Increasing dementia awareness in GP practices Easier access to benefits/improved information on benefits Transport adaptations Early intervention – health checks on a regular basis
Fife HSCP Participation & Engagement Strategy	Closure of day services and community groups – lack of services Care at home Easy-access information (better signage in hospitals and appointment letters sent out in braille or in large font, easy-read documents) Good support services to enable an independent life Community centres and local activities to include everyone Waiting lists are too long – Housing Having clear and open conversations with management teams would mean real engagement
Fife HSCP Fife Community Support Services – Service Redesign	Frustration and anger Isolation Feeling of abandonment Lack of communication Confusion and mis-information The importance of staff training and ensuring consistency between staff Transport Staffing issues and recruitment

Name of Consultation/Engagement	Key themes identified to tie in with Strategic Plan
	Funding The use of buildings
NHS Fife “What Matters to You” Day	Receiving the right information Someone who care and shares information with you Good communication – feeling able to have a good conversation about family members and anything you aren’t happy about Nurses are inherently kind Helping me to understand what I can do for the person I support
Fife HSCP Older People Day Services – Service Redesign	Isolation and lack of socialising – since Covid Limited access to services (GPs, community services, some care services) Support from other carers/GPs Lack of communication Changes in health and wellbeing Impact on carers/family members
Fife HSCP Home First Strategy	Having a person-centred focus is crucial IT systems need to work better together Streamlining services will make a positive impact
Fife HSCP response to Scottish Government Mental Health Strategy	Better understanding of the specifics of how things may be improved – evidence and expectation is key More training in Mental Health and in our communities Create and promote a culture change to educate people that change can bring positivity and benefits Better links between health and social care services Ensuring pathway design is

Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**27 January 2023**
Agenda Item No:	**9**
Report Title:	**Joint Inspection of Adult Services – Final Report**
Responsible Officer:	**Nicky Connor**
Report Author:	**Fiona Mckay**

1 Purpose

This Report is presented to the IJB for:

- Awareness
- Discussion

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

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

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

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

The outcome of the inspection has been considered by SLT members and has been discussed at a previous IJB development session.

This report was discussed at the Finance, Performance and Scrutiny Committee on 20 January 2023, A 6 monthly update report will be presented report to the committee to assure progress.

Report Summary

3.1 Situation

This report and the report from the Joint Inspection Team is submitted to the Integration Joint Board as a final position following the recent inspection.

3.2 Background

Inspectors from the Care Inspectorate and Health Improvement Scotland carried out a joint inspection in Fife of services provided to adults with complex needs. This took place between June 2022 and November 2022. Its purpose was to examine:

"How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"

This inspection is part of a rolling programme of thematic inspections across Scotland. Fife is the first partnership to participate in this process following the easing of pandemic restrictions.

As part of the context of the inspection the inspectors noted that some of the issues and challenges facing the Fife partnership are national issues which have been recognised in a recent report by Audit Scotland as including:

- increasing demand leading to tighter eligibility criteria being applied for accessing care and increasing levels of need.
- recruitment and retention issues particularly in the social care sector which puts the capacity, sustainability, and quality of care services at considerable risk.
- the need to develop national systems which supports staff to work in a more integrated way.

The inspection also noted the huge impact of the pandemic on how services operated and the consequences of this for staff and for people who need support.

The inspection approach covered seven broad areas of activity:

- Discussions with service users and their carers
- Staff survey
- Submitted evidence from the partnership.
- Case file reading
- Discussions with frontline staff and managers
- Professional discussions with partnership

The final report was published on 22/11/22

3.3 Assessment

In its findings the inspection team reported on key strengths, areas for improvement and identified areas that they considered to be good practice. They also gave grades to five key indicators from their improvement model using the standard six point scale.

Key Strengths

- Most people had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life.
- Many people and carers told us that they were listened to by workers who treated them with dignity, respect and kindness.
- Almost all people had support from a key worker during assessment, review and care planning processes. Overall, when people had the support of a key worker, coordination was good.
- The widespread adoption of collaborative approaches with external care providers improved the partnership's ability to respond to and recover from the pandemic.
- The Fife partnership's senior leadership team and extended leadership team had developed a strong collaborative culture. Most staff strongly agreed or agreed that joint working was supported by line managers and leaders.

Areas for improvement

- The partnership should continue to develop and refine its processes for capturing robust data on outcomes and ensure that this drives targeted efforts to improve outcomes for people and carers.
- The partnership should make sure that it has an integrated approach to providing information and advice, so that people understand their condition and are supported to make informed choices about their care and treatment.
- The partnership should improve how it responds seamlessly from the point of view of people and carers by developing a model of integrated practice, with defined processes for its core services.
- The partnership should improve its processes for anticipatory care

planning, including monitoring the number of plans completed and how effectively they support positive outcomes.

- The partnership should consistently monitor performance and outcomes at a locality level to balance responding to local needs with a consistent response across localities.
- Leaders should continue to evaluate the effectiveness and impact of their approaches to organisational development as it is rolled out across the wider workforce, including understanding staff experiences of change and of continuing increases in demand.

<u>The grades given by the inspectors for the five key areas were:</u>

- Key performance outcomes – Good
- Experience of people who use our services - Good
- Delivery of key processes – Adequate
- Strategic planning, policy, quality and improvement – Good
- Leadership and direction – Good

The inspectors also identified areas of good practice including: The George Sharp Unit as an example of person centred integrated care; Pinpoint Care as an innovative approach to maximising availability of care at home and; the Partnership's positive approach to organisational development and collaborative working.

In its conclusion the inspection noted the success of the Partnership's new leadership arrangements citing this as a considerable achievement, with strong collaborative working and positive relationships across staff groups in all sectors. It also highlighted the huge efforts of all staff in delivering good outcomes to most people while acknowledging that some people had negative experiences. It also stressed the importance of developing social care capacity as a key determinant in positive outcomes noting however that some of the workforce issues in this area may be beyond what a single partnership can address on its own.

The Partnership has welcomed the inspection as presenting both a positive picture of how we work in Fife and as an opportunity to help in the process of establishing priorities for future development. It was particularly pleasing that the inspectors commended the commitment and kindness of our staff and our approaches to collaborative working.

Some of the improvement actions are being taken forward at a national level and as an example of this Fife has recently been selected as a pathfinder to help in the development of better integrated ways of working.

An improvement plan has been developed to assist in taking forward the areas for improvement and this will be monitored by an oversight group with progress reported to the relevant subgroup of the IJB. Appendix two.

3.3.1 Quality / Customer Care

The inspection process is an important and helpful tool in helping the Partnership improve key aspects of quality and customer care.

3.3.2 Workforce

The workforce contributed significantly to the process of the inspection and the outcome reflects positively on their work over the past two years. Developments from the inspection will assist staff in helping to improve outcomes for those who need support.

3.3.3 Financial

There are no immediate financial implications.

3.3.4 Risk / Legal / Management

There was a full risk assessment plan in place for the inspection.

3.3.5 Equality and Diversity, including Health Inequalities

The inspection took considered issues of equality and diversity and ensured that everyone was able to participate in the process'
The outcome will assist in identifying areas of inequality and will contribute towards remedial actions being developed to help in addressing these.

An impact assessment has not been completed as the activity forms part of the Partnership's general approach to provision of services

3.3.6 Environmental / Climate Change

The proposals will have a neutral impact on environmental matters

3.3.7 Other Impact

The inspection had a considerable impact on the workload of key staff during this period.

3.3.8 Communication, Involvement, Engagement and Consultation

A communication and engagement plan was in place to assist key partners and people who use our services during the process of the inspection.

4.4 Recommendation.

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

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Inspection Report

Appendix 2 – Improvement Plan.

6 Implications for Fife Council

7 Implications for NHS Fife

8 Implications for Third Sector

9 Implications for Independent Sector

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

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

11 To Be Completed by SLT Member Only (must be completed)

Lead	Nicky Connor
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Fiona Mckay

Author Job Title: Head of Strategic Planning, Performance & Commissioning

E-Mail Address: Fiona.mckay@fife.gov.uk

Joint inspection of adult services

Integration and outcomes

Fife health and social care partnership

November 2022

Contents

PART 1 – About our inspections

Background

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. We work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. We provide assurance that gives people confidence in services. Where we find that improvement is needed, we support services to make positive changes.

Legislative context

The Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to cooperate and coordinate their activities, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland. Healthcare Improvement Scotland and the Care Inspectorate have been working in partnership under the direction of Scottish Ministers to deliver joint inspections of services for adults since 2013.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legislative framework for integrating adult health and social care. The aim of integration is to ensure that people and carers have access to good quality health and care services that are delivered seamlessly and contribute to good outcomes. This is particularly important for the increasing numbers of people with multiple, complex and long-term conditions. The Care Inspectorate and Healthcare Improvement Scotland have joint statutory responsibility to inspect and support improvement in the strategic planning and delivery of health and social care services by integration authorities under Sections 54 and 55 of the Act.

Ministerial strategic group report

In February 2019, following a review of progress with integration, the Ministerial strategic group (MSG) for health and community care made proposals for improvement. In relation to scrutiny activity, the MSG proposed that joint inspections should better reflect integration, and specifically, that the Care Inspectorate and Healthcare Improvement Scotland should ensure that:

- strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people

- joint strategic inspections examine the performance of the whole partnership – the health board, local authority and integration joint board (IJB), and the contribution of non-statutory partners to integrated arrangements, individually and as a partnership.

Inspection focus

In response to the MSG recommendations, the Care Inspectorate and Healthcare Improvement Scotland have redeveloped our approach to joint inspections. Our inspections seek to address the following question:

> "How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"

In order to address the question over the broad spectrum of adult health and social care services, we are conducting a rolling programme of themed inspections. These look at how integration of services positively supports people's experiences and outcomes. These thematic inspections do not consider the quality of specialist care for the specific care group. They are simply a means of identifying groups of people with similar or shared experiences through which to understand if health and social care integration arrangements are resulting in good outcomes. We will examine integration through the lens of different care groups which, taken together, will allow us to build a picture of what is happening more broadly in health and social care integration and how this supports good experiences and outcomes for people.

Covid-19

At the time of our joint inspection of Fife health and social care partnership, partnerships across the country were continuing to experience a range of significant pressures related to the Covid-19 pandemic. The impact of the pandemic on service delivery and staffing across health and care services has been extreme and unprecedented. At the beginning of the pandemic, emergency measures changed the way care, support and treatment was provided. This impacted on the ability to visit people at home during lockdown. The Care Inspectorate and Healthcare Improvement Scotland recognise that all health and social care partnerships are currently in transition from emergency response to recovery. Our inspections are not focused on examining partnerships' responses to the pandemic, but we will make every effort to understand and account for its impact on partnerships, providers, people and carers.

National issues and context

Some of the issues and challenges highlighted for the Fife partnership in this report are national issues that are being faced by many other partnerships.

Audit Scotland produced a social care briefing in January 2022. This highlighted that across the country:

- increasing demand has led to tighter eligibility criteria being applied for accessing care and increasing levels of need, and
- the social care sector faces ongoing challenges with recruitment and retention. This puts the capacity, sustainability and quality of care services at considerable risk.

Developing systems that support staff to work in a more integrated way is another area where there is a national challenge. This includes sharing information across and between agencies. It has been highlighted and addressed in Scotland's digital health care strategy which was produced by the Scottish Government and COSLA in October 2021.

Explanation of terms used in this report

When we say **people**, we mean adults between 18 and 64 years old who have physical disabilities and complex needs.

When we say **carers**, we mean the friends and family members who provide care for people and are not paid for providing that care.

When we say **the health and social care partnership,** or **the partnership**, or **the Fife partnership**, we mean Fife health and social care partnership who are responsible for planning and delivering health and social care services to adults who live in Fife.

When we say **staff** or **workers**, we mean the people who are employed in health and social care services in Fife, who may work for the council, the health board, or for third sector or independent sector organisations.

When we say **leaders,** or **the leadership team,** we mean the most senior managers who are ultimately responsible for the operation of the health and social care partnership.

There is an explanation of other terms used in this report at appendix two.

PART 2 – A Summary of our inspection

The partnership area

Fife health and social care partnership delivers services over seven localities and serves a population of 374,130 (2020). 51.4% of the population are male and 48.6% female. Between 1998 and 2020 the total population increased by 7.7%.

Population projections for 2028 estimate that the overall population of Fife will increase by just 0.1% between 2018 and 2028. However, this figure includes a 4% reduction in the 16-64 age group and a 19% increase in people over 65 years old.

In the 2011 census, 94.3% of the Fife population identified as either White Scottish (85.7%) or White British (8.6%).

Fife contains a mix of rural and urban areas. The Scottish Urban Rural Classification categorises 67.1% of the population as living in 'Other Urban Areas,' 15.4% in 'Accessible Small Towns', and 17.5% in 'Accessible Rural' locations. The south and west are dominated by urban areas and an industrial economy whilst the east and north are mainly rural and agricultural. Two-thirds of people live in the larger centres: Dunfermline, Glenrothes, Kirkcaldy and the group of towns forming Levenmouth.

Fife continues to suffer from long standing socio-economic issues that limit its economic growth; earnings and productivity are lower than the national averages; business start-up rates remain below the Scottish averages; rates of youth unemployment are higher than the Scottish average; areas of deprivation persist in some parts of Fife.

Data for 2020 showed that 20% of Fife's population was living in the most deprived SIMD quintile which matched the Scottish average. This figure disguises significant variance across localities. In Levenmouth, 49% of the population fall within this definition whereas in North East Fife, the corresponding figure is just 0.97%.

In the 2011 census the numbers of those in Fife self-identifying as having a physical disability, was 7,187 per 100,000 population. As of 1st July 2022, 582 people aged between 18-64 were recorded on the social work business system as having a main or secondary category of physical disability. Physical disability was listed as the main category for 357 adults and as the secondary category for a further 225 people, where additional conditions (such as learning disability, dementia, mental health) were recorded. On average, individuals in this group were in receipt of three services each.

Summary of our inspection findings

The inspection of Fife health and social care partnership took place between June 2022 and October 2022.

In our engagement with people and carers, we received 270 completed surveys and spoke to 42 people and 17 carers, in 46 conversations and four focus groups.

In our engagement with staff from the health and social care partnership, we received 854 completed staff surveys, spoke to 121 members of staff and had discussions with the leadership team at four partnership meetings.

We reviewed evidence provided by the partnership to understand their vision, aims, strategic planning and improvement activities.

Key strengths

- Most people had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life.
- Many people and carers told us that they were listened to by workers who treated them with dignity, respect and kindness.
- Almost all people had support from a key worker during assessment, review and care planning processes. Overall, when people had the support of a key worker, coordination was good.
- The widespread adoption of collaborative approaches with external care providers improved the partnership's ability to respond to and recover from the pandemic.
- The Fife partnership's senior leadership team and extended leadership team had developed a strong collaborative culture. Most staff strongly agreed or agreed that joint working was supported by line managers and leaders.

Priority areas for improvement

Key area	Priority for improvement
1 - Key performance outcomes	• The partnership should continue to develop and refine its processes for capturing robust data on outcomes and ensure that this drives targeted efforts to improve outcomes for people and carers.
2 - Experience of people who use our services	• The partnership should make sure that it has an integrated approach to providing information and advice, so that people understand their condition and are supported to make informed choices about their care and treatment.
5 - Delivery of key processes	• The partnership should improve how it responds seamlessly from the point of view of people and carers by developing a model of integrated practice, with defined processes for its core services. • The partnership should improve its processes for anticipatory care planning, including monitoring the number of plans completed and how effectively they support positive outcomes.
6 - Strategic planning, policy, quality and improvement	• The partnership should consistently monitor performance and outcomes at a locality level to balance responding to local needs with a consistent response across localities.
9 - Leadership and direction	• Leaders should continue to evaluate the effectiveness and impact of their approaches to organisational development as it is rolled out across the wider workforce, including understanding staff experiences of change and of continuing increases in demand.

Evaluations

The following evaluations have been applied to the key areas inspected. Further information on the six-point scale used to evaluate the key areas can be found in Appendix 3.

Key quality indicators inspected		
Key area	**Quality indicator**	**Evaluation**
1 - Key performance outcomes	1.2 People and carers have good health and wellbeing outcomes	Good
2 - Experience of people who use our services	2.1 People and carers have good experiences of integrated and person-centred health and social care	Good
	2.2 People's and carers' experience of prevention and early intervention	
	2.3 People's and carers' experience of information and decision-making in health and social care services	
5 - Delivery of key processes	5.1 Processes are in place to support early intervention and prevention	Adequate
	5.2 Processes are in place for integrated assessment, planning and delivering health and care	
	5.4 Involvement of people and carers in making decisions about their health and social care support	
6 - Strategic planning, policy, quality and improvement	6.5 Commissioning arrangements	Good
9 - Leadership and direction	9.3 Leadership of people across the partnership	Good
	9.4 Leadership of change and improvement	

PART 3 – What we found during our inspection

Key area 1 - Key performance outcomes

What key outcomes have integrated services achieved for people and carers who use services in Fife?

Key messages

- National performance indicators suggested that the Fife partnership's health and social care services were delivering outcomes in line with the outcomes being delivered across Scotland as a whole.
- Outcomes relating to supporting carers to continue in their caring role and to look after their own health were less consistent than outcomes for people.
- The impact on health and wellbeing outcomes at key points of the pandemic was significant. The pandemic exacerbated many of the factors which were undermining good outcomes and also led to increasing demand for partnership services.
- The partnership was monitoring people's experiences against the National Health and Wellbeing Outcomes in a series of questions within its social work review process. It was taking positive steps to improve the effectiveness of the review process in capturing outcome data.

People and carers supported by integrated health and social care have good health and wellbeing outcomes

Public Health Scotland publishes an annual core suite of integration performance indicators for every health and social care partnership in Scotland. These help partnerships to review progress towards achieving the national health and wellbeing outcomes. The national health and wellbeing outcomes are the outcomes set out in legislation to describe what people can expect from integrated health and social care.

These national performance indicators suggested that health and social care services in the Fife partnership were delivering outcomes in line with the outcomes being delivered across Scotland as a whole. There were very few statistically significant differences between Fife and Scotland across the core suite of integration indicators.

From conversations with people and carers, and from reviewing their health and social care records, we found that:

National health and wellbeing outcome	Inspection finding
1	• Most people were supported to look after their health and wellbeing as much as possible.
2	• Almost all people were supported to live as independently as possible.
3	• Most people felt they were treated with dignity and respect, but people were less positive about having choice and control.
4	• Most people had a better quality of life because of the health and social care services they received.
6	• Outcomes relating to supporting carers to continue in their caring role and to look after their own health were less consistent than outcomes for people.
7	• Almost all people felt safe.

The national health and wellbeing outcomes are described in full at appendix four.

Our findings for national health and wellbeing outcomes 2, 4, 6 and 7 in the Fife partnership were consistent with performance reported in the core suite of integration indicators.

For outcome 1 the national indicators suggested that almost all people in Fife were supported to look after and improve their own health and wellbeing. Our finding was less positive. Most people with physical disabilities and complex needs were supported to look after their health and wellbeing as much as possible by both NHS and social care practitioners. This included occupational therapists, physiotherapists and speech and language therapists, who provided advice, interventions, aids, and equipment. Most people were supported to participate in community groups and activities to avoid loneliness and isolation. A few were supported to improve their health by addressing alcohol and substance misuse. A few others did not have opportunities to improve their own health, for example, by taking exercise, losing weight or stopping smoking.

There were important differences between our findings and the performance reported in the core suite of indicators in relation to national health and wellbeing outcome 3: the percentage of people with positive experience of care at their GP practice. The Fife partnership was performing below the Scottish average for the national indicator. In contrast, throughout the inspection, we found that most people with physical disabilities and complex needs had positive experiences of support from their GP practice. The national indicator reflects the experiences of a random sample of the whole population who are registered with a GP. It is positive that people with physical disabilities and complex needs had a better experience.

The national indicators for the Fife partnership also suggested that most people agreed that health and social care services were well coordinated. For people with physical disabilities and complex needs and their carers, the picture was more complex. Most people agreed that services communicated and worked well with each other but only felt coordinated if they were supported in residential settings or by very intensive packages of care. Some carers specifically said that services were not coordinated.

Whilst health and social care services in the Fife partnership supported most or almost all people to experience good outcomes, this was not the case for some people. A few of these people had outcomes that fell well short of the expectations set out in the national health and wellbeing outcomes.

The reasons why some people were not supported to experience good outcomes were often complex and not attributable to a single factor.

Shortfalls in capacity played a significant part, particularly in social care services like care at home, day services or respite provision. Occasionally, delays in major housing adaptations or access to appropriate housing also impacted on people's outcomes.

A few people were assessed as needing less care than they felt they needed. For a few others, poor outcomes were magnified by the pandemic limiting options to respond to their needs. This led to them feeling that services were unsupportive.

These factors interact with each other and can result in poorer outcomes in several areas. Reductions in the availability of care at home created greater demands on carers and reduced the ability to offer people choices. Reductions in respite provision, as an inevitable consequence of the Covid-19 pandemic, undermined support for carers. Limited options to respond to people's needs contributed occasionally to an increased risk of unsympathetic and inflexible responses.

The partnership was monitoring people's experiences against the National Health and Wellbeing Outcomes in a series of questions within its social work review process. It was positively working to improve the effectiveness of the review process in capturing outcome data. Through its Re-imagining the Third Sector initiative, it had also been developing a more focused, streamlined and person-centred approach to monitoring outcomes and processes with the third sector.

Impacts of the Covid-19 pandemic

Comparison of the health and care experience survey results for 2022 with the results of the previous survey in 2020, shows that for both the Fife partnership and for Scotland, positive responses to all questions were lower. Overall, this indicates that levels of satisfaction with health and social care in Fife and across Scotland as a whole have declined during the pandemic. In the Fife partnership, the differences between the two years, though statistically significant, are relatively small given the scale of the pandemic's impact. This is consistent with the huge effort made by staff to maintain outcomes for most people, despite all the challenges they faced.

The impact on outcomes at key points of the pandemic was significant, either because of disruption to the level and availability of support or because lockdown also removed activities and groups within communities that were beneficial. This meant that not only did the pandemic exacerbate many of the factors which were undermining good outcomes for some people, but it also led to increasing demand for partnership services at the same time.

The pandemic impact meant that it was virtually impossible to identify whether health and social care services in the Fife partnership were supporting positive trends in people's health and wellbeing over time.

In the Fife partnership, as in the rest of Scotland, the pandemic caused considerable volatility in delayed discharges and emergency admissions. The partnership successfully implemented changes and monitored their effectiveness during this period to maintain performance close to the Scottish average.

The Fife partnership's responses to support their staff during the pandemic were effective in mitigating some of the negative impacts on outcomes for people and carers. For example, some staff commented that working online led to improved communication.

Evaluation

- Good

Key area 2 - Experience of people and carers

What impact have integrated service approaches had on the lives of people who use services and on other stakeholders in Fife?

Key messages

- Most people had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life.
- Many people and carers were supported by health and social care workers who listened to them and treated them with dignity, respect and kindness.
- In general, people who needed help with care and support were able to access that help, although some people had to wait substantial periods of time for the right care and support to become available.
- Carers experienced the biggest impacts from the limited capacity of care and support services. They needed to fill the gap when the care and support that was available was less than that needed to ensure the person's health and wellbeing.
- Around half of people and carers, including some who were already receiving support, said they did not know how to access information they needed.

People and carers have good experiences of integrated and person-centred health and social care.

Most people had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life for them.

Although people often did not know if the health and social care services that supported them were organised in an integrated way, they generally thought that their workers communicated well with each other. Where this was the case, people felt that workers had the same understanding of what was important to them and worked together to help them achieve positive outcomes. Good communication helped to ensure that people got the right help at the right time.

People who lived in care homes and supported living facilities, or who received high levels of support in their own homes, experienced benefits from effective communication between the workers supporting them. In these situations, provider staff liaised with other professionals on behalf of the people they supported, resulting in services which appeared truly seamless to the people using them.

Many people and carers told us that they were listened to by staff who treated them with dignity, respect and kindness. Such relationships were highly valued and where they existed, people were generally more understanding about delays or temporary reductions in service delivery. Staff supported people to maintain their health and wellbeing and encouraged them to build on their strengths. People gave examples of staff, including district nurses, occupational therapists, care workers and social workers, going above and beyond to help them live the best lives they could. One said:

> “The support workers do a brilliant job. They are very helpful and encourage me to do as much as I can for myself. I really like their attitude.”

In general, people who needed help with care and support were able to access that help. Some people had to wait substantial periods of time for the right care and support to become available. Most people were also able to access the healthcare and treatment services they needed, either through their GP surgery or, once they were known to services, through the specific teams and professionals that provided the service they needed. Again, sometimes people had to wait for help, but some explicitly acknowledged and accepted the impact of the Covid-19 pandemic on service delivery.

People supported by integrated teams such as the Fife Rehabilitation Service, based in the Sir George Sharp unit at Cameron hospital, often had a very good experience of person-centred services being delivered seamlessly. This experience was the result of a range of factors that were highly valued by the people and carers who benefitted from them and which had the potential to be replicated in other services.

Some people and carers experienced a reduced quality of life because they did not get enough care, or the type of support they needed was not available or easily accessible to them. A few people felt treated unfairly because they received less help than other people whose circumstances seemed similar to their own.

Some people and carers experienced reductions in care and support because the capacity of services had reduced during the Covid-19 pandemic and had not returned to the levels that had been available before the pandemic. Other people did not know how to access support or had been assessed as needing less support than they felt they needed. A few people did not receive any support for weeks or months after their care package failed. A few other people had experienced a change in their circumstances, but the health and social care partnership had yet to review their support. A small number of parent carers of young adults with complex needs were bewildered by the world of adult health and social care and had found the transition process unclear and unhelpful.

Good practice example

The Sir George Sharp unit provided Fife-wide assessment and rehabilitation for people under 65 with physical disabilities due to neurological conditions. In practice, it mainly worked with people who had multiple sclerosis or acquired brain injury, and with younger stroke patients. It operated with a multi-disciplinary staff team and had good links with both acute and primary care services.

People and carers identified a number of elements that made their experience of support from the Sir George Sharp unit so positive. These elements clearly resulted in improvements in the wellbeing, experience and outcomes of both people and carers.

- A truly person-centred approach, with staff making a real effort to understand what was important to the person and supporting them to achieve it.
- Clear respect for people's wishes and choices, for example: providing good community support when a person didn't want to be an in-patient.
- The whole team working together to understand how their respective inputs could support the best outcomes for the person.
- Proactive joint working with other professionals, even with services that might not normally be involved (for example, local authority health and safety officer).
- Support for psychological and emotional needs and access to psychotherapy and counselling.
- Re-assessing and responding to changing needs at the right time and on an ongoing basis.
- Support being available for as long as the person needed it.
- Ongoing and easy access to services such as physiotherapy and occupational therapist.
- Easy access to accurate information at any point through responsive staff such as the multiple sclerosis nurse.

The service recognised that there were a number of areas where they could make improvements and had plans in place to do so. These included:

- a dedicated social work link
- improving links with housing and adaptations services
- shared electronic access to information
- reviewing the service model and staff roles
- improvements to their building.

One person said:

> "We are so lucky – they all know each other well so talk to each other whenever needed. They work just like one big team."

Few people and carers felt they had an opportunity to provide feedback on the quality of service they had received. Whilst more people had positive experiences of health and social care services than negative ones, a few people described very difficult experiences that they had found traumatic. A few people who experienced problems with service providers, found that their care was withdrawn following a complaint. A few people and carers said they were not listened to or believed, and were spoken to without kindness or respect. Some said that the response they received to a complaint meant that they would be very reluctant to complain again.

Carers experienced significant impacts from the limited capacity of care and support services. They needed to fill the gap when the care and support that was available was less than that needed to ensure the person's health and wellbeing. In some cases, carers found their caring role very challenging, with adverse effects on their physical and mental health. Whilst some carers felt very well-supported, many felt isolated and struggled to continue providing the level of care that they needed to. In some cases, carers also found it very challenging to co-ordinate all the treatment and support services that were involved in supporting the person that they cared for. Few carers had an adult carer support plan and those who did were unable to describe how the plan made a positive difference to their lives.

People's and carers' experience of prevention and early intervention

Most people and carers felt that services worked together to help them improve and maintain their health and wellbeing and to live as independently as possible for as long as possible. Whilst physiotherapists, speech and language therapists and occupational therapists tended to be involved when a specific need arose, people felt that these services were responsive, and they received timely help that enabled them to maintain their health and wellbeing as far as possible. Some people benefitted from good relationships with health professionals who remained involved with them over long periods of time, knew them well and supported them to achieve the outcomes they wanted.

People were enabled to continue living independently in their homes and connected with family and friends, by good access to aids and equipment and to minor adaptations. We also saw several examples of people who did not receive formal support from the partnership being supported by community groups and low threshold services. They experienced an improved quality of life as a result of this support. One person told us:

> "It helps me to live independently in my own flat which makes me happy, and I couldn't do it without assistance."

Some people were prevented from living fully as part of their communities by challenges related to unsuitable housing. In some cases, people experienced social isolation and significant negative impacts on their wellbeing due to long waits, both for suitable properties and for major adaptations that would allow them to live

comfortably in their own homes. We met some people who were living in residential care but wanted to be in their own homes.

Several carers expressed significant concern about what would happen to the person they cared for if something happened to them, either in a crisis situation or because their physical ability to provide care was declining. We did not see examples of people being supported with emergency or future planning and some carers lived with high levels of anxiety as a result of this.

People's and carers' experience of information and decision-making in health and social care services.

Most people felt that they had a say in planning and reviewing their care and participated in regular reviews of their care plans, although they were generally not clear about the difference between partnership and provider reviews.

In some cases, people's sense of control was limited by not fully understanding how processes and systems worked, including: assessment processes and eligibility criteria, the roles of different professionals in supporting them, their right to choice through self-directed support. Some people did not know if they had a social worker, as they had not understood the role of social work services in supporting them. One person said:

> "I just have to take the help I get given."

Around half of people and carers, including some who were already receiving support, said they did not know how to access information about health and social care services and about their options and rights**.** A few people said they did not have enough information about their condition and what it might mean for them. People told us that if they needed information, they searched for it on the internet or asked their friends or neighbours. Carers who were supported by the carers' centre were invariably positive about the information and support they received, but almost all said that they had found out about the centre by chance. Some people said that lack of information, or wrong information, had led to decision-making delays or to them making wrong choices which impacted negatively on their quality of life.

When people described a positive or negative experience of accessing and using information, this was often linked to whether they had consistent relationships with staff. They felt confident about accessing information when they had support from workers who knew them, understood what was important to them and could help them apply the information to their own circumstances. When people did not have a consistent relationship with staff who could support and advise them, they found it difficult to access and meaningfully use the information they needed. One person eloquently described this experience:

"I don’t have the information I need. I can’t get the information because I’m not asking the right questions, but I can’t ask the right questions because I don’t know what they are."

Impact of the Covid-19 pandemic

Most people did not focus on their experiences during the pandemic. They felt they had had moved on from the pandemic and were much more concerned with their current experience of services. They mentioned the challenges of isolation, loss of independence, hospital treatment delays, unavailability of respite and day services, reductions in homecare, cancelled reviews and being unable to recruit a personal assistant. They described how more services were now recovering but day services and respite were still not back to pre-pandemic levels. A few reflected on how stretched services were because of staffing issues and were generally understanding about this.

Evaluation

- Good

Key area 5 - Delivery of key processes

How far is the delivery of key processes in the Fife partnership integrated and effective?

Key messages

- The social work contact centre played a key role in responding to initial referrals and enquiries according to well-developed and documented processes.
- Few people had anticipatory care plans in place, although care providers did ensure hospital passports were kept with the person. There was limited evidence of emergency or future planning.
- Almost all people had support from a key worker during assessment, review and care planning processes. Overall, at times when people had the support of a key worker, coordination was good.
- A model of integrated practice for the partnership's core health and social care services for adults was still to be defined. This meant that it was difficult for the partnership to monitor and refine its approach to ensure it was getting the maximum benefits from integrated working.
- Whilst partnership staff were keen to support people to have choice and control over their care and treatment, their ability to do so in practice was limited by the range of available services and sometimes by restricted capacity in those services.

Processes to support early intervention and prevention

The partnership had invested in developing and implementing processes for people to access a range of activities and services in the local community that promoted and maintained good health and wellbeing. These included The Well, an advice service that signposted people to support in relation to loneliness, financial and food insecurity, mental health, caring responsibilities, social care and physical activity. It had also developed On Your Doorstep, an online directory of local community organisations and resources. The number of people accessing these resources was increasing, but some staff within the partnership and the third sector thought their effectiveness could be improved.

The partnership had responded to increased demand and limited resources by focusing its eligibility criteria for social care on those with critical needs. The social work contact centre played a key role in responding to initial referrals and enquiries according to well-developed and documented processes. Contact centre staff undertook an initial assessment of people's eligibility and transferred those assessed as having substantial or critical needs to locality social work teams for comprehensive assessment. Those who were already allocated to a social worker or who were receiving services were transferred to the appropriate teams. Where people had low or moderate needs, the contact centre provided an immediate response, including signposting people to relevant services in the community. This had the benefit of enabling people to access support in the community even if they did not meet social work eligibility criteria.

A few of the people we had conversations with during our engagement activities had not received formal support from the partnership, but benefitted from involvement in support groups and activities provided by organisations such as the Thistle Foundation, Mind, Headway and the Fife carers' centre.

NHS Fife had a well-developed set of resources for health promotion and a locality health promotion team working to address health inequalities across the Fife partnership's seven localities. In our engagement with people and review of records we saw good coordination with addiction services. For a few people, opportunities to help them to improve their health in other ways such as losing weight were missed. Most people had good access to equipment, minor adaptations and telehealth care which supported their independence and wellbeing.

Few people had anticipatory care plans in place, although care providers did ensure hospital passports were kept with the person. There was limited evidence of emergency or future planning. This was a concern for people and for their carers, who were worried about what would happen to the person they cared for if they were no longer able to continue caring.

The lack of focus on anticipating and preparing for future need had the potential to contribute to less positive performance in some areas. These included delayed discharges and the timely identification of suitable care at home or complex packages of care.

Achieving the potential benefits of early intervention and prevention activities depends on evaluation of their effectiveness. Some individual practitioners evaluated whether preventative activities or early interventions were effective in the course of their practice or through review processes. Wider evaluations were limited and did not include the views of people, carers and wider stakeholders.

Overall, there were good examples of early intervention and prevention supporting people to achieve better outcomes. These were not underpinned by effective processes which supported staff to consistently identify and deliver opportunities for early intervention and prevention and evaluate their effectiveness.

Processes are in place for integrated assessment, planning and delivering health and care

The legislation governing health and social care integration in Scotland requires that health and social care services are delivered in a way which is integrated from the point of view of people and carers. This means that people and carers should experience services that are as seamless as possible. Each partnership's delivery of integrated services depends on effective coordination of the partnership's processes for access to and assessment, planning and delivery of health and social care across three different sets of processes and systems:

- Community health services delivered by NHS practitioners.
- Social work (including occupational therapy).

- Social care provision delivered either directly by staff employed by the council or commissioned from registered residential services, care at home or support providers in the third and independent sector.

The Fife partnership did not have a set of integrated processes that supported staff to share information and provide a completely integrated response. However, it successfully established comprehensive integrated processes within the integrated community assessment and support service/hospital at home service. These significantly contributed to facilitating timely discharge from hospital and reducing emergency admissions.

The care programme approach and adult support and protection procedures had more developed integrated processes than adult social care in general, reflecting the specific requirements of practice and legislation in these areas.

The partnership had also developed defined processes to respond to carers through an integrated approach with the carers' centre and an integrated process for following up people who had experienced a fall. It had recently put in in place integrated approaches to tackle challenging issues for people with complex needs, such as the complex case panel and housing priorities working group, although it was not clear that these were fully embedded.

Beyond these examples, the partnership had still to define a model of integrated practice for its core health and social care services for adults. As a result, there were clear process within social work services and clear processes within health services but integrated processes for how they worked together were not sufficiently defined.

Comprehensive person-centred processes were in place for people who were eligible for social care (Personal Outcome Support Assessment (POSA)). Appropriate assessments and reviews were in place for almost all people. Most people's views were at the centre of care, support and treatment planning. Social work had clear processes for care planning with social care providers.

Health professionals were contributing to positive outcomes through clear NHS referral and assessment processes and recording systems. There were clear protocols for the Fife trauma service.

The lack of integrated processes to consistently support joint working between health and social care professionals meant that coordination between health and social work depended on the practice of individual practitioners. Practitioners routinely communicated and shared information by telephone and email. Staff at all levels understood each other's roles. There were many positive examples of staff working together to enable people to remain living independently.

Almost all people had support from a key worker during assessment, review and care planning processes. There was no process for deciding who was best to take on a coordinating role. For most people this was a social work staff member such as a social worker, occupational therapist or social work assistant. On occasion,

specialist nurses for specific conditions like multiple sclerosis or Huntington's disease took on this role. Key worker roles were also undertaken by staff from social care providers, especially in care homes and where there was intensive care at home. Overall, when people had the support of a key worker, coordination was good.

The partnership operated separate electronic information systems for health and social work. Each of these systems had benefits in terms of supporting health staff to work together effectively with other health staff and social workers to work effectively with occupational therapists. Within each sector, systems enabled information to be shared and for practitioners to easily identify who else was involved in supporting a particular person to avoid duplication. Each system had a role in supporting efficiency as well as providing a seamless experience for people and carers within either health services or social work. However, opportunities to support efficiency and a seamless experience across health and social care was limited because the systems were not integrated.

The partnership was developing a digital transformation programme to develop new systems to better support integration, innovation and agile working. This was beginning with the implementation of a new social work business system. Some staff expressed frustration about the lack of systems to support more integrated working and had questions about how the new systems would improve this.

Overall, understanding whether the partnership's processes delivered services in a way which was integrated or seamless from the point of view of people and carers was difficult. This was because the systems and processes were not designed with that in mind. As a result, the extent to which people experienced a seamless response currently depended on the efforts of staff to work around the limitations of these processes.

A model of integrated practice for the partnership's core health and social care services for adults was still to be defined. The absence of defined integrated processes which could be evaluated made it difficult for the partnership to understand whether integration of health and social care was contributing to better outcomes. It also meant that the partnership was unable to effectively monitor and refine its approach to ensure it was getting the maximum benefits from integrated working, and the best use of available staff capacity across health and social care.

Where the partnership had described and identified integrated models such as the integrated community assessment and support service/hospital at home, it was able to introduce effective performance measures which allowed it to successfully evaluate and refine how these worked. Similarly, monitoring processes for carers' support highlighted that adult care and support plans were not being completed by social workers. This led the partnership to invest in additional staff capacity that would be focused on improving performance in this area. For these integrated services, processes were defined clearly enough to allow their contribution to outcomes to be effectively evaluated.

People and carers were generally unaware of or uninterested in the way services were organised except to the extent that they could access the care, support and treatment they needed at the right time and in the right place. Having a continuous relationship with services they could quickly access advice and support from when their needs changed, was very important to them. Most people were able to access the support they needed from health and social work at the time they needed it.

For some, significant delays in the availability of home care led to significantly poorer outcomes. Reduced availability of respite care had a negative impact on carers' outcomes. The partnership had a range of performance measures for social work processes which highlighted that it was considerably below its target for delivering critical initial assessments.

Making effective use of health and social work practitioners' capacity required their interventions to be time limited. Compared with most health practitioners, social work practitioners were involved for longer periods of time and had a greater role in the coordination of care. However, in most instances, their involvement was still time limited and focused on the completion of assessments and reviews.

People did not always experience the continuity of relationship with services that facilitated easy access to the advice and support they needed. However, the involvement of social care providers resulted in some of the best examples of integration supporting good outcomes in the partnership. This was evident in care homes and supported living environments, or where the person was receiving intensive homecare. Skilled provider staff provided day-to-day coordination of healthcare interventions and worked periodically with social work staff to review and refine the person's care package. Provider staff also focused on enabling the person to maintain relationships and live their life as they wanted to.

People receiving support and treatment from integrated health services such as the Fife rehabilitation service or the health services that were co-located at Lynebank community hospital also had very positive experiences and outcomes. These types of services offered continuity and easy access if people's needs changed. A continuous relationship with services was maintained even though interventions were time limited.

In contrast, some of the poorest outcomes occurred when there was no member of staff who could undertake a co-ordinating role. This was often in between the times when a key worker was allocated by the partnership to undertake reviews. In many cases, care at home provision was not intensive enough for the provider to play a role in coordinating care and treatment. Outcomes for carers were particularly poor where no care or support were provided, either because the person was not eligible for support or because a provider could not be identified.

Involvement of people and carers in making decisions about their health and social care support

Most people were involved in discussing their care, support and treatment options in a way which fully recognised their rights, views and preferences. Assessments,

plans and reviews were generally shared with people in a format they could understand. In some cases, parallel processes meant that people had to consider different plans from providers, social work and NHS staff, but these generally evidenced a consistent understanding of what people wanted and needed.

Whilst partnership staff were keen to support people to have choice and control over their care and treatment, their ability to do so in practice was limited by the range of available services and sometimes by restricted capacity in those services. The partnership's approach to localities and its developing initiative to 're-imagine' the third sector, promoted access to a variety of local and accessible community resources that promoted self-management and supported people to build on their own strengths. The continuing impact of the pandemic meant that opportunities were not as fully developed as they could be.

The partnership was in the process of implementing improvements to their delivery of self-directed support (SDS). SDS offers four options through which people can organise their support.

- Option 1 is where they receive money to pay for care themselves (also known as direct payments).
- Option 2 is where the person directs the support.
- Option 3 is where the local council arranges the support.
- Option 4 is a mix of the previous 3 options.

Social work staff discussed SDS options with most people, which positively supported a culture of choice and control. However, we found that people generally understood the term SDS to apply only to direct payments and had not been effectively supported to understand the extent of the choice offered through self-directed support. The partnership had a relatively low number of people receiving services through direct payments and people had significant difficulty in recruiting personal assistants. Whilst people using direct payments generally appreciated having control over their services, some found the responsibility difficult to manage and a few had not had a review for a substantial period of time.

The partnership provided opportunities for people to access information and advice in their communities and the carers' centre was a good source of advice and support to many carers. However, many people and carers did not know about these resources and had difficulty in getting the information and advice they needed. Where they did have information, they still sometimes had trouble in understanding how the information applied to their own personal situation, and in using it to make meaningful decisions. The partnership did not have a systematic approach to ensuring that people could consistently access and meaningfully use the information they needed from their first point of contact.

Impact of the Covid-19 pandemic

The pandemic had a significant impact on the delivery of early intervention and prevention in the partnership. Lockdowns and other restrictions directly contributed to higher levels of need from increased isolation and loneliness and had a

detrimental effect on mental health. The requirement to focus capacity on critical need resulted in significant challenges to maintaining early responses which would prevent an increase or escalation in other people's needs. At the same time, reductions in health and social care capacity, delays in treatment and increased demands on carers all ultimately led to increased demand for health and social care in the longer term.

Covid legislation changed requirements during the pandemic but in the Fife partnership, staff had worked hard to maintain existing processes for assessment, care planning and reviews for most people. The process of ensuring that everyone had an up-to-date assessment or review remained a significant challenge in the context of increasing need.

There was scope to improve how processes delivered an integrated response to need but in the short term, the most significant impact on outcomes was a result of shortfalls in the availability and capacity of services. These shortfalls had become increasingly significant as a result of the pandemic.

The partnership highlighted that the willingness of staff in all sectors to take a flexible and innovative approach had helped to address the significant challenges caused by issues with care providers' ability to recruit and retain staff.

The partnership had successfully introduced more integrated arrangements across health and social care in response to the pandemic:

- A daily huddle bringing together a range of health and social care managers, to focus on how to use capacity across the system to facilitate timely discharge.
- Increased collaborative working and effective commissioning with third and independent sector care providers
- Frontline staff indicated that working remotely online using Microsoft teams increased effective integrated working and communication.

Evaluation

- Adequate

Key Area 6 – Strategic planning, policy, quality and improvement

How good are commissioning arrangements in the Fife partnership?

Key messages

- The integration joint board (IJB) had published a comprehensive and ambitious strategic plan 2019 – 2022 which identified actions to improve outcomes for people and carers. It demonstrated that the IJB had an integrated approach to strategic planning and commissioning.
- The Covid 19 pandemic had a significant impact on the partnership's ability to implement the actions in the strategic plan. This was largely unavoidable as the pandemic required the partnership to focus on crisis management. Over time, the partnership successfully made up some ground. Sometimes this included incorporating lessons learned during the pandemic into longer-term developments or partially implementing some of its original plans.
- The widespread adoption of collaborative approaches with external care providers improved the partnership's ability to respond to and recover from the pandemic.
- Performance reports did not reflect localities. As a result, the partnership was unable to effectively monitor if a balance between meeting local needs and maintaining consistent responses between localities was achieved.

Commissioning arrangements

The integration joint board had published a comprehensive and ambitious strategic plan 2019 – 2022 which identified actions to improve outcomes for people and carers. The commissioning intentions and actions applied to a wide range of health and social care functions, activities and services and demonstrated that the IJB had an integrated approach to strategic planning and commissioning. The plan had a clear focus on early intervention and prevention. This included developments across health and social care, from offering testing and rapid treatment for people at risk of hepatitis C to reducing loneliness. The IJB had developed a commissioning strategy and a carers strategy to provide more detail on how it would achieve its strategic plan objectives.

The actions in the strategic plan did not include the development of arrangements which increased health and social care integration at a service level. Most actions focused on improving an aspect of health or social care that would be delivered through separate and discrete services. This may have resulted in the partnership missing some opportunities to improve people's and carers' experiences and outcomes through operational integration of health and social care services.

Senior managers explained that the next strategic plan, which they had begun developing, would have a greater focus on integration at a service level and outcomes for people and carers. A new strategic needs assessment was being produced to ensure that this plan was based on an up-to-date assessment of the needs of the partnership's population. This showed a positive focus on understanding how the pandemic had impacted on the needs of the population.

The pandemic had a significant impact on the partnership's ability to implement the actions in the strategic plan. This was largely unavoidable as the pandemic required the partnership to focus on crisis management. Over time, the partnership successfully made up some ground. Sometimes this included incorporating lessons learned during the pandemic into longer-term developments or partially implementing some of its original plans. Results were often mixed, enabling support to be provided in different ways. At the same time some people and carers had to cope with a reduced volume and frequency of support. This illustrated that implementation of commissioning intentions during the pandemic was a dynamic process. Plans had to be adjusted and refined in response to a unique set of circumstances.

The partnership designated seven localities following a consultation exercise in 2019. These matched the partnership's community planning localities. Locality planning had only just been fully established in the partnership before the start of the Covid-19 pandemic. During the pandemic, these arrangements had been paused and had only restarted in March 2022 and locality plans had not been fully implemented because of this. The partnership was developing effective mechanisms for spreading learning across all localities. Performance reports did not reflect localities. As a result, the partnership was unable to effectively monitor if a balance between meeting local needs and maintaining consistent responses between localities was achieved. Senior managers highlighted that localities would have a key role in driving future approaches to health and social care integration through the next strategic plan.

The partnership had just agreed a well-developed participation and engagement strategy and had invested in a participation and engagement team to deliver it. The introduction of the team increased capacity to deliver effective locality planning. The team had begun extensive engagement activities to inform the partnership's response to key post pandemic challenges such as the redevelopment of day services. This demonstrated that the partnership had a strong commitment to understanding people's experiences and views to inform future plans.

The integration joint board had taken steps to monitor the implementation of its strategic plan and commissioning strategy. Progress was described in detail in the partnership's annual performance report 2020/2021. It had assessed progress in implementing its commissioning strategy in a commissioning strategy update in February 2021. The majority of actions had been at least partially implemented. The partnership's carers strategy set out clear processes for monitoring implementation. However, these were not followed, and the partnership did not provide an annual progress report for the period of implementation prior to the pandemic.

Senior managers within the partnership were reviewing all existing strategies to identify which priorities should be carried forward to the new strategic plan. This was a positive approach to ensuring that the partnership had capacity to implement the priorities in its new strategic plan effectively within the next three years. They also intended to refresh their carers strategy.

The commissioning strategy made clear and explicit links to the integration joint board's medium-term financial strategy (2021 – 2024). It set out a clear approach to decision-making and governance to progress financial sustainability. The integration joint board's strategic risk register highlighted a significant risk that the partnership's financial challenges would impact on its ability to deliver it strategic plan objectives. Senior managers expressed confidence that effective financial planning would underpin the development of the new strategic plan.

Good practice example

The partnership had developed Pinpoint Care, an approach that involved using geographical mapping to improve the availability of care at home. This mapping information was available to providers directly and facilitated effective collaboration with commissioners and other providers to find solutions to shortfalls in care at home capacity. The partnership's commissioning team also demonstrated an understanding of the need to balance the efficient use of available capacity with continuity of care and continuing to respond to the preferences of people who needed support.

The partnership paused procurement activities during the Covid-19 pandemic. It effectively refocused its commissioning and contract management activities on supporting and collaborating with external providers to continue providing support and to keep people and staff safe during the pandemic. The partnership provided advice and practical support with accessing personal protective equipment and maintaining effective infection control procedures. They had also developed and expanded collaborative working through a substantial initiative to "Reimagine the third sector," with an emphasis on building capacity in the sector to support people to live independently and to increase the availability of early intervention and prevention support.

The partnership successfully collaborated with care homes to establish a care home hub to support care homes that were experiencing staffing issues. It also established a strong collaborative approach to working with care at home providers. The widespread adoption of collaborative approaches improved the partnership's ability to respond to and recover from the pandemic.

The partnership was about to restart the tender process to put in place a framework agreement for care homes for adults. The tender appropriately reflected the health and social care standards and aimed to improve outcomes for people. Effective procurement arrangements also allowed the partnership to rapidly instigate a new tender process for respite provision following the closure of a four-bedded respite unit.

A shortfall in social care capacity is being experienced in most areas across the country and this was evident in the Fife partnership, both in terms of an increase in demand and reduced capacity, particularly in care at home services. The partnership had identified a high risk on its strategic risk register that external providers would not be able to maintain their services. It had prioritised payments for

weekend working and ensured that these were passed on in staff terms and conditions. However, there were indications that the escalating cost pressures from rising fuel prices were already having an impact, particularly on staff delivering care at home.

The partnership was taking positive steps to respond to the care at home challenge by increasing block contracting to ensure that providers could have predictable income to improve staff terms and conditions. However, the partnership's ability to adopt radically different commissioning arrangements and terms and conditions was constrained by the need to keep within the available budget.

The partnership prioritised available capacity to support hospital discharge and had been successful in reducing delays. It was seeking to consolidate and sustain this through the development and implementation of a comprehensive home first strategy. In the medium term, prioritising hospital discharge may have contributed to an increased risk that people in the community could not access the right support when they needed it. On occasion the partnership relied on emergency short-term placements in care homes to meet people's needs until capacity to support them in their own homes became available. This was not providing the best outcome for those individuals. Overall, this meant that the partnership was facing increasing challenges in achieving its strategic commissioning intention of reducing reliance on institutional care.

Evaluation

- Good

Key area 9 – Leadership and direction

How has leadership in the Fife partnership contributed to good outcomes for people and their carers?

Headline findings

- The partnership's senior leadership team and extended leadership team had developed a strong collaborative culture. Most staff strongly agreed or agreed that joint working was supported by line managers and leaders.
- The integration joint board (IJB) had redeveloped its approach to care and clinical governance through the establishment of the Quality Matters Assurance Group in July 2021. This group had an integrated focus on care and clinical governance across health and social care.
- The partnership had successfully implemented a new organisational structure between May and November 2021. It had established a collaborative culture among its leadership team and was already improving its approach to integration.
- Efforts to secure the commitment of the wider workforce to transforming services and the leadership team's vision for transformational change were at an early stage.
- The partnership faced significant workforce challenges, many of which were exacerbated by the Covid-19 pandemic. Its workforce strategy demonstrated that it was looking to address them positively across the whole health and social care workforce.

Leadership of people across the partnership

The partnership's senior leadership team and extended leadership team demonstrated a strong collaborative culture. Senior leaders were committed to a shared vision and values which was underpinned by a series of success statements that leaders had co-produced.

Using the European Foundation for Quality Management (EFQM) model for improvement, the partnership had put in place an extensive process to support the senior leadership team to develop individual objectives that were in line with its longer-term strategic objectives. The process reflected a clear focus on delivering the national health and wellbeing outcomes and implementing the integration delivery principles. The process supported a positive culture and effective collaborative way of working. This allowed individual team members to take leadership on specific priorities but still emphasised the importance of collaborating and supporting colleagues to achieve success. A survey of the extended leadership team showed that the goal of creating a collaborative culture had been successfully achieved.

Leaders demonstrated a clear shared commitment to transforming services with a focus on improving outcomes for people. Some managers felt that the new approach had already helped to support progress towards greater levels of integration.

In the staff survey conducted for the inspection, most staff strongly agreed or agreed that joint working was supported by line managers and leaders. A positive example of this was encouraging flexibility to allow district nursing and intermediate care team staff to work together to bridge gaps.

Leaders demonstrated that they valued all staff, and this was strongly embedded in the partnership's success statements. It was also evident in the iMatter survey, where results indicated that staff generally felt appreciated for their work, were treated fairly and consistently and received enough helpful feedback to do well. Feedback from the third and independent sector representatives was included in the director's newsletter, promoting a sense that they were full and active members of the partnership. The partnership made training available to third and independent sector organisations and had developed an integrated workforce plan which included the third and independent sector workforce.

Some staff indicated that they felt valued by their immediate line managers more than senior managers. This was because they felt they had to respond to continuous demands from senior managers. Senior managers demonstrated awareness of the need to balance supporting resilience among staff following the pandemic with responding to increasing needs within the population.

Leadership of change and improvement

Leaders across the partnership had used evidence to jointly identify and set priorities for change and improvement, particularly in relation to reducing delays in discharge from hospital.

The integration joint board had redeveloped its approach to care and clinical governance through the establishment of the Quality Matters Assurance group (QMAG) in July 2021. This group had an integrated focus on care and clinical governance across health and social care. It had taken positive steps to ensure that an integrated approach would be maintained by rotating the chair of the group between associate medical director, associate director of nursing and the social care lead. The group also had a useful focus on assurance of the partnership's capacity to embed a culture of engaging with people. The QMAG had an extensive work plan and was using a wide and expanding range of quality indicators to identify priorities for quality improvement across health and social care services.

Implementation of the new organisational structure between May and November 2021, was the most significant change the partnership had accomplished in recent years. The change was driven by recognition that previous arrangements were not effective in delivering integration and were sometimes entrenched in siloed working and competition. It focused on redesigning the partnership's leadership teams by moving away from hierarchical structures to a distributed leadership model. Distributed leadership models focus on growing leadership practice across people at all levels of the organisation to build capacity for change and improvement.

Efforts to secure the commitment of the wider workforce to transforming services and the leadership team's vision for transformational change were at an early stage. The partnership had continued to take an organisational development approach focused on delivering culture change. It had invested in two organisational development workers to take forward a programme to promote behaviours and culture that would support the transformation of services.

Some staff felt that they had been required to adapt to constant change. This was consistent with results from the staff survey which indicated that only slightly more than half of staff agreed or strongly agreed that the senior leadership team ensured that change affecting services was managed in a safe and responsive way. This may reflect the impact on staff resilience of the rapid changes required by the pandemic.

The integration joint board had recently produced a new workforce strategy. This was a comprehensive and well-developed document which covered all the partnership's workforce, including staff employed by the NHS, council, third sector and independent sector. It was based on the six-step process and five pillars approach set out in Scottish Government guidance and was developed by a group with representatives from all sectors. The partnership faced significant workforce challenges, many of which were exacerbated by the Covid pandemic, and its workforce strategy demonstrated that it was looking to address them positively across the whole health and social care workforce.

Evaluation

- Good

Conclusions

The Fife health and social care partnership was in the process of two significant transitions. The first was the transition out of controls and restrictions from the Covid-19 pandemic. The second was the transition towards greater integration of services. This was driven by the successful implementation of a new organisational structure and the establishment of a more collaborative culture and effective collaborative working among members of the senior leadership team. The success of the new leadership arrangements was a considerable achievement, especially during the pandemic, and the positive effects were evident across the partnership.

The pandemic had significant impacts on people and carers and staff across all sectors. As a result, the partnership was experiencing both an increasing need for support and a reduction in the availability of the support it could deliver. The huge efforts of staff had enabled the partnership to continue to deliver good outcomes to most people that were broadly in line with performance across Scotland as a whole. At the same time, some people had poorer outcomes. This presented a challenge: how to recognise the commitment and effort from staff, whilst still acknowledging that some people and particularly their carers had negative experiences. Also, not everything could be attributed to the pandemic and some things were better or worse because of what was in place before the pandemic arose.

Another interesting issue was the apparent difference between how staff and people and carers made sense of the transition from Covid-19 restrictions. Staff described a continuous experience of relentless demands and needing to adapt to ongoing change. People and carers reflected on the often very negative impact during the pandemic but were more concerned about the support they had now.

At the same time, many of the pandemic related challenges like the reductions in capacity because of a limited social care workforce are experienced by all partnerships and may be beyond what a single partnership can overcome on their own.

Last of all, the Fife partnership has made considerable progress since implementing a new organisational structure and senior leadership arrangements. The timing of this inspection meant that we were not able to see the impact of this approach.

Collaborative working was strong among the leadership team and there were positive relationships across staff in all sectors to build on. It will take time to develop more integrated processes. Leaders were committed to change and transformation, but this will take time to become embedded throughout the whole organisation. The partnership had invested in additional capacity to achieve this. Success will depend on effectively evaluating each development and using the results to refine the approach and most importantly, making sure that the voices and experiences of people and carers are at the centre of this.

Appendix 1

Inspection methodology

The inspection methodology included the key stages of:

- information gathering
- scoping
- scrutiny
- reporting.

During these stages, key information was collected and analysed through:

- discussions with service users and their carers
- staff survey
- submitted evidence from partnership
- case file reading
- discussions with frontline staff and managers
- professional discussions with partnership.

The underpinning quality improvement framework was updated to reflect the shift in focus from strategic planning and commissioning to include more of a focus on peoples' experiences and outcomes.

Quality improvement framework and engagement framework

Our quality improvement framework describes the Care Inspectorate and Healthcare Improvement Scotland's expectations of the quality of integrated services. The framework is built on the following.

- The National Health and Wellbeing Outcomes framework. These outcomes are specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe what integrated health and social care should achieve. They aim to improve the quality and consistency of outcomes across Scotland and to enable service users and carers to have a clear understanding of what they can expect.
- The Integration Planning and Delivery Principles. These are also specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe how integrated services should be planned and delivered.
- The Health and Social Care Standards. These seek to improve services by ensuring that the people who use them are treated with respect and dignity and that their human rights are respected and promoted. They apply to all health and social care services whether they are delivered by the NHS, councils or third and independent sector organisations.

The quality improvement framework also takes account of the MSG's proposals in relation to collaborative leadership, working with the third and independent sector, strategic planning and commissioning, clinical governance and engaging people, carers and the wider public.

Quality indicators

We have selected a set number of quality indicators from our full quality improvement framework. The indicators relating to people and carer's outcomes and experiences are central to the framework. Other indicators consider the outcomes and experiences that integrated health and social care achieve.

The framework sets out key factors for each indicator and describes how they can be demonstrated. It also provides quality illustrations of good and weak performance. The indicators that will be inspected against are:

1.2	People and carers have good health and wellbeing outcomes
2.1	People and carers have good experiences of integrated and person-centred health and social care.
2.2	People's and carer's experience of prevention and early intervention
2.3	People's and carer's experience of information and decision-making in health and social care services
5.1	Processes are in place to support early intervention and prevention
5.2	Processes are in place for integrated assessment, planning and delivering health and care
5.4	Involvement of people and carers in making decisions about their health and social care support
6.5	Commissioning arrangements
9.3	Leadership of people across the partnership
9.4	Leadership of change and improvement

Our engagement framework underpins how the Care Inspectorate and Healthcare Improvement Scotland will undertake and report on engagement with people using services and their carers.

The framework consists of 12 personal "I" statements, which focus on the experience and outcomes of people using services and their carers.

The 12 statements are:

1. From the point of first needing support from health and social care services, I have been given the right information at the right time, in a format I can understand.
2. I am supported to share my views, about what I need and what matters to me, and my views are always valued and respected.
3. People working with me focus on what I can do for myself, and on the things I can or could do to improve my own life and wellbeing.
4. I am always fully involved in planning and reviewing my health and social care and support in a way that makes me feel that my views are important.
5. Professionals support me to make my own decisions about my health and social care and support, and always respect the decisions that I make.
6. I get the advice, support, treatment and care that I need, when I need it, which helps me to become and stay as well as possible for as long as possible.

7. The health and social care and support that I receive, help me to connect or remain connected with my local community and other social networks.
8. Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.
9. People working with me always treat me with dignity, respect my rights and show me care and kindness.
10. My carers and I can easily and meaningfully be involved in how health and care services are planned and delivered in our area, including a chance to say what is and isn't working, and how things could be better.
11. I'm confident that all the people supporting me work with me as a team. We all know what the plan is and work together to get the best outcomes for me.
12. The health and social care and support I receive makes life better for me.

Appendix 2

Term	Meaning
Adult carer support plan	Under the Carers (Scotland) Act, every carer has a right to a personal plan that identifies what is important to them and how they can be supported to continue caring and look after their own health. This is called an adult carer support plan.
Agile working	Being ready to change the way people work by allowing them greater flexibility in their working hours and where they work, using technology. It also can include changing how people work together or their role.
Aids and adaptations	This means equipment and changes to people's homes which help with everyday tasks so that they can live independently. Examples include grab rails, bath and shower seats, wheelchairs, special mattresses and communication aids.
Anticipatory care plan	Unique and personal plans that people prepare together with their doctor, nurse, social worker or care worker about what matters most to them about their future care.
Capacity	Capacity is the maximum amount of care, support or treatment that day service or individual member of staff can provide.
Care and clinical governance	The process that health and social care services follow to make sure they are providing good quality and safe care, support and treatment.
Carers' centre	Carers' centres are independent charities that provide information and practical support to unpaid carers. These are people who, without payment, provide help and support to a relative, friend or neighbour who can't manage without that help. Carers' centres are sometimes funded by health and social care partnerships to provide support.
Commissioning	Commissioning is the process by which health and social care services are planned, put in place, paid for and monitored to ensure they are delivering what they are expected to.
Complex needs	People have complex needs if they require a high level of support with many aspects of their daily lives and rely on a range of health and social care services.

Contract management	Contract management is the process that local councils and the NHS use to ensure that services they purchase from other organisations are of a good standard and are delivering at the expected level.
Co-ordination	Organising different practitioners or services to work together effectively to meet all of a person's needs.
Core suite of integration indicators	These are indicators, published by Public Health Scotland to measure what health and social care integration is delivering.
Day services	Care and support services offered within a building such as a care home or day centre or in the community. They help people who need care and support, company or friendship. They can also offer the opportunity to participate in a range of activities.
Direct payments	Payments from health and social care partnerships to people who have been assessed as needing social care, who would like to arrange and pay for their own care and support services.
Digital transformation	Digital transformation is a process of using digital technologies like computers and the Internet to create new ways of doing things to meet people's needs.
Early intervention	Early intervention is about doing something that aims to stop the development of a problem or difficulty that is beginning to emerge before it gets worse.
EFQM	The European Foundation for Quality Management is an organisation which has developed an approach to quality improvement that can help organisations to improve.
Eligibility criteria	Eligibility criteria are used by social work to determine whether a person has needs that require a social care service to be provided.
Emergency planning	These are plans that set out what will be done to maintain the health and well-being of people who need support when their normal support cannot be provided because of some kind of emergency, for example if an unpaid carer falls ill.
External providers	Independent organisations from which the health and social care partnership purchases care to meet the needs of people who need support.

Future planning	Adult carer support plans are required to include plans for how the cared for person's needs will be met in the future, including when the carer is no longer able to provide support.
Health and social care integration	Health and social care integration is the Scottish Government's approach to improving care and support for people by making health and social care services work together so that they are seamless from the point of view of the people who use them.
Health and social care partnership	Health and social care partnerships are set up to deliver the integration of health and social care in Scotland. They are made up of integration authorities, local councils, local NHS boards and third and independent sector organisations.
Health promotion	The process of enabling people to improve and increase control over their own health.
Hospital at home	Services that treat patients in their own home rather than occupying a hospital bed. They are managed by a dedicated team with of health professionals who are responsible for the person's care and treatment.
ICASS	Integrated assessment and support service – a team of health and social care staff in Fife. The team ensures that the delivery of care plans is well coordinated, and that individuals receive tailored support based on their identified needs
iMatter	A tool to improve the experience of staff who work for NHS Scotland.
Independent sector	Non statutory organisations providing services that may or may not be for profit.
Integrated services	Services that work together in a joined-up way, resulting in a seamless experience for people who use them.
Integration joint board (IJB)	A statutory body made up of members of the health board and local authority, along with other designated members. It is responsible for the planning and delivery of health and social care services.
Localities	Agreed sub-areas within a health and social care partnership area. The partnership should make sure it understands and responds to the different needs of people in different localities.

Low threshold services	Easy access services that people do not have to meet set standards or criteria to access, for example drop-in centres or conversation cafes. Low threshold services are often seen as a way of stopping people's health and wellbeing getting worse.
Microsoft Teams	An IT platform that allows people to meet and work together on the internet
National health and wellbeing outcomes	Standards set out in Scottish legislation that explain what people should expect to get from health and social care integration.
National Performance Indicators	Measures that are used to evaluate how well organisations are doing in relation to a particular target or objective. For example, the Scottish Government uses national performance indicators to understand how well health and social care partnerships are achieving good health and wellbeing outcomes for people.
Organisational development	A way of using strategies, structures and processes to improve how an organisation performs.
Outcomes	The difference that is made in the end by an activity or action. In health and social care terms, the difference that a service or activity makes to someone's life.
Personal assistant	Somebody who is employed by a person with health and social care needs to help them live the best lives they can. People who need care can ask a health and social care partnership for a direct payment so that they can employ a personal assistant.
Person-centred	This means putting the person at the centre of a situation so that their circumstances and wishes are what determines how they are helped.
POSA	Personal outcomes and support assessment. This is a process used in the Fife health and social care partnership to assess people's social care needs and plan the social care services that will help them meet their needs.
Prevention	In health and social care services, prevention is about activities that help to stop people becoming ill or disabled, or to prevent illness or disability becoming worse.

Procurement	The process that health and social care partnerships use to enter into contracts with services to provide care or support to people.
Public Health Scotland	A national organisation with responsibility for protecting and improving the health of the people of Scotland.
Quality indicators	Measures that are used to evaluate how good a process is – how efficient and effective a process is in achieving the results that it should.
Rehabilitation	The process of helping a person to return to good health, or to the best health that they can achieve.
Residential care	Care homes – places where people live and receive 24-hour care.
Respite care	Temporary care that is provided for someone with health and social care needs, usually to provide a break for the person or their carer. Respite care is often provided in a residential setting but can also be provided via short breaks for the person and/or their unpaid carers.
Scoping	The process of examining information or evidence to understand what it means.
Scrutiny	The process of carefully examining something (for example a process or policy or service) to gather information about it.
Seamless services	Services that are smooth, consistent and streamlined, without gaps or delays.
Self-directed support	A way of providing social care that allows the person to make choices about how they will receive support to meet their desired outcomes.
Service providers	Organisations that provide services, such as residential care, care at home, day services or activities.
Short breaks	Opportunities for disabled people and/or their unpaid carers to have a break. Its main purpose is to give the unpaid carer a rest from the routine of caring.
Strategic needs assessment	A process to assess the current and future health, care and wellbeing needs of the community in order to inform planning and decision making.

Supported living	Housing with attached support or care services. Supported living is designed to help people to remain living as independently as possible in the community.
Third sector	Organisations providing services that are not private or statutory. The term is often used to refer to voluntary organisations but can also refer to community organisations or social enterprise organisations
Workforce plan	A plan that sets out the current and future needs for staff in the organisation, and how those needs will be met.

Appendix 3

Six-Point evaluation scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

Excellent	Outstanding or sector leading
Very Good	Major strengths
Good	Important strengths, with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses – priority action required
Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. Whilst opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance, which is evaluated as adequate, may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare

or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 4

The National Health and Wellbeing Outcomes

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

- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.

- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

- **Outcome 5.** Health and social care services contribute to reducing health inequalities.

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

- **Outcome 7.** People using health and social care services are safe from harm.

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

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

	Key Area 1 **Priority area for improvement:** Key performance outcomes • The partnership should continue to develop and refine its processes for capturing robust data on outcomes and ensure that this drives targeted efforts to improve outcomes for people and carers.

Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome Measurement	Due Date	Progress Update
Current performance reporting frameworks to be strengthened to include more qualitative outcome information to complement existing reporting.	Head of strategic planning, Performance and Commissioning	Improved range of qualitative outcome and activity data available to inform future planning and targeted improvement activity	Revised performance framework containing robust outcome data in place.	November 2023	
Performance reports to be modified to specify links between outcome data and improvement activity.	Head of strategic Planning, Performance and Commissioning	Improvement activity directly informed by qualitative outcome and activity data.	Revised performance framework includes specified improvement activity linked to reported outcome data	June 2023	
Increase social care services capacity as key element of improving outcomes.	Head of strategic planning,Performance and Commissioning Head of critical and complex care Head of community care services	Improved outcomes for people in need, including greater choice and control through increase in social care capacity.	(i) Actions in place within partnership planning to further develop capacity within care at home, day services and respite provision. (ii) Individual social care service capacity targets in place	June 2023 June 2023	
Development of more systematic reporting of complaints, comments, and other feedback in place to help shape services in delivering better outcomes.	Chief finance officer	Greater analysis of people's qualitative experience of services used to enhance practice standards and influence future service developments.	Data from complaints and other feedback systematically gathered and reported on a quarterly basis with both: thematic analysis (type of complaint/comment); and integrated analysis (type of service)	April 2023	

	Key Area 2 **Priority area for improvement:** Experience of people who use our services • The partnership should make sure that it has an integrated approach to providing information and advice, so that people understand their condition and are supported to make informed choices about their care and treatment.

Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome Measurement	Due Date	Progress Update
An integrated information portal to be established covering a range of existing conditions alongside details of health and social care services.	Service manager (adults west) Head of nursing Locality planning coordinator	Greater understanding by people and carers of the nature and likely impact of individual conditions and what services are available to provide support.	An integrated information portal established with clear signposting to services, advice and supports	November 2023	
More consistent provision of information to be given to people receiving support covering both information on the persons condition alongside information about health and social care services and options and rights	Service manager (adults west) Head of nursing	People and carers are better able to understand their situation and make informed choices.	(i) Practice note issued regarding the consistent provision of information. (ii) This to include the requirement for this to be explicitly recorded within assessment and review processes/case notes. (iii) Evaluated through existing case file auditing and patient/service user feedback processes including annual POSA review analysis	March 2023 March 2023 December 2023	
Improve the availability of information to carers on support, advice and services.	Change and Improvement Manager (Carers)	Improved carers awareness of the range of support, advice, and services available.	(i) Range of information available to carers revised and updated and issued to all staff engaged in supporting carers. (ii)Targeted, themed campaigns promoting carer services in place across media channels. (iii) Impact of improvements measured by annual carers survey results. (iv) Updated website containing revised and expanded information in place	July 2023 July 2023 December 2023 December 2023	

All Self-Directed Support options to be routinely discussed and people/carers views recorded at POSA review stages (already discussed at assessment stage).	Head of strategic planning, Performance and Commissioning/SDS board	Improved people and carers understanding of self-directed support options as possible alternative to in-house provision	Confirmation of discussion of all four SDS options detailed within annual POSA review analysis	July 2023	

	Key Area 5 **Priority area for improvement:** Delivery of key processes • The partnership should improve how it responds seamlessly from the point of view of people and carers by developing a model of integrated practice, with defined processes for its core services. The partnership should improve its processes for anticipatory care planning, including monitoring the number of plans completed and how effectively they support positive outcomes.

Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome measurement	Due Date	Progress Update
Model of integrated practice to be developed within Fife as part of the GIRFE Preventative and Proactive Care (PPC) Pathfinder Project, to ensure processes are in place that support staff to share information and provide an integrated response.	Principal social work officer	Provision of services to feel seamless to those in receipt of support with simple access to a range of well-coordinated support.	New model of integrated practice and associated processes developed and implemented. This to include designated key worker/care coordinator role.	November 2023	
Agree service criteria/triggers/responsibility for establishing/reviewing anticipatory care plans across health and social care.	Service manager (older people residential and day service management) and Service Manager Adult West	Greater number of people benefit from reassurance that plans in respect of future care needs are in place for when needs change	(i) Revised practice guidance for completion of anticipatory care plans in place. (ii)Arrangements for monitoring number and quality of anticipatory care plans developed. (iii) Audit arrangements in place to analyse impact of new processes	June 2023 June 2023 November 2023	

	Key Area 6 **Priority area for improvement:** Strategic planning, policy, quality, and improvement • The partnership should consistently monitor performance and outcomes at a locality level to balance responding to local needs with a consistent response across localities.

Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome measurement	Due Date	Progress Update
Review current locality performance reporting and data analysis to help services balance responses to locality need within the partnership's overall strategic priorities.	Head of strategic planning, Performance and Commissioning Locality planning coordinator	The partnership has a better understanding of where it can prioritise and respond to locality needs within a consistent partnership strategy	(i)Locality reporting data updated. (ii) Locality mapping exercise of services undertaken, plotted against need	July 2023 July 2023	
The partnership to review the strategic plan to ensure it allows responses to locality need within overarching partnership priorities.	Head of strategic planning, performance and Commissioning Locality planning coordinator	The partnership can respond to locality need within a consistent strategic approach.	The partnership's strategic plan addresses how it will respond to locality need while maintaining its overarching strategy	November 2023	

Key Area 9
Priority area for improvement: Leadership and direction

- Leaders should continue to evaluate the effectiveness and impact of their approaches to organisational development as it is rolled out across the wider workforce, including understanding staff experiences of change and of continuing increases in demand.

Improvement Action(s)	Responsibility/ Workplan	Expected benefit	Outcome measurement	Due Date	Progress Update
Effectiveness of current organisational development approach to be fully evaluated across the wider workforce.	Principal lead for organisational development	Managers are better informed as to staff perceptions and resilience in relation to change and increased demand and use this to inform new organisational developments.	(i) Impact of organisational development evaluated and reported to the IJB through the annual workforce strategy progress report (ii) Results and associated improvement actions agreed by the strategic team and communicated to staff	July 2023 September 2023	
Review current senior management staff communication and engagement processes (including face to face contact) and identify any areas for improvement.	Principal lead for organisational development	Staff, including those in hard-to-reach services, are fully engaged with partnership strategic developments	Clear process in place for systemic communication and engagement between staff at all levels and senior strategic managers.	July 2023	

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**27 January 2023**
Agenda Item No:	**10**
Report Title:	**Ministerial Strategic Group Indicators**
Responsible Officer:	**Nicky Connor, Director of Health and Social Care**
Report Author:	**Fiona McKay, Head of Strategic Planning, Performance and Commissioning.**

1 Purpose

This Report is presented to the Board for:

Assurance on progress and discussion in relation to the actions and next steps of the indicators ahead of inclusion as part of the 2022/23 annual performance report.

This Report relates to 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 the Integration Joint Board 5 Key Priorities:

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

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

2 Route to the Meeting

This report was discussed at the Finance Performance & Scrutiny Committee on 20 January 2023. Progress reports will continue to be submitted on a six monthly basis.

3 Report Summary

3.1 Situation

This report is being provided to assure the Integration Joint Board on the progress being made with the Ministerial Strategic Group Indicators (MSG).

3.2 Background

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes that Integration Joint Board is required to oversee and report on in an annual performance report. Audit Scotland published a report on Integration in 2018 identifying that there needed to be an increase in the pace and scale of Integration to achieve these outcomes. The Ministerial Strategic Group subsequently published a report in 2019 outlining the proposals to develop the features of good integration which includes:

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

Health and Social Care Partnerships are to complete a self-assessment on their view of their current position in terms of a number of performance indicators. Alongside this, Partnerships were also asked to determine their current status, from not started to exemplary, this report was used to rate the progress on integrating services and systems across Scotland.

Over the last few years, a number of areas of the indicators have been progressed but due to Covid there are areas still to be progressed. In general, despite the pandemic, we have made good progress. The attached report gives an update on our progress as of December 2022. There has been significant progress around areas such as Participation and engagement and carers priorities.

Within the NHS Fife Internal Control Evaluation and Annual Report 2021/22 it was recommended that a report regarding the work being undertaken to foster closer working relationships with colleagues in local authorities and IJBs and progress towards the indicators from the Ministerial Strategic Group report is presented to an NHS Board and Fife Council Standing Committee, this is being progressed.

3.3 Assessment

The MSG indicators are reported to the Finance, Performance and Scrutiny Committee to assure members of the progress and to determine areas for further development.

The indicators have progressed since the original assessment, with 16 areas established and 6 areas Partly established. The table below summarises the attached report also highlights areas of progress and any that are outstanding have a date for completion in early 2023.

Success Indicator	**Summary**
Collaborative leadership and building relationships	In all 4 proposal areas we are now established and we are working towards exemplary. There is strong evidence of collaborative working with a "Team Fife" approach. This includes between statutory services and across the Third and Independent Sector. Fife is a large Health and Social Care Partnership. Examples include regular tripartite meetings in place, third and independent sector collaborations for care homes and care at home, very strong daily working to support operational challenges and strong engagement in the work that joins us together under the plan for Fife.
Integrated finances and financial planning	There are 4 indicators partially established and 2 indicators established. In agreement with the Chief Executives and Directors of NHS Fife and Fife Council the key area that has not been progressed is the delegated hospital budgets. There is further work to be scoped to understand any potential implications of the National Care Service to inform next steps. This position will be clearer by Summer 2023. The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland.
Effective strategic planning for improvement	6 of the indicators in this section are now well established and working towards exemplary. An area only partially established and will be a priority to fully establish in 2023/24 is the use of Directions. The strategic commissioning of delegated hospital services is not yet established for the same reasons as described in relation to Integrated Finances. The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland. There has been excellent collaboration in relation to strategic planning in relation to the NHS Fife Public Health and Wellbeing Strategy and Integration Joint Board Strategic Plan.
Governance and accountability arrangements	4 of the indicators in this section are now well established and working towards exemplary. The use of directions remain partially established.

	Development of this was impacted on during the pandemic and will be a priority in 2023/24.
Ability and willingness to share information	These areas are established. We routinely review HSCP annual reports in other areas in Scotland. There are national forums for Chief Officers, heads of service and Professional leads to enable information sharing and to learn from good practice. There is also evidence through collaborative work such as discharge without delay and the Getting it Right for Everybody (GIRFE) pathfinder sites, the integration inspection (2022) and mutual support between HSCP will enable this to be strengthened further.
Meaningful and sustained engagement	There is significant work ongoing to support participation and engagement. This includes the establishment of a participation and engagement team and working in our localities in Fife. Through a refreshed participation and engagement strategy and carers strategy there is considerable work ongoing to strengthen this further.

3.3.1 Quality / Customer Care

All of the work in relation to Integration centres around the legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014 which sets out principles and outcomes focused on the people that access health and social care services, their families, carers and communities. Through fully delivering the Ministerial Strategic Indicators and focusing on the outcomes and principles of Integration we can enable Health and social care services to be integrated around the needs of individuals, their carers and other family members. Health and social care services will have strong and consistent clinical and care professional leadership and that services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered.

3.3.2 Workforce

Key to delivery of the outcomes of Integration is to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. There is an effective Integrated Local Partnership Forum within the Health and Social Care Partnership which enables regular meetings with Joint trade Unions across Both health and social care services ensuring a strong focus on the workforce.

3.3.3 Financial

The aim for integration has been to create a system through Integration Joint Boards to enable health and social care in which the public pound is always used to best support the individual at the most appropriate point in the community care system, regardless of whether

the support that is required is what we would traditionally have described as a “health” or “social care” service. The proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements that have been legislated are used fully to achieve that aim, and to support Integration Joint Boards Medium term financial plans.

3.3.4 Risk / Legal / Management

There are several areas of risk around the delivery of the Ministerial Strategic Group Indicators including the uncertainty in relation to the implications of the national care services, financial risk, the ongoing impact of the recovery from the pandemic and impact on services. These risks are included in or being scoped to add to the Integration Joint Board Strategic risk register. A key mitigating factor for these risks is the strong partnership working in Fife and the commitment to the Team Fife approach.

3.3.5 Equality and Diversity, including Health Inequalities

The quality impact assessment is included within both transformation plans and strategic plans that are associated with the delivery of these indicators. Examples include the Health and Social Care Strategic Plan, the Participation and Engagement Strategy, The carers strategy etc.

3.3.6 Environmental / Climate Change

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

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

Many of the MSG indicators have direct correlation to and requirement to engage, consult and communicate with a wide range of stakeholders. This includes patients, carers, families, workforce and communities. This relates to both strategic development work and also locality development work. The movement attached appendix evidences how the voice of people shapes the development of these indicators from partially established, to established to exemplary.

4 Recommendation

The Board is asked to take assurance that progress is being made on the implementation of the Ministerial Strategic Group Recommendations. This includes joint working across agencies in Fife and the commitment to continuous quality improvement. Progress will be reported in the Health and Social Care Partnership Annual report to be approved by the Integration Joint Board in July 2023.

5 List of Appendices

The following appendix is included with this report:

Appendix 1: Progress report - MSG Indicators

6 Implications for Fife Council

No additional implications.

7 Implications for NHS Fife

No additional implications.

8 Implications for Third Sector

No additional implications.

9 Implications for Independent Sector

No additional implications.

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

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

11 To Be Completed by SLT Member Only (must be completed)

Lead	
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Fiona Mckay

Author Job Title: Head of Strategic Planning, Performance and Commissioning, Fife Health and Social Care Partnership

E-Mail Address: Fiona.McKay@fife.gov.uk

Summary Report –December 2022

FEATURE SUPPORTING INTEGRATION	INITIAL STATUS 2020	STATUS PROGRESS AS OF DECEMBER 2022				DEFINITION	TARGET STATUS
		Not yet established	Partly established	Established	Exemplary		
Key Feature 1 - Collaborative Leadership and Building Relationships *Shared and collaborative leadership must underpin and drive forward integration*							
1.1 Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place	**Established**			√		**Established** – Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	**Exemplary** – Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement, and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
1.2 Relationships and collaborative working between partners must improve • Development sessions have been organised for the IJB on specific topics which showcase new initiatives and ways of working or deep dive into areas of interest	**Partly established**			√		**Established** – Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	**Exemplary** – Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
• Seek learning from other systems around how they've cultivated a stronger sense of shared endeavour	**Partly established**			√		**Established** – Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	**Exemplary** Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
1.3 Relationships and partnership working with the third and independent sectors must improve	**Partly established**			√		**Established** – Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	**Exemplary** – Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focussed on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.

Key Feature 2 – Integrated Finances and Financial Planning *Money must be used to maximum benefit across health and social care. To create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a "health" or "social care" service. Focussing on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government's Medium-Term Framework for Health and Social Care*							
2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	**Partly established**		√			**Partly established** – Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	**Established** – Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.
2.2 Delegated budgets for IJBs must be agreed timeously	**Partly established**		√			**Partly established** – Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	**Established** – Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.
2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented	**Not yet established**		√			**Partly Established** – Working towards developing plans to allow all partners to fully implement delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	**Established** Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.
2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers	**Established**			√		**Established** – IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	**Exemplary** – IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.

2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations • Risk Share Agreement	**Partly established**			√		**Established** – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	**Exemplary** – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses is identified to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainability community services.
• Develop a proposition to consider whole system planning – beyond the delegated responsibilities of the IJB – to ensure effective investment in prevention and early intervention and the development of sustainable community service to achieve health and wellbeing outcomes for the people of Fife. Engage with community planning partnership to that end	**Partly established**		√			**Partly established** – Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	**Established** – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.
Key Feature 3 – Effective Strategic Planning for Improvement *Maximising the benefit of health and social care services, and improving people's experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities*							
3.1 Effective strategic planning for improvement	**Partly established**			√		**Established** – The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities.	**Exemplary** – The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
3.4 Improved strategic planning and commissioning arrangements must be put in place	**Established**			√		**Established** – Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	**Exemplary** – Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide sull support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.

3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place	**Not yet established**		√			**Partly established** – Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Established - Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.
Key Feature 4 – Governance and Accountability Arrangements *Governance and accountability must be clear and commonly understood for integrated services*							
4.1 The understanding of accountabilities and responsibilities between statutory partners must improve	**Partly established**			√		**Established** – Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	**Exemplary** – Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
4.2 Accountability processes across statutory partners will be streamlined	**Partly established**			√		**Established** – Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	**Exemplary** – Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
4.3 IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis	**Established**			√		**Established** – The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	**Exemplary** – The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities	**Partly established**		√			**Partly established** – Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack details.	**Established** – Directions are issued at the end of a decision-making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.

4.5	Effective, coherent, and joined up clinical and care governance arrangements must be in place	**Partly established**			√		**Established** – The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	**Exemplary** – The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Key Feature 5 – Ability & Willingness to share information *Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings*								
5.1	Annual reports will be benchmarked by Chief Officer to allow them to better understand local performance data	**Established**			√		**Established** – Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	**Exemplary** – Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
5.2	Identifying and implementing good practice will be systematically undertaken by all partnerships	**Partly established**			v		**Established** – The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice.	**Exemplary** Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
Key Feature 6 – Meaningful & Sustainable Engagement *Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people*								

6.1	Effective approaches for community engagement and participation must be put in place for integration and Action	**Partly established**					**Established** – Engagement is always carried out when a service change, redesign or development is proposed.	**Exemplary** Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
6.2	Improved understanding of effective working relationships with carers, people using services and local communities is required	**Partly established**			**v**		**Established** – Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships	**Exemplary** Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships
6.3	We will support carers and representatives of people using services better to enable their full involvement in integration	**Established**			**√**		**Established** – Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	**Exemplary** – Carers and representatives of people using service on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.

Key Feature 1 – Collaborative Leadership and Building Relationships

1.1- Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place

ACTION/STRATEGIC | **Continue to support the development of the IJB and its Committees**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	2022 Q1 Jan - Mar	Q2 Apr-June	Q3 Jul - Sept	Q4 Oct- Dec	Timescale
Further develop collaborative working practices with 3rd and independent sectors in Fife. Promote a culture of high engagement, trust and involvement of all parties. Explore options to clarify roles and responsibilities across the partnership with a view to improving collaborative working practices between partners. Develop shared learning practices across Fife to support how our partners deliver health and social care integration better. Bespoke training with Governance Committees to improve and support understanding of associated responsibilities. Building on the session with the audit and risk committee sessions to take place between Clinical & care and F & P Committee.	Chair of IJB Vice Chair of IJB Director of Health and Social Care		ESTABLISHED	ESTABLISHED	A voluntary sector review is underway with excellent engagement with voluntary organisations, a board has been established with input from Fife Voluntary Action to ensure openness and accountability. The review has developed a significant programme of support voluntary sector and link with our localities. Working with Scottish Care a collaborative has been established with care at home providers to ensure closer working relationships linked directly with people currently in interim care home beds to ensure they return home as quickly as possible. The learning from this will be shared across other partnerships. The work of the care at home collaborative has been highlighting across other Partnerships across Scotland and supported by Scottish care and Government The Partnership continues to develop a governance training across the IJB committees. Further work will be delivered after council elections when it is anticipated new IJB members will be identified. This has now commenced with several sessions in place. The committee structure has been re-aligned and new committees in place aligned to integration scheme.	✓ ✓	✓ ✓	✓ ✓	✓ ✓ ✓	
In understanding local need, prioritising issues, exploring potential options for change, specifying service models and delivering different ways.	Chair of IJB Vice Chair of IJB Director of Health and Social Care		ESTABLISHED	ESTABLISHED	Remobilisation plans will continue to consider the government's plan of remobilise, recover and redesign This work will link into the Transformation programme. A transformation Board is now in place which will develop and explore the programme for change and the delivery of differing models of care identified in the strategic direction of		✓		✓	

					the partnership including the strategic plan and the associated strategic plans within it. **The review of the strategic plan and the strategic needs assessment has identified clear priorities which will be considered as part of the strategic plan and associated strategies these will be reported via different committee's.**					

Key Feature 1 – Collaborative Leadership and Building Relationships

1.1- Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place

ACTION/STRATEGIC | **Explore bringing key players from across system together to explore how to progress specific themes**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr- Jun	Q3 July - Sep	Q4 Oct - Dec	Timescale
The Director of H & SC will be a key member of the refreshed Transformation Board in partnership with NHS Fife, Fife Council and other key stakeholders. The Associate Medical Director is leading Primary Care Implementation with key stakeholders. Continue to develop locality work, ensuring the leaders, partners and members of the public within the 7 locality areas, meet the needs of locally defined communities, reporting to Local Area Committees. Regular meetings to be held between chair and Vice-chair of IJB, Governance Committee Chairs and Director of H&SC Joint sessions to be held between H&SC and NHS Fife Committee Chairs on priority transformation topics.	Chair and Vice-Chair of IJB Chairs of Governance Committees and Director of H &SC		ESTABLISHED	ESTABLISHED	The Partnership has created a Transformation Board with the Chief Finance Officer as the lead – a programme and a PMO office has been established to take forward a significant transformation agenda. The Head of Primary Care and Preventative Services has taken forward the primary care implementation and will develop a prevention and early intervention strategy to support the work with GPs and the localities. There has been a change in the chair of the IJB as part of the terms of reference and work is underway to continue a programme of development sessions and encourage members of the IJB to be part of programme redesign. Some members of the IJB have been involved in a subgroup to develop the refreshed participation and engagement strategy.	✓ ✓ ✓ ✓	 ✓ ✓		✓ ✓ ✓ ✓	

Key Feature 1 – Collaborative Leadership and Building Relationships

1.2- Relationships and collaborative working between partners must improve

ACTION/STRATEGIC | **Development sessions have been organised for the IJB on specific topics which showcase new initiatives and ways of working or deep dive into areas of interest**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	Q3 July- Sep	Q4 Oct - Jan	Timescale
Development Sessions will continue. Future joint sessions to be arranged between H&SC and NHS Fife Committees. Further individually tailored Development Sessions for the three Governance Committees will be arranged. Guidance will be developed around governance of IJB and its Committees. Work to be undertaken to pair newly appointed IJB members with an experienced member. Build on networking and shared learning from other IJB's and contribute to co-production of a framework for Community Health and Social Care Integrated Services. Continue to develop and build joint working with Acute services to support improved outcomes.	Chair and Vice-Chair of IJB and Director of H&SC		ESTABLISHED	ESTABLISHED	Development Sessions continue virtual every alternate month on topics of specific interest to IJB members. December Development Sessions have been held for the Audit & Risk, Clinical & Care Governance & Finance and Performance Committees. There has also been a joint session with NHS Fife Clinical Governance Committee & the Clinical & Care Governance Committee. The Chief Officer will continue to support the redesign of committee structures within both IJB and NHS Fife New members of NHS Fife have been appointed and supported via the Chair – further work will be carried out in respect of potential new members after Council elections The Partnership continues to build on networking and are members of a number of shared learning groups. Meetings held with the Chief Operating Officer and team with Partnership senior staff on a regular basis, work to support joint performance reporting is underway	✓ ✓ ✓ ✓ ✓		✓	✓	

Key Feature 1 – Collaborative Leadership and Building Relationships

1.2- Relationships and collaborative working between partners must improve

ACTION/STRATEGIC | **Seek learning from other systems around how they've cultivated a stronger sense of shared endeavour**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr- Jun	Q3 July- Sep	Q4 Oct - Dec	Timescale
Actively seek opportunities to visit other partnerships to share knowledge and experience to support our ongoing commitment to demonstrate the characteristics of ongoing care. Support the identification, adaptation and application of good practice by other partnerships as they plan, design, deliver and commission services. Fife are linking with Ayr and Highland as part of the local care programme for Scotland to support the development of pathfinder sites to share local learning. Actively take part in networking communities. Build on connections and link with IJB Strategic Commissioning and Improvement Network across Scotland.	Chair and Vice-Chair of IJB and Director of H & SC		PARTLY ESTABLISHED	ESTABLISHED	Due to covid this has not been developed although there has been significant learning and sharing of experience via Chief Officers groups. Future work around the introduction of the National Care Service will see the IJB consider good practice and links with other partners who are co-terminus to consider The health and social care partnership are a member of the NDTI Community Led Support programme and working with them we will redesign our pathways into services. The Participation and Engagement team and Locality Planning team link into national networks. The Head of Strategic Planning, Performance and Commissioning is a member of the Network and links in with other areas to highlight work that would benefit Fife.	✓	✓	✓	✓	**March 2023** **July 2023**

Key Feature 1 – Collaborative Leadership and Building Relationships

1.3– Relationships and partnership working with the third and independent sectors must improve

ACTION/STRATEGIC | **Engage with the 3rd Sector and Independent Sector about how partnership working could be improved**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr- Jun	Q3 July-Sept	Q4 Oct - Dec	Timescale
Working within localities, the Partnership plan to ensure that engagement with third and independent sector is strengthened at a local level, which will ensure that partnership working is supporting a stronger preventative agenda. Continue to develop partnership Locality Marketplaces – engaging with the sectors to encourage awareness of provision for people requiring support and their carers.	**Head of Strategic Planning, Performance & Commissioning/ Head of Preventative**		**ESTABLISHED**	**EXEMPLARY**	A review of voluntary sector programme is underway with full engagement with third sector this will help to redesign and develop the preventative agenda. A early intervention and Prevention strategy has been developed in conjunction with partners to identify the locality working programme. Significant investment in carers funding has allowed a programme of engagement and targeted support for carers with the introduction of a "community chest fund" to support local initiatives and ideas brought forward by carers.	✓	✓	✓	✓	

Key Feature 1 – Collaborative Leadership and Building Relationships										
1.3– Relationships and partnership working with the third and independent sectors must improve										
ACTION/STRATEGIC	**As part of budget for 2019/20 a review of commissioning of the voluntary sector against the priorities in our refreshed Strategic Plan to be undertaken**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Jan- Mar**	**Q2 Apr - Jun**	**Q3 July - Sept**	**Q4 Oct - Dec**	**Timescale**
Work is underway to review the voluntary sector service delivery and funding. This will be undertaken in partnership with the sector and will be supported by the clear priorities highlighted within priority one of the Strategic Plan which highlights the need to work locally with input from local organisations. Develop support to the private sector delivering care in localities.	**Head of Strategic Planning, Performance & Commissioning/ Chief Finance Officer/ Director of Health and Social Care**		**ESTABLISHED**	**EXEMPLARY**	As detailed above voluntary sector review underway. Completion by December 2022. There has been significant development in a collaborative commissioning programme with the private sector linked to care at home and how best to support and develop collaboration between inhouse provision and external provision this has been supported by Scottish Care in partnership with the Partnership.	✓ ✓			✓ ✓	

Key Feature 2 – Integrated Finances and Financial Planning

2.1– Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration

ACTION/STRATEGIC	Greater understanding of the impact on partners of financial decisions by the IJB required. Additional financial report to IJB Finance & Performance Committee and IJB itself about those impacts

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr-Jun	Q3 July-Sept	Q4 Oct-Dec	Timescale
Continuation of regular meetings with funding partners. Shared understanding between partners of impact of decisions. Open and transparent discussions to understand where tension exists, and steps identified to alleviate concerns. Process developed which ensures a communication strategy to allow information dissemination throughout all partner organisations in relation to the medium-term financial position. Development of medium- term financial plan to close gap. Regular meetings between DOF and CFO to discuss progress against medium term financial plan. Further discussions/ consideration of risk share agreement to reach consensus on way forward between all funding partners.	Chief Finance Officer		PARTLY ESTABLISHED	ESTABLISHED	Continue to meet on a regular basis with partners established programme in place. Regular meetings (6 weekly) to continue with CEO/DOF. Continue to work with CFO in NHS Fife on funding arrangements following the pandemic CFO to work with communication officer to develop the Health and Social Care briefing which will produced on a bi-monthly basis. In line with the refresh of the strategic plan a medium-term financial strategy will be in place to match the timescales. This will be discussed with DOF and CFO As part of the review of the integration scheme the risk share was updated and approved by partners.	✓ ✓ ✓ ✓		✓	✓	

Key Feature 2 – Integrated Finances and Financial Planning										
2.2– Delegated budgets for IJBs must be agreed timeously										
ACTION/STRATEGIC	**Development of medium-term financial plan to achieve balance**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Jan-Mar**	**Q2 Apr- Jul**	**Q3 Aug -Sep**	**Q4 Oct - Dev**	**Timescale**
Further workshops to be organised with representation from all partners. Analysis of data from initial workshop to be used as the baseline moving forward. Developed into a short- and medium-term financial plan approved by IJB.	**Chief Executives and Directors of Finance for Fife Council and NHS Fife, Chief Finance Officer, Director of H &SC**		**PARTLY ESTABLISHED**	**ESTABLISHED**	A medium-term strategy is currently being reviewed to ensure it is in line with the strategic plan and will be part of the work going forward to engage with partners and consider the strategic needs assessment A one-year budget presented to the IJB to ensure continuity with a medium term strategy developed			✓ ✓	✓ ✓	

Key Feature 2 – Integrated Finances and Financial Planning

2.3– Delegated hospital budgets and set aside budget requirements must be fully implemented

ACTION/STRATEGIC	Establish working group to consider how to progress. That group needs to develop a proposition about how IJB Strategic oversight of the functions the subject of the set-aside budget would work and what would be involved. That would take priority initially over discussion of the money and budgets.

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr- Jun	Q3 July- Sep	Q4 Oct-Dec	Timescale
Establish Terms of Reference and set up regular meetings of working group to examine set-aside budget. Learn from other Integrated Authorities (IA) through Chief Finance Officer network, other benchmarking groups. Engage with Director of Delivery for Health & Social Care Integration to provide assistance and learning from approach adopted in other IAs. Clarity and understanding in relation to set aside budgets-functions included, current governance structure and reporting lines. Development of next steps and clear milestones to ensure transfer occurs in a planned way. Develop a partnership-based approach to the use of the set aside budget between all partners to allow development and investment in community-based support.	Chief Executives and Director of Finance for Fife Council and NHS Fife, Chief Finance Officer, Director of H &SC		NOT YET ESTABLISHED	PARTLY ESTABLISHED	Due to Covid the development of set aside budget has not commenced – this will be taken forward as a priority in 2022 The CFO plays an active part in the CFO network and has developed strong relationships with other Integrated authorities	✓			✓	

Key Feature 2 – Integrated Finances and Financial Planning										
2.5– Statutory partners must ensure appropriate support is provided to IJB S95 Officers										
ACTION/STRATEGIC	**Continue to support the Section 95 officer and relationship with DoFs and their teams in partner bodies**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Jan- Mar**	**Q2 Apr - July**	**Q3 Aug - Sept**	**Q4 Oct - Dec**	**Timescale**
Regular meetings with Directors of Finance in NHS Fife and Fife Council. Commence discussion regarding future operating model for Finance.	**Directors of Finance for Fife Council and NHS Fife and Chief Finance Officer**		**ESTABLISHED**	**ESTABLISHED**	6 weekly meetings scheduled for DOF Additional Finance support has been identified to support the finance model and ensure that an effective resource is available to monitor future spend.	✓ ✓				

Key Feature 2 – Integrated Finances and Financial Planning										
2.6– IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations										
ACTION/STRATEGIC	**Risk Share Agreement**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Jan- Mar**	**Q2 April - July**	**Q3 Aug- Sept**	**Q4 Oct - Dec**	**Timescale**
Risk Share agreement will be a key agenda item for the CEO/DOF/CFO meetings. This will inform decisions that are made to support a whole system approach, a common understanding of the reason for variances, and to support a collective responsibility as to how to tackle these. Evaluate options for the Partnership.	**Chief Executives of Fife Council & NHS Fife**		**PARTLY ESTABLISHED**	**ESTABLISHED**	Review of integration scheme is complete and with Government minister for sign off as part of this the risk share agreement has been reviewed and approved by Fife Council and NHS Fife.	✓				

Key Feature 2 – Integrated Finances and Financial Planning

2.6– IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations

ACTION/STRATEGIC	Develop a proposition to consider whole system planning – beyond the delegated responsibilities of the IJB – to ensure effective investment in prevention and early intervention and the development of sustainable community services to achieve health & wellbeing outcomes for the people of Fife. Engage with community planning partnership to that end.

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan - Mar	Q2 April - Jun	Q3 July - Sept	Q4 Oct - Dec	Timescale
Continue Transformation Workshops to identify and integrate processes where possible to support shifting the balance of care. Engage with the Transformation Board to support delivery of whole system planning to enable and further strengthen sustainable engagement. Ensure that there is representation and input from community planning partners and public health in the H&SCP. There is joint H&SCP and Public Health contribution to Community Planning. Consider the Strategic Plan to Medium Term financial plan challenge.	**Head of Strategic Planning, Performance & Commissioning, Director of Public Health and Director of Health and Social Care**		**PARTLY ESTABLISHED**	**ESTABLISHED**	Transformation Board in place reporting into Senior leadership team on a regular basis. The transformation board has a clear programme and reporting structure to support and enable whole system planning. Members of SLT are represented on the community planning partnerships and public health input which will shape the strategic priorities. The strategic plan will ensure the medium-term plan is critical to the future planning.	✓ ✓ ✓		✓	✓	

Key Feature 3 – Effective Strategic Planning for Improvement

3.1– Effective strategic planning for improvement

ACTION/STRATEGIC | **Consider how the senior team around the Chief Officer is resourced and supported**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	July - Sept	Q4 Oct - Dec	Timescale
To review requirements, define the need and address any critical gaps.	Director of H&SC		Established	ESTABLISHED	The health and social care partnership have carried out a review of the structure of the organisation and redesigned the portfolios to ensure that any critical gaps have been identified. The structure has now been in place for 7 months and will be reviewed at the end of the first year of implementation to ensure that the resource is supporting the service delivery.	✓			✓	

Key Feature 3 – Effective Strategic Planning for Improvement										
3.4– Improved strategic planning and commissioning arrangements must be put in place										
ACTION/STRATEGIC	**Analyse the effectiveness of strategic planning and commissioning arrangements**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Jan- Mar**	**Q2 Apr - Jun**	**Q3 Jul- Sept**	**Q4 Oct - Dec**	**Timescale**
The H&SC Strategic Plan is being submitted for approval to the IJB in September 2019. Continue to engage with providers, both private and third Sector. The delivery of the strategic plan will be monitored and reviewed through the strategic planning group.	**Head of Strategic Planning, Performance and Commissioning and Director of H&SC**		**ESTABLISHED**	**EXEMPLARY**	A review of the current strategic plan and a refresh of the plan is underway – the plan will be implemented in 2022 to 2025 a full engagement programme will be designed to ensure buy in from staff, service providers and the local community to ensure people have input. The strategic planning group was paused due to covid but resumed in June 2022 and meets regularly chaired by a member of the IJB	✓	✓		✓ ✓	**JANUARY 2023**

Key Feature 3 – Effective Strategic Planning for Improvement

3.5– Improved capacity for strategic commissioning of delegated hospital services must be in place

ACTION/STRATEGIC | **Build capacity & capability for strategic commissioning of delegated hospital services a key priory of the working group which will be established**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	Q3 July- Sep	Q4 Oct- Dec	Timescale
Establish Terms of Reference and set up regular meetings of working group to examine set-aside budget. Learn from other Integrated Authorities (IA) through Chief Finance Officer network, other benchmarking groups. Engage with Director of Delivery for Health & Social Care Integration to provide assistance and learning from approach adopted in other IAs. Clarity and understanding in relation to set aside budgets-functions included, current governance structure and reporting lines. Development of next steps and clear milestones to ensure transfer occurs in a planned way. Develop a partnership-based approach to the use of the set aside budget between all partners to allow development and investment in community-based support.	**Chief Executives and Directors of Finance for Fife Council and NHS Fife, Chief Finance Officer, Director of H&SC**		**NOT YET ESTABLISHED**	**PARTLY ESTABLISHED**	Establish terms of reference -CO HSCP/COO Establish working group-CO HSCP/COO Development of delivery plan with key milestones. Clarification of activities that are in scope. Engage with other IA via Director of Delivery for Health and Social care Integration. NHS Fife to provide information on set aside budgets- size of budget and how calculated. Trends in spend and budget allocation. Clear understanding of where delegated responsibility lies and how the partnership influences spend. Work is underway with Directors of Finance to further discuss options.				✓	**March 2023**

Key Feature 4 – Governance and Accountability Arrangements

4.1– The understanding of accountabilities and responsibilities between statutory partners must improve

ACTION/STRATEGIC | **To strengthen the understanding of accountabilities and responsibilities between statutory partners**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr -Jun	Q3 Jul- Sept	Q4 Oct - Dec	Timescale
Ongoing engagement with the Director of Delivery for Health and Social Care Integration at Scottish Government. Meetings will continue to develop a shared understanding of the accountabilities and responsibilities of NHS Fife, Fife Council and the Health and Social Care Partnership. This will offer opportunities for delegated functions and to support the interface between all parties. Development session with Finance and Performance Committee to refine the performance framework. Continual review of information available to officers, committees and the IJB.	**Chair and Vice Chair IJB, Chief Executives of Fife Council and NHS Fife and Director of H&SC**		**PARTLY ESTABLISHED**	ESTABLISHED	The Chief Officer contributes via a number of committees within the Scottish Government and has been involved in the CO group throughout the pandemic. The Chief Officer continues to work with partners and to support the delegated functions reporting to both CEOs on the progress within the partnership, this has been significant due to covid which say emergency measure being implemented and a command structure in place. The Performance framework is in place across the Partnership and will continue to be reviewed to ensure it is fit for purpose and meets the requirements of the new management structure.	✓ ✓ ✓			✓ ✓ ✓	

Key Feature 4 – Governance and Accountability Arrangements										
4.2– Accountability processes across statutory partners will be streamlined										
ACTION/STRATEGIC	**Improve clarity of the Integration Scheme in Fife in 2202**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Jan - Mar**	**Q2 Apr - Jun**	**Q3 July - Sept**	**Q4 Oct - Dec**	**Timescale**
Explore governance structures in other H & SCPs and work towards streamlining reporting across the IJB, NHS Fife and Fife Council. Initiate discussions with Chief Executives of Fife Council and NHS Fife and Chair of IJB regarding how to further strengthen and improve collaboration	**Chief Executives of Fief Council and NHS Fife, Director of H&SC**		**Established**	**EXEMPLARY**	A review of the Integration scheme has been signed off by NHS Fife and Fife Council this is now with the Scottish Minister for final sign off. This will see a restructure of the governance committees to ensure a better alignment and clarity of roles and responsibilities. A review of the involvement of the chair of the IJB with partners will be considered as part of the review of the committee structure.	✓ ✓				

Key Feature 4 – Governance and Accountability Arrangements										
4.3– IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis										
ACTION/STRATEGIC	**Continue Board Development Sessions**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Jan-Mar**	**Q2 Apr- Jun**	**Q3 July- Sep**	**Q4 Oct - Dec**	**Timescale**
Topics for scheduled development sessions for the remainder of 2022 Regular meetings with Chair, Vice Chair, Director H & SC and Head of Corporate Services Strengthen connections and reporting between IJB and Committees See Sections 1.1. and 1.2 for further actions regarding development.	**Chair and Vice-Chair of IJB and Director of H&SC**		**ESTABLISHED**	**EXEMPLARY**	Board Development Sessions are held every alternate month on a variety of topics which are suggested by IJB Members or topical issues Director, Head of Corporate Services, Chair and Vice-Chair meet regularly to set Agenda for future meetings or discuss running of meetings. Forward work planner for IJB and governance committees being pulled onto single spreadsheet to track progress. Bimonthly meetings arranged with Chair, Vice Chair, and Chairs of 3 governance committees	✓ ✓ ✓ ✓				

Key Feature 4 – Governance and Accountability Arrangements										
4.4– Clear directions must be provided by IJB to Health Boards and Local Authorities										
ACTION/STRATEGIC	**Learn from other systems about use of directions and take account of national guidance**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Apr-Jun**	**Q2 Jul-Sep**	**Q3 Oct-Dec**	**Q4 Jan -Mar**	**Timescale**
Contact other H&SCPs to better understand how they use Directions. Strengthen how Directions are used in Fife in line with national guidance. Provide greater clarity in reports to the IJB and its committees on how decisions are fulfilling Directions.	**Director of H&SC and Chief Finance Officer**		**PARTLY ESTABLISHED**	**ESTABLISHED**	**As part of the Integration scheme review and the restructure a greater use of direction will be determined as we move out of the command structure due to covid.** **Ensure that the financial and performance committee is restructured to include scrutiny which will ensure that directions are fulfilled and actioned on accordingly.**		✓ ✓			**July 2023** **July 2003**

Key Feature 4 – Governance and Accountability Arrangements

4.5– Effective, coherent and joined up clinical and care governance arrangements must be in place

ACTION/STRATEGIC | **Bring members of the IJB C&CG Committee and the NHS Fife CG Committee together regularly on areas of common interest**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	Q3 July- Sep	Q4 Oct - Dec	Timescale
Continue to hold joint development sessions and engagement with chairs from both committees. Contact other IJBs to see how their Clinical Governance arrangements work. Agree an appropriate clinical and care governance system that is efficient and appropriately balanced and focused on both social work and NHS services. Refresh the Clinical and Care Governance Strategy which will inform and strengthen the clinical and care governance arrangements across Fife. Build on the guidance, direction and policy as a foundation for transformational change and offer a clear line of accountability and responsibility for delivery, drawing on the work undertaken to develop clinical and care governance arrangements to strengthen assurance.	**Chairs of Clinical and Care Governance and NHS Fife's Clinical Governance Committees and Director of H&SC**		**ESTABLISHED**	**EXEMPLARY**	The chairs of the relevant committees regroup after each IJB to discuss relevant matters and take forward any development requirements into a development session. The Partnership has developed a Quality Matters programme which is a governance board within the partnership, this board will ensure effective clinical and care governance with a dedicated terms of reference and workplan. Weekly meetings are in place to review and govern clinical areas, work is underway to ensure social work is included in this programme. Monthly meetings to bring together areas of improvement and reporting on inspections will be submitted for discussion Work is required to identify areas of this work to be incorporated in an integrated performance and quality assurance report to give assurance to the IJB. Any transformational programme will be discussed at this group to ensure full co-production and accountability for any change is approved by the clinical and care governance routes.	✓ ✓ ✓ ✓ ✓				

Key Feature 5 – Ability & Willingness to share information

5.1– Annual reports will be benchmarked by Chief Officer to allow them to better understand local performance data

ACTION/STRATEGIC | **Be part of National discussions and learn from other systems about how we more systematically learn from best practice elsewhere**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan- Mar	Q2 Apr - Jun	Q3 July- Sept	Q4 Oct - Dec	Timescale
To continue to work in partnership with Chief Officers as part of a shared learning network. To review and develop a comprehensive performance framework across the Partnership, building on the portfolio arrangements in place to better understand our local performance data. Engage with the Scottish Commissioning and Improvement Network to work in partnership towards agreed national annual reporting which is consistent and accessible. Facilitate extensive engagement and participation to maximise ownership, public understanding and contribution to the 2022 annual report.	Director of H&SC		ESTABLISHED	EXEMPLARY	Chief Officer is a full member and on dedicated sub groups considering the National Care Service Continue to review and develop a programme of performance linked to both clinical and social work, ensuring that key performance data is available for Heads of Service across the partnership. Continue to attend the SCIN partnership to ensure fully sighted on national reporting and engage with other partnerships on their programmes to maximise potential within Fife and learn from other partnerships through information sharing meetings. A participation and engagement team are now in place and will support work identified within the strategic plan and transformation strategy.	✓ ✓ ✓		✓		

Key Feature 5 – Ability & Willingness to share information

5.2– Identifying and implementing good practice will be systematically undertaken by all partnerships

ACTION/STRATEGIC | **Learn from other systems and national bodies about how we more systematically learn from best practice elsewhere**

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr- Jun	Q3 July-Sep	Q4 Oct-Dec	Timescale
Systematically identify areas of good practice as part of the development of locality working. Further develop the Fife website to share best practice identified across the Partnership localities and indeed nationally. Create networking space for all partners to identify, share and spread good practice. Further systematic collaboration opportunities sought in partnership with national bodies to learn, adapt and implement good practice locally where appropriate.	Director of H&SC		PARTLY ESTABLISHED	ESTABLISHED	The locality planning group have been virtual throughout the pandemic, but refreshed data has been made available to updated the plans. A programme is being developed to review the locality working linked to the refresh of the strategic plan. The website requires to be updated and a plan is in place to consider best practice across the country so that people have easy access to service detail. Partnership continues to work with national bodies to highlight areas of good practice and learn from other areas to ensure we become a top performing partnership by 2025.	✓		✓ ✓		**March 2023** **March 2023**

Key Feature 6 – Meaningful & Sustainable Engagement

6.1– Effective approaches for community engagement and participation must be put in place for integration and Action

6.2 – Improved understanding of effective working relationships with carers, people using services and local communities is required

ACTION/STRATEGIC	Complete and implement review of Participation & Engagement Network (PEN) Working with NHS Fife Director of Nursing recognise statutory role in community/patient engagement

Next Steps for the Partnership	Strategic Lead(s)	Delivery Lead(s)	Current Status	Target Status	Action Plan	Q1 Jan-Mar	Q2 Apr-Jun	Q3 July-Sept	Q4 Oct-Dec	Timescale
Future meetings to be scheduled to support strong collaboration between Fife H&SCP and NHS Fife. Agree the scope of focus for PEN within H&SCP, PEN Participation and Engagement Officer's priorities accordingly. New Chair sought from PEN membership who will be a member of the IJB. Develop induction which considers the training and support arrangements which new PEN chair requires. Develop joint working between PEN and 7 Locality groups within Fife.	**Director of H&SC, Director of Nursing and Head of Strategic Planning, Performance and Commissioning**		**PARTLY ESTABLISHED**	**ESTABLISHED**	The Partnership continues with strong collaboration with NHS Fife. **Planning with People** - In March 2021 The Scottish Government and COSLA published Planning with People. This document provides guidance which applies to all care services. It supports organisations to deliver their existing statutory duties for engagement and public involvement, with a direction that it should be followed not only by health and social care providers but also by local, regional and national planners, Special Boards and all independent contractors and suppliers such as care homes, pharmacies and general practices. The Partnership have refreshed the participation and engagement strategy in line with the above guidance supported by members of the IJB this will ensure that the IJB have their own dedicated strategy but will continue to link in with both NHS Fife and Fife Council. The chair of the participation and engagement programme will be redefined, and locality groups will support the design of the new structure and the appointment of a new chair. The PEN will continue to be supported by NHS Fife Board the Partnership will launch a Community Forum which will be the vehicle to engage with people across Fife. A full programme of support is in place for engagement with carers groups set up across the seven localities who will feed into the planning. The community forum will seek participation and views from local people using services or have an interest in particular areas of the partnership.	✓	✓ ✓ ✓			**March 2023** **March 2023** **March 2023**

Key Feature 6 – Meaningful & Sustainable Engagement										
6.3– We will support carers and representatives of people using services better to enable their full involvement in integration										
ACTION/STRATEGIC	**Continue work to support network of carers and service users' representatives on locality groups**									
Next Steps for the Partnership	**Strategic Lead(s)**	**Delivery Lead(s)**	**Current Status**	**Target Status**	**Action Plan**	**Q1 Jan-Mar**	**Q2 Apr-Jun**	**Q3 July-Sep**	**Q4 Oct - Dec**	**Timescale**
Build support for Carer representatives and embed this in the localities. Clear linkage to be developed with the network of Wells across Fife. Seek to improve the process of distribution of Board papers, ensuring time built in for review. Build on the work carried out by Carers strategy lead with a presentation at an IJB future development session. Continue to involve carers representatives within transformational programmes to ensure the carers voice is taken into consideration.	**Director of H&SC, Head of Strategic Planning, Performance and Commissioning**		**ESTABLISHED**	**EXEMPLARY**	The Partnership has established 7 carers groups in localities further work is required to establish the support via Fife Carers Centre and Fife Voluntary Action. A programme to support transition from the current chair of the carers group and rep on the IJB to a new member is underway with a clear plan for support and transition. Information and significant investment has been approved via the IJB and further presentations are planned via a development session, Work is required to identify carers reps alongside community members to be a voice on transformation programmes.	✓		✓ ✓	✓ ✓ ✓ ✓	

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**27 January 2023**
Agenda Item No:	**11**
Report Title:	**IJB Performance Report Executive Summary**
Responsible Officer:	**Fiona McKay, Head of Strategic Planning, Performance & Commissioning**
Report Author:	**Grazyna Bak, Performance Improvement and Planning Officer**

1 Purpose

This Report is presented to the Board for:

- Assurance.

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

1 People can 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, can 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

Full Performance Report was presented to the Finance, Performance & Scrutiny Committee on 20 January 2023.

3 Report Summary

3.1 Situation

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

3.2 Background

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

3.3 Assessment

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

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

3.3.1 Quality/ Customer Care

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

3.3.2 Workforce

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

3.3.3 Financial

No financial impact to report.

3.3.4 Risk/Legal/Management

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

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

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

3.3.7 Communication, Involvement, Engagement and Consultation

No consultation is required.

3.4 Recommendation

This report is submitted to the Integration Joint Board to provide awareness and oversight of Performance and assurance on the ongoing actions taken to manage performance across the Health and Social Care Partnership. The Integration Joint Board is asked to take assurance that detailed discussion on performance takes place at Finance, Performance and Scrutiny Committee and this committee is planning a development session to explore performance reporting and opportunities to further strengthen this aligned to the new Health and Social Care Partnership Strategic Plan.

4 List of Appendices

The following appendix is included with this report:

Appendix 1 - IJB Executive Summary December 2022.

5 Implications for Fife Council

6 Implications for NHS Fife

7 Implications for Third Sector

8 Implications for Independent Sector

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact:
Fiona McKay
Head of Strategic Planning, Performance & Commissioning
Email: fiona.mckay@fife.gov.uk

www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Performance Report

Executive Summary

December 2022

Contents

Executive Summary

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

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

Data provided on Page 5 has been supported by NHS acute colleague to give a more uptodate position in respect of Emergency admissions including form Accident and Emergency and the conversion rate which has seen an increase over the last months, this is aligned with the significant increase in A&E attendance of 14.08%.

Despite this the Partnership continues to manage delayed discharges with a reduction of bed days lost of 4.33% this is due to the significant work in respect of care at home, care homes and discharges via our ICASS teams.

The number of people discharging to an assessment bed continues but the length of stay meeting the standard and 66% of people moving to their destination within this timescale.

Work continues to support the discharges to an interim arrangement until a care at home package is available, the number of care home packages has increased within the external providers with the work of the collaborative making significant improvements in deliver of care.

Fiona McKay
Head of Strategic Planning, Performance and Commissioning

Performance Matrix & Information

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

Emergency admissions;
Unscheduled hospital bed days;
Emergency department activity;
Delayed discharges;
End of life care; and
Balance of care.

The table below shows current performance against these. The table summarises the current performance of each indicator's latest rolling month's data from the previous financial year's data. It uses the newest complete month and takes the sum of the 12 months prior and compares this with the previous financial year. For example, if the latest data for an indicator is available in July 2018, this will compare the rolling year figure (sum of previous 12 months i.e., from August 2019 to July 2020) with the equivalent figure from the 2019/20 financial year.

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

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

MSG Indicator	MSG Description	Latest Available Month	Previous Rolling Year	Fife Previous Rolling Year Total	Fife Current Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	Aug-22	Aug-21	40,370	42,613	↑ 2,243	5.56%
1b.1	Emergency Admissions from A&E	Sep-22	Sep-21	20,105	22,267	↑ 2,162	10.75%
1b.2	A&E Conversion Rate (%)	Sep-22	Sep-21	25.73%	24.98%	↓ 0.75%	-0.75%
2a.1	Unscheduled hospital bed days	Aug-22	Aug-21	237,615	230,342	↓ 7,273	-3.06%
2b.1	Unscheduled hospital bed days - GLS	Jun-22	Jun-21	9,885	13,056	↑ 3,171	32.08%
2b.2	Unscheduled hospital bed days - Mental Health	Jun-22	Jun-21	64,375	64,041	↓ 334	-0.52%
3a	A&E Attendances	Nov-22	Nov-21	78,137	89,138	↑ 11,001	14.08%
3b	A&E % seen within 4 hours	Nov-22	Nov-21	85.69%	74.46%	↓ 11.22%	-11.22%
4.1	Delayed discharge bed days: All reasons (18+)	Nov-22	Nov-21	44,979	43,031	↓ 1,948	-4.33%
4.2	Delayed discharge bed days: Code 9 (18+)	Nov-22	Nov-21	14,630	15,604	↑ 974	6.66%
4.3	Delayed discharge bed days: Health and Social Care Reasons (18+)	Nov-22	Nov-21	30,055	27,358	↓ 2,697	-8.97%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons (18+)	Nov-22	Nov-21	294	69	↓ 225	-76.53%
5a.1	Percentage of last six months of life: Community	2021/22	2020/21	90.70%	90.60%	↓ 0.10%	-0.10%
6.1	Percentage of population in community or institutional settings (65+)	2020/21	2019/20	96.11%	96.40%	↑ 0.29%	0.29%

Please Note: Data has been provided by HNS Fife. Some differences in methodology used compared to PHS publications

Performance Report Scorecard - December 2022

Performance Section	Performance Indicator	Current Target	Reporting Period	Performance Yr previous	Performance Month previous	Current Performance	Movement in Indicator	Performance against Target	% Difference on previous period
Internal Indicators	Assessment Beds - Length of stay upon discharge	42 Days	Nov-22	63	110	42	↑		-61.82%
	STAR Beds - Length of stay upon discharge	42 Days	Nov-22	77	90	118	↓		31.11%
	START - Length of stay upon discharge	42 Days	Nov-22	129	110	85	↑		-22.73%
	Interim Placements - Length of time between Placement & Discharge	52 Days	Nov-22	80	69	82	↓		18.84%
	Nursing & Residential Long Term Care Population		Nov-22	2,433	2,441	2,409	↓		-1.31%
	Demand for new Care at Home Services - No. Waiting		Nov-22	382	376	335	↑		-10.90%
	Demand for new Care at Home Services - No. hrs		Nov-22	2,935	3,210	2,835	↑		-11.68%
	Weekly Hrs Externally Commissioned Care at Home - Older People		Nov-22	16,325	17,710	18,712	↑		5.66%
	Weekly Hrs Care at Home Internal Services		Nov-22	11,888	10,653	10,526	↓		-1.19%
	Externally Commissioned No. Adult packages of Care		Nov-22	1,178	1,155	1,191	↑		3.12%
	Technology Enabled Care - Total No. Provided in Month		Nov-22	8,560	8,492	8,466	↓		-0.31%
	Technology Enabled Care - Total No. New Services in Month		Nov-22	133	194	162	↓		-16.49%
Integrated Performance and Quality Report (IPQR) - Local Devlivery Plan Standards (LDP)	Operational Performance - Delayed Discharge (% of Bed Days Lost)	5%	Nov-22	10.60%	7.10%	7.70%	↓		0.60%
	Public Health & Wellbeing - Smoking Cessasion	473	Jul-22 (YTD)	72	69	99	↑		43.48%
	Public Health & Wellbeing - CAHMS Waiting Time	90%	Oct-22	76.00%	72.60%	77.20%	↑		4.60%
	Public Health & Wellbeing - Psychological Therapies Waiting Time	90%	Oct-22	84.50%	77.00%	75.80%	↓		-1.20%
	Public Health & Wellbeing - Alcohol Brief Interventions	80%	Mar-20 (YTD)	60.20%	75.70%	79.20%	↑		3.50%
	Public Health & Wellbeing - Drug & Alcohol Treatment Waiting Times	90%	Sep-22	91.00%	93.90%	98.80%	↑		4.90%
	Public Health & Wellbeing - Dementia Post-Diagnostic Support		20/21 (Annual)	93.40%	93.20%	94.60%	↑		1.40%
	Public Health & Wellbeing - Dementia Referrals		20/21 (Annual)	61.00%	58.50%	50.60%	↓		-7.90%
Management Information	Health & Social Care Partnership (H&SCP) Staff Absence		Oct - 22	13.30%	13.10%	11.70%	↑		-1.40%
	NHS Staff Absence		Nov - 22	6.49%	6.85%	7.05%	↓		0.20%
	Complaints to H&SCP responded to within statutory target	80%	Nov - 22	68.00%	42.00%	30.00%	↓		-12.00%
	Information Requests to H&SCP responded to within statutory target	80%	Nov - 22	79.00%	72.00%	79.00%	↑		7.00%

Key:

↔	No change in indicator from previous
↑	Improvement of indicator from previous
↓	Worsening of indicator from previous

	Current performance does not meet target
	Current performance meets/exceeds target

** Please note only indicators relating to Delayed Discharge, Smoking Cessasion, CAHMS Waiting Time and Psychological Therapies waiting time appear separately with the Performance Report. Data received from the Planning & Performance Team @ NHS regarding Alcohol Brief Interventions, Drug & Alcohol Treatment Waiting times and Dementia Support/Waiting times only appear within the Scorecard information**

Local Performance Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance		Benchmarking
Short Term Re-ablement (STAR) beds	42 Days	Sep-21	118 days	Nov-22	

These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home

Average Length of Stay on discharge at 30th November was recorded at 118 days, which is notably above the target. There were 5 admissions and 10 discharges during the month of November 2022. Of the 10 discharges 2 were below or met the service expectation of 42 days. Five people had length of stay at discharge of over 100 days (highest number of days at discharge was 223) which had an impact on the average.

These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.

START (Short Term Assessment & Review Team)	42 Days	Aug-18	85 days	Nov-22	

The START service is delivered by Fife Health & Social Care partnership Home Care service. The data is measured on the number of individuals whose service has stopped in the month and the average of days calculated for all.

In November 2022, START recorded 85 days for an average period of support to individuals who finished their involvement with the service. This is notably above the service expectation level of 42 days.

In November 2022 there were 88 new services started and 67 discharges, compared to the previous month which had 63 starts and 43 discharges.

Interim Placements	56 Days	Oct-21	82 days	Nov-22	

Interim Placements are to support individuals who require a limited period within a care home setting for 6 to 8 weeks until their care at home service has been sourced. Interim Placements are to support enablement and confidence to maintain daily living skills to support a return to their own home. An interim placement within a care home is a safer more homely setting to wait until a suitable care at home package is identified to allow a return to their own home. Currently there are approximately 40 placements within several independent care homes throughout Fife.

Average Length of Stay on discharge at 30/11/22 was recorded at 82 days, which is above the target of 56 days. There were 4 new placements and 10 discharges during November with a total population of 32 individuals in Interim Placements at the month end

LDP Standards

Indicator	Standard/Local Target	Last Achieved	Current Performance		Benchmarking
Delayed Discharge (% of Bed Days Lost)	5%	Jan-21	7.7%	Nov-22	

Reduce the hospital bed days lost due to patients in delay, excluding code 9, to 5% of the overall beds occupied

New improvement actions for 2022/23

Deliver Home First and enable Prevention and Early Intervention

Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.

Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach

Support citizens to have greater control and choice of care preferences in event of a future deterioration or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.

Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time

Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.

Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge

Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend LoS

Continue to reduce delayed discharge

Reduce hand offs in discharge processes

Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian

Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care

Promotional campaign to support the Moving on Policy to help with decision making of moving on patients

Planned Date of Discharge Project

Front door model

Electronic Referrals

LDP Standards

Indicator	Standard/Local Target	Last Achieved	Current Performance		Benchmarking
Smoking Cessation	473	N/A	99	Jul-22	

In 2022/23, we will deliver a minimum of 473 accumulated days post 12 weeks smoking quits in the 40% most deprived areas of Fife

New improvement actions for 2022/23

Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23
Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system
Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system
Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan

CAHMS Waiting Time	90%	Feb-20	77.2%	Oct-22	

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

New improvement actions for 2022/23

Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self harm/suicidal ideation which has significantly increased over the course of the pandemic

Recruitment of Additional Workforce

Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health

Psychological Therapies Waiting Times	90%	Feb-20	75.8%	Oct-22	

New improvement actions for 2022/23

Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies

Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service

Recruit new staff as per Psychological Therapies Recovery Plan

Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit

Management Performance Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance		Benchmarking
Complaints and Compliments	80% *	Mar-21	30%	Nov-22	

* 80% of Complaints responded to within statutory timescales

During November 2022 the Partnership closed 23 complaints. This included 7 complaints closed by Social Care, and 16 complaints closed by NHS Fife. Of these, 16 (70%) were identified as Stage 1 complaints, and 7 (30%) were classified as Stage 2 complaints. In November 2022, 30% of complaints were responded to within the statutory timescales.

During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.

Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.

Information Requests	80% *	Jul-22	79%	Nov-22	

* 80% of Complaints responded to within statutory timescales

During November 2022, the Health and Social Care Partnership closed 19 information requests, of these 15 (79%) were responded to within required timescales.

Overall performance for 2022 is 80%, this is meeting the target of 80% of requests responded to within required timescales.

Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 9 NOVEMBER 2022 AT 10.00 AM VIRTUAL TEAMS MEETING

Present: Dave Dempsey (Chair), Fife Council

Attending: Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Audrey Valente, Chief Finance Officer (Fife H&SCP)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning Manager (Items 1-4 & 8)
Tony Gaskin, Chief Internal Auditor (NHS Fife)
Norma Aitken, Head of Corporate Services (Fife H&SCP)
Avril Sweeney, Risk Compliance Manager (H&SCP)
Tim Bridle, Audit Scotland (Observer)
Brian Howarth, Audit Scotland (Observer – Items 1-4)
Shona Slayford, Principal Auditor (Observer
Carol Notman, Personal Assistant (Minutes)

Apologies: Sinead Braiden, NHS Fife Board Member
Sam Steele, Fife Council

		ACTION
1.	**WELCOME AND APOLOGIES** Dave Dempsey welcomed everyone to the meeting, it was noted that the meeting was not quorate but as it is the IJB who approves the accounts it was agreed that the meeting could continue	
2.	**DECLARATION OF INTEREST** No declarations of interest were noted.	
3.	**DRAFT MINUTE AND ACTION LOG OF AUDIT AND ASSURANCE COMMITTEE HELD ON 14 SEPT 2022** The minutes of the last meeting were reviewed, Audrey Valente advised that graphics being added to the risk paper to highlight the trends has been reviewed and will be added to the papers going forward. Tim Bridle noted 1 amendment regarding the source of the paper that he shared with the committee last time. CN to amend the minutes to reflect correction. The action log was reviewed. Tim Bridle advised that he had contacted the new external auditors and extended the invitation to them, but they were not able to join and will join the committee in the new year.	**CN**

4.	**FIFE INTEGRATION JOINT BOARD DRAFT AUDITED ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO MARCH 2022** Audrey Valente wished to thank Brian Howarth, Tim Bridle and Tracy Hogg for all their efforts to get the annual accounts audited. Tim Bridle noted that the audit is almost finished, noting that the covering letter requires to be completed and as Fife Council's audit is still ongoing then these accounts cannot be signed off but they do not expect any issues. Tim advised that the overarching Fife IJB draft audited annual account was a positive one and that the HSCP is better equipped to face the challenges ahead, but noted these challenges are real and mounting. Tim advised that the report highlights that financial planning has never been as important but identifying and addressing the pressures early with be key going forward and noted that transformation alone might not be enough. Tim went through the report in detail noting that there had been 1 amendment made to the accounts, but this did not affect the level of result just where the money had been spent. Tim outlined that it was Audit Scotland's Opinion that the leadership and vision remains strong. Brian Howarth noted that the position of Fife IJB was consistent with other with regards reserves, covid funding and also vacancies. Tim and Brian wished to thank all the staff who had supported them over the last 6 years while they had undertaken the external auditor role. Dave Dempsey thanked Tim and Brian for all their support and went through the report in detail, noting a few minor amendments that required to be made before onward transition to the IJB. Brian Howarth confirmed that the reports will be made available to the new external auditors. It was agreed that although this meeting was not quorate there was no issues with the accounts being submitted to the IJB for sign off. Tim Bridle advised that within the SBAR Recommendations, the section "agree/disagree the approval of the submission to the external auditors" requires to be removed from the recommendations as this was historic. In addition, he confirmed that the IJB need to approve the Accounts but not the Governance Statement Dave Dempsey noted that he had observed the change in recommendation from awareness to assurance and confirmed with the committee that the draft audited accounts had been discussed and that they were approved to go onto the IJB as outlined within the recommendations on page 10, taking into consideration Tim's comments above.	
5.	**INTERNAL AUDIT (IA) OPERATIONAL PLAN 2022-23 AND AUDIT CHARTER** Tony Gaskin advised the committee that the plan was not as concrete as he would wish with additional assurance required but noted that discussions are ongoing. Tony advised that the plan was here for approval accepting that there might be changes in the future. He noted that the Audit Charter also might need some changes depending on the outcome of the ongoing discussions. Dave Dempsey queried whether the situation required the support of Fife Council's Standards Officer. Tony thanked Dave for his offer but noted that	

	he hoped this would not be necessary. Audrey Valente confirmed that Elaine Muir and Margo McGurk are aware and involved in the discussions. Nicky Connor highlighted that there was reference to an out of date acronym within the SBAR "ARC". Tony agreed to amend this going forward. Dave Dempsey queried the term N/A Ongoing within the table on page 85. Tony advised that he had meant to change this noting that it was n/a as it is not a year end report. It was noted that for FO3-23 that the wording "complete" should have been added as this was completed in July 2022. Dave confirmed that the committee approved the Annual Internal Audit Plan 2022/23, and the Internal Audit Charter as outlined in the recommendations on page 82.	
6.	**PROGRESS ON 2021/22 INTERNAL AUDIT PLAN** Tony Gaskin advised that the report was on the progress of the 2021/22 Internal Audit Plan noting that the strategic plan was submitted recently therefore this would be revised in the progress report at the next meeting Dave Dempsey noted that the third paragraph of the indicative scope for F05022 should read dependent not dependant. Dave Dempsey confirmed that the committee had been made aware of the progress as outlined within the recommendations on page 102 of the papers.	
7.	**FOLLOW UP OF INTERNAL AUDIT RECOMMENDATIONS** Tony Gaskin advised this report was a follow up of internal audit recommendations. He advised that the internal audit team not only collect the information but are responsible for validating the findings. He noted that some responses have been received late which has not allowed the validation process to take place. Tony confirmed that the extensions requested have all been agreed and confirmed that there is an escalation process for actions to be extended with the first request being agreed with the internal audit team and the second request to extend being escalated to and agreed with Nicky Connor. Dave Dempsey noted that the Table on age 110, the script within the column Status on Pentana for the first two items seemed to be duplicated. Tony advised that script on Pentana was the management response which is recorded and where the internal audit team get their information from. Dave Dempsey noted surprise when looking back at historic reports, that IJB6 has been listed on the report from March 2017 and noted that there seemed to be a lot of actions which have been rolled forward for long periods of time. Avril Sweeney explained with regards the risk management process that the group that was set up to implement the guidance document as one of its deliverables did and the guidance was submitted to the IJB in December 2019. Unfortunately, there was a delay with the roll out and implementation due to the pandemic and then the review of the Integration Scheme. She wished to assure the committee that the group were working on a revised risk management policy and as part of this the guidance for management document will also be reviewed. Dave Dempsey queried IJB 12 (page 114, line 24) which states that the report for Monitoring of Directions is due to be tabled at this committee. Audrey	

	Valente advised that there was a report ready but due to the full agenda it was agreed to move this to the January meeting. Dave Dempsey confirmed that the committee had noted the report and approved the internal audit follow up protocol but noted concern regarding the long term rolling forward of actions and he requested that the items are closed at the earliest opportunity.	**AV**
8.	**STRATEGIC PLAN 2022 – 2025 (VERSION 0.1)** Fiona McKay advised that there has been significant work undertaken by the Strategic Planning Working Group to develop the Strategic Plan, bringing together the priorities across the Partnership. Fiona advised that there is a variety of versions of the Strategic Plan in place, the full document, a shortened version and an easy read version. Fiona noted that the Strategic Plan is still out for consultation. Fiona confirmed that the Partnership is looking at how it is going to take forward the Strategic Priorities outlined within the document which are: • Local • Sustainable • Wellbeing • Outcomes • Integration The plan also outlines the six enabling strategies that feed into the Strategic Plan and the plan outlines the changes that are needed to get to where we want to be in 2025 and what success will look like. Dave Dempsey noticed in reading both the papers for today and the FP&S papers on Friday that Assurance seems to have arrived as a purpose under recommendation. Nicky Connor advised that this was part of strengthening the governance process as papers were coming for information with no clear purpose, so recognising the role of governance it was felt that papers should be coming to provide assurance for example that actions have been taken and that the IJB has the assurance it requires or the committees are recommending a decision or action be taken. Tony Gaskin advised that the internal audit team will be developing an audit report but noted that he was not sure which section of the report provided assurance of the process. He also queried how the Board could approve the Strategic Plan at the IJB on the 25th November when the public consultation finishes on the 30th November. Fiona wished to assure the internal audit team that there has been significant work behind the Strategic Plan that they will not have seen. She noted that there is a Performance Framework discussed with the Senior Leadership Team which is showing significant work which will be reported to the Strategic Planning Group which is chaired by an IJB Member. The Strategic Planning Group will have clear processes from the it to the committees of the IJB. Tony advised that the audit assurance has been asked to provide assurance on what is within the report not what is behind the scenes seen by the strategic planning team and internal auditors. Nicky Connor noted that there is some learning for Committee SBARs not just in relation to the Strategic Pan but how we tailor the purpose to each of the committees. Nicky Connor wanted to take this opportunity to amplify the areas of assurance within this SBAR and the strategic plan, noting as Fiona has already highlighted that the strategic plan has been developed in line with the Act and Fiona has referenced both Section 29 and 37 of the Act. The	

	report also describes a review of the existing plan that has taken place and that we have sought to strengthen the nine national health and wellbeing outcomes and how we are delivering those locally along with the public health priorities for Scotland. Nicky noted that the appendices outlined the assurance that the plan has been developed on strategic needs assessment and that an Equality Impact Assessment has taken place and there is assurance regarding the engagement that has happened in response to this plan being brought forward and there is assurance that there is a Strategic Planning Group in place with a Terms of Reference in place and assurance that it feeds into the risk register which is an ongoing discussion. Dave thanked Nicky for her input which clarified the situation and asked when the committee would next see the Strategic Plan. Fiona advised that it would be submitted to the IJB for final sign off and an update will come back to the audit and risks committee in 12 months' time but noted that the committee could request an update after 6 months. Fiona advised unless there are any significant changes to the strategic plan, the plan itself will not be taken back to the governance committees. Fiona noted that the Strategic Planning Group will be taking forward reports associated to the strategic plan through their committee onto the Finance, Performance and Scrutiny Committee or the Quality and Communities Committee throughout the year. Dave Dempsey observed when the report gets to Local detail (page 145), it asks the question what success will look like and he noted that this will be the key area that will be looked at making sure that the service is delivering on this. He queried if there was an issue highlighted whether the plan could be revised. Fiona advised that there is the opportunity at the end of the year when completing the annual report to review and if required to come back to the strategic plan and amend it. Dave Dempsey suggested that the section on life expectancy on page 202 where it state government austerity is removed. Fiona McKay advised the Fife Council completed this section and she would raise this with them. Dave noted that there were a few other things that had had noted such as: • the graphs within the section "Burdon of Disease" are very pixilated and the text is extremely small. • reviewing the text with the "Future Needs" sections as many of them are statements that are not phrased as a need. • The list on page 222, the bullet point "Urgent Care" seems very vague. It was clarified that the Urgent Care Service is the Out of Hours Service • The map of Fife on page 223 is difficult to decipher Fiona McKay thanked Dave for his observations and advised that the report was going through all the committee's this week. She confirmed that the consultation period closed on the 18th November to allow the final revised document to be submitted to the IJB on the 25th November. Dave Dempsey confirmed that the Committee had discussed the report and assurance had been provided as outlined within the recommendations on page 123.	**FMcK**

9.	**IJB STRATEGIC RISK REGISTER** Avril Sweeney advised that the report is for discussion. Avril noted that since the last meeting the risks have been reviewed with the scoring of two risks being amended. She advised that the Workforce Risk has been increased while the Strategic Plan Risk has been reduced. Avril advised that there are 5 high scoring risks outlined within the SBAR. Dave Dempsey noted that the target risk dates are all set at March 2025. Avril explained that there was a default date of March 2025 as this is the timeframe for the Strategic Plan. Dave Dempsey queried from the point of this committee, whether the current ratings are correct, are the target risk rates where they should be and are we on course to get from where we are to where we want to be to avoid the situation of getting to January 2025 with everything having to get completed within a matter of weeks. Avril Sweeney advise that the committee's that are looking at the risks will have more scrutiny and will see the story of the risk in more detail than what is provided to the Audit and Assurance Committee. The graphics highlighting the trends that is going to be added to the report will help to identify risks that are not on track with their target date. Dave Dempsey confirmed that there had been discussion as outlined within the recommendations on page 268 of the papers.	
10.	**ITEMS FOR HIGHLIGHTING TO IJB** The Committee agreed 3 items to be highlighted to the Integration Joint Board, these being: • The Audit & Assurance Members and Quorum Situation • Concern regarding the rolling audit actions • The discussion around the term Assurance	**DD**
11.	**AOCB** Dave Dempsey noted that the agenda planning meetings for 2023 still require to be set up.	**CN/AV**
12.	**DATE OF NEXT MEETING** 19th January 2023 – 10.00am – 12.00pm	

Fife Health & Social Care Partnership
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CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 11 NOVEMBER 2022 AT 10 PM VIA MICROSOFT TEAMS

Present:
Arlene Wood, NHS Board Member [Chair]
Martin Black, NHS Board Member
Alistair Morris, NHS Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr Graeme Downie (10-10.40am)

Attending:
Nicky Connor, Director of Health & Social Care (10-12noon)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Norma Aitken, Head of Corporate Services
Audrey Valente, Chief Finance Officer
Euan Reid, Lead Pharmacist Medicines Management
Rona Laskowski, Head of Critical and Complex Care Services
Lisa Cooper, Head of Primary and Preventative Care Services
Roy Lawrence, Principle Lead for Organisation Partnership
John Cooper, Service Manager (representing Lynne Garvey)

In attendance:
Carol Notman, Personal Assistant (Minutes)
Tim Bridle, Audit Scotland
Karen Wright, Clinical Service Manager (Item 11)
Joanne Bowden, Consultant in Palliative Care (Item 11)

Apologies for Absence:
Cllr David Graham
Helen Hellewell, Associate Medical Director
Lynne Garvey, Head of Community Care Services
Ben Hannan, Director of Pharmacy and Medicines

		ACTION
1.	**WELCOME AND APOLOGIES** Arlene Wood wished to take this opportunity to thank both Martin Black and Norma Aitken for their contribution and support to the FPS Committee over the years and wish them both well Arlene Wood reminded all of the meeting protocols.	

2.	**DECLARATIONS OF INTEREST** No declarations of interests were noted.	
3.	**MINUTE OF PREVIOUS MEETING– 16 SEPT. 2022** The minutes of the last meeting were agreed as an accurate record of discussion with 1 amendment to be made, Cllr Graham Downie is not a member of the NHS Board.	**CN**
4.	**MATTERS ARISING / ACTION LOG** The action log was reviewed and FMcK advised that the outstanding items will be brought back to the next committee in January 2023.	
5.	**FINANCE UPDATE** Audrey Valente advised that the projected outturn for September 2022 for the delegated services was an underspend of £7.2M. Audrey advised that the budget was set in March based on the assumption that the undelivered savings from 2021/22 will be delivered and confirmed that 66% of these will be delivered by the end of the year with others having alternative savings identified. Audrey wished to note that at a recent Integration Joint Board the cost of living had been raised and she had given a commitment that this would be included in a future report. She wished to note that this has not been added to this report, but the finance teams were working through the financials relating to this and it is hoped that these costs will be reflected in the report that is submitted to the IJB. Dave Dempsey noted with regards the additional budget allocation table on page 15/16 if it could be highlighted in future reports any changes that have been made to the figures from previous report. Dave Dempsey queried with regards the budget for Adult Placement noting that it has been overspent for a significant number of years and was there a case to realign the budgets to avoid this. Audrey Valente advised that an additional £3M was added to Adult Placements budget last year, the overspend reflects the children transitioning from children's services to adult services and the additional packages that are being commissioned. Rona Laskowski advised that there has been a range work that has been undertaken in conjunction with the finance team and advised that the service is looking to develop a recovery plan over the next few months. She advised that there are a few anomalies that the Partnership has historically inherited and was pleased to advised that Audrey Valente had provided a financial technician to support the analyse of the budget. Dave Dempsey queried whether there had been any changes within the Reserves table in Appendix 2 and queried how the uncommitted reserves could be allocated. Audrey advised that the uncommitted reserves are being brought to this committee for approval and noted that the table is accumulative with the previously approved requests and the new requests outlined within the table. Alastair Morris queried what money would be required to be returned to the Scottish Government and what the timescale for this was. Audrey Valente advised that this was funding which had been specifically given to Boards for covid expenses and noted to date there has been no timescales provided by the Scottish Government.	**AV**

	Martin Black queried if bed blocking could be attributed to the covid funds as there are unfunded beds required within acute when patients are not being able to be transferred out due to covid. Nicky Connor advised that the challenge with covid is the variability with wards closing and opening following mitigating actions in line with infection control advice. But noted that the team could investigate if patients are not able to move due to covid whether this could be attributed to covid costs. Audrey Valente reminded the committee that the acute services also received covid funding so this may be attributed to acute services rather than the Partnership. Arlene Wood confirmed in line with the recommendations outlined on page 13 that the committee had examined and considered the key actions/next steps. The Committee also approved the financial monitoring position and the reserves as at September 2022.	
6.	**STRATEGIC PLAN 2022-2025** Fiona McKay advised that the paper was to assure the committee that the Partnership has met the requirements outlined within the Public Bodies Act that dictates that a strategic plan is required. Fiona advised that the final report will be brought to the Integration Joint Board following significant consultation undertaken by the Strategic Planning Group. Fiona confirmed that the report is still in draft as the consultation period is still ongoing. In addition, Fiona outlined that the plan is a three year plan so it was important that the targets set were realistic for what could be achieved within a three year period. Alastair Morris noted that the plan was very comprehensive but wondered if the SMART Objectives could be further defined with quantified targets added to tighten up the success measures more. Fiona McKay advised that this Strategic Plan is an oversight plan with a variety of strategies noted within it such as Home First Strategy. Fiona noted that it would be these strategies where more detail within their SMART Objectives was provided. She wished to assure the Committee that each of the strategies outlined within the Strategic Plan will have targets and that the services will be required to provide an update on their performance. Martin Black queried with regards the risk that is associated with the Strategic Plan and how the committee determines where this risk lies when the partner organisation each have their own risk registers. Fiona McKay advised that Nicky Connor is the responsible officer in her role as Chief Officer and Director of Fife HSCP confirming she is the conduit as she reports into both Fife Council and NHS Fife. Nicky Connor confirmed that there are good discussions with the partners and safeguards were in place, with directions and the principle that there should be no surprises. Nicky advised that the Integration Scheme specifically outlines the requirements for the framework which is in place and confirmed that the partner organisations are revisiting their plans to ensure that there is alignment. Audrey confirmed that Avril Sweeney works very closely with her risk colleagues within Fife Council and NHS Fife. Arlene Wood noted that it is a good habit to start thinking about what the future will look like in 3 years and not be fearful outlining quantitative measures. Arlene Wood noted that she understood the requirement for the strategy to be high level but noted that the targeted intervention for specific illnesses such as heart disease, cancer, COPD and dementia is not clear within the strategy	

	and asked how this was going to be targeted. Fiona McKay advised that the majority of these would be covered within the Prevention and Intervention Strategy which is lead by Lisa Cooper. Fiona noted that this strategy is new and will include the work undertaken with the Third Sector. Arlene Wood confirmed with the Committee that they were assured with the strategic plan as outlined with the recommendations on page 30 of the papers.	
7.	**HSCP WINTER PLANNING 2022/23** Fiona McKay advised that the paper had been tabled at the Quality & Communities Committee on Tuesday 8th November 2022. She advised that the report is split into 4 different sections: Section 1 – Annual Delivery Plan. Section 2 – Letter received from Scottish Government which details the work that is expected to be taken forward. Section 3 – Outlines new investment and positive recruitment and Section 4 – Further workstreams to address winter pressures. Dave Dempsey noted that this report was for winter planning and queried whether summer planning was different as a lot of what is noted within the report should be in place all year round although acknowledged that there may be more required in the winter. He noted that a lot of the report was operational, and he did not feel that all the detail was relevant for the FP&S Committee. Dave noted with interested on page 191 that the Annual Delivery Plan had been issued to NHS Fife and Scottish Government in July/August 2022 and was curious as to why it was coming to this committee now. He also noted within Appendix 4 the table format was difficult to read but also vague and unquantified. Fiona McKay advised that the Annual Delivery Plan and the Winter Planning is dictated by NHS Fife and the Scottish Government, they communicate their requirements and provide funding, with NHS Fife and the Partnership having to deliver an annual delivery plan that meets their requirements. Fiona confirmed that the papers were being brought to this committee to give assurance to the committee that the work that the Partnership is required to undertake is being done. Fiona McKay advised that the Services were looking at new initiatives such as Front Door Model, Bed Coordinators in Care Homes to better support people to leave hospital when they are ready. In addition, there are discussions organised with acute colleagues around social work and what its role is and what it can mean for them as clinicians to ensure better multi-disciplinary team working. Fiona McKay acknowledged that the report was detailed but this is the report that will be seen by the Scottish Government colleagues, in addition the Annual Delivery Plan is owned by NHS Fife with the Partnership contributing to it. The delivery plan was submitted by NHS Fife in July, but it had not been through the Partnerships Governance Committee's hence why it was being tabled today. Alastair Morris noted surprise at how directive the letter received was and wondered how much of the direction was new or whether the Partnership was already ahead of the game and implementing the requirements. Fiona McKay advised that there had been no issues with the directive as Nicky Connor in her role as Chief Officer had been meeting with the Cabinet Secretary regularly and had fed into the development of the letter. Fiona did note that the partnership was pushing back on some of the directives such as	

	NHS commissioning care beds as this was not something that Fife HSCP would do. Martin Black queried the letter from John Burns that had been sent in October 2021, noting that there has been a significant time and change in politicians since the distribution of this letter and whether it was still relevant. Fiona McKay advised that this letter outlined the £300M which was provided to Boards and it takes time to implement the requirements and the Partnership is still working through the money received in 2021. Arlene Wood questioned whether the Senior Leadership Team was confident that the whole system will be able to deliver the capacity that will be required to support the inpatients, considering the recent delayed discharge publication and the 45 surge beds opened last winter that have never been able to be stepped down. Nicky Connor advised that she wished she could give an answer to that question but advised that the attached report outlines the best practice. She advised that the biggest challenge is recruiting staff and capacity. Arlene Wood confirmed with the Committee that they were assured by actions being taken to address the predicted forthcoming winter pressures as outlined on page 183 of the papers.	
8.	**TRANSFORMATION & PMO REPORT** Audrey Valente advised that the report provides an update on the work undertaken by the Transformation and Change Team highlighting not only the six original change initiatives but also the additional 4 projects that have been incorporated into the workplan of the PMO Team. Audrey advised the transformation dashboard which provides a high-level description with the overall RAG status of the projects is included within the paper. Audrey confirmed that all projects had a green status except for two, these being Care Home and Primary Care Improvement Plan. Audrey confirmed that mitigation actions are in place and these projects are regularly reviewed at the Transformation Board. Dave Dempsey noted surprise at seeing Appendix 1 for the SLT Assurance Report back in February 2022 which seemed quite old and out of date. He also noted that the big table showing the transformation portfolio was difficult to read on screen. Audrey advised that appendix 1 was an example of the governance that is in place and agreed that the table was difficult to read and will try to amend this going forward. Martin Black noted that it says on page 260 under Primary Care Improvement Plan that new ways of working are sustained and improved and asked what this meant and where is the evidence that it is sustained and improved. Lisa Cooper advised this was related to improving access to primary care services but could understand that this was not clear in the table. Audrey Valente agreed to feedback at the next meeting an expansion of what the outcomes are. Arlene Wood confirmed with the committee that they had been made aware and had discussed the update as outlined within the recommendations on	**AV**

	page 256. Audrey noted that this should have noted assurance rather than awareness and will change this in future reports. All agreed that the report had provide the assurance required.	**AV**
9.	**WORKFORCE STRATEGY & ACTION PLAN 2022-25** Roy Lawrence advised that the draft Workforce Strategy and work plan had been submitted and endorsed by both this committee and the Integration Joint Board in July 2022. He advised that feedback had been expected from the Scottish Government in August but there has been a delay in this being returned. Roy advised that it had been mid-October before the feedback had been received and due to this it has been agreed with the Scottish Government that the planned publication has been delayed to 30th November 2022. Roy advised that the feedback from Scottish Government had been very positive saying the strategy was well structured and logical with clear links to the strategic plan. Roy confirmed that to provide assurance the action plan will be reported to the Senior Leadership Team Assurance Meetings 3 times a year. Arlene Wood confirmed with the committee that they supported the recommendation to the Integration Joint Board and approved the publication of the report on the HSCP website by 30th November 2022. In addition, that the committee found assurance as outlined in the recommendations on page 267 of the papers.	
10.	**ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2021/22** FMcK advised that the ADP is a strategic partnership of the HSCP and is required to report to the Scottish Government on progress and improvements. Dave Dempsey queried what was so different with Scotland compared to other equally deprived areas within the UK? He also noted that the font size was challenging to read on page 340 and at the end of Appendix 1 he noted that there was a lot of detail, but he felt the "punchline" was missing. Fiona McKay agreed that some of the graphs were difficult to read as the authors of the report were trying to provider their information visually. Fiona advised that the "punchline" is that we need to get the drug deaths down as the number of people not getting support is still high and this is one of the areas focussed on in the report. Fiona noted that Levenmouth had been identified as an area with significant pressure for drug and alcohol deaths and the Levenmouth Programme was set up. Fiona was pleased to note that while the programme is not complete there has been a 40% reduction in drug and alcohol deaths within Levenmouth. The Team will be validating these statistics and looking at what has been done differently, such as drop in sessions and investigating what could be rolled out further throughout Fife. The team is also looking at what else can be implemented to reduce the instances of drug and alcohol related death as 1 drug and alcohol death is too many. Fiona McKay advised with regards the query why Scotland's death rate was so much higher than the rest of the United Kingdom, this could be attributed to the different reporting used by NHS Scotland. Dave Dempsey noted that	**FMcK**

	this was helpful and asked if the service could provide a review of these differences at a future meeting. Martin Black suggested that more work was required to implement the bullet points outlined on page 337, noting that being treated with dignity can be lacking even in professional environments and breaking the stigma is very challenging. He noted concern that there are more alcohol deaths in Fife than drug deaths, but the funding received is focussed on drugs and in his opinion, it should be focussing on addictions. Fiona McKay agreed that breaking the stigma is so important and noted that this has been achieved for mental health stigma and we need to get to the same point for those who have addictions. Fiona advised that within Levenmouth, it was those who have had addictions who are working in the drop-in centres and the Compass Team are tracking people who have been in hospital and needing medical support instead of them just being discharged to the social work team. The Compass Team are not giving up on those that they have made contact with and if appointments have been missed, they will follow up. With regards what other areas in Scotland are doing, Fiona advised that Glasgow has introduced a bold initiative to have a place where people can go to take drugs but noted that this has not been welcomed in other parts of Scotland. Fiona noted that Elizabeth Butters has visited her colleagues in Edinburgh and Glasgow to learn from them. Arlene Wood queried what the feedback mechanism is to the ADP as there is a lot of improvement work going on with lived experience panels and the feedback from Martin Black that the culture is not as positive as we would like. Nicky Connor advised that she was Chair of the Alcohol and Drug Partnership and has listened to the feedback and will report back to the ADP on this committee's behalf. David Alexander noted that until the 1971 Drugs Act which criminalises everyone is changed it will be difficult to change attitudes. He noted that the Levenmouth Police are taking a different stance and are directing people to support services such as the Hub in Leven High Street which is making a huge difference. Arlene Wood confirmed with the committee that there had been discussion and that the report provided assurance as outlined within the recommendations on page 334. Arlene also thanked Nicky Connor for providing feedback to the Alcohol and Drug Partnership.	
11.	**FIFE SPECIALIST PALLIATIVE CARE SERVICES (FSPCS) - SERVICE MODEL (CONFIDENTIAL)** Arlene Wood welcomed Karen Wright and Joanne Bowden who outlined the key points within the report and Fiona McKay reminded all that it is a confidential report not for sharing out with the committee. Dave Dempsey advised that he welcomed the report noting he liked the direction and felt that it could be measured. He also noted that the John's case study was very good and beneficial. Dave did note that the recommendations say that the Qualities and Communities Committee are	

	asked to support when this is the Finance, Performance & Scrutiny Committee. Karen Wright confirmed that the paper was currently for discussion and will be submitted to the Integration Joint Board in January 2023. Arlene Wood confirmed with the committee there had been discussion as outlined within the recommendations on page 372 taking into consideration that it should have read The Finance and Performance Committee are asked to support.	
12.	**FINANCE, PERFORMANCE AND SCRUTINY HIGH SCORING STRATEGIC RISKS** Audrey Valente advised that the paper had been brought to the committee as part of its remit to monitor and scrutinise the Finance and Performance Risks on behalf of the Integration Joint Board. Audrey advised that the report specifically looking at high scoring risks had been requested at the last meeting. Alastair Morris queried what the risk appetite was and how frequently the committee should revisit appetite for risk. He also noted that the Finance risk outlining that there will not be enough money to deliver the services, in his opinion due to the forecasted financial position, should be scored higher. Audrey Valente noted that there is a development session organised that will look at the Integration Joint Boards appetite for risks which will direct the committee's appetite for risk going forward. Arlene Wood confirmed with the committee that there had been discussion and that they were assured of the actions taken regarding the risks as outlined within the recommendations outlined within page 399	
13.	**PUBLIC SECTOR CLIMATE CHANGE DUTIES 2022** Audrey Valente advised that the report is for members to consider and agree priorities for the year ahead so that the Integration Joint Board complies with its statutory duties under the Climate Change Order. Audrey advised that this was the sixth report that had been submitted to the Fife Integration Joint Board which outlined there had been a delay in progressing with the key focus due to responding to and recovering from the pandemic. Audrey Valente advised that the report outlines 5 recommendations, 3 of which have been carried forward from previous year with 2 additional recommendations added. Arlene Wood confirmed with the Committee that they were content with the recommendations outlined on page 407 and with the paper being submitted to the Integration Joint Board.	
14.	**RESPITE SERVICES** Audrey Valente advised that Rona Laskowski would be talking to the report as the report was more service orientated. Rona advised that the report had been requested some time ago by this committee to provide an understanding of respite within Fife HSCP and to provide a benchmarking against other Partnerships. Rona advised that the benchmarking exercise has proved very challenging to provide but outlined what had been taking place in Fife during the pandemic and remobilisation of services.	

	Martin Black queried the comment on page 415 where it outlined a gap in facilities for adults with complex care needs who still require a building-based resource and asked what sort of building based resource this was. Rona confirmed that this was for those with intensive and very complex levels of disability. She advised that the service although it has lost some capacity the service was able to call on support from Broad Street Service which helped. David Alexander queried whether the service was aware of Homelands Trust. Fiona McKay advised that they were, but noted that service users at Homelands Trust needed to bring their carers with them which is perfect for short breaks but unless the service user had family or a personal assistant to support them there would be no care provided. Fiona agreed to pick up discussion out with meeting. Martin Black queried why taking a care assistant would cause issues with service users going to Homelands Trust. Fiona McKay advised the only issue was if the carer provided support for several service users. Alastair Morris noted he could understand the difficulty getting a comparison but asked if there was any intelligence on what other Partnerships are doing that we can learn from. Rona Laskowski advised that she linked with colleagues from other Partnership via an established network. Arlene Wood requested that an EQIA is completed for the next report to provide assurance to the committee that equity and equality has been addressed for any disadvantaged group. Carol Notman to add request to the work plan to remind Rona Laskowski that assessment is required for next report. Arlene confirmed with the committee that the recommendations outlined on page 416 should read for assurance rather than for awareness and noted that going forward the report would be tabled at the committee on an annual basis.	**CN**
15.	**FUNDED ESTABLISHMENT AND VACANCIES** Audrey Valente advised that the attached initial report was continuing to evolve and was a work in progress. She noted that it had been very difficult to get the information required out of the Partner Systems, hence the time it has taken to bring the report requested by the committee. Audrey advised that there are inconsistencies between the two budgeting systems and with the turnover allowance approach that the Council have, and the use of bank staff masks the true level of vacancies. Alastair Morris advised that he was pushing NHS Fife to simply their processes as he found it surprising that it is not possible to easily identify all current vacancies. He noted that NHS Fife does not report vacancies as their IT systems does not accommodate this. Audrey thanked Alastair for his support. Arlene Wood confirmed with the committee that in line with the recommendations outlined on page 422 that discussion around the disparity in reporting vacancies between the 2 partner organisations had taken place and it was agreed that the report would be tabled at the committee on a quarterly basis going forward. Carol Notman to add to the workplan.	**CN**
16.	**ITEMS FOR HIGHLIGHTING** Arlene Wood confirmed with the committee that there were no issues requiring to be highlighted at the Integration Joint Board on 25 November 2022.	

17.	**AOCB** No issues were raised under AOCB.	
18.	**DATE OF NEXT MEETING:** 20 January 2023 at 10.00am via MS Teams	

Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE
TUESDAY 08 NOVEMBER 2022, 1000hrs - MS TEAMS

Present:	Sinead Braiden, NHS Board Member (Chair) (SB) Councillor Rosemary Liewald Councillor Graeme Downie Councillor Margaret Kennedy Councillor Lynn Mowatt Councillor Sam Steele Martin Black, NHS Board Member (MB) Ian Dall, Service User Rep (Chair of the PEN) (ID) Morna Fleming, Carer's Representative (MF) Paul Dundas, Independent Sector Lead (PD)
Attending:	Nicky Connor, Director of HSCP (NC) Dr Helen Hellewell, Associate Medical Director (HH) Lisa Cooper, Head of Primary Care and Preventative Care Services (LC) Lynne Garvey, Head of Community Care Services (LG) Rona Laskowski, Head of Complex and Critical Care Services (RLas) Audrey Valente, Chief Finance Officer (AV) Roy Lawrence, Principal Lead for Organisational Development & Culture (RL) Fiona McKay, Head of Strategic Planning, Performance & Commissioning (FMcK) Amanda Wong, Director of Allied Health Professionals (AW) Fiona Forrest, Deputy Director of Pharmacy (FF) Catherine Gilvear, Quality Clinical & Care Governance Lead (CG) Kenny Murphy, Third Sector Representative (KM) Simon Fevre, Staff Side Representative (SF) Elizabeth Butters, Fife Alcohol and Drugs Partnership Service Manager (EB) Hazel Close, Head of Pharmacy - Population Health and Wellbeing (HC)
In Attendance:	Jennifer Cushnie, PA to Associate Medical Director (Minutes)
Apologies for Absence:	Dr Chris McKenna, Medical Director Ben Hannan, Director of Pharmacy and Medicines Lynn Barker, Director of Nursing Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO)

No	Item	Action
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** The Chair welcomed all to the meeting, she wished to thank staff for their ongoing efforts in a particularly challenging period for Health & Social Care. She advised, timings for presenting reports would be strict due to a very heavy agenda. The ADP Lived Experiences Development Session will commence at 12noon, straight after the finish of the Committee meeting.	
2	**DECLARATION OF MEMBERS' INTEREST** No declarations of interest were received.	
3	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	
4	**MINUTES OF PREVIOUS MEETINGS HELD ON 09 SEPTEMBER 2022** The previous minutes from the C&CGC meeting on 09 September 2022 were approved as an accurate record of the meeting.	
5	**GOVERNANCE**	
	5.1 Revised Quality & Communities Committee Terms of Reference (re Quorum) It was asked if there were any queries regarding the amendment to the Terms of Reference relating to Quorum. There were no questions or comments, therefore, the Committee approved the revised Terms of Reference.	
	5.2 Primary Care Implementation Plan – MoU2 Progress Update LC introduced the report for discussion and assurance around ongoing implementation of the PC Improvement Plan. LC outlined the background to the Plan and the reasons behind it, the primary areas of focus and told of the revised MoU which was necessary due to the COVID-19 pandemic. LC stated the Vaccination Transformation Programme (VTP) fully transferred to NHS Board responsibility in March 2022. She gave updates around Pharmacotherapy and CTAC, both of which are unlikely to be fully transferred by the original aim of April 2023. A summary of the 6 Workstreams and their remit, progress achieved to date and the difficulties being addressed was given. LC highlighted, in line with MoU2, the risk of transitionary payments possibly being required if Boards are not successful in reaching what has been directed Nationally. HH commented the implementation of the Plan is being done in a way to add quality and safety for patients. She added, the multi-	

	disciplinary teams are highly effective professionals and there is robust clinical governance around the whole process. Questions were invited from the Committee. KM thanked LC for the Paper and was supportive, however, he queried the loss of £5M and asked if Scottish Government had given warning underspend would be clawed back. LC explained, 'slippage' within the budged occurred due to the way in which the funding streams were awarded and the ongoing workforce challenges. She advised, it was not anticipated any underspend would be offset against future funding and a lot of work took place locally looking at how it would support ongoing implementation of the PCIP. LC confirmed a proactive approach is being taken to minimise any risk of underspend going forward. Cllr Downie was interested to hear the answer to KM's query and looked for reassurance, pressure to spend funds will not lead to short term thinking, but always long-term implementation being the aim. He was keen to hear if there have been any problems implementing the Plan within 2C Practices. He was very supportive of the 'The Well' community-led programme, however, was disappointed at the lack of attendance and queried if this can be encouraged. HH gave assurance the implementation of the PCIP has been thoroughly planned with no short-term thinking. She told of Plans in place to combat workforce challenges within any MDT group. LC seconded HH and gave assurance 2C Practices have not been impacted but has raised awareness of the importance and value of MDT within 2C Practices.	
	5.3 HSCP Winter Planning LG apologised for the late circulation of the paper. She explained the reason for it being brought to the Committee, was to give an overview of actions being taken by the Partnership. The report intentionally does not highlight outcome measures, rather, it gives assurance of what HSCP will do in preparation for winter. This will be followed up at subsequent meetings with a range of outcome measures. LG talked through the four sections within the paper, the Annual Delivery Plan, Local Priorities, Workforce and Recovery and Protection of Planned Care which gave an overview and looked to give assurance of the significant steps and measures being taken to address the challenges ahead this winter. M Black thanked LG for the paper and queried if there is a timescale for assessment being carried out at home. LG advised, to carry out assessment at home, it must be agreed with the patient and their family whilst the patient is in hospital. Assessment will take place after 2-3 days, up to one week. If there is delay due to pressures, it will be explained to the patient. This will be highlighted to the patient whilst in hospital. A very useful leaflet explaining the service is also being developed which will be given to all patients. I Dall referred to the problem of staff recruitment and felt it was being underplayed, particularly in NE Fife. He suggested a deeper dive be	

undertaken. LG agreed it is a big issue and welcomed any suggestions and told of various approaches which are being used. STV campaign was referred to as well as 'winter heroes'. She told of 14 interviews being held this week, which was a positive improvement.

Cllr Kennedy commented the report was a very positive document and referred to the difficulties around recruitment, acute beds and the challenges of moving through the system. She highlighted the huge importance of communication with patients, outlining clear timelines. She acknowledged the huge demands being faced.
LG spoke of recruitment challenges and promotional work taking place along with various initiatives being engaged. She agreed the communication component is vital and described how patients will receive a discharge plan with 'what matters to you', on admission to VHK. The plan will stay with the patient as they move through VHK and on towards community hospital or home. LG referred to the Discharge Without Delay video clip which is being developed and will be shared with patients before entering acute hospital, showing what discharge will look like and the services available. She stressed the importance of managing expectations. Cllr Kennedy queried how the communication will be delivered, to enable councillors to signpost. Promotion of links to information sites was discussed and the use of Social Media as a tool. LG suggested promotion can also come through Sway. NC felt there is a culture change to be supported as robust communication becomes the normal.

P Dundas welcomed the paper, he acknowledged it is very difficult to attract, recruit and retain staff, particularly locally and was pleased to hear of 14 candidates for interview. He felt there is no local or national oversight as the social care data is 18-24 months out of date. He stated more current and relevant data is being sought and explained the work taking place.

SB thanked LG for the Winter Plan and the Committee took assurance from it.

5.4 Pharmaceutical Care Services Report 2021/22

FF introduced Hazel Close, Head of Pharmacy - Population Health and Wellbeing to present the report.

HC advised the report is brought to Committee for Assurance and is presented annually. During the pandemic, however, permission was granted by the IJB to suspend provision of the report during that time.

HC stated Pharmacy, in line with Pharmacy Regulations, are legally obliged to submit the Report, which sits within the complexity of both Primary Care and Independent Contractors. She advised, in terms of Community Pharmacy, provision is delegated to IJB, however, the Regulations and Pharmacy Regulations are enacted by the Health Board.

The Paper reports on Pharmaceutical Services provided by Community Pharmacy across NHS Fife. It has been approved

	through the Public Health and Wellbeing Committee 07.11.22 and will go to IJB on 25.11.22. HC told of the public engagement process involved where the report goes out to a number of panels, including the Patient Focused Public Involvement Panel, for a period of 8-week, feedback is then incorporated into the report. The report describes all the Services provided by Community Pharmacy and the positive impact they have on customer care. HC highlighted several points from the report and the Committee were invited to ask questions. Cllr Liewald commented the report is outstanding and asked if the breakdown of services, those which are vital to men/women on the street, could be distributed along with the discharge winter readiness leaflet. HC thanked Cllr Liewald for her comments and will link with FF. MF referred to Emergency Contraception and Bridging Contraception figures and asked if Fife's numbers are in line with the rest of Scotland. HC assured the numbers are in line with other areas of Scotland and advised Community Pharmacy are almost the sole providers of these types of contraception.	**HC / FF**
	5.5 Professional Assurance Framework Report (NMAHP) HH introduced the report on behalf of LB. She advised, it is presented for Assurance and is very comprehensive in the way it is set out. She stated there has been very little substantive changes, only to take into account new strategies and to update accordingly. The nursing process of how the Board gets assurance has not changed. There were no questions or comments.	
	5.6 Quality & Communities Strategic Risk Register AV introduced the report which states the Risks relating to the Quality & Communities Committee. The Risks were reviewed in October 2022. KM asked to clarify if the Report is a subset of the Full Risk Register and does each Committee receive a subset of Risks, therefore all Risks are owned by at least one Committee. AV confirmed this to be correct.	
	5.7 Fife Specialist Palliative Care Services (FSPCS) – Service Model SB stated the report is strictly confidential and not for re-sharing. LG introduced Joanna Bowden, Palliative Care Consultant.and Karen Wright, Clinical Service Manager Palliative Care who have been leading on the significant redesign of the Service. The report is brought for confidential discussion. FMcK reiterated the Paper is a	

	discussion paper and clear Participation and Engagement work is underway. Views from the Committee are invited which will help form how the Paper is taken forward. A slide presentation was shared on screen. NC advised the report will come back to Q&C in January on route to the IJB, where it will be for discussion, decision and support. Currently, it is seeking support and input. KM commented on the Service Users Voice and Engagement / Consultation was at the end of the report and he felt it would have been better up front. From the presentation, more so than the report, KM felt, the Service seems to be Service User centered. He also felt more meaningful involvement from Service Users, rather than just feedback, which he explained, would be beneficial. Cllr Downie felt, as well as sharing positive feedback, concerns and negative feedback should also be included in the Appendix to give balance. He referred Scottish Government's intention to review their Palliative Care Strategy and asked if Fife will be feeding into/ contributing, however, he was aware delays are being experienced. JB welcomed all comments and helpful suggestions and agreed placing communities, patients and families at the forefront is fundamental. She explained the research study capturing the reality of care and experience across fife and the plans to capture feedback from all. She told of close working with Scottish Government and the importance of sharing the progress and examples of innovation within Fife should be shared Nationally. LG re-emphasised, over the past two years there has only been two complaints, which she described. However, there has been a large number of compliments and positive comments. NC advised for assurance, she has been invited to join the Palliative Strategic Development Committee at National level, the first meeting has taken place and she assured Fife is in alignment with the National direction, if not ahead.	
	5.8 Workforce Strategy and Action Plan 2022-25 RLaw presented the Report for Decision. He advised positive feedback had been received from Scottish Government who support a recommendation for Fife IJB to approve the Strategy. It is intended for the HSCP Workforce Strategy and Plan be published on the Partnership website on 30.11.22. RL outlined the engagement and consultation which has taken place prior to submission to Scottish Government. He explained how the Strategy and Plan reference workforce priorities, organisational strategies and workforce activities across the Partnership. Feedback was extremely positive and RLaw gave examples of the comments received. The Committee was content to recommend to the IJB for approval.	

	5.9 Strategic Plan 2022 – 2025 (Version 0.1) FMcK introduced the Strategic Plan which has been developed by the Strategic Planning Working Group, Heads of Service and Senior Managers across HSCP. The Plan is an overarching document which all other work will link back to over the next 3 years. FMcK advised a Requirement came from Scottish Government outlining what should be included and will ensure the Requirement is strictly adhered to. The Plan is aligned to new priorities which are Local, Sustainable, Wellbeing, Income and Integration. From these, each of the Strategies will link directly, outlining the plans which relate to the priorities. The document is still out for consultation and FMcK encouraged the Committee to complete and return the questionnaire. The Plan is brought to Committee to give Assurance all work has progressed as planned. The full report will be brought to IJB at end November / early December 2022. Cllr Liewald asked for a link to the Easy-Read. FMcK will forward to Cllr Liewald.	**FMcK**
	5.10 Care Inspectorate Grades for Social Services FMcK introduced the Report which is an annual inspection report around the care and support services which HSCP provide or commission. She explained the grades and how they are used to ensure services continue to meet the standards and needs of people using the service. Where a low grade of 2 has been awarded, there will be a comprehensive plan to improve with involvement from the Partnership. If necessary, the Partnership will stop placing in a Care Home until work has taken place to improve where necessary. FMcK confirmed the Partnership are always working with providers to improve their position and grades. ID commented on a Care Home which is regularly awarded a 2 grade and asked if we will stop using them. FMcK stated the Care Home ID referred to has gone through periods of being at 2 and then improving, however, people want to go there. She felt strongly people should be allowed to make choices and advised the Partnership are continually working with the Home to improve where required. The Committee took assurance from the report.	
	5.11 Health and Social Care Day Services for Older People FMcK presented the report to update the Committee of the Day Care Services provided for older people in Fife. She advised pre-pandemic, a programme of redesign had begun, however, this work was suspended with the outbreak of Covid. FMcK told of a programme which has commenced working with Third Sector Organisations to support them to delivery Day Care Services	

	on behalf of HSCP. The programme will use Partnership buildings to provide the Services. FMcK told of a pilot taking place in Napier House, Glenrothes with Later Life Choices. The feedback has been exceptional from both Service Users and from the people providing the services. She also described work being carried out in the NE Fife area and RVS supporting day care services in the Tayport area. This is being redesigned through consultation with the people who previously used day care services. Work with hubs for people with dementia was also outlined.	
	5.12 Fife Alcohol and Drug Partnership Annual Report 2021/22 FMcK presented the Report which is submitted to the Government on an annual basis. The work taken forward around the MAT Standards is highlighted within the report. Scottish Government requested HSCP to self-assess which was followed by assessment by Scottish Government around the areas of practice. FMcK was happy to report 'amber' status was achieved in all standards and work is underway to achieve 'green' status by early 2023. During the Development Session following the Committee Meeting, people from the Lived Experience Group are invited to give their views on the Services provided.	
6	**ITEMS FOR ESCALATION** No items for escalation.	
7	**AOCB** No further items raised.	
8	**DATE OF NEXT MEETING –** Wednesday 18th January 2023, 1000hrs MS Teams	

Fife Health & Social Care Partnership
Supporting the people of Fife together

UNCONFIRMED
HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 16 NOVEMBER 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT:
Fiona McKay, Head of Strategic Planning, Performance & Commissioning (for Nicky Connor) (Chair)
Eleanor Haggett, Staff Side Representative
Angela Kopyto, Dental Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Hazel Williamson, Communications Officer, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Kenny McCallum, UNISON
Lisa Cooper, Head of Primary & Preventative Care Services
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Morag Stenhouse, H&S Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES:
Billy Nixon, Health & Safety, NHS Fife
Debbie Fyfe, Joint Trades Union Secretary
Elaine Jordan, HR Business Partner, Fife Council
Helen Hellewell, Associate Medical Director, H&SC
Nicky Connor, Director of Health & Social Care
Simon Fevre, Staff Side Representative
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 21 September 2022

The Minute from the meeting held on 21 September 2022 was approved as an accurate record of the meeting.

Under Item 14 – AOCB - Angela Kopyto made the LPF aware of the current situation with Dentistry. Lisa Cooper gave assurance NC had linked with her for her awareness and action. LC assured that effective workforce planning was a

NO	HEADING	ACTION

2 PREVIOUS MINUTES (CONT)

2.1 Minute from 21 September 2022 (Cont)

priority for the Primary Care Strategy in development and planning was ongoing to ensure a robust workforce and sustainability of the service during these challenging times.

2.2 Action Log from 21 September 2022

The Action Log from the meeting held on 21 September 2022 was approved as accurate.

3 JOINT CHAIRS UPDATE

Fiona McKay provided a short update on potential industrial action. NHS Fife has several formal groups set up to oversee this which Nicky is involved in. Recent media enquiry from Dunfermline Press has been responded to. Work is ongoing to ensure robust plans are in place to mitigate any issues.

4 HEALTH AND WELLBEING

Attendance Information

Susan Young advised that NHS absence is currently 6.85%, up from 5.98% in previous month but lower than corresponding month in 2021. Main reasons continue to be to Anxiety / Stress / Depression / Other Psychiatric illnesses, followed by Gastro-intestinal problems then cough, cold and flu. Absence increased in all areas in September. Attendance management training and Live Positive Toolkit are being refreshed. Good news stories are being sought where the toolkit has been used, send these to Susan Young. **SY**

Fife Council absence has reduced from 13.6% to 12.7%, one of the lower absence rates recorded. Top two absence reasons for September 2022 continue to be MSK and mental health. Short-term absence rate has reduced from 3.1% in August to 2.8% in September and long-term absence rates decreased from 10.7% in August to 10.0% in September.

Staff Health & Wellbeing

Written updates had been provided by NHS Fife and Fife Council for this item and circulated with meeting papers.

Susan Young gave a brief update on the activity ongoing within the NHS, including self-care sessions, the work of the Spiritual Care staff, Menopause Wellbeing Hub and the addition of menopause resources to Stafflink.

As well as the information contained in her written update, Elizabeth Crighton advised that her team have completed a clean up of manager reporting lines in Oracle which will mean the production of more accurate reports. The data from the collaboration with the University of Hull on the Stress Risk Assessment is being prepared for an SLT report. Early intervention calls continue to assist in absence cases.

NO	HEADING	ACTION

5 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)

Rona Laskowski advised that the Health and Safety Assurance Group continues to meet quarterly and robust, accurate data is being provided. There are issues with staff compliance with mandatory health and safety training and work is ongoing to resolve this.

Billy Nixon and Morag Stenhouse had both provided written updates which were circulated with the meeting papers.

Morag Stenhouse covered the detail in the Power Bi report and advised that people should contact Avril Sweeney if they still require access to Power Bi.

6 FINANCE UPDATE

Audrey Valente provided a finance update which has not changed much since the last update. Partnership is reporting a projected outturn underspend of £7.226m.

Key areas of overspend are Hospital & Long-Term Care and Adult Placements. These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Homecare, Adults (Fife-wide and Supported Living) and Social Care (Fieldwork and Other).

It was confirmed that of the savings approved by the IJB in March 2021, 66% are on track to be delivered this financial year.

Covid spent is projected as £15.7m for the full financial year and this includes the support funding for external care providers.

7 UDPATE ON STRATEGIC PLAN

Fiona McKay advised that the Strategic Plan 2023-2026 will be taken to the IJB meeting on Friday 27 January 2023 for approval. Consultation on the plan continues and feedback will be incorporated into the final version.

8 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19

System Pressures

Rona Laskowski advised that within Complex and Critical Care 12 new staff were recently recruited into mental health and addiction and whilst these are welcome there are still 54 fte vacancies within inpatients. Peer support workers are being recruited to assist with the therapeutic environment on Wards. Motivation levels within staff groups is improving but pressures continue.

Lynne Garvey had nothing specific to raise regarding Community Care Services, although OPEL information has shown that many areas have been safe to start recently. There are still red flags in inpatient areas. 14 new carers have been appointed recently, most likely as a result of the STV campaign which is being rerun. Other recruitment campaigns continue and absence is stable within the service.

Lisa Cooper updated on behalf of Primary and Preventative Care. Recruitment continues to be a challenge, absence is stable and staff continue to show agility and flexibility in their working day.

NO	HEADING	ACTION

8 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19 (CONT)

System Pressures (Cont)

Lynn Barker advised there is currently a 6-month vacancy for a Head of Nursing post.

Winter Plan

Lynne Garvey began by apologising for the size of this paper, which combined four sections into one report and contains feedback from committees. The report gave the LPF a detailed overview of the Winter Plan for this year. Ongoing work includes workforce planning, seven day working, the Front Door Model, multi-disciplinary team working and anticipatory care plans for care home residents. Recruitment is still a focus. Whole system verification meetings take place weekly to focus on patients in delay in hospital.

Update on Covid

Fiona Mckay advised that there are currently no covid cases in any Fife Care Homes.

Susan Young advised that there was not much to update on Covid. Staff continue to work in flexible and blended ways.

Immunisation

Staff

Lisa Cooper had provided a paper on this which gave a high-level summary on the delivery of the Autumn and Winter Programme. The Spring campaign is complete and almost one million vaccine doses have been given. Following JCVI guidance, all those who are eligible will be offered the latest vaccine by 5 December 2022. Fife are doing well with this, having a substantive workforce to undertake the programme.

H&SC Workforce

Data on workforce vaccinations show that Fife is slightly under the national average, although there is a targeted focus on staff with drop-in clinics, the mobile van and a plan to visit all hospital sites early in December. A clear comms plan is being worked on.

9 NATIONAL WHISTLEBLOWING STANDARDS – PART 8

Roy Lawrence updated on the work of the group which have been meeting to look at the Whistleblowing Standards and how they work within the partnership. Roy gave assurance that the partnership is compliant. Fife Council are undertaking a corporate review of their whistleblowing policy, which means the partnership will use interim arrangements for the next six months. Staff to be encouraged to speak up. Lynne Parsons asked if training for this could be repeated, Susan Young advised this could be discussed at a meeting later in the day but that it would be good practice.

NO	HEADING	ACTION

10 iMATTER UPDATE – ACTION PLAN COMPLETION PROGRESS

Roy Lawrence advised that out of 542 teams in the partnership 310 have completed their Action Plans. This is a 57% return rate, is up on last year's which was 52%. Fiona McKay raised an issue with logging Action Plans and will discuss this with Roy offline.

11 HSCP WORKFORCE STRATEGY & ACTION PLAN

Roy Lawrence brought this to the LPF in July 2022 and the report is being brought back following Scottish Government feedback, which has resulted in minimal changes to the original document. Scottish Government felt the Strategy was well structured, logical and aligned with the Strategic Plan, financial planning and Mission 25. The final Strategy and Action Plan 2022-2025 will be taken to the IJB meeting on Friday 25 November 2022 and then published on 30 November 2022.

12 LOCAL PARTNERSHIP AGREEMENT – UPDATE

This has not been updated for several years. Suggested changes were included in the version circulated with the papers. Fiona advised that several job titles still needed to be checked and updated. The LPF were happy with this once these changes had been made.

13 NATIONAL CARE SERVICE - UPDATE

As Nicky Connor was unable to attend today's meeting, her presentation would be brought to the LPF meeting on 24 January 2023.

14 ADULT INSPECTION REPORT – UPDATE

Fiona McKay provided an updated on the recently published Adult Inspection Report. The inspection focused on where we are with integration on the services we provide for people across Fife. Over 800 staff took part in a survey as part of the inspection.

Of the five key quality indicators inspected, four were considered Good and one was adequate. As this was the first inspection of this kind undertaken in Scotland so there is no data to benchmark against.

An Improvement Plan is being drawn up to go back to the Care Inspectorate in December 2022, detail of this will be brought to the LPF in January 2023. **FM**

15 ITEMS FOR BRIEFING STAFF

Susan Young advised that information on Adverse Weather Arrangements has been issued and this will be shared with LPF members and comms should also go out on this.

A consultation on work/life balance has begun, it is around the 10 NHS flexible working policies.

NO	HEADING	ACTION

16 END OF YEAR-ROUND UP

A face-to-face Development Session has been arranged for LPF members which will take place on Wednesday 31 May 2023 from 9.00 am to 12 noon. This is already in diaries and the venue will be confirmed once a decision has been taken.

Eleanor Haggett asked about an LPF Christmas message to thank staff or a quiz to be shared. Fiona McKay could be quizmaster.

17 AOCB

Nothing was raised under this item.

18 DATE OF NEXT MEETING

Tuesday 24 January 2023 – 9.00am – 11.00 am