



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 28 JULY 2023 AT 10.00 AM
THIS WILL BE A BLENDED MEETING AND VIRTUAL JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES	Arlene Wood	-
2	DECLARATION OF MEMBERS' INTERESTS	Arlene Wood	-
3	MINUTES OF PREVIOUS MEETING AND ACTION NOTE 26 MAY 2023	Arlene Wood	3-14
4	CHIEF OFFICER UPDATE	Fiona McKay	-
5	STRATEGIC PLANNING & DELIVERY 5.1 Home 1st Strategy 5.2 Carers Strategy 2023 - 2026 5.3 Primary Care Strategy	Lynne Garvey Fiona McKay Lisa Cooper	15-82 83-162 163-234
6	LIVED EXPERIENCE & WELLBEING 6.1 Lived Experience - My Home from Home	Lynn Barker / Lynne Garvey / Paul Dundas	-
7	INTEGRATED PERFORMANCE & QUALITY 7.1 Finance Update 7.2 Progress on the Medium-Term Financial Strategy	Audrey Valente Audrey Valente	235-248 249-257
8	GOVERNANCE & OUTCOMES 8.1 IJB - Risk Appetite Statement	Audrey Valente	258-268

9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 9.1 Annual Performance Report 2022-2023 9.2 Fife HSCP Whistleblowing Standards 9.3 Alcohol & Drug Partnership Annual Report 2022/23	Fiona McKay Roy Lawrence Fiona McKay	269-361 362-375 376-447
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED		448-507
	Audit & Assurance Committee Confirmed Minute from 10 May 2023 Unconfirmed Minute from 28 June 2023 Finance, Performance & Scrutiny Committee Confirmed Minute from 12 May 2023 Unconfirmed Minute from 6 July 2023 Quality & Communities Committee Confirmed Minute from 3 May 2023 Unconfirmed Minute from 30 June 2023 Local Partnership Forum Unconfirmed Minute from 23 May 2023 Verbal Update from 26 July 2023 Strategic Planning Group Confirmed Minute from 17 May 2023 Verbal Update from 11 July 2023	Dave Dempsey Alastair Grant Sinead Braiden Simon Fevre / Nicky Connor David Graham	
11	AOCB	All	-
12	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 25 AUGUST 2023 INTEGRATION JOINT BOARD – FRIDAY 29 SEPTEMBER 2023	All	-
MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHOR IN ADVANCE OF THE MEETING			

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



UNCONFIRMED

**MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB)
HELD VIRTUALLY ON FRIDAY 26 MAY 2023 AT 10.00 AM**

- Present**
- Arlene Wood (AW) (Chair)
 - David Graham (DG) (Vice-Chair)
 - Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS)
 - NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB)
 - Chris McKenna (CM), Medical Director, NHS Fife
 - Janette Keenan (JK), Director of Nursing, NHS Fife
 - Wilma Brown (WB), Employee Director, NHS Fife
 - Amanda Wong (AW), Associate Director, AHP's, NHS Fife
 - Debbie Fyfe (DF), Joint TU Secretary, Fife Council
 - Eleanor Hagggett (EH), Staff Representative, Fife Council
 - Ian Dall (ID), Service User Representative
 - Kenny Murphy (KM), Third Sector Representative
 - Morna Fleming (MF), Carer Representative
 - Paul Dundas (PD), Independent Sector Representative
 - Simon Fevre (SF), Staff Representative, NHS Fife
- Professional Advisers**
- Nicky Connor (NC), Director of Health and Social Care/Chief Officer
 - Audrey Valente (AV), Chief Finance Officer
 - Helen Hellewell (HH), Deputy Medical Director
 - Lynn Barker (LB), Associate Director of Nursing
- Attending**
- Lynne Garvey (LG), Head of Community Care Services
 - Rona Laskowski (RLas), Head of Complex & Critical Care Services
 - Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
 - Lindsay Thomson,
 - Vanessa Salmond (VS), Head of Corporate Services
 - Cara Forrester (CF), Communications Adviser
 - Clare Gibb (CG), Communications Adviser
 - Wendy Anderson (WA), H&SC Co-ordinator (Minute)

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

Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board including Colin Grieve who recently replaced Alistair Morris on the Board.

Arlene Wood congratulated the Allied Health Profession Federation which represents all AHP professional bodies and which has recently published its compendium bringing together stories/ case studies describing the difference AHP services make. Two stories from NHS Fife podiatry are described in this compendium, one relating to educational support to care home and the other relating to support to young adults with mental health issues.

1 CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES (CONT)

Congratulations were extended to Jamie Hinley, a Mental Health Care Home Liaison Nurse and Queen's Nurse, from Rosyth who has been shortlisted for the Health & Care Award at the Dunfermline Press Community Champion Awards 2023. The awards evening takes place on Thursday 15 June 2023 in Dunfermline.

Apologies had been received from Lisa Cooper and Christine Moir.

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, Lindsay Thomson, Head of Legal and Democratic Services, Fife Council was present at the meeting and the media had been invited to listen in to the proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 31 MARCH 2023

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

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Nicky Connor for this item. Nicky Connor, Lindsay Thomson and Vanessa Salmond were joining the meeting from Fife House, with a view to the Board taking a more blended approach at future meetings.

Nicky Connor updated on the ongoing work of the Care Home Collaborative. A workshop was held recently which was well attended. An update of the Collaborative was also provided at the Quality & Communities Committee. The Lived Experience item later in the agenda relates to Care Homes.

The Integration Leadership Team was launched recently at an event attended by around 190 delegates including those from the third and independent sectors. The guest speaker, Tommy Whitehall, National Lead for Carers and Outreach, Health and Social Care Alliance Scotland, delivered 'You Make a Difference (Intelligent Kindness)' drawing on his own lived experience in a moving and inspirational presentation.

The partnership has recently developed a Care Academy which is a collaborative between the partnership and Fife College. The model is a way of pulling together recruitment, qualifications and shared learning across partner organisations to help support our workforce. This will help support our Mission 25 social media recruitment campaign.

Jennifer Rezendes was attending her first IJB meeting since taking up post as Principal Social Work Officer on 16 May 2023. This post works closely with both the Director of Health & Social Care, Chief Social Work Officer and Senior Leadership Team. Jennifer will lead on the professional functions delegated for Adults, Older People and Social Care ensuring the voice and values of social

NO	TITLE	ACTION
4	CHIEF OFFICER UPDATE (CONT)	
	work and a rights-based approach are central to driving the transformation and reform of our health and care services for the citizens of Fife.	
5	STRATEGIC PLANNING & DELIVERY	
	5.1 Palliative Care Transformation	
	This report had been discussed at the Quality and Communities (Q&C) Committee on 3 May 2023, the Finance, Performance & Scrutiny (FP&S) Committee on 12 May 2023 and the Local Partnership Forum (LPF) on 23 May 2023 as well as at a recent Development Session and various drop-in and one-to-one meetings.	
	Nicky Connor introduced the report in conjunction with her team.	
	Nicky Connor outlined the journey the Palliative Care Team have been on to date with this report, which is aligned to the five key priorities outlined in the Strategic Plan and is an excellent example of transformation in action. Board members have had numerous opportunities to discuss and question the content of the report with the team responsible. As well as the report presented today, a number of Board member briefings have been issued including a recent one on participation and engagement with opportunity to respond to address all issues raised.	
	Provision of palliative care adapted during the covid-19 pandemic and lessons learned have shaped the service as it has progressed towards the more responsive model it is today and the Integration Joint Board are being asked to community outreach specialist palliative care team though the re-provision of care support this 7 day a week model.	
	Lynne Garvey presented the paper and highlighted key points relating to the independent evaluation by McMillan Cancer Support and also the report on the Future of Hospice Care in Scotland 2021. Covid-19 prompted many more patients and their families/carers to request care at home rather than in a hospital setting, leaving hospice beds underutilised. Staff were realigned to work in the community which resulted in 60-70 patients being seen in a week, rather than the previous maximum of 19. Waiting times for hospice beds lowered as did the number of days patients spent in hospital. Immediate access to patient-centred care was available and there was significant staff engagement throughout the process. All of this was achieved within the same finance envelope as previously ensuring best value. Robust arrangements are in place to ensure greater patient choice on where they receive treatment.	
	Dr Jo Bowden spoke from a clinical perspective and thanked Board members for their interest and input to the Palliative Care report.	
	Helen Hellewell advised that she was fully supportive of the report and the recommendations it contained which would allow the partnership to continue to provide flexible arrangements which would be sustainable in the future.	

NO	TITLE	ACTION
5	STRATEGIC PLANNING & DELIVERY (CONT)	

5.1 Palliative Care Transformation (Cont)

Lynn Barker supported the report from a clinical and professional viewpoint, she thanked Lynne Garvey and the team behind the report.

Arlene Wood then invited Sinead Braiden, Chair of Q&C Committee, Alastair Grant, Chair of FP&S Committee and Simon Fevre, Co-Chair of the LPF to comment on discussions at their meeting before questions from Board members

All three Committee Chairs advised that full and frank discussion had been had at their meetings, the report was an excellent example of transformational change in action and provided reassurance that the changes made to date supported patient, their families and carers and partnership staff. It was noted that in both Q&C and FP&S Graeme Downie had questions and reservations about the final report however all members agreed for it to be progressed and discussed at the Integration Joint Board.

Arlene Wood invited all Board Members to discuss the paper and ask any questions. It was shared that this was an extraordinary piece of work which had received overwhelming support from the families and carers of patients. Discussion took place around the communications which had taken place to date including press releases, briefings to Board members, briefings and meetings with MP's/MSP's and information which was currently available on the NHS website.

Graeme Downie had questions relating to transport for families, how choice for patients would be exercised and information on staffing when GP cover might not be available. Nicky Connor reiterated the responses which had been given during their meeting the previous day which highlighted that all of these issues were taken account of within the report and/or are part of current NHS practice.

Arlene Wood advised that the Board was being asked to approve the issue of the Direction at Appendix 2 of the report for the permanent re-provision of Palliative Care in Fife delivering an agile, multi-disciplinary FSPCS Community Outreach Team, meeting the needs of patients and their carers in all care settings, including the hospice, community, people's own homes and hospital settings whilst securing best value.

Graeme Downie proposed a motion, which David Graham seconded. Graeme Downie was asked to read out the motion and provide a copy in an e-mail to Arlene Wood, Lindsay Thomson and Vanessa Salmond.

The Motion wording was:-

Thanks all IJB staff for their efforts to date to ensure palliative and end of life care in Fife meets the needs of patients, families and staff.

Welcomes the direction of change to increase capacity for palliative care at home and in a community setting.

NO	TITLE	ACTION
5	<p>STRATEGIC PLANNING & DELIVERY (CONT)</p> <p>5.1 Palliative Care Transformation (Cont)</p> <p><i>Agrees that the information provided in the paper and discussion today does not allow the Board to take a fully informed decision in relation to the impact of the revised approach on staffing, transport and the flexibility of choice with the widest possible consultation with the general public and staff.</i></p> <p><i>Agrees that a report on this area/these areas is brought back to the IJB for final decision on the proposal.</i></p> <p>Lindsay Thomson confirmed the Motion was competent. Graeme Downie was given time to present his Motion to the Board, he advised that had little to add to the motion content, he thanked staff and appreciated the efforts made to date on this transformation but advised he was still not comfortable making a permanent decision on the recommendation. David Graham advised that he had nothing further to add at this point.</p> <p>Lindsay Thomson outlined the process to be followed for Board members who were not familiar with it.</p> <p>Chris McKenna welcomed the work to date and acknowledging that difficult decisions need to be taken to allow services to transform. Janette Keenan, Ian Dall and Alastair Grant also spoke in support of the recommendation in the report citing improved outcomes, the example of integration in action and the best use of available resources amongst other reasons for their support.</p> <p>Graham Downie was asked to sum up the matters raised in the debate and he clarified that he was seeking a delay to allow time for a more formal report to be brought forward.</p> <p>Lindsay Thomson and Vanessa Salmond then took the vote for the recommendation and the motion.</p> <p><u>Roll Call</u></p> <p><u>For the recommendation</u> - 13 votes</p> <p>Arlene Wood, Alastair Grant, Chris McKenna, Dave Dempsey, David Alexander, Lynn Mowatt, Margaret Kennedy, Rosemary Liewald, Sam Steele, Colin Grieve, Janette Keenan, John Kemp, Sinead Braiden.</p> <p><u>For the motion</u> – 2 votes</p> <p>Graeme Downie, David Graham</p> <p>Wilma Brown had left the meeting for a short period and did not participate in the roll call vote.</p> <p>Based on the result of the voting the Board approved the issue of the Direction at Appendix 2 of the report for the permanent re-provision of Palliative Care in Fife delivering an agile, multi-disciplinary FSPCS Community Outreach Team, meeting the needs of patients and their carers in all care settings, including the hospice, community, people’s own homes and hospital settings whilst securing best value.</p>	
		VS

NO	TITLE	ACTION
5	STRATEGIC PLANNING & DELIVERY (CONT)	
	5.2 Commissioning Strategy 2023 – 2026 including Market Facilitation and Delivery Plan 2023 – 2026	
	<p>This report had been discussed at the Quality and Communities Committee on 3 May 2023 and the Strategic Planning Group (SPG) on 17 May 2023.</p> <p>Fiona McKay presented the report which sets out the approach to how we will carry out our business with the third and independent sectors over the next three years.</p> <p>Arlene Wood invited Sinead Braiden, Chair of Q&C Committee and David Graham, Chair of SPG to comment on discussions at their meeting before questions from Board members. The report was fully discussed at both meetings and both supported the paper.</p> <p>Arlene Wood enquired which committee would have overall responsibility for oversight of this Strategy. Fiona McKay confirmed that performance would be the responsibility of Finance, Performance & Scrutiny whilst the Strategic Planning Group would oversee the development of this and other strategies.</p> <p>The Board reviewed and approved the Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plans.</p>	
	5.3 Advocacy Strategy	
	<p>This report had been discussed at the Quality and Communities Committee on 3 May 2023 and the Strategic Planning Group on 17 May 2023.</p> <p>Fiona McKay presented the report which is a requirement and duty the partnership must fulfil along with Fife Council and NHS Fife. There is a formal contract for advocacy set out within the Mental Health Strategy.</p> <p>Arlene Wood then invited Sinead Braiden, Chair of Q&C and David Graham, Chair of SPG to comment on discussions at their meeting before questions from Board members. Both meetings fully discussed the strategy including translation services for cultural awareness and the need for this to be available in an easy read format.</p> <p>The Board reviewed and approved the Advocacy Strategy and noted that this report ensures that the H&SC Partnership meets its statutory responsibilities for independent advocacy.</p>	
6	LIVED EXPERIENCE & WELLBEING	
	6.1 Lived Experience	
	<p>This item was deferred to the IJB meeting scheduled to take place on 28 July 2023 to ensure there was sufficient time to view the proposed video and have a discussion at that Board recognising how important it is to discuss lived experience.</p>	

NO	TITLE	ACTION
7	INTEGRATED PERFORMANCE	
	7.1 Finance Update	
	<p>This report had been discussed at Finance, Performance & Scrutiny Committee on 12 May 2023. Audrey Valente presented the report showing that as at 31 March 2023 there was a projected outturn underspend of £8.463m.</p> <p>Key areas of overspend include; Hospital & Long-Term Care, GP Prescribing, Family Health Services, Adult Placements, Homecare and Older People Residential and Day Care. These overspends are offset by the underspends in Community Services, Children's Services, Older People Nursing & Residential, Adults Fife-wide, Adults Supported Living and Social Care Fieldwork. There was 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.</p> <p>The Annual Accounts are subject to audit and the final accounts will be submitted by the end of June 2023.</p> <p>Arlene Wood then invited Alastair Grant, Chair of FP&S to comment on discussions at the Committee before questions from Board members. Alastair Grant confirmed that the committee took assurance from the report and additional information it had received following their meeting.</p> <p>Discussion took place around a potential overspend in Self Directed Support payments, the budget for which is under continual review.</p> <p>The Board were assured that there is robust financial monitoring in place and approved both the financial monitoring position as at 31 March 2023 and the use of the reserves as at 31 March 2023.</p>	
	7.2 Performance Report - Executive Summary	
	<p>The full Performance Report had been discussed at the Finance, Performance & Scrutiny Committee on 12 May 2023.</p> <p>Fiona McKay presented the report which details the current targets set by the MSG Indicators. Areas which are showing red on the full report are brought to the IJB for further discussion. A Development Session was to be organised for FP&S members to look at the Performance Report in more detail, this has been widened to include all IJB members.</p> <p>Arlene Wood invited Alastair Grant, Chair of FP&S Committee to comment on discussions at the Committee before questions from Board members. Alastair Grant confirmed that a good discussion had been held on this item and specific areas had been highlighted.</p> <p>Nicky Connor gave some context on how we supporting and developing a business improvement model which will include a performance framework. This will be discussed by the IJB Chairs at their meeting on the afternoon of Friday 26 May 2023. Nicky Connor and Arlene Wood met recently with the Cabinet Secretary and Chief Officers from across Scotland to discuss the value placed on work across H&SC partnership and opportunities for whole system working.</p>	VS

NO	TITLE	ACTION
7	INTEGRATED PERFORMANCE (CONT)	
	7.2 Performance Report - Executive Summary (Cont)	
	<p>Rosemary Liewald asked for an update on evening CAHMS clinics, Rona Laskowski advised these were having a positive impact on waiting times and offered to discuss with Rosemary Liewald in more detail outwith the meeting.</p> <p>The Board were assured that the full report has been discussed at the relevant committee, the areas which require improvement are highlighted in the appendix and are subject to continual scrutiny by Head of Service.</p>	
8	GOVERNANCE & OUTCOMES	
	8.1 Locality Planning 2023	
	<p>This report has been discussed at the Quality & Communities Committee on 3 May 2023.</p> <p>Fiona McKay presented the report which highlights the thematic priorities in each of the seven localities, each of which is supported by a Senior Leadership Team (SLT) member. Over the last two months SLT members and Jacqui Stringer have attended each of the seven Local Areas Committee and the discussion at these meetings has helped shape the report. In future there will be tests of change and deep dives into pertinent issues within the different localities with mental health and carers being key in all seven areas.</p> <p>Arlene Wood invited Sinead Braiden, Chair of Q&C Committee to comment on discussions at the Committee before questions from Board members. The committee were delighted to see the work in progress across Fife and would welcome further reports in the future.</p> <p>Discussion took place around Community Chest funding and Fiona McKay confirmed there is a team in place to support this, the application process is to be launched in the coming weeks, the different ways people can be referred to the service and a test of change currently ongoing in the Levenmouth area, the learning from which will be brought back and shared with other areas.</p> <p>This Board were assured of the ongoing work undertaken in the localities across Fife.</p>	
9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS	
	9.1 Annual Assurance Statements From Governance Committees	
	<p>This report had been discussed at the Quality & Communities Committee on 3 May, Audit & Assurance (A&A) Committee on 10 May 2023 and Finance, Performance & Scrutiny Committee on 12 May 2023.</p> <p>Vanessa Salmond presented this report which contained the Annual Assurance Statements for each of the three governance committees. Feedback from committees had been included in the final versions of the statements. This process is being reviewed and changes will be included in next year's reports.</p>	

NO	TITLE	ACTION
9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT) 9.1 Annual Assurance Statements From Governance Committees (Cont)	
	<p>Arlene Wood invited in turn Sinead Braiden, Chair of Q&C, Dave Dempsey, Chair of A&A and Alastair Grant, Chair of FP&S to comment on discussions at their meeting before questions from Board members. All three confirmed their support for the final statements and discussion had been around recognising the work done in previous years and how to improve process. There were no questions from board members.</p> <p>The Board were assured that good governance is in place across the partnership and noted the proposed improvement activities around IJB Committee Structure and associated processes to be undertaken during 2023-24.</p>	
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED	
	<p>Audit & Assurance Committee Dave Dempsey confirmed that the Committee is continuing to look at Risk in detail and discussed the Annual Assurance Statements.</p> <p>Finance, Performance & Scrutiny Committee Alastair Grant advised the committee had full discussions on the Palliative Care and Finance Update papers.</p> <p>Quality & Communities Committee Sinead Braiden had no items for escalation.</p> <p>Local Partnership Forum (LPF) Simon Fevre advised the LPF had discussed the Palliative Care Transformation paper in details as well as receiving updates on Mandatory Training and Fire Safety. The annual iMatter staff survey will be sent to all H&SC staff in approximately 8 weeks.</p> <p>Strategic Planning Group David Graham had left the meeting and Fiona McKay advised that full discussion had taken place on the Commissioning and Advocacy Strategies and flash reports on other strategies which are being developed.</p>	
11	AOCB	
	<p>Dave Dempsey highlighted recent negative publicity about services at Queen Margaret Hospital (QMH) in Dunfermline. Nicky Connor reiterated that QMH is vitally important in the provision of healthcare in Fife and key functions carried out there include services that support all of Fife. There are services that are Health and Social Care Services including mental health, inpatient wards, Minor Injuries, community services and outpatient clinics. It is also leading innovative work for NHS Fife such as Queen Margaret Hospital becomes first in Scotland to offer pioneering new procedure in the treatment of enlarged prostate, Day Surgery; Diagnostic and Imaging Centre; The ophthalmology service sees significant numbers of patients each year and the organisation invested in a new Jack and Jill Theatre; Queen Margaret also delivers same</p>	

NO	TITLE	ACTION
11	AOCB (Cont) day case for gynaecology and breast cancer. The function of Queen Margaret Hospital has evolved considerably over the course of the last decade and now provides a range of the modern healthcare services that the whole of Fife rely upon. Nicky Connor undertook to discuss with NHS Fife and the NHS Communications team to promote QMH and the services it provides.	NC
12	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 23 JUNE 2023 INTEGRATION JOINT BOARD – FRIDAY 28 JULY 2023	

DRAFT

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 26 MAY 2023

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

COMPLETED ACTIONS

Strategic Plan: Delivery Plan 2023 - Directions to be finalised and sent to NHS Fife/Fife Council	Fiona McKay	26 May 2023	Completed
Budget 2023-2024 And Medium-Term Financial Strategy – Directions to be finalised and sent to NHS Fife/Fife Council	Audrey Valente	26 May 2023	Completed
Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2023 – Morna Fleming asked for Quality Outcomes 6 and 7 to be updated.	Fiona McKay	26 May 2023	Both outcomes updated Completed
Mainstreaming the Equality Duty and Equality Outcomes Progress Report – January 2023 – Arlene asked for information on the LGBT needs assessment and Health Improvement Scotland report being added to the Action Plan.	Fiona McKay	26 May 2023	Completed

DRAFT



Meeting Title:	Integration Joint Board
Meeting Date:	28 July 2023
Agenda Item No:	5.1
Report Title:	Home First Strategy
Responsible Officer:	Nicky Connor, Director, Fife HSCP
Report Author:	Lynne Garvey, Head of Community Care Services

1 Purpose

This Report is presented to the Board for:

- Approval

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

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

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

- Local.

- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

This has been previously considered by all committees of the IJB and Acute Services Senior Leadership Team and NHS Fife’s Executive Directors Group. The groups have either supported the content, or their feedback has been incorporated into the strategy. Appendix 1 details the feedback and updates made to the strategy on route to the IJB.

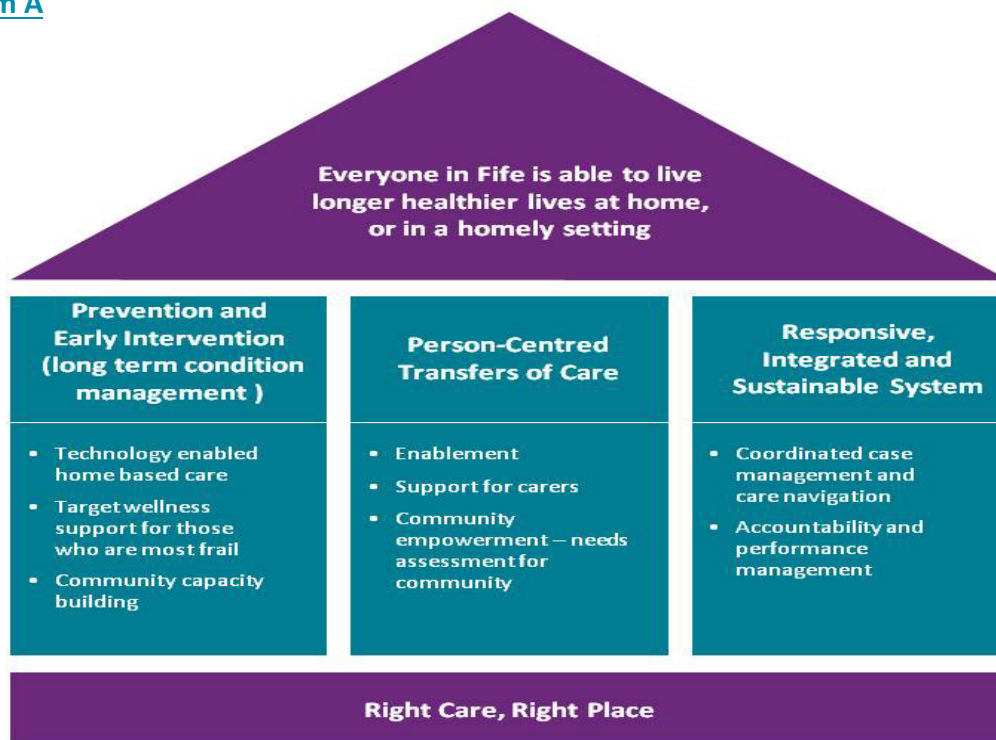
3 Report Summary

3.1 Situation

This report introduces the Home First Strategy, as enclosed in Appendix 2, being the strategic direction for the Home First Model in Fife and sets out the transformational initiatives relevant to the three critical elements of the strategy: prevention and early intervention (relating to long term conditions and frailty management), person centred care at the heart of all care decisions and a whole systems approach.

Diagram A below describes the elements of the Home First vision which aims to enable people in Fife live longer healthier lives at home or in a homely setting.

[Diagram A](#)



3.2 Background

In 2018 the Scottish Government Joint Improvement Team provided guidance to local authorities: Ten actions to transform discharge from hospital. The Home First Strategy outlines Fife's commitment to transform the discharge process, by integrating health and social care and maximising the collaborative working that exists in Fife.

The Home First Programme is the delivery mechanism for the Home First Strategy and is an action orientated response to the recommendations in the national guidance. The programme approach helps to ensure the activity being undertaken by relevant services is also aligned with local strategic priorities as highlighted in the Home First Strategy.

3.3 Assessment

The vision of the Home First Strategy is that "everyone in Fife is able to live longer healthier lives at home or in a homely setting".

The focus of this transformational programme of work is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise this vision. There is also an emphasis on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/ developed so they are flexible to growing and changing demands, as well as being sustainable.

In line with Scottish Government guidance, the programme is composed of working subgroups that each focus on key areas of a Home First model.

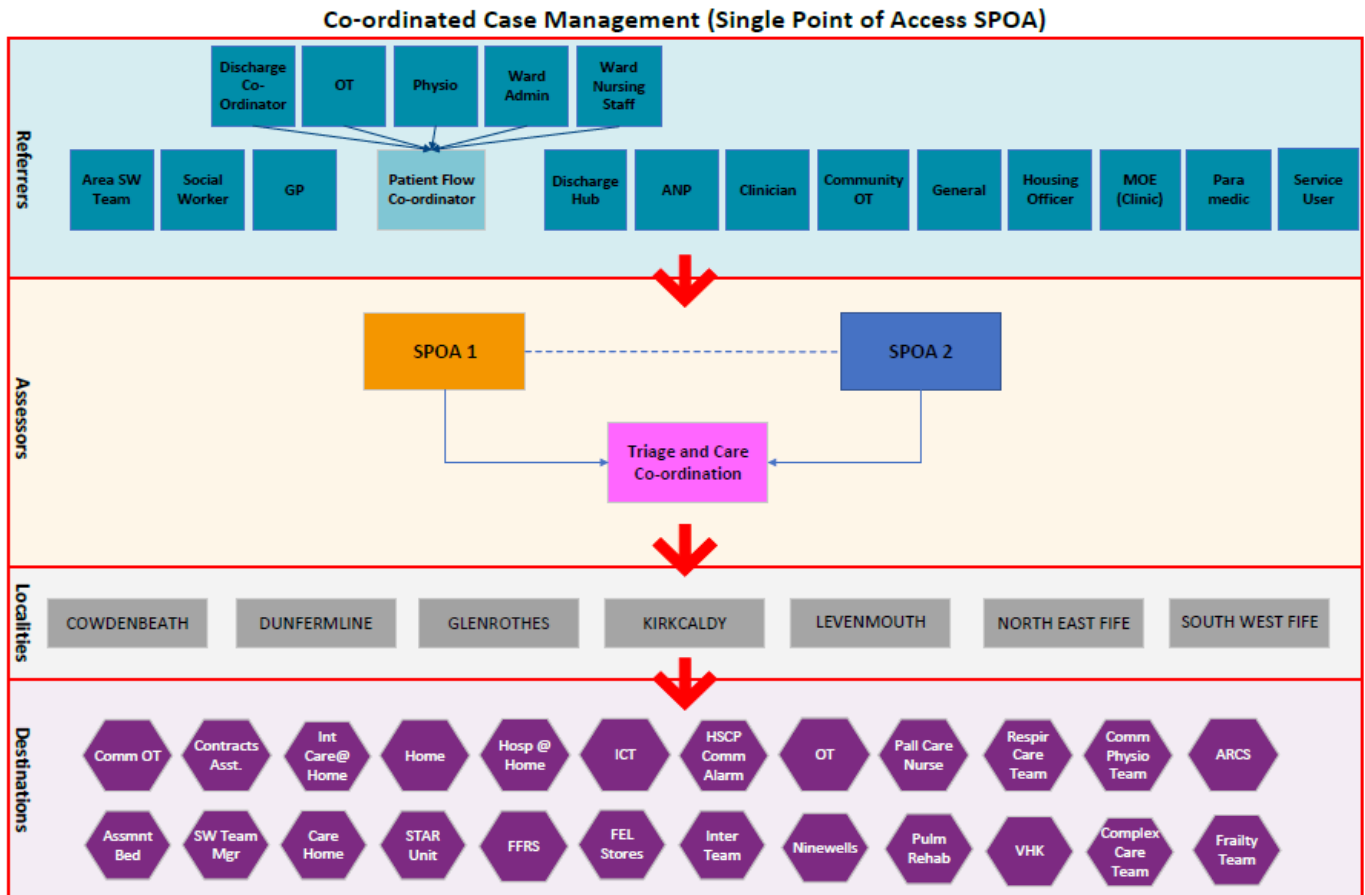
These are:

- Information & Data
- Anticipatory Care
- Screen and Assess for Frailty
- Integrate Discharge Planning
- Joint Commissioning and Resourcing
- Intermediate Care
- Housing, Community Support & Technology Enabled Care
- Communication and Engagement
- Co-ordinated Case Management

Each subgroup has terms of reference agreed and meets regularly to progress improvement work and monitor action plans. Their activities are formally reported through the Home First Strategic Oversight Group.

A key objective of the Home First Vision is to have a single point of access across all community settings, by developing a future model of community care which is delivered in an integrated manner, with the emphasis on prevention, anticipation and supported self-management to realise this vision. The Strategy's aim of single points of access will build capacity in the communities to embed new models of care illustrated in diagram B.

Diagram B



3.3.1 Quality / Customer Care

Person centre care is fundamental and ensures the highest standards of quality and safety is at the forefront of all decisions, with people at the heart of everything we do.

Patients who are cared for in the correct setting for their individual needs have a better quality of and appropriate care experience. Hospitals provide valued and essential assessment, treatment and care whenever that cannot be provided safely and effectively at home or in the community. However, a prolonged stay in hospital is rarely associated with a good outcome which is why embedding a Home First Model in Fife is necessary to ensure optimal patient/ service user care.

3.3.2 Workforce

Successful transformation starts with involving the workforce at the outset of setting the vision.

The transformational work aligned to the Home First Programme all have workforce work streams, with staff side and trade union representation, and will be pivotal to ensure that any new models of care are consistent with good staff governance and importantly co-produced with key staff involvement and consultation.

3.3.3 Financial

Cash releasing benefits will be realised and managed via the oversight groups relating to the Bed Based Model, Commissioning and Care at Home Scheduling transformational changes which are linked to Home First Strategy.

3.3.4 Risk / Legal / Management

In terms of risks to the programme, the active risks are being monitored on a regular basis by the programme team and escalations are submitted to SLT through the governance route on a regular basis for awareness/ discussion (Appendix 3).

3.3.5 Equality and Diversity, including Health Inequalities

The EQIA has been reviewed by all IJB Committees and endorsed. The EQIA is available to view from Community Care Services

An EQIA stage 2 will be undertaken in due course to address any recommendations included at stage 1 of the assessment.

3.3.6 Environmental / Climate Change

By implementing a Home First model, the footfall into people's house will reduce therefore reducing the carbon footprint in Fife. The introduction of a shared platform to triage and allocate visits will allow for a more paper light system across all community care.

3.3.7 Other Impact

Fairer Scotland Duties responsibilities have been reviewed as part of the EQIA stage 1. The EQIA has been reviewed by all IJB Committees and endorsed. The EQIA is available to view from Community Care Services.

3.3.8 Communication, Involvement, Engagement and Consultation

The strategy development has been informed by the people of Fife, through a series of stakeholders engagement workshops and electronic surveys, which provided individual experiences of using Fife Health and Social Care Partnership services to understand the patients journey.

A total of fourteen workshops took place from 11th August 2022 to September 2022 and included the following groups:

- Fife Carers Centre
- Extended Leadership Team – Fife Health and Social Care Partnership
- Advocacy Groups via Fife Advocacy Forum
- Fife wide Clinical Quality Leads GP Group
- Staff from Fife Health and Social Care Partnership, NHS and Fife Council

- Third Sector Health and Social Care Interface
- Independent Care Sector
- Fife Care Provider
- Pharmacy colleagues
- ICASS Staff

The key themes identified from this engagement work were:

Home is the right place to be

- We should be enabling people to get home where we can
- Delayed discharges should be prevented
- Person-centred care and support should be our focus

The vision has a person-centred focus

- The focus is on the patient and their family and their needs – this is what it should be and what we should be working towards
- Making the person's journey smoother should be a priority
- Offering person-centred/tailored care will improve people's health

IT systems that will work with one another

- Ensure those who need to access to notes can do so without having to call various people across what is meant to be an integrated system
- Will avoid the same story being told multiple times

Streamlining services

- No longer working in silos
- Holistic view and approach are positive and how we should work
- Overall improved communication across services
- Improved access to information – knowing where to go
- Having clearer pathways to referrals.

4 Recommendation

The Board are asked to discuss and agree the Home First Strategy and take assurance from the Home First Delivery Plan (Appendix 4) and Key Performance Indicators (Appendix 5) as the delivery arm of Home First which will form the basis for future reports to give updates on the delivery of the work.

Members are also asked to take assurance that the strategy has been reviewed from a performance and financial perspective through the Finance, Performance and Scrutiny Committee and that it has also been reviewed from a Quality and Communities perspective through the lens of delivering a quality service to the people of Fife.

5 List of Appendices

The following appendices are included with this report:

- Appendix 1 - Feedback from IJB Committees
- Appendix 2 - Home First Strategy (including Home First Standards embedded as Appendix A)
- Appendix 3 - Risk Register
- Appendix 4 - Home First Delivery Plan
- Appendix 5 - Key Performance Indicators
- Home First Consultation Feedback Report – available on request (to note the full report has been included in papers to all committees and endorsed)

6 Implications for Fife Council

A holistic approach to providing care is being developed in collaboration with various partners, including Fife Council, to provide the people of Fife the right care in the right place.

The exact implications will be identified as part of the delivery plan for each of the transformational projects which will deliver the Home First Strategy.

7 Implications for NHS Fife

A holistic approach to providing care is being developed in collaboration with various partners, including NHS Fife, to provide the people of Fife the right care in the right place.

The exact implications will be identified as part of the delivery plan for each of the transformational projects which will deliver the Home First Strategy.

8 Implications for Third Sector

A holistic approach to providing care is being developed in collaboration with various partners, including for the Third Sector providers, to provide the people of Fife the right care in the right place.

The exact implications will be identified as part of the delivery plan for each of the transformational projects which will deliver the Home First Strategy.

9 Implications for Independent Sector

A holistic approach to providing care is being developed in collaboration with various partners, including for the Independent Sector providers, to provide the people of Fife the right care in the right place.

The exact implications will be identified as part of the delivery plan for each of the transformational projects which will deliver the Home First Strategy.

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	L Garvey, Head of Community Care Services
Critical	All members of the Home First Strategic Oversight Group and Subgroups members A Valente, Chief Financial Officer L Barker, Associate Director of Nursing Dr H Hellewell, Associate Medical Director J Rezendes, Professional Lead Social Work R Laskowski, Head of Complex and Critical Care Services L Cooper, Head of Primary and Preventative Care Services
Signed Up	R Lawrence, Principal Lead for Organisational Development & Culture
Informed	All key stakeholders

Report Contact

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Appendix 1

HOME FIRST STRATEGY - ACTION LOG



ID	Raised	Topic & Action	Status
1	Oversight Board	Risk register update	Complete
2	SLT	KPIs changes - including qualitative	Complete
3	SLT	Prevention and Early Intervention Strategy Linkage and distinction between wider population and HF P&EI	Complete
4.0	SLT	Prevention and Early Intervention Wording	Complete
5.0	SLT	Social Work statutory duty paragraph	Complete
6.0	SLT	GIRFE section	Complete
7.0	SLT	Hospital at Home description	Complete
8.0	PMO Manager	National Care Service paragraph	Complete
9.0	EDG/ Director of Public Health	Vision Diagram (house) - Community Empowerment - listening to the voice of those living in the community	Complete
10.0	EDG/ Director of Public Health	SPOA - dotted line/ SPOA 1&2 explanation	Complete
11.0	SLT	SPOA locality based future development	Complete
12.0	EDG/ Director of Public Health	SBAR duplicated sentences?	Complete
13	EDG/ Director of Public Health	Priority 1 - focus - Contracts team for consideration, people in hospital will take priority	Complete
14	EDG/ Director of Public Health	Frailty pathway for care receivers - involve Joy Reid - regular reassessment	Complete
15.0	EDG/ Director of Public Health	Video for Interim beds	Complete
16.0	EDG/ Director of Public Health	Explanation for interim or assessment beds	Complete

ID	Raised	Topic & Action	Status
17.0	EDG/ Director of Public Health	Linkage to Carer Strategy	Complete
18.0	Oversight Board	Easy read version	Open
19.0	SLT	Diagram numbers	Complete
20.0	Oversight Board	Strategy Responses/ Suggestions from subgroups	Complete
21.0	Oversight Board	EQIA revisit and publish	Open
22.0	Oversight Board	Issue to Design team for final version	Open
23.0	Fife Carers Centre Lead	<u>EQIA</u> Home First relies a lot on patients relatives and Carers and I feel mention of the word Carers would be appropriate in pages 4&5. The mention of 3rd sector working is with FVA could Fife Carers Centre not be included too as we are based in all the hospitals too?	Complete
24.0	Fife Carers Centre Lead	<u>EQIA</u> Page 9&10 Discharge is part of The Carers Act (Scotland 2018) and part of the Discharge is to include the patients Carers in that planning and is often integral to the discharge and it's success. So in addition to family I would like to see the word Carer included.	Complete
25.0	Fife Carers Centre Lead	<u>EQIA</u> Page 24 may be worth noting that Carer Support Workers are available in every hospital in NHS Fife	Complete
26	Oversight Board	Strategy Launch Planning	Open
27	Oversight Board	Update HF Standards following sign off of KPIs	Complete
28	Oversight Board	KPIs feedback - STAR beds for LifeCurve?	Complete
29	Oversight Board	KPIs feedback - Restore2 Tool (15 Care Homes in Fife) early physical deterioration of residents to access additional community rapid response, eg Hospital at Home or Care Home ANPs	Complete

HOME FIRST

Strategy

2023-2026



Home First Strategy 2023 – 2026

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Foreword



Ensuring we care and support the people of Fife to live the best lives possible, it's important to look at different ways of delivering care and support to meet the best health and wellbeing outcomes for Fifiers now and for the future. We've refreshed our Strategic Plan for the next three years which shows the vision and aspirations of what we want to achieve here in Fife for our communities and how we will do this. There are nine strategies included in the Strategic Plan that will support us on this journey including the Home First Strategy.

We know how important it is for people who have been admitted to hospital are discharged when they are medically fit without unnecessary delays, to help prevent hospital admissions where possible by intervening at an earlier stage, and for people to access community services when these are needed with a single point of access. These are major areas of work that the Home First Strategy will focus on, and I want to thank everyone involved in developing the Strategy to date and the ongoing work that is progressing.

There has been an amazing Team Fife approach with input from staff, partners, colleagues from the independent and third sectors and the communities and people we support. It is by working together and looking at how we can improve on what we do that does make the difference and using our collective resources to provide the best services we can. It is exciting to see everyone working together to make improvements in these areas and building on our vision for Fifiers to live healthier and independent lives at home or in a homely setting.

Nicky

Nicky Connor
Director of Fife Health & Social Care Partnership



Executive Summary

The **Home First Strategy** outlines Fife's commitment to transform the discharge process.

Our vision is that: "everyone in Fife is able to live longer, healthier lives at home, or in a homely setting." The Strategy aims to guide change projects that:

- Improve integration between NHS Fife, Fife Council, third and voluntary services and the Health and Social Care Partnership, to ensure the flow of patients from a hospital environment to a homely setting is safe, faster, with the person at the centre of all decisions.
- Help prevent hospital admissions by anticipating need and supporting self-management.
- Ensures data will lead the planning and commissioning of services.

The **Home First Strategy** focuses on integrated health and social care and how we will maximise the excellent collaborative working that exists in Fife. It also strongly focuses on prevention, anticipation and supported self-management.

Person centre care is fundamental and ensuring the highest standards of quality and safety is at the forefront of all decisions. Families, carers and people are at the heart of everything we do; this Strategy has been informed by the people of Fife.

A key objective is to have a single point of access, across all community settings. This will be transformational. People in Fife who require community support will be referred to a point of access and we will build capacity in communities to embed a new model of care.

This Strategy is pivotal and describes important new ways of working which will be fundamental to creating the conditions to achieve our ambition in Fife:

"Everyone in Fife is able to live longer, healthier lives at home, or in a homely setting."

Lynne

Lynne Garvey
Head of Community Care Services
Fife Health and Social Care Partnership

Introduction

Like many areas across Scotland, delayed discharge remains an issue in Fife. This means that patients are often required to remain in hospital for a period of time after they are medically fit for discharge. This is not in the best interest of the patients involved, it adds to the significant pressures on hospital beds during periods of peak demand, and detrimentally affects patient flow through the health and social care system.

The **Home First Strategy** has been developed in Fife with the aim of transforming the hospital discharge process. This Strategy is being led by Fife Health and Social Care Partnership with the support of NHS Fife, Fife Council, and local partner agencies.

Our vision is to enable people in Fife to live longer healthier lives at home, or in a homely setting. A key objective is to have a single point of access in the community across Fife's seven locality areas, this will improve access to services and provide benefits for individuals, their families and carers. This **Home First Strategy** provides direction for a Home First Programme of transformational change projects that will:

- Improve integration between the Health and Social Care Partnership, NHS Fife, Fife Council and third and independent sector providers to ensure that the flow of patients from a hospital environment to a homely setting is safe, faster, with the person at the centre of all decisions.
- Help reduce and prevent hospital admissions by anticipating need and supporting self-management.
- Ensure that robust and relevant data leads the planning and commissioning of services.

Home First Vision

The vision of the **Home First Strategy** is that:

"Everyone in Fife is able to live longer, healthier lives at home, or in a homely setting."

We are developing a future model of community care which is delivered in an integrated manner, with an emphasis on prevention, anticipation, and supported self-management to realise this vision. When people do require hospital care, we are focused on ensuring that people can return safely to their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Moving forward, the services that we provide will continue to evolve so they are flexible to growing and changing demands, as well as being person-centred, inclusive, and sustainable.

Diagram 1 below describes the Home First vision.



National Home First – Ten Actions to Transform Discharge

In 2018 the Joint Improvement Team (JIT) a strategic improvement partnership between the Scottish Government, NHS Scotland, COSLA (Convention Of Scottish Local Authorities), the third sector, the Independent Sector and Housing Sector. JIT provided national guidance to local health boards to transform discharge from hospital, listed below:

1. Use data to know how you are doing
2. Scale up coordinated and anticipatory care
3. Develop intermediate care
4. Screen and assess for frailty
5. Integrate discharge planning
6. Build capacity for care and support at home
7. Assertive management of risk
8. Support people moving on to long term care
9. Understand Adults With Incapacity issues (AWI)
10. Joint commissioning and resourcing

For further details, below is the link for the Scottish Government Home First initiative:

[Home first - ten actions to transform discharge: Joint Improvement Team report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/home-first-ten-actions-to-transform-discharge-joint-improvement-team-report-2018-2020/pages/1-10.aspx)

Fife's **Home First Programme** has been structured to reflect the national direction, incorporating the ten actions identified above, and operates as the mechanism for the delivery of the Home First local strategic direction.

National Outcomes and Strategic Priorities

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

The Partnership's Strategic Plan 2023 to 2026 is available in the publications section of our website: www.fifehealthandsocialcare.org/publications.



The Home First Strategy is closely aligned to all of the National Health and Wellbeing Outcomes for Health and Social Care

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

Further, there are clear links to some of the Public Health Priorities for Scotland

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we have good mental health.
3. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.

Fife Health and Social Care Strategic Priorities and Local Context

The Partnership’s Strategic Plan 2023 to 2026 sets out the health and social care vision for Fife and includes these five strategic priorities as per diagram 2.

Diagram 2



The **Home First Strategy** is one of the transformational strategies that supports the implementation of the Partnership’s Strategic Plan 2023 to 2026. Diagram 3 below identifies all strategies under the Fife Health and Social Care Partnership Strategic Plan.

Diagram 3



Prevention and Early Intervention

All of the work being undertaken to transform the way we deliver our services has a strong emphasis on Prevention and Early Intervention throughout the Home First priorities.

The factors which influence our health and wellbeing are complex. Some cannot be changed, such as our age or genetics. Others can be modified by prevention and early intervention approaches, such as healthy eating, smoking cessation or other health behaviours like exercise.

Prevention and early intervention can influence our health and wellbeing by preventing or delaying health and other problems arising or stopping things getting worse. There are many interventions which aim to improve public health by preventing or limiting impact of disease. These interventions may be aimed at the whole population (universal) to influence health behaviours or address the social determinants of health. They can also be targeted to groups with particular needs, or that are particularly likely to benefit.

In Fife we will consider prevention and early intervention more broadly considering health and other problems, like homelessness, social isolation or functional decline with age.

Linking across the other transformational strategies and Getting it Right for Everyone will support new collaborations across health, social care, council and third sector. People themselves will be included as active partners supporting them to be involved in co-designing care. Prevention and early intervention is relevant to everyone: people with no current care or support needs; people with current care and support needs; and to carers themselves.

People of all ages across Fife interact with health and social care staff and other agencies throughout their lives. Every interaction provides an opportunity to inform, influence and support prevention and early intervention to help people live healthy independent lives. A life course approach looks at prevention and early intervention at any point in a person's life from before birth, through childhood, to adulthood and into our older years. Preventing problems or intervening at an early age can have a positive impact across their whole life. We want to make every interaction count so we encourage people, communities and those providing information, care or services to consider - are there problems now; what might become a future problems; what can we do to prevent, reduce, delay.

The Home First Strategy has clear links with prevention and early intervention and as such is interlinked with the Prevention and Early Intervention Strategy. Any reference to prevention and early intervention within this Strategy will be in the context of preventing admissions to hospital for those living with long term conditions and frailty.

NHS Fife's Population Health and Wellbeing Strategy

The Strategy also supports the implementation of NHS Fife's Population Health and Wellbeing Strategy by delivering value and sustainability and improving health and wellbeing. The pledge to use NHS Fife's buildings and land to support communities to improve health and wellbeing and in particular, make our buildings and land more accessible to support third sector activities is an area of joint work that fulfils our collective ambitions. The Population Health and Wellbeing Strategy also recognises that we must identify new ways of working to manage the increasing demand for services from our residents including those 65+ years who are more likely to have medical conditions and be frailer. Admission to hospital should not be the only way for patients to access health care. The Home First Strategy outlines key areas of work that will go a long way to address this.

The Plan for Fife supports community led services, communities and service users by putting them at the heart of how we design services and building on the strengths and assets we have in our workforce and in our communities in order to deliver valued services. The Home First Strategy recognises the need to build capacity within our communities and there will be a real focus on community growth and planning services based on what the local communities and people of Fife want with a full commitment to ensure people and place feature highly in our Home First workstreams.

Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council Local Area Committees. Health and Social Care Local Action Plans are currently based on improved joined up working across local teams by the staff who have the insight and knowledge regarding delivery of health and social care services in the local community. The Locality Planning Groups focus on changing the way we work to improve health and wellbeing outcomes.

The overarching aims of localities are to:

- promote healthy lifestyle choices and self-management of long-term conditions.
- support people to live healthy well independent lives while living in their own home for as long as possible.
- reduce the number of avoidable emergency admissions to hospital and minimise the time people are delayed in hospital.
- efficiently and effectively manage resources available to deliver Best Value.
- support staff to continuously improve information and support and care that they deliver.
- support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.

To achieve the aims the locality planning groups take a systematic approach to gathering and analysing the data in order to provide an accurate and timely evidence base that will influence locality priorities relating to the Home First Strategy. When reflecting on all the evidence across the seven localities, it is key that in order to make a positive impact in regard to the Home First Strategy, Locality Planning Groups ensure that people who use health and social care services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care.

Medium-Term Financial Strategy

The financial position for public services continues to be challenging and the Integration Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore critical that our resources are targeted at the delivery of the strategic priorities identified in the Strategic Plan 2023 to 2026. To support this the IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan 2023 to 2026. The MTFS will inform decision making and actions required to support financial sustainability in the medium term. This includes transforming how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.

Our Home First Strategy will be delivered in accordance with the MTFs and the funds that are made available to meet our statutory obligations in relation to service provision, and our performance targets in accordance with the National Health and Wellbeing Outcomes for Health and Social Care.

The MTFs acknowledges the financial challenges ahead, estimates any financial gap between resources available and those required to meet our strategic ambitions for the people of Fife and identifies measures required to address these challenges effectively. In order to ensure best value and transform our services, three key transformational projects have been agreed by the IJB as follows:

A Bed Base Fit for the Future

By delivering our Home First Programme we will also create an optimised, sustainable bed base that is fit for the future ensuring the right numbers of beds are in the right environments to deliver high quality, excellent care. The long-term ambition is to offer care and support to as many people as possible at home or in a homely setting and delivering initiatives that support achievement of that goal. The intention is to create a bed base that improves outcomes for people and is person centred and enables people to be supported and cared for at home or in a homely setting for as long as possible.

In doing this we will:

- Reduce unmet need in the community.
- Reduce Delayed Discharges through enhanced flow and appropriate community-based support being available.
- Optimise use of resources, workforce, and buildings to achieve best value.

Centralising Scheduling in Fife

Efficient scheduling can support capacity planning across many teams including releasing crucial clinical and caring time. By creating a centre of excellence whereby all staff that provide scheduling support to services are co-located to ensure standardised practices, sharing of knowledge and skills with a view to exploring where there are opportunities to increase capacity across the integrated services will ensure more efficient working.

Commissioning for the People of Fife

The vision of Home First strategy is that everyone in Fife will live longer healthier lives at home or in a homely setting. This means investment in services that deliver care in the community is fundamental to realising this vision. We currently have a hybrid model whereby our care is delivered by our in-house teams and our partners in both the third and independent sector. Through our Home First programme we will ensure there are efficient processes in place that maximise the resource available to us and the relationships we have in Fife. In doing so there will be a focus models of care in localities, and the needs of the local communities, recognising that the needs in one community are very different to others. We will develop a fit for purpose, tailored operating model that best suits the service user who is at heart of everything we do. To do this we need to understand the current models of delivery and associated unit costs, carry out a gap analysis on current service provision design for our future model.

The Home First Strategy is aligned with all of the Partnership's supporting strategies, including the Commissioning Strategy 2023 to 2026 and our commissioning vision:

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

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

Carers Strategy

The Carer Strategy gives the direction for carers support for all carers, young and adult and will further increase the investment in some of the key supports for young and adult carers which they have told us helps them most. Breaks from caring, to rest, play, and enjoy life’s other pleasures are among the highest priorities carers have.

The planned introduction of a new National Care Service includes a commitment to give more opportunities to carers to take a break from their caring roles.

Additionally, the Scottish Government’s new Carers Strategy outlines the approach to supporting unpaid carers at a national level; the national and local strategies complement each other, and together will ensure carers needs are once again at the forefront of our actions. For these reasons our focus in this Carers Strategy is on what we will do in Fife to expand the range and types of support that will be available to carers, including short break support.

Fife Health and Social Care Partnership adopted a statement of intent of support for unpaid carers. This statement laid out our commitment to “ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.”

There are clear linkages with Home First community care provision and the unpaid care availability that Care Strategy is aiming to enhance, ensuring that carers are supported well and enabled to continue to their role for as long as they are willing to.

National Care Service

The vision for the Vision for the National Care Service is that everyone has access to consistently high-quality social care support across Scotland, whenever they might need it.

The National Care Service aims to promote local responsibility for the design and responsiveness of care and support to the needs of our communities. It proposes to champion quality and embrace improvement across all aspects of the system.

The Home First Strategy is aligned to the principles of National Care Service by working to remove barriers, tackle inequalities and allow people to flourish and live their lives as they want to.

Getting it Right for Everyone (GIRFE)

GIRFE is a National initiative that is aimed at developing a multi-agency approach of support and service from young adulthood to end of life care. This will help define the adult's journey through individualised support and services and will respect the role that everyone has in providing support planning. This approach aims to provide a more personalised way to access help and support, placing the person at the centre of decisions that affect them in order to achieve the best outcomes, with a joined-up, coherent and consistent multi-agency approach through all stages of life.

Social Work Statutory Duty

The Social Work (Scotland) Act 1968 places a duty on the HSCP to assess and make provision for the welfare and protection needs of the residents in its local area. The social work and social care workforce in the Partnership carry forward this function to enable our approach to locality provision through each individual and family we support. Keeping the person at the centre of our work and ensuring that they have access to the information they need to make an informed decision regarding their right to direct their social care support, as set out within the Social Care (Self Directed Support) (Scotland) Act 2013, remains a commitment for the HSCP. Where an individual has an unpaid carer involved with their support, the HSCP will offer a carer support plan and provide signposting to local carer organisations to explore how the carer can be supported to remain able and well as they carry out their caring role.

Our processes are set out to enable these conversations and to ensure that the individual, their family, and carer are provided with the information and time they require to make informed decisions, which may mean that they are provided interim options outwith the hospital setting to afford the time such conversations and considerations require. The HSCPs models of service and support will be informed by these discussions and our ongoing relationships with our third, independent and voluntary providers as we work together to ensure the services offered in Fife are sustainable and meet the needs and demand of our residents.

Currently, all referrals for Social Work assessment are made through our contact centre. A screening process determines risk, and individuals are prioritised for assessment depending on their circumstances. Following allocation, if an outcomes focused assessment identifies need and extra support required, care packages will be allocated in line with current eligibility criteria and in accordance with the Social Care (Self Directed Support) (Scotland) Act 2013.

The task of assessment, care planning and review is encompassed within the term 'care management'. Social Work staff will often work closely with commissioning colleagues to access traditional services such as home care, day care or respite from providers in both the independent and public sector. They are also creative with self-directed support options to maximise individual's independence. A key challenge in social work with is to weigh up the promotion of independence, self-determination, and individual rights against the need to provide sensitive protection to individuals facing risk.

Home First Strategy

Top Five Priorities

The **Home First Strategy** identifies these five key priorities.

Priority number	The changes we need to make	What will success look like?	Where we want to be in 2026
Priority 1	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
Priority 2	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
Priority 3	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 less footfall 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
Priority 4	We will ensure that people who present at the Victoria Hospital, Kirkcaldy and do not need an acute admission, are redirected and supported to be cared for in the right place	A Front Door Team will fully function 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 the Victoria Hospital
Priority 5	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 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



Home First Standards

The Home First Standards have been developed to define and measure quality in the way that we deliver services to enable a home first approach. The Home First Standards in Fife set out the actions that will enable us to deliver the Home First vision: "Everyone in Fife is able to live longer, healthier lives at home, or in a homely setting."

The Home First Standards are relevant to all the work that we do across the Home First Programme; they are particularly relevant to the key priorities shown in the table below and within the Home First Strategy Delivery Plan and accompanying Key Performance Indicators (KPIs), SMART (Specific, Measurable, Achievable, Relevant, Time-bound) improvement actions are described to ensure progress on delivery of these Standards. Further information on Fife's Home First Standards is also included in Appendix A.

Priority 1 (PREVENTION AND EARLY INTERVENTION)	Priority 2 (PREVENTION AND EARLY INTERVENTION)	Priority 3 (DIGITAL)	Priority 4 (PREVENTION OF ADMISSION)	Priority 5 (HOSPITAL DISCHARGE)
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	We will utilise digital systems and applications to enable relevant multi-agency access to a single anticipatory care plan	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	We will ensure that people who present at the Victoria Hospital, Kirkcaldy and do not need an acute admission, are redirected and supported to be cared for in the right place	We will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible
STANDARD 1: ADULTS IN FIFE WILL HAVE TIMELY ACCESS TO A COMMUNITY-BASED TEAM INTERVENTION IN ORDER TO PREVENT HOSPITAL ADMISSIONS AND BY INTERVENING EARLY WILL BE MANAGED AT HOME OR IN A HOMELY SETTING				
✓		✓	✓	
STANDARD 2: ADULTS IN CARE HOMES ACROSS FIFE WILL ALL HAVE ANTICIPATORY CARE PLAN IN PLACE WITH SUPPORTIVE COMMUNITY- BASED SERVICES MANAGING CARE IN ORDER TO REDUCE UNNECESSARY ACUTE HOSPITAL ADMISSIONS AND ENSURE CARE IS DELIVERED IN A HOMELY SETTING				
✓	✓	✓	✓	
STANDARD 3: 'AT RISK' INDIVIDUALS IN FIFE SHOULD HAVE TIMELY ACCESS TO COMMUNITY BASED SERVICES IN ORDER TO REDUCE UNNECESSARY ACUTE HOSPITAL ADMISSIONS				
✓		✓	✓	✓
STANDARD 4: ADULTS IN FIFE HOSPITAL SETTINGS WILL BE DISCHARGED TO A SUITABLE COMMUNITY SETTING WITHOUT UNNECESSARY DELAY				
✓			✓	✓
STANDARD 5: ADULTS IN FIFE HOSPITAL SETTINGS WILL BE DISCHARGED WITH REDUCED REQUIREMENT FOR INTERIM SOLUTIONS				
		✓	✓	✓

Participation and Engagement

There is a strong legislative and policy context for participation and engagement across health and social care that demands and promotes participation and engagement with individuals, their carers and families, communities, and our partners.

Fife Health and Social Care Partnership recognises the range of national standards, guidance, and principles to aid with the planning and organisation of participation and engagement activities to ensure they are meaningful, accessible, and flexible to encourage and increase participation. The Participation and Engagement Strategy was refreshed in 2022 and has strengthened the need for participation and engagement to be integral to all other strategies, including Home First. The Participation and Engagement Strategy is available in the publications section of our website:

www.fifehealthandsocialcare.org/publications.

The principles of participating and engagement call for and underlines the need to engage with and listen to individuals directly impacted by the changes which will be brought about by the development and delivery of the **Home First Strategy**. As part of the development of the Strategy there were three stages:

1. Listening to people who have recently used Health and Social Care Services

A number of participation and engagement approaches were taken to gather individual experiences and stories of using Health and Social Care Partnership services to understand the patient journey. This was through a number of engagement events and an electronic survey.

2. Hearing the views of people who deliver the services

A series of on-line stakeholder engagement events were run and staff working across the wide range of services contributed experiences, views and thoughts on the Home First vision.

The key themes identified from this engagement work are:

- Home is the right place to be.
 - We should be enabling people to get home where we can.
 - Delayed discharges should be prevented.
 - Person-centred care and support should be our focus.
- The vision has a person-centred focus.
 - The focus is on the patient and their family and their needs – this is what it should be and what we should be working towards
 - Making the person's journey smoother should be a priority.
 - Offering person-centred/tailored care will improve people's health.
- IT systems that will work with one another.
 - Ensure those who need to access to notes can do so without having to call various people across what is meant to be an integrated system.
 - Will avoid the same story being told multiple times.
- Streamlining services
 - No longer working in silos.
 - Holistic view and approach are positive and how we should work.
 - Overall improved communication across services
 - Improved access to information – knowing where to go.
 - Having clearer pathways to referrals

More detail on the feedback gathered is detailed in the Home First Consultation Feedback Report.

3. Building participation and engagement processes into the Home First Programme transformational workstreams

There is recognition and commitment to the need for ongoing participation and engagement process for the successful delivery of the Home First vision and Strategy. This has been reflected in each of the Home First workstreams with a range of participation and engagement approaches being used.

The Home First Programme is the primary method to deliver this Strategy, and, in line with the national directive, is composed of working subgroups/ workstreams that each focus on key transformational areas of the Home First model. These are:

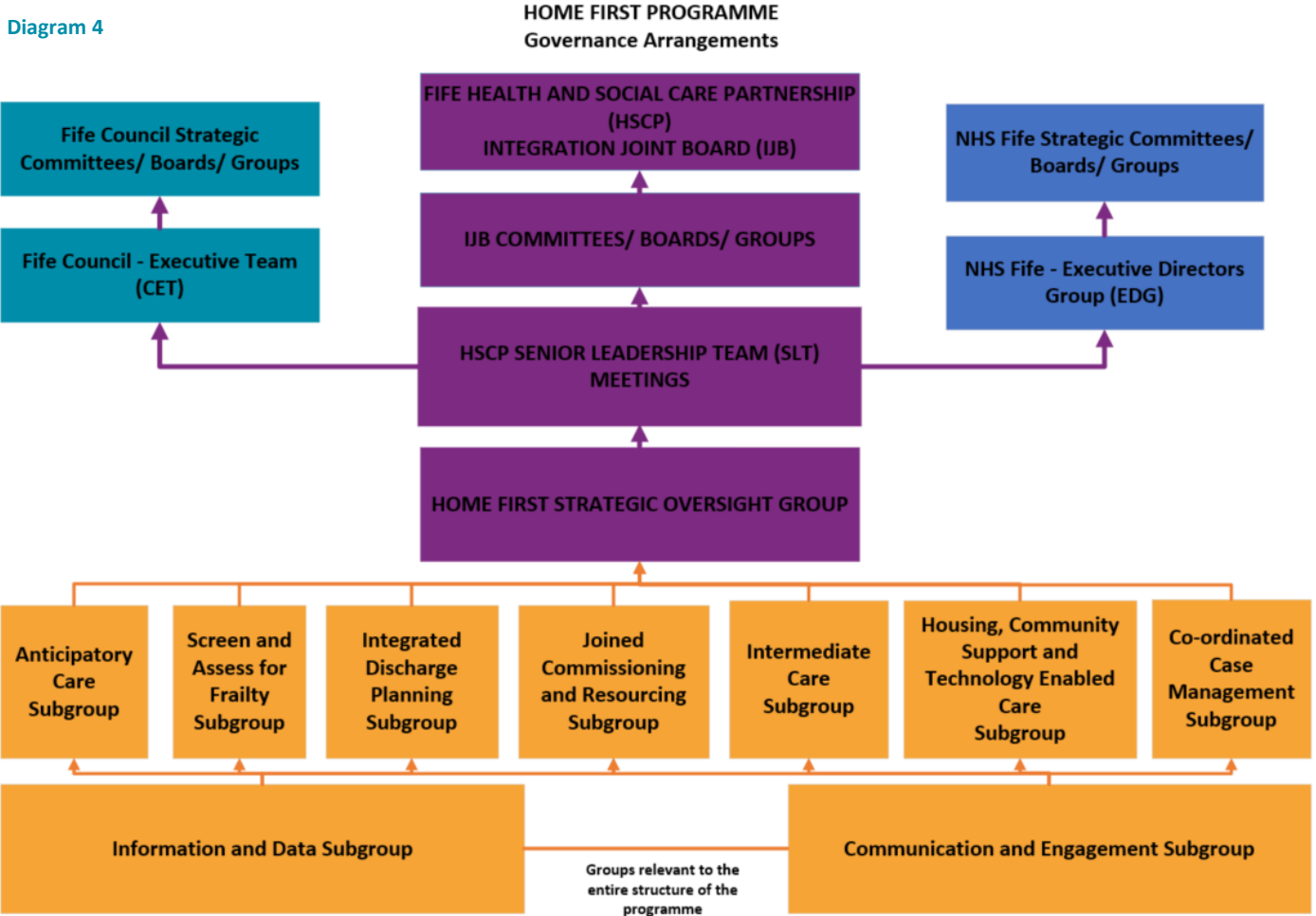
- Anticipatory Care
- Screen and Assess for Frailty
- Integrate Discharge Planning
- Joint Commissioning and Resourcing
- Intermediate Care
- Housing, Community Support and Technology Enabled Care
- Co-ordinated Case Management (creating a Single Point of Access - SPOAs)
- Information and Data
- Communication and Engagement

Subgroups have been developed with agreed terms of reference for their area of strategy delivery aligned to the transformational areas and progress/performance is formally reported through the Home First Strategic Oversight Group and on to the Partnership's Committees/ Boards/Strategic Groups.

The Home First Oversight Group has delegated authority from the Sponsoring Group (Health and Social Care Partnership Senior Leadership Team) to:

- Support the implementation of an integrated Home First delivery model for Fife.
- Co-ordinate the short life working groups in line with the agreed priorities.
- Act as a governance body to ensure the delivery plan is progressing and the standards are being met.
- Support the implementation of an integrated Home First delivery model for Fife.
- Act as a forum for collaboration to support services in the operational delivery of the Home First model.
- Set direction for services in relation to actions from the Home First Strategy.
- Escalate issues for support and direction to the Health and Social Care Partnership Senior Leadership Team.
- Ensure accurate and timely communications in line with the agreed Strategy.
- Align with and promote the delivery of digital solutions, which will support the implementation of the aims and objectives of the Strategy.

Rigorous governance arrangements are in place, as per diagram 4 below, to ensure appropriate scrutiny. Any decisions that are required and all improvement projects that are implemented in accordance with the Strategy, are progressed through the governance structure, enabling us to continue to deliver positive and transformational change for individuals, families and carers, and communities across Fife. The Home First Oversight Group ensures robust governance and oversight of the entire programme.



Further to the robust reporting and governance arrangements, diagram 5 below identifies the connections between the Home First vision, Home First strategic priorities, and the national direction and how they link to deliver the transformational change initiatives required to implement the Strategy.

Diagram 5



Strategic Direction

This section of the Home First Strategy describes Fife's high level strategic direction linked to the 10 actions that the Scottish Government outline to Health and Social Care Partnership's take to transform discharge from hospitals.

SCREEN AND ASSESS FOR FRAILITY

Relevant to Home First Strategic Priority 1 - 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.

Relevant to Home First Standards 1, 2, 3 and 4.

Prioritising effective communication and joint working across health and social care and third sector organisations to maximise service delivery and engagement with staff in relation to the Screening and Assessment for Frailty for patients across Fife is a key component of Home First to prevent hospital admissions.

Lack of understanding of the complexity of frailty, timely identification and appropriate holistic interventions, leads to poorer outcomes for patients when presenting to the acute hospital.

If these patients are not identified at the earliest opportunity during a hospital attendance, they are at increased risk of being exposed to harm associated with hospitalisation such as falls, delirium and malnutrition. These patients also would not have the opportunity to benefit from comprehensive geriatric assessment which has been shown to improve outcomes through reduction in hospital length of stay and are more likely to be living in their own homes following a hospital admission. Comprehensive geriatric assessment should be undertaken by professionals who are appropriately trained to understand the complexity of frailty and able to assess the person in a holistic way, taking into consideration their physical and cognitive function, social circumstances, environmental issues and their medical condition, including their presenting complaint and their past medical history.

Diagram 6 is from British Geriatric Society and defining the Comprehensive Geriatric Assessment.

Definition of Comprehensive Geriatric Assessment

“ A multi-dimensional, interdisciplinary diagnostic process to determine the medical, physiological and functional capabilities of a frail older person in order to develop a coordinated and integrated plan for treatment and long-term follow-up. ”



To facilitate early identification of frailty at the front door it is essential that a robust screening tool is used. There are various tools available and a local tool has been developed to support early identification of frailty also allowing a rapid cognitive assessment and falls assessment which are key elements of the Older People in Acute Hospital Standards (Health Improvement Scotland 2015) and the Scottish Patient Safety Falls programme. The scale below is a globally recognised scale which is used within the acute hospital and the community to identify a person's level of frailty and can support effective pathways of care for people living with frailty.

NHS Fife Inpatient Frailty Screening Tool is shown in diagram 7.

Diagram 7

FRAILTY SCREENING TOOL

Would this person benefit from Comprehensive Geriatric Assessment? If answered "Yes" to any of the following questions please refer to the Integrated Assessment Team

Practitioner Signature.....

Date:.....


Time:.....


<p>1. Has the patient been admitted from a nursing or residential home?</p> <p>2. Does the patient have NEW functional decline?</p> <p>3. Dementia diagnosis or are there any concerns about memory/cognition?</p> <p>4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual?</p> <p>5. Has the patient fallen in the past 3 months or is a fall the reason for admission?</p> <p>6. Does the patient attempt to walk alone although unsteady or unsafe?</p> <p>7. Does the patient or their relatives have fear or anxiety re falling?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>If YES to Question 3, 4 or 5: Complete 4AT below. THINK DELIRIUM</p> <p>Initiate FALLS PATHWAY if FALLS and COGNITIVE questions positive</p>	
<p>FALLS PATHWAY initiated <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	


Rockwood Clinical Frailty Scale is described in diagram 8 below.


Diagram 8


Clinical Frailty Scale*


 **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.


 **2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.


 **3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.


 **4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.

 **5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

 **6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

 **7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

 **8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

 **9 Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

ANTICIPATORY CARE

Relevant to Home First Strategic Priority 2 - We will utilise digital systems and applications to enable relevant multi-agency access to a single Anticipatory Care Plan.

Relevant to Home First Standard 2.

The Home First Anticipatory Care Planning adopts an inter-agency and inter-disciplinary approach to embedding Anticipatory Care Plans in Fife to support individuals to have greater control and choice through recording their wishes and care preferences in the event of a future deterioration of health, or sudden change in circumstances, for themselves or their carer(s).

Anticipatory Care Planning will create and support a spectrum of support for individuals and their carer(s) to have increased choice and control of care preferences in advance of future deterioration of health. Service users and carers will have Anticipatory Care Plans and linked Key Information Summaries to increase the resilience of both individuals, families, carers, and local communities and to reduce dependency on statutory services and reduce emergency admissions to hospital through encouraging people to access community resources through self-management.

The Life Curve is an App, that will go live in late Spring 2023, supports individuals to monitor their own abilities in order that they can gauge their own levels of need and dependency on the basis of movements and activities that they start to find difficult. The intention is that the Life Curve App will be widely promoted across Fife and that services will support service users to use it and link individuals to services and supports across Fife that can support the service user to undertake activities or join groups. This part of the Strategy is linked to Intermediate Care as well as Anticipatory Care and as such, both subgroups will continue to work together to support the roll out and implementation of Life Curve across Fife.

INFORMATION AND DATA

Relevant to Home First Strategic Priority 3 - 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

Relevant to Home First Standards 1, 2, 3 and 5.

As part of the Home First Programme a dashboard has been developed as the measurement and reporting tool for the successful implementation of the Home First Strategy and its vision.

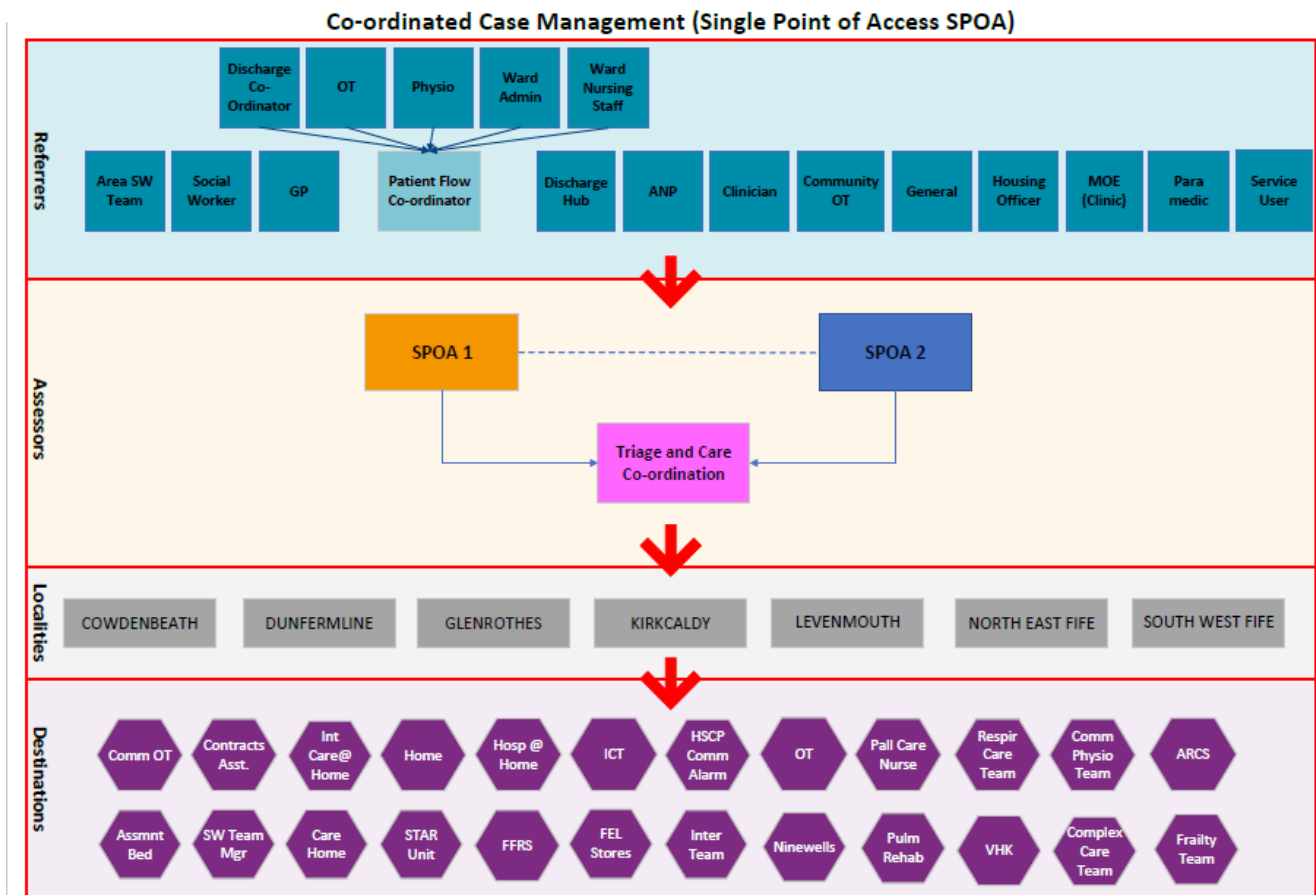
CO-ORDINATED CASE MANAGEMENT / SINGLE POINT OF ACCESS (SPOA)

Relevant to Home First Strategic Priority 3 - 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.

Relevant to Home First Standards 1, 2, 3 and 5.

The co-ordinated case management project will create a single point of access to integrate working systems across the partners. This will achieve the aim of the Home First vision to streamline the pathway of discharge through the creation of a single point of access to manage the flow of information as per diagram 9 below.

Diagram 9



JOINT COMMISSIONING AND RESOURCING

Relevant to Home First Strategic Priority 4 - 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.

Relevant to ALL Home First Standards.

The Joint Commissioning and Resourcing guiding principle is to consider the aspects of commissioning that support the Home First model working with providers, Scottish Care, and inhouse provision to redesign a system that is fit for the future.

INTERMEDIATE CARE

Relevant to Home First Strategic Priority 5 - We will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible.

Relevant to Home First Standards 3, 4 and 5.

Intermediate Care Services play a vital role in health and social care systems. Whilst Intermediate Care Services are available to all aged 18 years and over, the significant majority of those supported are primarily older people living with frailty and other health and social care challenges. A range of skilled professionals support this group with short-term escalations of need with the intent of helping people to return to optimal health, their own home, living independently and with strengths-based support as needed.

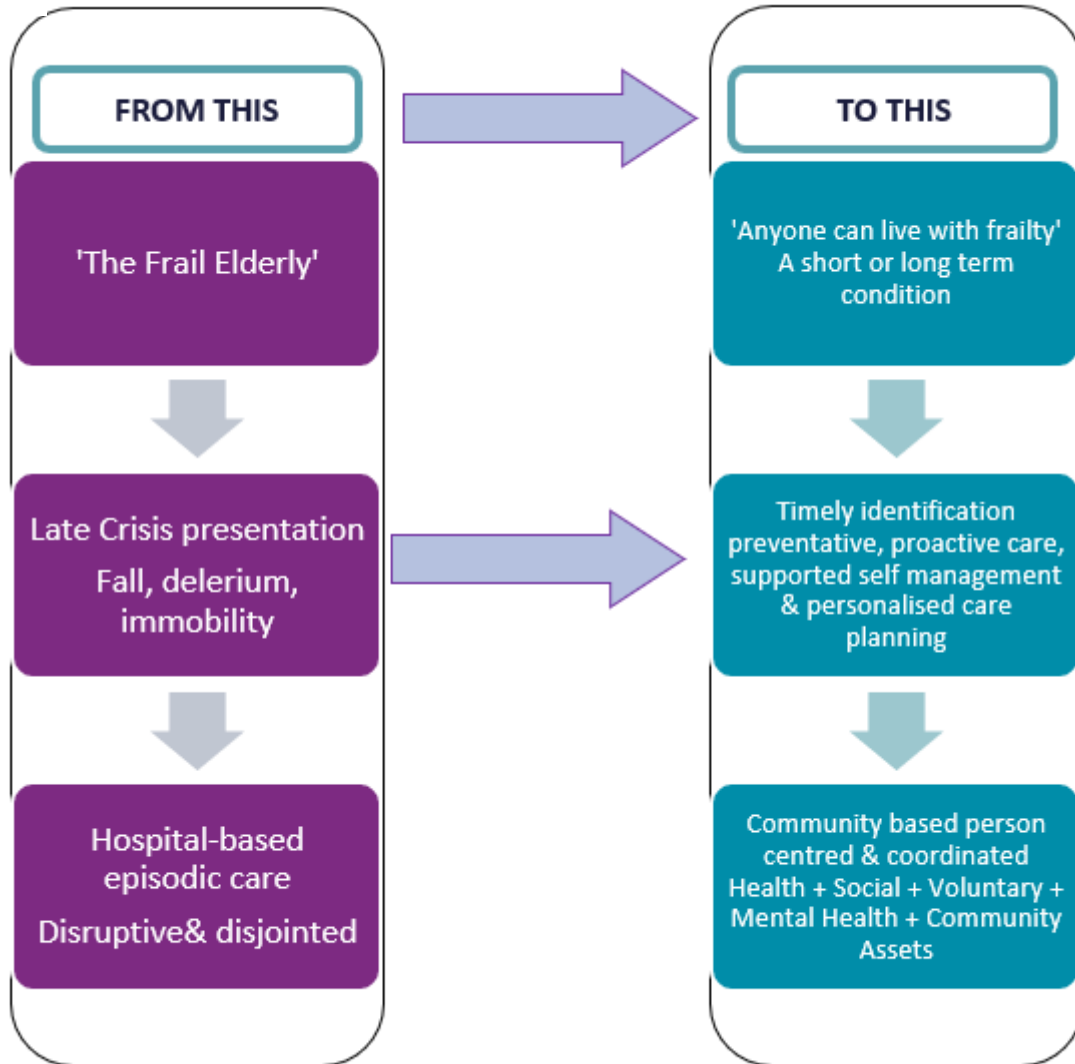
Intermediate Care is a short-term, focused intervention, for adults who are able to be looked after in their home environment, maximising recovery and promoting independence. It supports the ethos of delivering rehabilitation and re-ablement to the right person, at the right time, in the right place with the right intensity. Care is delivered by a spectrum of multi-professional services, working collaboratively with the patient/carer in a responsive, co-ordinated, and flexible way.

The aim is to prevent unnecessary admission to acute hospital/long term residential care, promote faster recovery from illness, support timely discharge from hospital to optimise a return of confidence and independence and avoid making premature decisions about future long-term care.

Intermediate Care guiding principles are to ensure that people who are able to be looked after in their home environment are supported to do so. Short term focused intervention with clear outcomes agreed with the service user is fundamental to achieving good outcomes. Intermediate care is delivered in a co-ordinated way by multi-professional and multi-agency services and is responsive and flexible. Fife's Intermediate Care Model involves a spectrum of intervention that maximise recovery and promote independence including services that provide rehabilitation and re-ablement from both statutory and third sector organisations.

Diagram 10 below illustrates a stepped change approach to move from the current state to the desired future, outlining the shifts required to deliver improved outcomes linked to frailty.

Diagram 10



Functional Independence Levels

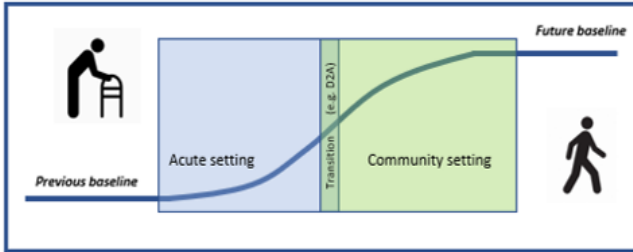
Acknowledgement to Alex Robertson, Director, AJ Robertson Consulting for providing the diagrams.

Diagram 11 below demonstrates a visual representation of functional independence pathways which are key to ensuring people's personal outcomes remain a focus for services.

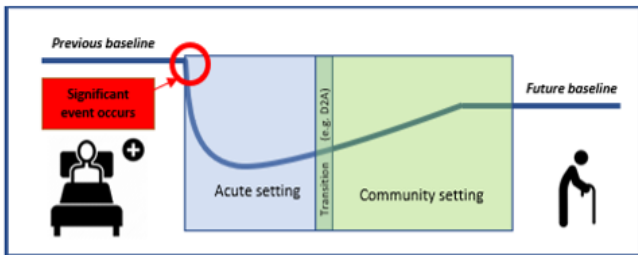
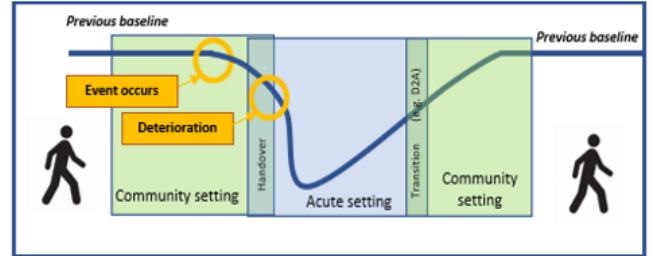
Functional Independence Levels

Understanding which functional independence pathway and individual is on at the outset, helps ensure the system remains focused on the desired outcome for the individual at every stage

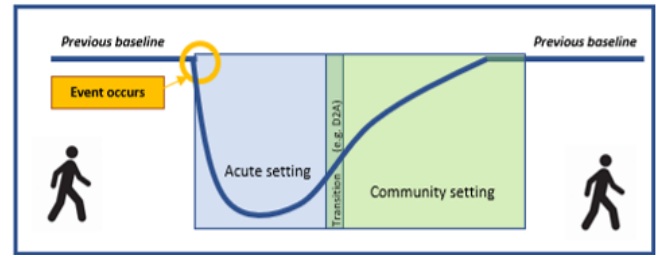
A person who has a chronic issue (e.g. requires a hip replacement), and is admitted to hospital to improve their functioning



A person who has ongoing community-managed condition / issue which deteriorates, and is admitted to hospital to return to their previous functioning

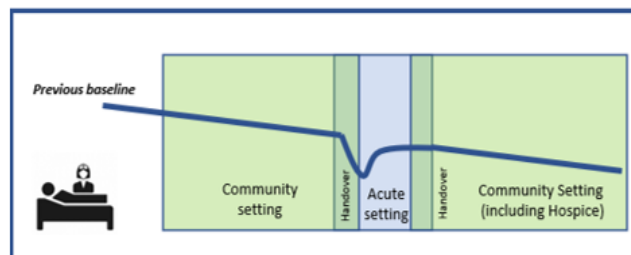


A person who has had a significant life event (e.g. stroke, MI), who may not re-attain their previous functioning



A person who has a life event (e.g. compound leg fracture), who is admitted to hospital to return to their previous functioning

A patient who is receiving palliative care, in the best place for them, at the right time, and in accordance with their wishes



(The role of Intermediate Care Services is to work with other services as needed to support the person effectively)

Hospital at Home (H@H)

Hospital at Home (H@H) accept referrals from the Scottish Ambulance Service (SAS), with support from the Flow and Navigation Centre, during the out of hours period for people living within care homes. This has supported a reduction in unnecessary transfers from care homes to acute services. H@H are also developing an in-reach model to acute services with Nurse Practitioners to promote prevention of admission, timely discharge and support increased flow.

Intermediate Care Team (ICT)

The Intermediate Care Teams (ICT) have worked with Fife Voluntary Action (FVA) on an initiative which developed and implemented a protocol for undertaking the delivery of equipment when a home is empty, and no-one is available to accept the delivery. This integrated work supports timely discharges from community hospitals by facilitating prompt delivery of equipment. ICT have also collaborated with social care colleagues and our independent partners to facilitate people moving from hospital to a more homely setting by creating Assistant Practitioner (AP) posts to support the interim bed model. The APs work independently within care homes linking closely with care home staff and Assessment and Review Practitioners (ARPs). These posts assist individuals by providing ongoing general rehabilitation intervention programmes to prevent deconditioning whilst people await preparations for discharge home.

Care Home Beds

In Fife there are many beds available to support early discharge, such as:

- Residential/ nursing emergency placement – to support individuals from the community who can no longer remain in their own home without support or may now require long term care support in a care home, or where a carer break is required.
- Interim beds – to support individuals who require a limited period within a care home setting for 6-8 weeks, until their Care at Home service has been sourced and to support enablement and confidence to maintain daily living skills, to support a return to their own home.

See YouTube Interim Beds video on the links below:

Captions on - <https://youtu.be/A5fUYfgmBgg>

No captions - https://youtu.be/_RvGTH9Q1bw

- STAR beds - to support enablement and confidence to regain and maintain daily living skills, for anyone over the age of 65 for a period of up to 6 weeks.
- Assessment beds - to support individuals who are over the age of 65 years where it is anticipated that their care pathway will be long term care and where an extended period up to 6 weeks of assessment is required to make this decision. In addition, to support individuals who require a longer time to make care home choices once a care assessment has been concluded.
- Temporary resident - to support individuals who require a limited period (not

exceeding 52 weeks) within a Care Home setting, for example, due to housing issues where their own home is flooded, fire damaged, requires adaptation etc.

- Long term residential/ nursing care – to support individuals who require either residential or nursing care.

INTEGRATED DISCHARGE PLANNING

Relevant to Home First Strategic Priority 5 - We will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible.

Relevant to Home First Standards 3, 4 and 5.

The term delayed discharge is used in situations where a patient in hospital has been assessed as being clinically ready for discharge but continues to occupy a hospital bed.

The Home First Integrated Discharge Planning ethos is to ensure that a cohesive approach is adopted with regards to timely, safe, and appropriate discharge planning. Integrated Discharge Planning involves reducing those in hospital experiencing a defined delayed in moving home or to a homely setting which can be harmful and debilitating and may result in an inability to return to living independently at home. Part of this has to ensure that equipment or adaptations are accessed online at www.smartlifeinfife.org. This is a web-based assessment system which may suggest equipment to resolve issues. Minor equipment will be loaned through the Fife Equipment Loan Store. Achieving timely discharges is an important indicator for quality and demonstrates a person-centred, effective, and integrated approach to the individual's health and social needs. People need to be supported to make decisions about longer term care in a care home environment. Individuals who lack capacity to consent to the proposed care package will be discharged within an appropriate legal framework.

Local guidance has been established to support decision making to ensure timely discharges and makes operational the Scottish Government CEL (Chief Executive Letter) 32 (2013) "*Guidance on Choosing a Care Home on Discharge from Hospital*", in particular the following statement has influenced the work of the Home First Strategy:

"Clear local protocols, that are robustly and consistently implemented with the support of all staff including senior managers, clinicians, ward and social work staff are essential to improve discharge planning and improve outcomes for patients".

Fife's "Moving on" policy goes wider and sets out the arrangements to manage 'moving on' and discharge to the appropriate care and support settings. It also provides a clear and consistent local process for staff, individuals in hospital, their families/guardian and/or proxy decision makers to arrange a timely discharge from hospital and ensures Health and Social Care staff and NHS Fife staff are aware of their responsibilities.

Integrated Discharge Planning takes a whole systems approach to ensuring that patient movement from hospital sites to community settings happens in a safe and timely manner. Collaborative working across the full spectrum of health and social care resource and successfully developed systems and processes identifying suitable

patients, and moves, with care provided by both health and social care colleagues. This approach has enabled efficient discharge planning to occur to the benefit of people living in Fife requiring any type of social or health support in the community.

Adults with Incapacity (AWI)

A refresh of the arrangements for the timeous discharge of patients assessed as unable to consent to the proposed arrangements to facilitate safe discharge from hospital has been fundamental to realising our Home First Vision.

Two Mental Health Officers now have a specific role to provide expert advice and support to social work staff undertaking assessments for people in hospital, who are deemed to lack capacity to consent to a support plan to enable their discharge. Their role includes supporting staff with consideration of 13ZA of the Social Work Scotland Act as timeously as possible.

Section 13ZA of the Social Work (Scotland) Act 1968 makes it explicit that following an assessment of an adult's needs and outcomes, if the adult requires a community care service but is not capable of making decisions about the service, the local authority may take any steps they consider necessary to help the adult benefit from the service.

A tracker has been developed with flowcharts for staff with timescales for each of the steps required to ascertain whether 13ZA can be applied. A record of views form is completed for every person who is deemed to lack capacity, detailing whether 13ZA is applicable or not with Team Manager oversight of all completed forms.

If 13ZA cannot be applied timescales for consideration of the steps required to obtain a welfare guardianship order, (for both private and Local Authority applications) supports quickly targeting the areas of practice where delays are happening.

Pharmacy and Medicines

Medicines are the most common intervention in healthcare. However, medicines also have the potential to cause adverse events and harm, particularly in frail and elderly patients commonly prescribed multiple medicines for multiple co-morbidities. Up to 11% of unplanned hospital admissions have been attributed to harm from medicines with over 70% of these being in the elderly population. Pharmacy plays a critical role in all aspects of the prescribing, dispensing, checking, monitoring and clinical governance of medicines in Fife and supports the Home First Strategy vision by:

Reducing harm from medicines and improving patient care

The pharmacy team works in collaboration with the patients and multi-disciplinary team colleagues to undertake medication reviews and contribute to ward rounds, to reduce unnecessary prescribing of medicines, reducing harm from medicines and improve quality of life. Reviews of patients who take multiple medicines (polypharmacy) has a positive impact on patient care through medicines optimisation (starting or stopping medicines) reducing risk of falls, side effects of medicines and risk of hospital admissions. This contributes to the overall health of the patient and empowers them to live independently for as long as possible.

When patients in the hospital setting are medically fit for discharge, pharmacy teams currently contribute to discharge planning and reduce delayed discharges by:

1. Improved access to information – Pharmacy teams have access to information regarding the flow of patients and therefore prioritise patients with a planned discharge date and support discharge planning and timely access to discharge medicines.
2. Medicines reconciliation - Pharmacy has an integral role in medicines reconciliation to support seamless care across the interface and reduce the risk of errors. This role is generally undertaken by the Pharmacy Technicians.
3. Prioritising patients - Pharmacy Technicians use toolkits to prioritise the patients that the Pharmacist reviews to identify patients with the greatest need or risk of harm from medicines.
4. Advice on all aspects of medicines - Pharmacy teams advise on medicine related queries, support discharge planning, early intervention, crisis prevention, anticipatory planning and advise on medicines supporting patients to maintain independence and remain at home or their place of care for as long as possible.
5. Timely access to discharge medicines - Pharmacy Team works in collaboration with Health and Social care staff to ensure timely access to discharge medicines to support patients being discharged from the Fife Hospitals on the planned discharge date.
6. Seamless care - Good communication is essential to ensure medicines safety across the transitions of care including seamless transfer of medicines information across the interface. Following discharge from hospital, patients are supported by Pharmacy teams working in general practice and community pharmacy to ensure continued safe and effective use of medicines. Robust electronic systems are required to enable timely sharing of clinical and medicines information between different sectors of care. A new electronic immediate discharge document (eIDD) is being introduced in Autumn 2023 and it is expected that a new electronic prescribing system (HEPMA) will be introduced in NHS Fife in 2024. Both of these will support the timely transfer of medicines information across the interface.

HOUSING, COMMUNITY SUPPORT AND TECHNOLOGY ENABLED CARE (TEC)

Relevant to Home First Strategic Priority 5 - We will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible.

Relevant to Home First Standards 3, 4 and 5.

Housing, Community Support & Technology Enabled Care (TEC) is fundamental to minimise delays where housing is the primary reason for a delayed discharge and ensure service users are rehoused or are given housing related supports to ensure that they can live independently.

There are various housing related issues which can lead to a delayed discharge from hospital as described below such as the person's home being unsuitable based on current circumstances, the service user is homeless at the point that they enter hospital

or made homeless during their time in hospital, the home is suitable but requires adaptations to be appropriate and conditions at home that need to be resolved e.g repairs, house cleanliness.

There are a range of actions that the Fife Housing Partnership are undertaking to support the Home First Strategy as described in diagram 12 below:

Diagram 12



To support people to live at home as independently as possible Technology Enabled Care is a key component of Home First. Diagram 13 describes what an optimal model would look like.

Diagram 13



The aspiration in Fife is that individuals have a health monitoring device such as a smart watch and a range of other critical life signs monitoring tools which are sent to an app on a smartphone so that the individual has access to information about their health. Smart monitoring devices within the home also monitor the quality of the environment. This is all fed into the cloud where an Artificial Intelligence (AI) algorithm interprets this and produces alerts where required. A responsive team within a mix of Health and Social Care and Housing receives the data and takes action to assist the individual manage the health situation avoiding an admission to hospital.

Through our Housing Plus programme we are exploring a range of projects which will assist Home First:

- Testing the market to see what TEC products are out there which could potentially be used
- Independent living advice hubs to promote TEC products and offer advice on how they can be used
- TEC Demonstrator property – to show workers and members of the public how this can be used to remain independent
- Overnight TEC House – the aim of this TEC house will be to create a property where tenants can stay overnight and test out the use of TEC
- CHARM Project – active health monitoring project which could be expanded and used to assist with Hospital Discharge.
- Environmental sensors – a project is being tested to look at installing a range of environmental sensors within a property. This would allow us to monitor if the property is being heated, moisture levels within the property therefore monitoring how healthy the environment within the property is.

Within the Housing Partnership there is a focus on promoting independent living as a means of helping individuals to maintain better health and independence. Housing and

Independent Living advice is the key to keeping people living longer and more successfully within the Community. Housing Officers visit a range of properties during their day-to-day work. The development of an assessment tool to assess levels of frailty help Housing Officers gather early information around who needs support to remain in the community, see diagram 14.

There is a need for advice before going into hospital and when in hospital to support a more seamless return to home. Leaflets and online information are being developed to support this. Promoting Smart Life in Fife will support this important work.

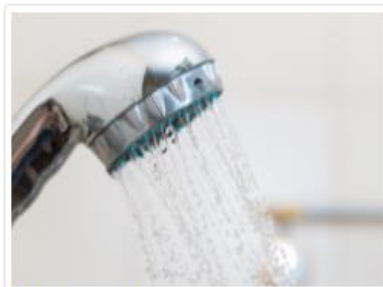
Diagram 14

In the spotlight

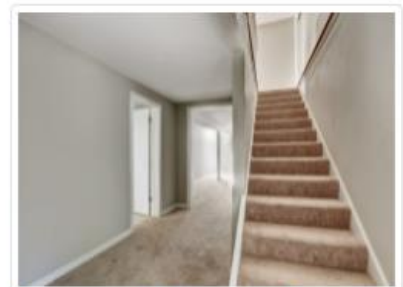
We've collected the self-assessments that are the most popular with users on Smart Life in Fife.



[Getting in and out of your home](#)



[Taking a shower](#)



[Steps and stairs - indoor stairs](#)

COMMUNICATION AND ENGAGEMENT

Relevant to all Home First Strategic Priorities and to all Home First Standards

A series of participation and engagement stakeholder events were delivered as part of developing the Home First Strategy. Key participation and engagement content has been contributed to the Home First Strategy. There are reports from each stakeholder and the patients/ carers listening events. These were compiled in a summary report used to inform the development of the Strategy by each programme workstream.

The co-ordination of all future communication and engagement activities relevant to Home First Strategy implementation are managed by this subgroup and reported to Home First Oversight Group on a regular basis.

Monitoring and Review

The **Home First Strategy** Delivery Plan provides details of specific projects which support the implementation of the Strategy categorised by each of the Home First strategic priorities and identifies their relevance to the Home First Standards.

The delivery of the individual projects will be monitored by the Home First Oversight Group. The Home First Dashboard will measure the successful implementation of the Strategy through the regular reporting against the Key Performance Indicators (KPIs) relevant to each the projects within the Delivery Plan.

The Home First Oversight Group, in managing the Delivery Plan implementation, is accountable to the Health and Social Care Partnership Strategic Planning Group who provides regular reports to Committees, and on to the Integration Joint Board. This will include quarterly Flash Reports (progress updates), Annual Reports, and the escalation of any potential issues or risks through the Home First Programme Risk Register.

The Home First programme undertook an Equality Impact Assessment (EqIA) Stage 1, and it aims to ensure that the health and social care support system is focused on equity, quality improvement and reducing health inequalities.

As part of the Equality Impact Assessment process consideration has been given to the good principles laid out in Health Improvement Scotland Improvement Hub (IHUB), Equity, Health Inequality and Quality Improvement discussion document.

Conclusion

Fife's Home First Strategy delivers on the national guidance to improve the hospital discharge for the residents of Fife and sets out the local initiatives relevant to the three critical elements of the Home First model: early intervention and prevention, person centred at the heart of all care decisions and a whole system approach.

The vision of the Home First Strategy reflects the ambition of Team Fife to transform a community model of care, in an integrated way, to the highest standards ensuring that

“everyone in Fife is able to live longer, healthier lives at home, or in a homely setting”.

Revision History

Document Title:	Home First Strategy		
Document Owner:	Lynne Garvey Head of Community Care Services	Document Number:	IJB.018
Date Approved by IJB:		Revision Number:	0.15
Implementation Date:		Review Date:	
Print Date:	14/07/2023	Author:	Lynne Garvey

Appendix A: Fife's Home First Standards

Relevant Document to read in conjunction with this Strategy:

- Home First Consultation Feedback Report
- Home First Delivery Plan
- Key Performance Indicators for Home First delivery
- Home First Equality Impact Assessment (EqIA)
- Home First Programme Risk Register

STANDARD 1: ADULTS IN FIFE WILL HAVE TIMELY ACCESS TO A COMMUNITY-BASED TEAM INTERVENTION IN ORDER TO PREVENT HOSPITAL ADMISSIONS AND BY INTERVENING EARLY WILL BE MANAGED AT HOME OR IN A HOMELY SETTING

Aligns with Home First Strategic Priorities 3, 4 and 5

Rationale:

Intermediate Care is a short-term, focused intervention supporting medically stable people in maximising recovery and promoting independent living in their own home or home environment. It supports the ethos of delivering rehabilitation and re-ablement to the right person, at the right time, in the right place with the right intensity.

The aim is to prevent unnecessary admission to acute hospital/long term residential care, promote faster recovery from illness, support timely discharge from hospital to optimise a return of confidence and independence to avoid making premature decisions about future long-term care.

Measure of Success:

Prevent unnecessary admission to acute hospital/long term residential care, promote faster recovery from illness and support timely discharge from hospital to optimise a return of confidence and independence.

Quality Indicator:

1. Decrease in admissions
2. Number of community teams contacts

Key Performance Indicators:

- Increase the number of people discharged from VHK (Victoria Hospital, Kirkcaldy) to ICT (Intermediate Care Teams) within 24 hours from point of referral
- Reduce the number of times that H@H (Hospital at Home) Service reaches maximum capacity and is unable to accept new early supported discharge (step-down) referrals from acute hospitals
- Reduce the number of times that H@H (Hospital at Home) Service reaches maximum capacity and is unable to accept new prevention of admission (GP) referrals
- Reduce the number of times that H@H (Hospital at Home) Service reaches maximum capacity and is unable to accept new prevention of admission (GP) referrals
- Reduce and sustain the average number of days for critical referrals to be assessed by COT (Community Occupational Therapy) Service
- Reduce the timescale from START assessment to admission for patients that meet the STAR Service criteria from both hospital and community to 48 hours

STANDARD 2: ADULTS IN CARE HOMES ACROSS FIFE WILL ALL HAVE ANTICIPATORY CARE PLAN IN PLACE WITH SUPPORTIVE COMMUNITY- BASED SERVICES MANAGING CARE IN ORDER TO REDUCE UNNECESSARY ACUTE HOSPITAL ADMISSIONS AND ENSURE CARE IS DELIVERED IN A HOMELY SETTING

Aligns with Home First Strategic Priorities 2, 3, 4 and 5

Rationale:

Residents of Care Homes in Fife will have access to a community-based service that will provide the same quality of care expected in a person's own home. Provision of this level of community input will lead to a reduction in the overall admissions to acute hospital settings from a care home.

Measure of Success:

Reduction in hospital admissions following intervention of a community care team in a Care Home.

Quality Indicator:

1. Decrease in admissions
2. Increased number of community teams contacts

Key Performance Indicators:

- Increased in number of Fife private Care Home residents offered an Anticipatory Care Plan (ACP) and that family members are supported to contribute where possible. 163 residents forms 50% of the care home residents across the Abbotsford Test of Change. 163 ACPs to be completed by August 2023
- Increased in number of Fife Health and Social Care Partnership Care Home residents offered an Anticipatory Care Plan and that family members are supported to contribute where possible
- All Fife Care Home residents that have Up To Date Personal Outcomes Assessments (POSA) in place, that the relevant Community Services have been contacted to meet any changes in respect of needs and that this is documented
- Increase in the number of Fife H&SCP Care Home residents who access support from Hospital at Home and the Frailty Team, therefore preventing admissions to Acute Care
- Increase in the number of Fife H&SCP Care Home residents who access support from Hospital at Home and the Frailty Team, therefore preventing admissions to Acute Care

STANDARD 3: 'AT RISK' INDIVIDUALS IN FIFE SHOULD HAVE TIMELY ACCESS TO COMMUNITY BASED SERVICES IN ORDER TO REDUCE UNNECESSARY ACUTE HOSPITAL ADMISSIONS

Aligns with Home First Strategic Priorities 1, 3, 4 and 5

Rationale:

'At risk' adults in Fife form a particularly vulnerable group with a greater likelihood of requiring acute hospital admissions. However, keeping people 'at-risk' in the safety of their own home and community is also recognised to be of significant benefit to the individual. Ensuring access to wide-ranging community health and social care expertise will help to ensure that unnecessary acute hospital admissions can be avoided.

Measure of Success:

- Reduction in hospital admissions following intervention of a community care team
- Numbers of patients referred to Immediate Assessment Team (IAT) within Emergency Department (ED)
- Number of patients seen by IAT in ED
- Numbers discharged home/to homely setting
- Numbers admitted to Rapid Assessment Discharge Unit (RADU)
- Length of stay for patients in RADU as direct admissions from front door.
- Other measure could be numbers discharged and whether they need support at home or go home independently.

Quality Indicator:

1. Decrease in admissions
2. Number of community teams contacts

Key Performance Indicators:

- Increase in the numbers of patients of complex community care prevented from re-admission to hospital with exacerbations of chronic respiratory disease
- Increase in the numbers of patients with respiratory disease who are prevented from re-admission to hospital with exacerbations of their chronic condition
- Increase in the numbers of patients with heart failure who are prevented from re-admission to hospital with exacerbations of their chronic condition
- Increased number of patients discharged directly from ED following Rapid Assessment to Discharge (RAD) team (Front Door Frailty Team) assessment
- Reduction in percentage of unplanned acute admissions for patients on District Nurse (DN) /Advance Nurse Practitioner's (ANP) caseload following DN/ ANP frailty review at home or homely setting
- Decrease in the length of stay not exceeding 72 hours (3 days) for all patients who were suitable for the RADU model

STANDARD 4: ADULTS IN FIFE HOSPITAL SETTINGS WILL BE DISCHARGED TO A SUITABLE COMMUNITY SETTING WITHOUT UNNECESSARY DELAY

Aligns with Home First Strategic Priorities 1, 4 and 5

Rationale:

A delay to discharge from a hospital can be harmful and debilitating and may result in an inability to return to living independently at home. Achieving timely discharges is an important indicator for quality and demonstrates a person-centred, effective, and integrated approach to the individual's health and social needs. Individuals who lack capacity to consent to the proposed care package will be discharged within an appropriate legal framework.

Measure of Success:

Reduction in those in hospital experiencing a defined 'delayed discharge'

Quality Indicator:

1. No. of delayed discharges,
2. Waits for beds
3. Length of hospital stay

Key Performance Indicators:

- Reduction in time for the Front Door Assessment team to undertake assessment in the Emergency Department (ED) from 12 hours to within 1 hour
- Reduction in time for the Front Door Assessment team to undertake assessment in the admitting wards from 12 hours to 4 hours
- Deliver a sustained reduction in delayed discharges in the acute setting
- Increase the number of Planned Discharge Date (PDD) being met
- Reduction in the number of days from point of referral in the acute setting to the Discharge Hub and assessment carried out for discharge to home/ homely setting/ downstream bed
- Patients in the acute setting should wait no longer than 24 hours for a discharge date to receive a package of care

STANDARD 5: ADULTS IN FIFE HOSPITAL SETTINGS WILL BE DISCHARGED WITH REDUCED REQUIREMENT FOR INTERIM SOLUTIONS

Aligns with Home First Strategic Priorities 1, 3 and 4

Rationale:

It is important for adults in Fife who are being treated in acute hospitals receive the optimal care and in the optimal environment.

When adults discharge from hospital the assessed need should be considered and an appropriate pathway for the adult should be the ultimate goal, when this is not available or requires significant planning the need for an interim solution to assist in their recovery in a care home should be considered.

However, there should be a reduction in the use of interim solutions by increasing the availability of care at home provision to ensure people do not have unnecessary steps in their pathway home.

Measure of Success:

The measure will be the weekly report on the number of people waiting on discharge from an interim bed this in our IJB performance report.

Quality Indicator:

1. People, including those with disabilities or long-term conditions, or who are frail and able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
2. People who use Health and Social Care services have a positive experience of those services, and have their dignity respected.

Key Performance Indicators:

- Patients / Service Users to be assessed and discharged to an assessment bed within 72 hours of referral



Appendix 3

HOME FIRST RISK REGISTER V0.05 04.07.2023

Risk ref	Project ref	Risk category	Risk description	Date raised	Raised by	Risk owner	ORIGINAL RISK SCORE			Proximity	Action(s) required	Outcome	Current status	MANAGED RISK SCORE			Date last reviewed
							Likelihood	Impact	Overall score					Likelihood	Impact	Overall score	
R10	Home First Strategy	Organisational	There Is A Risk that the current IT systems for both partners (NHS Fife and Fife Council) are unable to be integrated Because Of a lack of dedicated IT support to undertake the relevant work and existing limitations within these systems Which May Result In the Home First Strategy vision of a co-ordinated case management not being successfully implemented	11/05/23	Anca Wilson	Lynne Garvey	4	5	20	Ongoing	11.05.23 Initial conversations were held with Fife Council BTS/ NHS Fife D&I regarding digital support for Home First programme/ initiatives, and bids have been submitted to Fife Council to allocate IT support. 04.07.23 Meetings with relevant colleagues ongoing to discuss potential solutions to integrate systems	Ongoing	Open - being progressed	3	4	12	04/07/23
R11	Home First Strategy	Health & Wellbeing (inc staff)	There Is A Risk of Service disruption whilst the Home First Strategy vision is being implemented Because Of a lack in clear scope and communication breakdown Which May Result In the patient/ service users care not being met	04/07/23	Anca Wilson	Lynne Garvey	4	5	20	Ongoing	04.07.23 Clear objectives for each of the Home First Strategy workstreams and risk management is in place to monitor to implementation of the Home First Strategy	Ongoing	Open - being progressed	3	4	12	04/07/23
R12	Home First Strategy	Political	There Is A Risk of Reputational damage Because Of the changes required by the Home First Strategy implementation Which May Result In the patient/ service users care not being met	04/07/23	Anca Wilson	Lynne Garvey	4	5	20	Ongoing	04.07.23 Clear objectives for each workstreams and risk management is in place to monitor to implementation of the Home First Strategy	Ongoing	Open - being progressed	3	4	12	04/07/23
R13	Home First Strategy	Economic	There Is A Risk that the Financial and Human Resources implications are not in place to deliver the Home First Strategy Because Of current financial situation of Fife HSCP Which May Result In the suboptimal solutions being implemented	04/07/23	Anca Wilson	Lynne Garvey	4	4	16	Ongoing	04.07.23 Regular monitoring of the implications both financial and resources requirements and tracking of actions to manage or escalate any issues. Best value will be realised through implementation of the transformational workstreams	Ongoing	Open - being progressed	3	3	9	04/07/23
R14	Home First Strategy	Health & Wellbeing (inc staff)	There Is A Risk that staff retention is considerably lower Because Of the Service team changes following the Home First Strategy implementation Which May Result In the staff seeking employment elsewhere and the service provision becoming unbalanced	04/07/23	Anca Wilson	Lynne Garvey	3	3	9	Ongoing	04.07.23 Communication and Participation & Engagement plans are being drawn and stakeholder mapping undertaken to ensure the right communication happens at the right time when the Home First Strategy is being launched	Ongoing	Open - being progressed	2	2	4	04/07/23
R15	Home First Strategy	Reputational	There Is A Risk that the Home First Strategy is not integrated/ adopted by all relevant stakeholders Because Of poor communication and engagement Which May Result In delay in implementing the Home First Strategy	04/07/23	Anca Wilson	Lynne Garvey	3	4	12	Ongoing	04.07.23 Communication and Participation & Engagement plans are being drawn and stakeholder mapping undertaken to ensure the right communication happens at the right time when the Home First Strategy is being launched	Ongoing	Open - being progressed	2	3	6	04/07/23
R16	Home First Strategy	Organisational	There Is A Risk that the Home First Strategy is not approved by Governance Committees Because Of a lack of clarity/ changes required Which May Result In the delay in implementing the Home First Strategy vision	04/07/23	Anca Wilson	Lynne Garvey	3	3	9	Immediate	04.07.2023 Feedback from governance committees recorded in an action log and reflected in the Home First Strategy	Ongoing	Open - being progressed	2	2	4	04/07/23

Home First

DELIVERY PLAN



There's no place like home

This delivery plan describes the workstreams and quality improvement work that will be undertaken over 2023. The separate Key Performance Indicators (KPIs) document identifies how the implementation of the Home First Strategy projects identified below will be measured.

The first performance and assurance report will be discussed at Committees from August 2023 onwards. This will provide assurance on all delivery aspects of the Home First Strategy and the programme implementation. The relevant KPIs for the projects below are identified within the Home First Standards.

Priority 1: We will transform the hospital discharge process, ensuring that discharge planning and discussion begins as soon as possible

Projects	Date Due/ Complete	Workstream	Relevance to Home First Standards	Project Description	Progress to Date
HF-024: Definition, Guiding Principles and proposed services to be included In Intermediate Care	Apr-22	Intermediate Care	Standards: 1	Develop an Intermediate Care definition and guiding principles documentation	Definition and guiding principles agreed
HF-026: Near Me (for rehabilitation services)	Jan-22	Intermediate Care	Standards: 1	Implement virtual classes for pulmonary rehab and provide iPads as required	Virtual classes offered and iPads purchased
HF-027: Environmental Assessments	Dec-21	Intermediate Care	Standards: 3	Utilising images for contributing to the pulmonary rehab poster and Home First Oversight Group strategy document	

HF-028: Palliative Care App (Pilot)	Oct-21	Intermediate Care	Standards: 1 and 3	Digital solutions - Fife Council Home Care Service & 1 Independent Provider to pilot the decision support app for Care at Home Services	Pilot commenced 25/10/21
HF-029: ICT (iPads for patient programme monitoring)	Jan-22	Intermediate Care	Standards: 1	Linked to HF-026: use of iPads for patients aligned to ICT service to continue to monitor patient programmes that have been implemented	
HF-030: Patient Story/Case Study Paper(s) - Digital Solutions	Apr-23	Intermediate Care	Standards: 1	Develop a Smartlife in Fife case study	Case study is at final draft - awaiting review/approval
HF-040: Hospital at Home/Learning Disabilities	Mar-22	Intermediate Care	Standards: 1 and 3	Develop a H@H and Learning Disabilities case study	
HF-041: Refresh of STAR Beds	May-22	Intermediate Care	Standards: 1 and 2	Undertake a STAR Bed development session to review history of the model / how covid-19 shifted the model / proposed future model	STAR Bed development session took place 23/5/22. Agreement reached at this session that the STAR Bed Management meeting would be re-instated. That group will take forward any actions identified at the meeting(s)

HF-045: Intermediate Care Core Data Collection	Oct-22	Intermediate Care	Standards: 1	Agree core services to be included in the data collection Determine core data measures	Services and measures agreed
HF-005: Digital Solutions	Aug-23	Integrated Discharge Planning	Standards: 2	Develop digital referral pathway 1. " New Patient" alerting service 2. Caseload management and patient record service. 3. Data/Reporting service	Initial scoping carried out 26/05/22 by Steven Mason prior to implementation of front door team. Discharge Hub process assessment and digital options have been updated following a meeting on the 24/02/2023. Next steps will include initial solutions.
HF-006: 7 Day Working Week	Mar-22	Integrated Discharge Planning	Standards: 1, 3, 4 and 5		Established 7 day working Hub. Extended hours being trialled as a test of change
HF-039: Planned Discharge Date – Comm. Hospitals (Test of Change)	Aug-23	Integrated Discharge Planning	Standards: 1, 3,4 and 5		Planned day of Discharge (PDD) roll out now completed in all community hospitals. Results can be seen through weekly verification
HF-043: Front Door	Aug-23	Integrated Discharge Planning	Standards: 1 and 4		Front Door 7-day Model now at full complement of staff. Process map and measurement plan in place to capture team activity.

HF-009: Hospital Discharge Protocol	Oct-23	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 4 and 5	Working through the Fife Housing Register Partnership we are looking to develop clear access pathways into housing for people in hospital.	The Specific Needs Housing Protocol has been updated and is now with the Fife Housing Register Partnership for agreement.
HF-010: Shelter Project: Follow-on	Feb-22	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 4 and 5	Shelter undertook a Housing Advice project in Victoria Hospital Kirkcaldy and produced a report with recommendations. The group reviewed the recommendations.	A range of actions were taken on the back of the report - Housing Option Interview information was updated. Housing Options On-Line Portal developed new information. Housing Advice surgery being looked to be tested at Queen Margaret Hospital.
HF-011: Analysis: Council House Tenants Experience Delays In Discharge	Apr-22	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 1, 3 and 4	Analysis was undertaken of Council tenants who had experienced a delay in Hospital Discharge. Case Studies were developed on the back of this.	Work was undertaken with Area Housing Teams to look at key delay for people getting home - this was in relation to delays getting people home due to house condition. Practice briefings were distributed to all staff,
HF-012: Intermediate Housing Solutions	Jun-22	Housing, Community Support and Technology	Standards: 4	Model was developed around what an interim housing solution would	Test of change was undertaken at Jubilee Grove

		Enabled Care (TEC)		look like to move service users out of hospital.	Very Sheltered Housing with a service user.
HF-013: Promote Independent Living: Community Asset Support	Oct-23	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 3 and 4	Identifying the voluntary supports that are available in the community to support vulnerable individuals to continue to live independently or to be released from Hospital.	Current web-based information sources have been identified.
HF-014: Technology Enabled Care: Adaptations One Stop Shops (Housing Plus)	Jan-22	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 3 and 5	Housing Adaptations One Stop Shops will be developed to provide advice to service users at an early stage to enable independent living.	One stop shop opened at Rosewell Clinic, Lochore and further one stop shop to open on Kirkcaldy High Street.
HF-015: Technology Enabled Care: Demonstrator property (Housing Plus)	Dec-23	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 1 and 5	Two TEC Demonstrator properties are being developed. One at Woodside, Glenrothes and one at Ostlers Way, Kirkcaldy. The property at Ostlers Way in Kirkcaldy will allow an overnight stay to test technology.	Work has started at the property in Woodside and technology enabled care is being identified for the property at Ostlers Way.
HF-016: Technology Enabled Care: CHARM Project (Housing Plus)	Jun-22	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 1	This was a pilot project for wearable technology to monitor service users health & wellbeing.	Pilot has been completed and full evaluation report completed. New version of technology currently being piloted.

HF-017: Promote Independent Living: Developing different models of housing with support	Jul-22	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 1	Report identifying new models of Housing Support was developed.	Report developed.
HF-044: Smart Home Technology Test of Change	Apr-24	Housing, Community Support and Technology Enabled Care (TEC)	Standards: 1	New Build Very Sheltered Housing complex at Bellyeoman Road in Dunfermline will be used to test a range of smart home technology to enable people to live independently.	Currently the design of the complex is on-going. Smart Home technology is being built into this.

Priority 2: We will utilise digital systems and applications to enable relevant multi-agency access to a single Anticipatory Care Plan

Projects	Date Due/ Complete	Workstream	Relevance to Home First Standards	Project Description	Progress to Date
HF-018: Anticipatory Care Plans	Apr-23	Anticipatory Care	Standards: 1 and 2	Test of Change implementation week beginning 3rd April. My ACP rolled out to 8 Partnership Homes and 8 Abbotsford Nursing Homes. Test of Change to run till June 30th.	My ACP Agreed. Comms letter written for care homes and GP and Secondary Care.

HF-019: Identify Anticipatory Care Digital Solutions	Apr-22	Anticipatory Care	Standards:		Call before you convey introduced to ease demand on site as part of the winter pressures actions has remained in place. Managed through Flow & Navigation Hub and Hospital Ambulance Liaison Officer.
HF-020: Life Curve Model	Oct-23	Anticipatory Care	Standards: 1 and 3	Life Curve App to be further developed and rolled out across Fife to enable service users to have active awareness of their needs and access community resources.	PMO Support been discussed 29/03/23 to enable this piece of work to move on

Priority 3: We will utilise digital systems and applications to create a single point of access and build capacity in communities to embed new model of care

Projects	Date Due/ Complete	Workstream	Relevance to Home First Standards	Project Description	Progress to Date
HF-003: Home First Dashboard	Dec-23	Information and Data	Standards: 1, 2, 3 and 5	The project implements a dashboard as the measurement and reporting tool for the successful implementation of the Home First vision	New Programme Manager in post to commence scoping

HF-046: Co-ordinated Case Management	Apr-25	Co-ordinated Case Management	Standards: 1, 2, 3 and 5	The project ensures the delivery a single point of access across the system by integrating ways of working for the three partners (Fife HSCP, NHS Fife and Fife Council) to achieve the aim of the Home First vision.	New Programme Manager in post to commence scoping
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Priority 4: 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

Projects	Date Due/ Complete	Workstream	Relevance to Home First Standards	Project Description	Progress to Date
HF-004: New Commissioning Contract	Dec-23	Joint Commissioning and Resourcing	Standards: 1, 2, 3, 4 and 5	New contracts for care at home services to be tendered to allow the HSCP to commission services with our external care providers - contract term from May 2023 to April 2026	Care at Home Contract is currently out to tender. Tender closed 20th March and will now be evaluated Aim to have new framework in place by 1st May 2023, and then engagement with contracted providers will commence
HF-007: Reviewing Care Packages	Dec-23	Joint Commissioning and Resourcing	Standards: 1, 2, 3, 4 and 5	Service users in receipt of care at home services should be reviewed on regular basis to ensure care package continues to meet care & support needs, and is adjusted if required to provide ongoing care & support to allow service users to remain within their own home	Review of older people care packages was undertaken in 2022 (Complete). Ongoing review of care at home services will be part of the re-tendered contract, and providers will be required as per their contract, to provide

					information to the HSCP on levels of care provided to service users each week. SLWG and Review programme of adults (<65) has been established.
HF-037: Commissioning Block Booking	Dec-23	Joint Commissioning and Resourcing	Standards: 1, 2, 3, 4 and 5	Provision of block funded rotas to care at home providers, for up to 12 weeks, that support provision of care at home creating capacity, but giving providers financial stability when services commence	Several care providers have and continue to accept block booked rotas. Providers are offered a financial incentive to establish a block rota. Block Rotas also support discharge from interim care home beds to allow service user to return to their own home
HF-038: Establish Care at Home Collaborative	Dec-23	Joint Commissioning and Resourcing	Standards: 1, 2, 3, 4 and 5	Established a Care at Home collaborative with care providers in Fife	Fife Care at Home Collaborative has been established and has been operating since November 2021. Within the re-tendered framework contract for care at home, membership of the Collaborative is a contractual condition. This will ensure that all contracted care providers are working in partnership & collaborating, to create capacity, look at areas of common interest, and ongoing improvement and development of commissioned services in Fife.

Priority 5: 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.

Projects	Date Due/ Complete	Workstream	Relevance to Home First Standards	Project Description	Progress to Date
HF-031: RAD Ambulatory Service development	Dec-23	Screen and Assess For Frailty	Standards: 4	Rapid Assessment & Discharge pathways for IP and OP flows to support admission prevention from front door or rapid turnaround when IP stay is required.	Inpatient model relaunched January 2023 - had been limited in its scope due to capacity pressures. Model allows for direct access from ED and AU1 with AVLoS below 2 days. Ambulatory unit accepting referrals for day treatments from H@H and preventing admissions.
HF-032: Repeat Admissions Improvement	Dec-23	Screen and Assess For Frailty	Standards: 2,4	Look at frequent admission patients and explore reasons for failed admission to strengthens discharge planning.	Not progressed due to operational demands.
HF-033: Enhanced referral pathways for ANPs/Paramedics	Dec-23	Screen and Assess For Frailty	Standards: 4, 7	Ensure paramedics are accessing ANP resources within Nursing Home network to prevent unnecessary conveyance to hospital.	Call before you convey introduced to ease demand on site as part of the winter pressures actions has remained in place. Managed through Flow & Navigation Hub and Hospital Ambulance Liaison Officer.
HF-035: Primary care frailty registers	Dec-23	Screen and Assess For Frailty	Standards: 4	Review options for primary care frailty registers to prevent admission and support home care	Not progressed as would need to be led from primary care.
HF-036: Standard Assessment Tools	Dec-23	Screen and Assess For Frailty	Standards: 4	Review frailty assessment tools within Nursing and Care homes to align with acute hospital tools.	Limited progress to date, but could be progressed as a discreet piece of work

Appendix 5

Home First Strategy Key Performance Indicators V0.06 05.07.2023									
Ref No.	Key Performance Indicator (KPI)	Home First Standard/ Aim	Home First Standard No.	Assessment (Qualitative / Quantitative)	As Measured By:	Responsible Person / Owner - During Project	Baseline Value	Target Value	Timescale/ Target Achieved By
HFkPI-1	Increase the number of people discharged from VHK (Victoria Hospital Kirkcaldy) to ICT (Intermediate Care Teams) within 24 hours from point of referral	Adults in Fife will have timely access to a community-based team intervention in order to prevent hospital admissions and by intervening early will be managed at home or in a homely setting	1	Quantitative	(i) ICT KPIs	Leesa Radcliffe/ Claire McKee	48 hours	24 hours	Nov-23
HFkPI-2	Reduce the number of times that H@H (Hospital at Home) Service reaches maximum capacity and is unable to accept new early supported discharge (step-down) referrals from acute hospitals	Adults in Fife will have timely access to a community-based team intervention in order to prevent hospital admissions and by intervening early will be managed at home or in a homely setting	1	Quantitative	(i) Hospital at Home KPIs	Leesa Radcliffe/ Claire McKee	10	5	Oct-23
HFkPI-3	Reduce the number of times that H@H (Hospital at Home) Service reaches maximum capacity and is unable to accept new prevention of admission (GP) referrals	Adults in Fife will have timely access to a community-based team intervention in order to prevent hospital admissions and by intervening early will be managed at home or in a homely setting	1	Quantitative	(i) Hospital at Home KPIs	Leesa Radcliffe/ Claire McKee	10	5	Oct-23
HFkPI-4	Reduce the number of people on ARC (Assessment & Rehabilitation Centre) caseloads that require unplanned admissions to VHK (Victoria Hospital Kirkcaldy)	Adults in Fife will have timely access to a community-based team intervention in order to prevent hospital admissions and by intervening early will be managed at home or in a homely setting	1	Quantitative	(i) TBC as this measurement is work in progress	Leesa Radcliffe/ Claire McKee	New measure / not recorded	It will be determined when baseline data available	Dec-23
HFkPI-5	Reduce and sustain the average number of days for critical referrals to be assessed by COT (Community Occupational Therapy) Service	Adults in Fife will have timely access to a community-based team intervention in order to prevent hospital admissions and by intervening early will be managed at home or in a homely setting	1	Quantitative	(i) COT data/ KPIs	Leesa Radcliffe/ Claire McKee	6	4	Sep-23
HFkPI-6	Reduce the timescale from START assessment to admission for patients that meet the STAR Service criteria from both hospital and community to 48 hours	Adults in Fife will have timely access to a community-based team intervention in order to prevent hospital admissions and by intervening early will be managed at home or in a homely setting	1	Both	(i) Contracts and Commissioning Team - breakdown between interim assess vs STAR beds	Tom Cross (was John Cooper)	72 hours	48 hours	Oct-23
HFkPI-7	Increased in number of Fife private Care Home residents offered an Anticipatory Care Plan (ACP) and that family members are supported to contribute where possible. 163 residents forms 50% of the care home residents across the Abbotsford Test of Change. 163 ACPs to be completed by August 2023.	Adults in Care Homes across Fife will all have Anticipatory Care Plan in place with supportive community- based services managing care in order to reduce unnecessary acute hospital admissions and ensure care is delivered in a homely setting	2	Both	(i) Evidence in individual Anticipatory Care Plans (ii) Feedback forms	Tom Cross (was John Cooper)	0	163	Feb-24
HFkPI-8	Increased in number of Fife Health and Social Care Partnership Care Home residents offered an Anticipatory Care Plan and that family members are supported to contribute where possible.	Adults in Care Homes across Fife will all have Anticipatory Care Plan in place with supportive community- based services managing care in order to reduce unnecessary acute hospital admissions and ensure care is delivered in a homely setting	2	Both	(i) Evidence in individual Anticipatory Care Plans (ii) Feedback forms	Tom Cross (was John Cooper)	250	334	Oct-23
HFkPI-9	Increase in number of Anticipatory Care Plans shared with the linked GP practice(s) for the Care Home as part of the test of change across Abbotsford and H&SCP Care Homes	Adults in Care Homes across Fife will all have Anticipatory Care Plan in place with supportive community- based services managing care in order to reduce unnecessary acute hospital admissions and ensure care is delivered in a homely setting	2	Quantitative	(i) Evidence in individual Anticipatory Care Plans	Tom Cross (was John Cooper)	0	497	Feb-24
HFkPI-10	All Fife Care Home residents that have Up To Date Personal Outcomes Assessments (POSA) in place, that the relevant Community Services have been contacted to meet any changes in respect of needs and that this is documented.	Adults in Care Homes across Fife will all have Anticipatory Care Plan in place with supportive community- based services managing care in order to reduce unnecessary acute hospital admissions and ensure care is delivered in a homely setting	2	Qualitative	(i) Evidence In Care Plans (ii) Information from PDSA cycle	Tom Cross (was John Cooper)	267	334	Dec-23
HFkPI-11	Increase in the number of Fife H&SCP Care Home residents who access support from Hospital at Home and the Frailty Team, therefore preventing admissions to Acute Care.	Adults in Care Homes across Fife will all have Anticipatory Care Plan in place with supportive community- based services managing care in order to reduce unnecessary acute hospital admissions and ensure care is delivered in a homely setting	2	Quantitative	(i) Record of admissions (ii) NHS systems reporting	Tom Cross (was John Cooper)	167	334	Oct-23

Ref No.	Key Performance Indicator (KPI)	Home First Standard/ Aim	Home First Standard No.	Assessment (Qualitative / Quantitative)	As Measured By:	Responsible Person / Owner - During Project	Baseline Value	Target Value	Timescale/ Target Achieved By
HFkPI-12	Increase in the numbers of patients of complex community care prevented from re-admission to hospital with exacerbations of chronic respiratory disease	'At risk' individuals in Fife should have timely access to community based services in order to reduce unnecessary acute hospital admissions	3	Quantitative	(i) Community Respiratory team data	Paul Cameron/ Katrina Wilson	50	60	Oct-23
HFkPI-13	Increase in the numbers of patients with respiratory disease who are prevented from re-admission to hospital with exacerbations of their chronic condition	'At risk' individuals in Fife should have timely access to community based services in order to reduce unnecessary acute hospital admissions	3	Quantitative	(i) Community Complex Care team data	Paul Cameron/ Katrina Wilson	15	25	Oct-23
HFkPI-14	Increase in the numbers of patients with heart failure who are prevented from re-admission to hospital with exacerbations of their chronic condition	'At risk' individuals in Fife should have timely access to community based services in order to reduce unnecessary acute hospital admissions	3	Quantitative	(i) Community Heart Failure team data	Paul Cameron/ Katrina Wilson	56	68	Oct-23
HFkPI-15	Increased number of patients discharged directly from ED following RAD team (Front Door Frailty Team) assessment	'At risk' individuals in Fife should have timely access to community based services in order to reduce unnecessary acute hospital admissions	3	Quantitative	(i) RAD team data	Joy Reid/ Lorna Brocklesby	55	80	Dec-23
HFkPI-16	Reduction in percentage of unplanned acute admissions for patients on District Nurse ANPs caseload following DN/ ANP frailty review at home or homely setting.	'At risk' individuals in Fife should have timely access to community based services in order to reduce unnecessary acute hospital admissions	3	Quantitative	(i) Report from Jane Douglas	Joy Reid/ Jane Douglas	New measure / not recorded	It will be determined when baseline data available	Dec-23
HFkPI-17	Decrease in the length of stay not exceeding 72 hours (3 days) for all patients who were suitable for the RADU model	'At risk' individuals in Fife should have timely access to community based services in order to reduce unnecessary acute hospital admissions	3	Quantitative	(i) Report from Donna Mathieson (TrakCare)	Joy Reid/ Lorna Brocklesby	120 hours (5 days)	72 hours (3 days)	Dec-24
HFkPI-18	Reduction in time for the Front Door Assessment team to undertake assessment in the Emergency Department (ED) from 12 hours to within 1 hour	Adults in Fife hospital settings will be discharged to a suitable community setting without unnecessary delay	4	Quantitative	(i) Discharge Hub Live Dashboard	Lyndsey Dunn	12 hours	1 hour	Dec-23
HFkPI-19	Reduction in time for the Front Door Assessment team to undertake assessment in the admitting wards from 12 hours to 4 hours	Adults in Fife hospital settings will be discharged to a suitable community setting without unnecessary delay	4	Quantitative	(i) Discharge Hub Live Dashboard	Lyndsey Dunn	12 hours	4 hours	Dec-23
HFkPI-20	Deliver a sustained reduction in delayed discharges in the acute setting	Adults in Fife hospital settings will be discharged to a suitable community setting without unnecessary delay	4	Quantitative	(i) TK083	Lyndsey Dunn	< 5 patients	0 patients	Dec-23
HFkPI-21	Increase the number of Planned Discharge Date (PDD) being met	Adults in Fife hospital settings will be discharged to a suitable community setting without unnecessary delay	4	Quantitative	(i) TK236	Lyndsey Dunn	60%	90%	Dec-23
HFkPI-22	Reduction in the number of days from point of referral in the acute setting to the Discharge Hub and assessment carried out for discharge to home/ homely setting/ downstream bed.	Adults in Fife hospital settings will be discharged to a suitable community setting without unnecessary delay	4	Quantitative	(i) Discharge Hub Live Dashboard	Lyndsey Dunn	2 days	1 day	Dec-23
HFkPI-23	Patients in the acute setting should wait no longer than 24 hours for a discharge date to receive a package of care	Adults in Fife hospital settings will be discharged to a suitable community setting without unnecessary delay	4	Quantitative	(i) From receipt of referral to point of discharge	Mike Blackburn/ Karen Marwick	5%	0%	Dec-23
HFkPI-24	Patients / Service Users to be assessed and discharged to an assessment bed within 72 hours of referral	Adults in Fife hospital settings will be discharged with reduced requirement for interim solutions	5	Quantitative	(i) TBC	Tom Cross (was John Cooper)/ Alan Adamson	7 days (168 hours)	3 days (72 hours)	Dec-23
HFkPI-25	Care Opinion information - KPIs will be jointly developed with the workstream leads	ALL	ALL	Qualitative	(i) Care Opinion reports	Home First Oversight Board	TBC	TBC	TBC
HFkPI-26	Datix (NHS Electronic Reporting System) information - KPIs will be jointly developed with the workstream leads	ALL	ALL	Qualitative	(i) Datix reports	Home First Oversight Board	TBC	TBC	TBC
HFkPI-27	Lagan (Fife Council Customer Relationships Management System) information - KPIs will be jointly developed with the workstream leads	ALL	ALL	Qualitative	(i) Lagan reports	Home First Oversight Board	TBC	TBC	TBC
HFkPI-28	Regular surveys/ feedback sessions - KPIs will be jointly developed with the workstream leads and incorporated in the Communication and Engagement Plan	ALL	ALL	Qualitative	(i) Surveys	Home First Oversight Board	TBC	TBC	TBC



Meeting Title: Integration Joint Board

Meeting Date: 28 July 2023

Agenda Item No: 5.2

Report Title: Carers Strategy 2023 - 2026

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

Report Author: Scott Fissenden, Change & Improvement Manager

1 Purpose

This Report is presented to

- The Integration Joint Board is asked to discuss, and provide final approval of, the Carers Strategy for 2023 to 2026.

This Report relates to the following National Health and Wellbeing

Outcome:

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

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

- Sustainable.
- Outcomes.

2 Route to the approval

This has previously considered and endorsed by the new Joint Carers Strategy Group and the Senior Leadership Team, following which amendments have been made. The following groups and committees have considered the report, strategy and its appendices, and have each endorsed it, subject to minor amendments which have been made:

- Carers Strategy Group, 20th June 2023.
- Senior Leadership Team.
- Quality and Communities Committee, 30 June 2023.
- Strategic Planning Group, 11th July 2023.

3 Report Summary

3.1 Situation

The Carers (Scotland) Act 2016 requires that the Health and Social Care Partnership reviews and publishes the local Carers Strategy at least every three years. A draft strategy is presented herewith for the period 2023 – 2026 for members' consideration and approval. It combines the strategies for adult carers and young carers in a single strategy document. It has been amended to reflect feedback from colleagues and external partners, including various committees which form the route to approval.

3.2 Background

In 2018 the Partnership and Fife Council Children and Families Service each prepared and published strategies outlining how they intend to meet the duties within the Carers Act and provide for the support needs of unpaid adult and young carers respectively. The duty to prepare a strategy is outlined in sections 31, 32, and 33 of the Carers (Scotland) Act 2016. The Act also makes provisions that the strategy must be reviewed on a three yearly basis as a minimum. The Act lays out other duties which the authority must comply with regard to the involvement of unpaid carers in planning, and how carers will be supported to meet their individual carer support need and outcomes.

There is no requirement to have separate strategies for adults and young carers. Therefore, as a measure of efficiency and following consideration by the respective carers strategy groups for young and adult carers, we have agreed to combine our approach to carers into a single strategy. This is presented here for members' consideration and approval.

3.3 Assessment

The new Carers Strategy reports our progress we have made since the introduction of the Act and the publication of the last strategy, and notes what more we need to do. We have involved adult and young carers, partners in the third sector and colleagues from across the partnership in its development.

The risks associated with the strategy are low/moderate. If agreed and delivered well, the impact on carers will be positive. The strategy includes elements of continuous professional development for colleagues and additional resources to ensure we are best able to meet the requirements of the Act and the commitments laid out in the strategy.

3.3.1 Quality / Customer Care

The new strategy includes a summary of the activities and investments we have made over the past four years to support unpaid carers. We have offered carers an unprecedented range of support options that they can access directly or through a referral by practitioners, professionals and partners.

However, in developing this strategy and particularly through the engagement and consultation with unpaid carers it became clear that not all carers are aware of their rights to support, how we seek to meet this duty, what services we have made available to support them, or how to access information about the wide range of support we offer. Improving this position features strongly in the actions for improvement and investment within the new strategy, as does making new opportunities available.

3.3.2 Workforce

Colleagues have told us that they are aware of the duties of the Health and Social Care Partnership and how they play their part to meet these. It is reasonable to indicate that some colleagues are challenged by the heavy burden of case work in supporting service users which can lead to a focus away from the carer (sometimes at a carer's request), toward the service user's needs. This means we are not able to fully discharge our duty to support carers. A proposal within the strategy aims to resolve this difficulty.

This strategy places a greater emphasis on supporting our workforce through continued professional development and most particularly through the investment in a group of staff whose role will be to focus on carers' needs for support, allowing the existing workforce to focus on service users' needs. This should result in an improvement in the case load for colleagues by redistributing the tasks to support carers. It should also result in an improvement in the time and quality of services for both service users and unpaid carers.

3.3.3 Financial

The strategy summarises the investment the Partnership has made in supporting unpaid carers. The national budget for supporting unpaid carers has increased significantly each year until last year. In 2023/24 the budget remains the same at £88.4million nationally. Fife's share of this is £5.2million in 2023/24.

In 2021 and 2022 the Cabinet Ministers for Health and Sport, including the new First Minister, wrote to Chief Officers to advise of the Government's expectations that the element of the local authority financial settlement that was identified to support the implementation of the Carers Act should be used to "*deliver a significant expansion in local carer support*". Our commitment to do so is expressed in the statement of intent previously considered and agreed by the Integration Joint Board. The funding from Government means the strategy is fully funded.

Approximately £2.6million has already been committed to support unpaid carers through our voluntary sector partners. Approximately £1.6million has been committed to deliver additional support to carers directly through the partnership, including £500k for self-directed support for carers. An additional £500k has been set aside to ensure we have the resources to be able to deliver the proposals within this strategy.

The commitments proposed through this strategy do not exceed the £5.2million expected in 2023/24.

3.3.4 Risk / Legal / Management

A Risk Register associated with this strategy includes the high-level risks and mitigations and, a Delivery Plan which includes any notable risks to delivery.

The main risks associated with the strategy are:

- Failure to agree the strategy.
- Failure to deliver the actions proposed within the strategy to time and quality expectations.
- Failure to adequately resource the delivery of the strategy.
- Failure of Scottish Government to continue funding support for unpaid carers.

- Failure to adequately manage the contracts for commissioned support for unpaid carers from third parties.

All identified risks have a very low risk score after mitigations are applied.

3.3.5 Equality and Diversity, including Health Inequalities

The strategy fully supports the requirements of the Public Sector Equality Duty. The Equality Impact Assessment has been completed and gaps in the service have been identified with mitigating actions proposed. These mainly relate to race and how the service will reach this group who appear under-represented in the group of carers previously accessing the support. While we do commission a support service specifically for this group this strategy commits to enhancing this.

Under the Equality Act 2010, carers are considered as ‘associated’ with someone who is protected by the law because of their age or disability. This means that carers have the right to be treated fairly, and are protected from being discriminated against, harassed, or treated differently because of their responsibilities as a carer.

3.3.6 Environmental / Climate Change

The lack of reasonable public transport options in the more rural areas of Fife may result in a minor increase in the use of personal vehicles to help carers access the support identified within their personal outcomes. We are encouraging all commissioned partners to consider their services in light of the needs of carers who may living in more remote parts of Fife and for whom using public transport may impact negatively on their caring situation and access to the support they need. Where possible and appropriate we will encourage vehicle sharing and the use of public transport.

3.3.7 Other Impact

Colleagues in Education and Children Services Directorate will prepare a Child Rights and Wellbeing Impact Assessment as part of the overall oversight process. This will be presented to the Children’s’ Partnership Development Group for their consideration and approval alongside this strategy.

3.3.8 Communication, Involvement, Engagement and Consultation

The Act includes a duty that we involve carers and their representative bodies in the process to develop this local strategy. We have gone beyond this requirement to engage carers in detailed conversations about their experience as an unpaid carer and their future needs for support. Their feedback informed the development of this strategy. This engagement was managed by the Health and Social Care Partnership’s Participation and Engagement Team and supported by our third sector partners. It was promoted through locality planning groups, social media and by our partners.

We hosted 11 engagement events with adults and a consultation questionnaire; 111 participants contributed to this exercise. A separate engagement activity for young carers was supported by schools and Fife Young Carers resulted on over 100 responses.

The engagement events took place across Fife during November and December 2022, reaching every locality, the two more rural localities on several occasions, and two online events for carers who were unable to attend one the in-persons sessions. A full list dates and venues is appended.

The strategy includes a summary of the feedback and conclusions from the engagement exercises. Summary reports have been made available to each locality core group. Full reports are available and will be published once the strategy has been approved to aid openness and transparency.

4.4 Recommendation

- **Decision** – The Integration Joint Board is asked to note and approve the Carers Strategy 2023 to 2026.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Carers Strategy for Fife 2023 – 2026, including engagement headlines

Appendix 2 – Delivery Plan

Appendix 3 – Equality Impact Assessment

Appendix 4 – Risk Register

6 Implications for Fife Council

Fife Council is encouraged to commit to retaining Carer Positive status.

7 Implications for NHS Fife

NHS Fife is encouraged to embark on the journey to secure Carer Positive status.

8 Implications for Third Sector

The Partnership currently commissions approximately £2.6 millions of support services for unpaid carers from third sector partners. In delivering outcomes associated with this strategy there are likely to be further opportunities for the third sector.

The strategy specifically notes two reviews where commissioned partners will be directly involved. These include service reviews during the short-to-medium term to ensure partners services remain aligned to the strategy, and a more fundamental audit in 2025/26 to assess the Partnership's achievements towards delivering support for carers.

This strategy sets an outcome that all commissioned partners will secure Carer Positive accreditation within the life of this strategy, i.e. by 2026. We will work with our third sector partners to ensure they are able to contribute to the delivery of this strategy to meet this goal.

9 Implications for Independent Sector

None specific.

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

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

Report Contact

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Dates, Times and Locations of Engagement Events with Adult Carers.

Locality	Date	Time	Venue & Contact Numbers
Glenrothes	14/11/2022	10:00 – 12:00	Fife Voluntary Action, Caledonia House, Pentland Park, Saltire Centre, Glenrothes, KY6 2AL
Kirkcaldy	14/11/2022	14:30 – 16:30	Fife Voluntary Action, New Volunteer House, 16 East Fergus Place, Kirkcaldy KY1 1XT
North East Fife/ Tayport	22/11/2022	10:00 – 12:00	Larick Centre, 10 Broad Street, Tayport DD6 9AJ
North East Fife/ Cupar	22/11/2022	14:30 – 16:30	Corn Exchange, St Catherine Street, Cupar KY15 4BT
North East Fife/ East Neuk	25/11/2022	10:00 – 12:00	Kilrenny Church Hall, 1 Kirk Wynd, Kilrenny KY10 3JJ
South & West Fife	28/11/2022	10:00 – 12:00	Valleyfield Community Centre, Abbey Street High Valleyfield, Dunfermline KY12 8UA
South & West Fife	18/11/2022	14:00 – 17:00	Civic Centre Inverkeithing, 10 Queen Street, Inverkeithing KY11 1PA
South & West Fife	18/11/2022	09:30 – 12:30	Kinghorn Community Centre, 3 Rossland Place Kinghorn Burntisland Fife KY3 9TU
Cowdenbeath	17/11/2022	14:30 – 16:30	Maxwell Centre, 70 Stenhouse Street, Cowdenbeath, KY4 9DD
Levenmouth	25/11/2022	14:30 – 16:30	Balmaise Community Centre, Linnwood Drive Leven Fife KY8 5AE
Dunfermline	17/11/2022	10:00 – 12:00	Dell Farquharson Centre Nethertown Broad St, Dunfermline KY12 7DS
Fife wide Online Event	29/11/2022	13:30 to 15:00	MS Teams Online
	01/12/2022	18:00 to 19.30	



Carers Strategy for Fife

2023 – 2026

Helping unpaid carers in Fife to have a life alongside caring, and to protect their health and wellbeing

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Acknowledgement

Thank you to everyone who contributed to this strategy, particularly the unpaid carers who took valuable time to provide us with their views.

The support we offer to carers could not be delivered without our partners. Thanks to every one of them, their staff and management boards, for their support in delivering this strategy, and for supporting Fife’s unpaid carers.

Want to know more

This strategy is supported by delivery plans, risk, and equality assessments as well as easy read and large print versions. All these documents are openly available on the carers section of our website <https://www.fifehealthandsocialcare.org/carers>.

Foreword

Since 2018 when we last published our Carers Strategies for Fife (separate strategies for adult carers and young carers), we have made significant investments and improvements to support unpaid carers. Every year since the introduction of the Carers Act, we have commissioned more support specifically to help unpaid carers, each time aiming to make caring experiences a little easier and balance caring with the rest of life's demands. However, we have also experienced major challenges in the form of the coronavirus pandemic and more recently, the cost-of-living crisis.

Early in the pandemic carers demonstrated more than ever the resilience and fortitude they are famous for. We celebrated the role of unpaid carers, together with workers in the NHS, social care services and many other key workers. And while recognition and a word of thanks is appreciated, our role through this strategy is to make a difference by offering practical help and information, to lighten the load when possible, and to listen and act when support is needed.

Through this new combined carer strategy, we will further increase our investment in some of the key supports for young and adult carers which they have told us helps them most. Breaks from caring, to rest, play, and enjoy life's other pleasures are among the highest priorities carers have. The planned introduction of a new National Care Service includes a commitment to give more opportunities to carers to take a break from their caring roles. Additionally, the Scottish Government's new Carers Strategy outlines the approach to supporting unpaid carers at a national level; the national and local strategies complement each other, and together will ensure carers needs are once again at the forefront of our actions. For these reasons our focus in this strategy is on what we will do in Fife to expand the range and types of support that will be available to carers, including short break support. The outcomes noted in this strategy have a direct link to both what carers have told us are priorities in Fife, and they also dovetail with research undertaken at a national level.

In advance of preparing this strategy Fife Health and Social Care Partnership adopted a statement of intent of support for unpaid carers. This statement laid out our commitment to *“ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.”*

This local strategy also links to our Short Breaks Service Statement, and to the statement of intent both of which aim to give carers, and those who support them, a clear understanding of our commitment to the support and investment we will continue to make.

And finally, we want to say a big thank you to unpaid carers across Fife. Thank you to everyone who has contributed to the production of this strategy, from the carers who responded to our call to get involved, to our voluntary sector partners who have made such a positive difference to carers' experiences, and to our own staff who work hard every day to support the people of Fife and their carers to live their best lives. Most importantly we extend our thanks, recognition, and appreciation to all the unpaid carers in Fife who continue to play such a vital role in supporting others in our communities. We are indebted to carers whose number increases every year as well as those people who may not identify with such a role but who also play an increasingly important part in society.

Fiona McKay

Head of Strategic Planning, Performance and Commissioning
Lead for Carers Strategy.

Executive Summary – our strategy on a page

Since the Carers (Scotland) Act 2016 was introduced, we have made significant improvements in the scale and scope of the support we offer to unpaid carers. We know there is more we can, and we will do. Here we are pleased to publish our refreshed Carers Strategy for Fife for the period 2023 - 2026. The strategy outlines, at a high level, the outcomes we aim to achieve over the next three years as we continue to delivery robust and high-quality support for unpaid carers. This single strategy gives the direction for carers support for all carers, young and adult. It is aligned with the Strategic Plan 2023 to 2026 for Fife Health and Social Care Partnership, the National Carers Strategy for Scotland, and a range of supporting strategies within the Partnership.

Carers' views at the centre of our action

The involvement of carers was central to the development of this strategy. We held 11 engagement events for carers and made available a consultation questionnaire where we heard carers' experiences of caring for others. We asked and carers told us what works and what more we need to do, as well as where we could improve. We heard the views of over 111 unpaid adult carers and 100 young carers, as well as the view of our commissioned third sector partners who work with carers.

Clear themes quickly became apparent, were often repeated, and reinforce our prior understanding of carers' needs for support. Carers views have been analysed together with other information we have collected to prepare this strategy. The key themes from carers are:

- **Information** – some carers don't know what support is available or who to ask for help. They don't know their rights and want us to improve the ways we communicate with them.
- **Coordinated support** – carers find it difficult to navigate our health and social care systems and want help to coordinate their caring role, particularly at the start of their caring journey.
- **Breaks from caring** – carers find it difficult to take a break from caring for a range of reasons including availability of opportunities. They want a wider variety of breaks to prevent carer crisis.
- **Early/upstream identification** – carers don't always recognised their caring role or feel that they are recognised as a carer when they meet professionals. The want colleagues to have a better understanding of carers' needs.
- **Young carers** – young carers take on a caring role often uninvited. They have the right to be a child or teenager first and foremost. They want more help to make this happen in school and in their social life.

Our approach to supporting unpaid carers

Our last strategy, which was successful in raising the profile of unpaid carers and introducing a wide range of new services to help them, focused mainly on investing in universal support, helping the many unpaid carers who need a little help. This strategy builds on a solid foundation with more free-to-access help for any carer, and significantly invests to support those unpaid carers in greatest need. While our focus will remain on preventing carer crisis, we will also refocus on de-escalating crisis by earlier intervention through information and support, helping carers to live well alongside their caring role, and providing help to coordinate carer support particularly in the earliest times of a new caring role.

Context – the strategic need

Since our last strategy was published the need to support carers has been greatly emphasised, partly through the work we have done to raise the profile of unpaid caring, and partly through the demands placed on carers during the pandemic.

Fife Health and Social Care Partnership's Strategic Plan¹ includes a high-level Strategic Needs Assessment. This highlighted an increased level of health deprivation, a decreasing working age population and an overall aging population. The longer-term strategic context in Fife is very challenging. With the likelihood of needing care increasing as we age, the decreasing population means the pool of people who are willing and able to be carers is likely to decrease while the demand for carers increases. This is already seen by the number of unpaid carers in Fife, and in Scotland.

Between 47,698 and
53,650 unpaid carers
in Fife

Between 12.7% and
14.5% of Fifers
provide unpaid care

In 2018 we reported that the proportion of people in Fife (and in Scotland) who provide care on an unpaid basis was about 10%. The 2021 national census has been delayed meaning we do not have up-to-date data comparative data. We last reported approximately 34,828 unpaid carers in Fife based on the 2011 census. We believe this number underestimates the actual number of carers due to some people choosing not to identify themselves as an unpaid carer.

It is likely that this has increased as more people become aware of what an unpaid carer is and does, and as the need for unpaid carers in general society became clearer during the pandemic. The national Carers Strategy 2022² estimates a carer population of between 700,000 and 800,000 people; this is approximately between 12.7% and 14.5% of Scotland's population. Applying this to Fife's population results in an estimate for the number of unpaid carers in Fife between 47,698 and 53,650 or a jump of additional unpaid carers in Fife between 37% to 54%.

Nearly half of
respondents care for
50+ hours per week

Independent evidence from Carers UK's State of Caring 2022³ makes suggest that carers with certain characteristics (e.g., gender and age) continue to be over-represented. This research is supported by the most recent carers census data⁴ from 2021 which reports

¹ Fife Health & Social Care Partnership Strategic Plan 2023 – 26, [Fife-Strategic-Plan-2023-to-2026.pdf](https://www.fifehealthandsocialcare.org) (fifehealthandsocialcare.org), accessed 11th March 2023.

² National Carers Strategy, 21st December 2022, <https://www.gov.scot/publications/national-carers-strategy/>, accessed 12th March 2023.

³ State of Caring 2022, November 2022, Carers UK, <https://www.carersuk.org/media/p4kblx5n/cukstateofcaring2022report.pdf>, accessed 12th March 2023.

⁴ Carers Census for Scotland 2021/22, [Carers Census, Scotland, 2021-22 - gov.scot](https://www.gov.scot/publications/carers-census-scotland-2021-22/) (www.gov.scot), accessed 13th March 2022

middle aged to older people, women and, people from more deprived social groups are more likely to be carers. There is also strong evidence that the number of carers who care for longer amounts of time is increasing and this has a detrimental impact on carers' financial security and personal health. This is likely to be the case in Fife too with a significant number of communities (97) in Fife featuring in the Scottish Index of Multiple Deprivation (SIMD) 20% of most deprived.

Taken together, these factors all suggest the position for the future will be challenging, with fewer people available to provide care, either in a paid or unpaid capacity, and greater demand caused by an ageing population. It is for this reason we need to ensure carers are supported well and enabled to continue to their role for as long as they are willing to.

**Fewer people available, able, and willing to provide unpaid care
+
ageing population in need of more care (paid and unpaid)**

Vision and mission for the Carers Strategy

The Fife Health & Social Care Partnership adopted a statement of intent about supporting unpaid carers in Fife in autumn of 2021. This statement was endorsed by the Carers Strategy Group which provides guidance and direction to the planning of Carer Support Services in Fife. This statement laid out our commitment to *“ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.”*

The statement of intent includes a mission statement that was included in the previous Carers Strategy. This refreshed and revised mission statement continues to guide our strategy and actions and has been informed following our engagement with unpaid carers as we developed this strategy. We have listened to carers views and their expressed needs for support, considered and confirmed that this mission remains current, and amended it to:

“All carers will have access to high quality information and support at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to help them live a happy and fulfilling life alongside their caring role”.

The story so far – what we have done already

As we publish our refreshed strategy for carers it is important to reflect on the journey, we embarked on in 2018 and on our achievements. In 2018 we asked carers what their priorities for support were. This resulted in five strategic outcomes for each group of unpaid carers:

Adult carers⁵	Young carers⁶
Carers have information, advice, and guidance they need.	Sharing responsibility – access to appropriate support and information.
Carers have access to meaningful practical support.	Making connections – able to access activities important to them and develop friendships and relationships.
Carer feel they have social support from a variety of sources.	Balancing time – to balance their caring role and time for themselves, including breaks from caring.
Carers can take breaks from caring to live their own active life.	Being involved – access to high quality information about their role ... and seen as a valued expert in this caring role.
Carers experience is positive, involved, and balanced.	Emotional wellbeing – access to correct support to help them deal with emotional side of caring and build resilience to cope.

In summary, we have achieved a great deal; we have much still to do, and we are committed to achieving our overall mission to support carers. The figure below provides a quick view of our combined achievements. A summary table of the achievements against our last set of agreed outcomes has been reported in the appendix to this new strategy.

Much of the focus was on early intervention and crisis prevention. We made significant investments in the range of universal services that are available to any carer, free at the point of access, and aimed to provide a benefit to the greatest number of carers. This preventative approach will continue with an additional focus on de-escalating crisis where it has already occurred. The services below will continue while we invest in new, fresh, and innovative ways of working to help unpaid carers.

⁵ Carers Strategy for Fife, 2018 – 2021, [Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf](#) (fifehealthandsocialcare.org), accessed 11th March 2023.

⁶ Getting it Right for Young Carers in Fife, 2018-21, [Young-Carers-Guide-2018_V4.pdf](#) (fifehealthandsocialcare.org), accessed 11th March 2023.

Despite the challenges of the coronavirus pandemic toward the end of the strategy delivery period, in common with others, we have achieved a great deal which we summarise below:

Easier access to help through locality based support for carers in every locality

Figure 1 - Carer support we have invested in since 2018.

Each year we commission over £2.5millions of support for carers from our partners in the voluntary sector. In the years ahead we will continue to commission more significant support for carers through a range of different supports from within the Health and Social Care Partnership and through our partnership arrangements with voluntary sector organisations. Most of our investment was free to access for any and every carer who requested it. Our focus will remain on supporting carers in greatest need and promoting early intervention and crisis prevention through a wide range of universally available supports.

Additionally, we set aside £500,000 per year to support unpaid carers whose needs cannot be met from the universal services and whose caring circumstances meet local eligibility criteria, in order that they are able to achieve their personal support goals through self-directed support options.

[Link to the Partnership's Strategic Plan](#)

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

The Partnership's Strategic Plan 2023 to 2026 is available in the publications section of our website: www.fifehealthandsocialcare.org/publications.



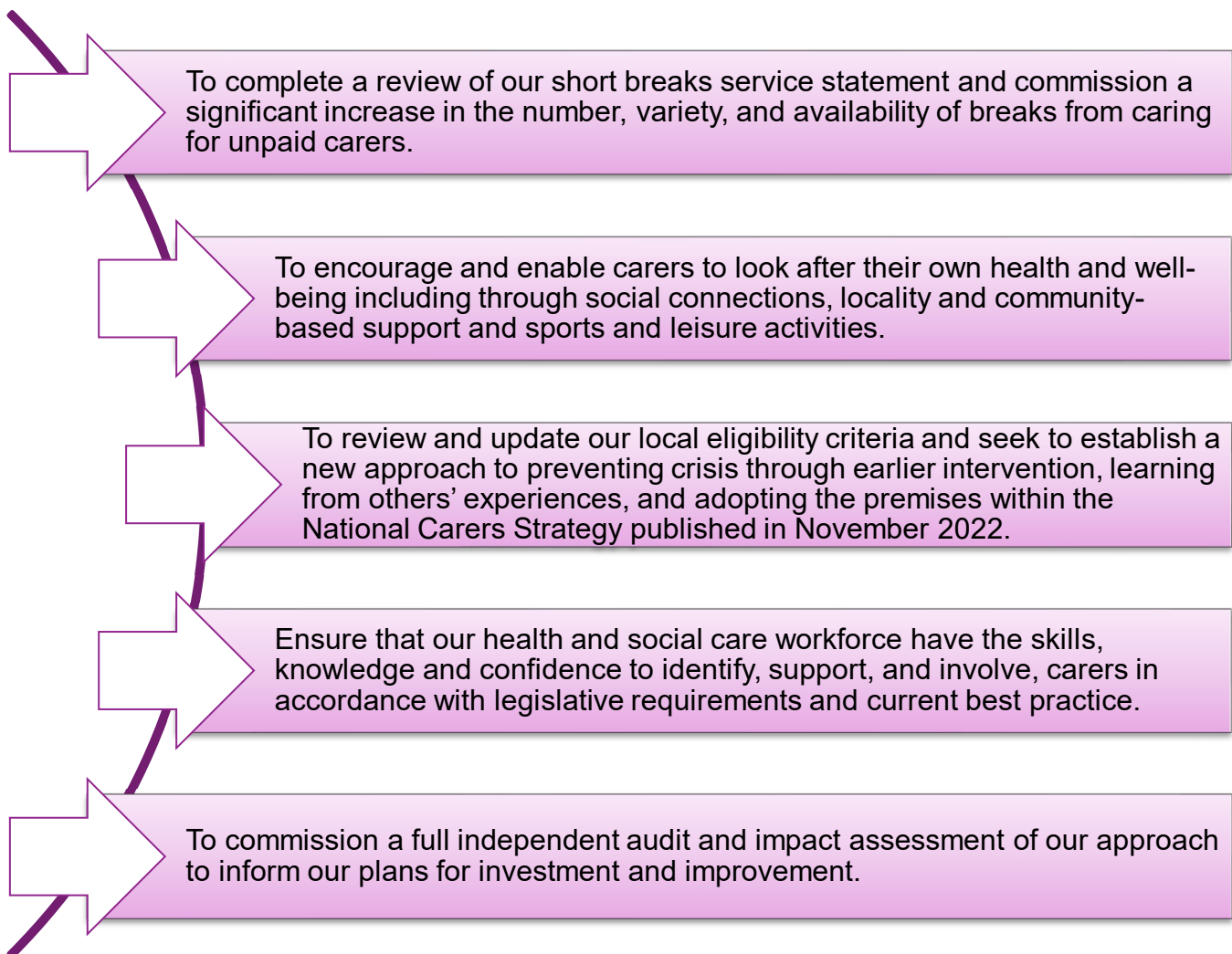
The Partnership's Strategic Plan 2023 to 2026 sets out the health and social care vision for Fife and includes these five strategic priorities.



The Carers Strategy is one of the transformational strategies that support the implementation of the Partnership's Strategic Plan 2023 to 2026. It works with several other strategies to deliver the Partnership's vision:

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

The Carers Strategy for Fife 2023 – 2026 links directly to several strategic priorities within the Fife Strategic Plan for 2023 to 2026. Specifically, by delivering on the outcomes listed below we will contribute to the Sustainable theme, making "a Fife where we will ensure services are inclusive and viable", where there are five specific commitments relating to unpaid carers. These are:



In developing this strategy, we have considered fully the five outcomes within the National Carers Strategy:

- Living with COVID-19
- Valuing, recognising, and supporting carers
- Health and social care support
- Social and financial inclusion
- Young Carers



Carers, localities, and participation

The purpose of locality planning is for partners from different sectors, at all levels to come together with people and communities who use services to improve health and wellbeing outcomes. Carers play an active role in this through locality planning groups and our evolving approach to participation and engagement. Separate plans are in place for approach to locality planning and participation and engagement and are available in the publications section of our website: www.fifehealthandsocialcare.org/publications.

Part of our locality planning includes 'The Well'; a place where carers can drop in, both in their locality and online, to find out information and receive general advice to help with their caring role, and stay well and independent in their local community. Wells are held across Fife on a regular basis. Information about the time and place of each local Well is available on our website: <https://www.fifehealthandsocialcare.org/your-community/the-well>.

Carers voice and views are important at the local level as they know best what support they need. Their involvement in the development of this refreshed strategy was an important aspect of making sure we understand their needs.

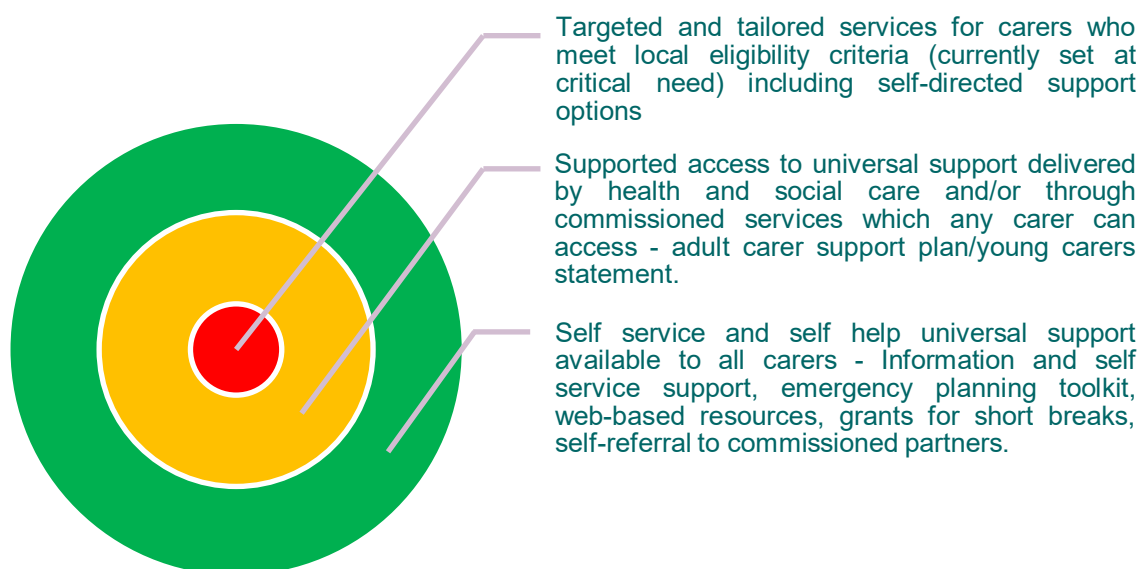
The evidence from the engagement and consultation with carers does not suggest their needs for support are any different depending on where they live or care in Fife, except for difficulty of transport in rural areas. This strategy recognises this challenge. Through the review of commissioned universal services, we will require that our partners take carers' location and special travel requirements into account when making their services available.

Through the engagement processes, through which over 200 carers participated, and which is summarised in the appendix, we confirmed five overarching themes that will act as the priority outcomes for this strategy:

Theme	Description
Information	Some carers don't know what support is available or who to ask for help. They don't know their rights and want us to improve the ways we communicate with them.
Co-ordinated support	Carers find it difficult to navigate our health and social care systems and want help to coordinate their caring role, particularly at the start of their caring journey.
Breaks from caring	Carers find it difficult to take a break from caring for a range of reasons including availability of opportunities. They want a wider variety of breaks to prevent carer crisis.
Early/Upstream identification	Carers don't always feel they are recognised as a carer when they meet professionals. They want colleagues to have a better understanding of carers' needs
Young Carers	Young carers take on a caring role often uninvited. They have the right to be a child or teenager first and foremost. They want more help to make this happen in school and in their social life.

Our approach to supporting unpaid carers in Fife

Our last strategy focused primarily on investing in universal support, helping the many unpaid carers who need a little help. This strategy builds on the solid foundation we have created, with more free-to-access help for any carer regardless of their age or stage of their caring journey. We will also invest in a wide range of support to help those unpaid carers in greatest need. Central to our approach is early intervention and prevention, future planning, and de-escalating risk. This applies equally to the broad service planning and the individual support we offer to carers.



During the period of this strategy, we will review the eligibility criteria as it relates to carers.

Where possible, and when financial resources allow, we will introduce more specialist support on a universal basis to help carers avoid reaching a crisis point.

We will promote the support for unpaid carers on our website and in community venues. We will improve what information is available, and where it is available, in order that carers can access the information they need whenever they need it. In many cases this will meet a carer's immediate need for information, so they are able to help themselves and their families. Where this is not the case, we offer a range of services through a mixed economy including commissioning support from voluntary sector partners which carers can access without a referral, i.e., directly by the carer.

While our focus will remain on preventing carer crisis, we will also help carers to de-escalate a crisis by earlier intervention; through information and support; helping carers to live well alongside their caring role; and providing help to coordinate carer support particularly in the earliest times of a new caring role. Much of this will be provided by our partners in the third, voluntary and independent sectors who deliver the support we have identified as needed and wanted by carers in Fife. Each partner brings their own set of skills and expertise to this work which collectively we approach in a collaborative effort to meet carers' needs for support in a holistic manner. Some of the support is specialist in nature whereas others provide a more general set of supports; but all have working to help carers as one of their core values and principal aims. Our partners are listed in the Appendix.

Carers can access the support they need in a range of ways including making direct contact with our partners. They can also access support directly through the Health and Social Care Partnership through our Contact Centre or through the Wells Information about the time and place of each local Well is available on our website:

<https://www.fifehealthandsocialcare.org/your-community/the-well>.

We are creating a group of staff within the Partnership who will support carers. Their support will be in the form of providing an Adult Carer Support Plan (ACSP) or Young Carers Statement (YCS). This new staff group will provide the capacity to take a proactive approach to identifying carers and providing earlier intervention to support their caring role. It will also enhance the quality of the conversation that helps to establish the outcomes-based plan for individual carers. The staff will help carers to access the support they need either through referral to an existing universal offer, or through additional funded support where the carers meet the local eligibility criteria.

We will offer every carer who wants one, an ACSP or YCS. These will focus on the carers situation, their needs for support and how these outcomes will be met. They are available from Social Work Services and schools, and from a select group of our partners, particularly Fife Carers Centre and Fife Young Carers.

During the period of this strategy, we will review the timelines for preparing an ACSP and YCSs. Currently the timescale for offering a conversation is:

Critical/Intensive Within 10 working days (*Young carers - 1 week*)

Investing in support for unpaid carers in Fife

The financial position for public services continues to be challenging and the partnership must operate within significant budget restraints and pressures. The financial resources available to support this strategy are finite and limited to the additional funding made available by the Scottish Government.

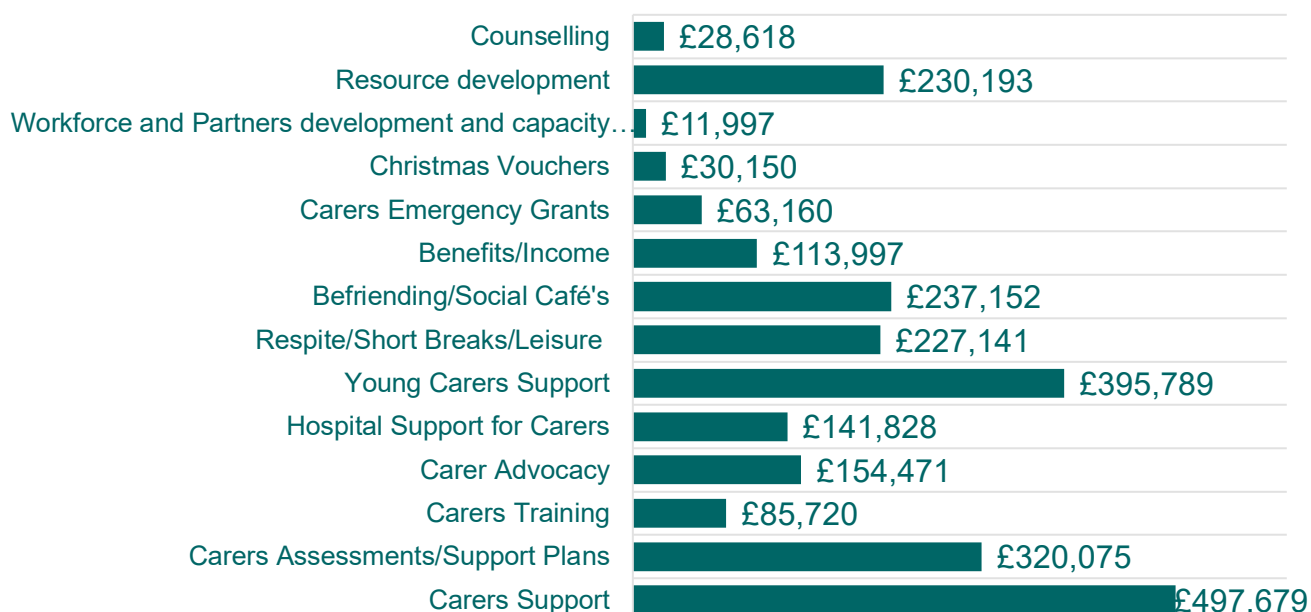
It is therefore critical that our resources are targeted appropriately and to support this the partnership have developed a Medium-Term Financial Strategy which sets out the resources available and ensures that they are directed effectively. The plan is available in the publications section of our website: www.fifehealthandsocialcare.org/publications. The Medium-Term Financial Strategy will inform decision making and actions required to support financial sustainability, including in support of this Carers Strategy.

The Scottish Government's financial memorandum that accompanied the introduction of the Act set out the funding expectations for each of the first five years after the Act's introduction. It states a national budget for supporting unpaid carers in 2023/24 will be £88.4millions. Fife's share of this is £5.2millions in 2023/24. We do not have confirmation of future budgets to support carers and our plans are based on reasonable assumptions that this level of funding will at least continue at the same level. The financial settlement from Scottish Government means the first year of this strategy is fully funded. We will review our commitments for each of the remaining years of the strategy once budgets settlements are known to ensure the funding available meets the commitments made. A reduction in funding levels will necessitate a review of the services we are able to commission and deliver.

In recent years the Cabinet Minister for Health and Sport wrote to Chief Officers to advise of the Government's expectations that the element of the local authority financial settlement that was identified to support the implementation of the carers act should be used to "*deliver a significant expansion in local carer support*". Our commitment to do so is expressed in the statement of intent.

Approximately £2.6millions has already been committed to support carers through voluntary sector partners.

Committed spend to voluntary sector support for unpaid carers



As well as the funding for voluntary organisations that we commission to support carers we have committed the following within the Health & Social Care Partnership, ensuring carers' voice and views are considered, they are directly supported, and they receive help to access support in their localities:

- £497,359 – 10 Social Work Assistants specifically supporting unpaid adult carers.
- £140,000 – 3 staff supporting the Wells and localities.
- £406,156 – 8 staff supporting public engagement and participation service.
- £500,000 – self-directed support for carers meeting local eligibility thresholds.
- £75,000 – 2½ staff to support self-directed support for unpaid carers

The Carers Strategy also aligned with the Partnership's supporting Commissioning Strategy. Through this, and through the planned service reviews, we will continue to promote and secure the best possible value for money that will deliver excellent support for carers.



Strategy Outcomes

Through consultation with carers, practitioners, and professionals we have identified five key outcomes that we will deliver during the period of this strategy, subject to the resources being available from the annual financial settlement.

The outcomes focus on prevention and early intervention where possible; building personal and community resilience; de-escalating risks and crisis to enable carers to cope with the minimal necessary support; promoting locality-based solutions where possible; and always providing positive opportunities for carers that provide the best value for the public purse.

They five high level outcomes are:

Outcome 1: information

Carers will have access to information, in a range of formats, that helps them to manage their caring role in their community, where and when they want it.

What benefits will this have for carers?

- Carers will have easy access to good quality information online and in their community.
- Carers will know who to ask for help, and how to access this information.
- Carers will be aware of the wide range of support and services they can access directly.

What carers said...

Our engagement and consultation exercise with carers reminded us that carers:

- Don't know what they don't know – we need to help them plug the information gap.
- Are time poor and often don't have the time, skills, or resources to seek out the best information to meet their needs.
- Are not always recognised or supported by professionals, partly because those professionals do not know what support is available to how to access it.



What we will do and how we will measure the success of our ambitions.

- 1.1 Prepare and deliver an awareness raising campaign that reaches every part of Fife.
- 1.2 Invest in the appropriate resources to help carers, practitioners, and professionals access information where and when they want it, and in formats that meet their needs.
- 1.3 Create an information service to host all sources of information from our partners.
- 1.4 Reinforce our approach to carer involvement at the local and organisation wide levels to ensure they have a voice that is recognised, well regarded, and used in decision making.
- 1.5 Measure carers' perceptions of the support we offer and commission.

Strategic Priority	Measure	Target 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.	Carers advise that they have access to high quality information.	80% of carers who respond to the annual survey report they have access to high quality information.
	Number of carers responding to the annual carers experience survey.	At least 350 ⁷ respondents per year.
	Carers who feel recognised as a carer by their health and social care professionals including GPs.	80% of carers who respond to the annual survey report they are recognised as carers by their GP.
	Carers who say communications have improved.	80% of carers who respond to the annual survey report that communications have improved.

⁷ Target based on a compound 10% annual increase of the number of carers responding to the annual carers experience; baseline 72 in 2020.

Outcome 2: coordinated support

Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.

What benefits will this have for carers?

- Carers will have confidence that they are supported to manage the care they provide, and the support they receive, without the need to repeat their situation time after time.
- Carers will have support to access other identified support outcomes within their ACSP or YCS.

What carers said...

- Carers don't understand why professionals are not sharing information about a person they are supporting together which leads to carers often repeating the same issues.
- "Ensure care packages are organised to commence, and medication is ready, when the patient is being discharged from hospital".
- Not all parts of the system work well. For example, "the admissions process works well when professionals communicate with each other. So should the hospital discharge".

What we will do and how we will measure the success of our ambitions.

- 2.1 Create a dedicated resource of 10 Social Work Assistants whose role will be to identify, assess and support carers through an Adult Carers Support Plan.
- 2.2 Invest to create and commission a wider range of opportunities for unpaid carers to look after their own health and well-being.
- 2.3 Review of all commissioned support for adult carers.
- 2.4 Develop a local commissioned carers organisation collaborative to improve cross organisation working and delivery a holistic approach to supporting carers in Fife.
- 2.5 Support all commissioned partners to achieve Carer Positive status.
- 2.6 Support the *Getting it Right for Everyone* (GIRFE) review as it relates to early intervention and managed transitions for carer based on their age and stage and needs for support.
- 2.7 Expand the commissioned independent income maximisation support for carers within the local 'Wells' model.

Strategic Priority	Measure	Target 2026
Improved outcomes for carers, and a reduction in any negative impact of their caring role on the carer's own health and wellbeing.	A wider range of opportunities is available for unpaid carers to look after their own health and well-being.	80% of carers who respond to the annual survey report that a wider range of support opportunities are available.
	Number of carers accessing income maximisation service through the Wells	At least 750 carers per year.
	Number of grants available to support carers in financial crisis linked to their ACSP outcomes.	80% of carers who respond to the annual survey report that access to grants is available if required.
	Number of ACSPs offered, accepted, and completed.	At least 2000 ACSPs per year are offered, accepted, completed, and recorded by the Health & Social Care Partnership.



Outcome 3: breaks from caring

We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role

What benefits will this have for carers?

- Carers will have access to the breaks and rest from caring to recharge their batteries and live a positive life alongside their caring role.

What carers said...

- Breaks from caring was the highest priority for all groups – and mentioned at every engagement event by most carer.
- “Arranging respite for my loved ones to allow me to go was a bit of a nightmare. Very stressful”.
- “I haven’t had a break because I can’t arrange overnight care at the same time for the two people I care for”.
- Carers want a wider range of breaks from caring including weekend, overnight and 2 -3 hours on a more regular basis.



What we will do and how we will measure the success of our ambitions.

- 3.1 Invest to increase significantly the range of micro-breaks that are available to carers with an Adult Carer Support Plan.
- 3.2 Ensure commissioned services include travel assistance to help unpaid carers who lack transport, are time poor, or live or care in a rural area which affects their ability to access the support they need.
- 3.3 Commission a voluntary sector partner to deliver a ‘*Respitality*⁸’ short breaks service for carers in Fife, as previously agreed.
- 3.4 Review our Short Breaks Service Statement to include a market stimulation and local capacity building plan.

Strategic Priority	Measure	Target 2026
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.	Number of micro-breaks that are available to carers with an Adult Carer Support Plan.	A net increase of at least 4,361 hours of micro-breaks offered per year to carers with an Adult Carer Support Plan.
	Number of commissioned services which include providing travel assistance in their service standards.	80% of new services commissioned include a requirement to facilitate and assist with travel access when required.
	Number of ‘ <i>Respitality</i> ’ short breaks services provided for carers.	At least 100 short breaks in the hospitality sector offered per year.
	Carers who access a break say their quality of life is improved after a short break.	80% of carers who respond to the annual survey report that their quality of life has improved because of a short break.

⁸ ‘*Respitality*’ is a project, led by Shared Care Scotland, that aims to provide a short break for unpaid carers in Scotland when they need it most by connecting carers and carers’ organisations with hospitality, tourism and leisure businesses who are willing to donate a break free of charge.

Outcome 4: early/upstream identification

Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time

What benefits will this have for carers?

- Carers will be supported from the earliest opportunity through more proactive recognition of their role as a carer.
- Carers will experience a seamless service through the transitions between services, including early referral and access to supports that help them to manage their caring roles effectively, preventing crisis by developing coping strategies that help carers thrive.

What carers said...

- “We are not always involved in the care decisions for the person we care for.”
- Doctors don’t always know, or ask, if they are a carer or what support the carer might need
- Want more interaction from doctors so that they know who they are caring for.

What we will do and how we will measure the success of our ambitions.

- 4.1 Invest up to £500k per year to offer a £200 grant to carers who don’t meet eligibility criteria and whose identified support needs cannot be met from the universal support.
- 4.2 Support the continuous professional development for practitioners and professionals to support carers by encouraging all colleagues to complete Equal Partners in Care training.
- 4.3 Proactively identify carers from service users reviews to offer support to the carers.
- 4.4 Incorporate recommendations in the National Care Service as they relate to early intervention to support carers.
- 4.5 Introduce specialist carer support to older carers, carers in need of postural support (including support for safe moving and handling), carers of people with life-threatening chronic illness such as cancer or stroke, carers' palliative support and to access bereavement support.
- 4.6 Enhance the support already in place for carers to secure a Power of Attorney for the person they care for to include grants of up to £500 per case to help with legal costs, where this support is an identified personal support outcome for the carer.
- 4.7 Commission a proactive, early intervention and coordination service to identify and support carers in hospital settings at the point of admission of the person they care for.
- 4.8 Review the local Eligibility Criteria to ensure it meets best and common practice with a view to increasing opportunities for earlier intervention that is also fully aligned to national Carers Strategy and National Care Service.
- 4.9 Review the timescales for ACSPs and YCSs.

Strategic Priority	Measure	Target 2026
An improvement in people's experience of support for carers in Fife, as evidenced by positive feedback and increased user satisfaction.	Number of carers offered grants to meet their needs for support.	At least 2500 carers per year are offered a small grant to meet their identified needs for support
	Carers are supported to secure new Powers of Attorney.	At least 200 carers per year are supported to secure new Powers of Attorney
	Number of employees within the health and Social Care Partnership who have completed Equal Partners in Care (EPIC) training.	100% of employees have completed Equal Partners in Care (EPIC) within the last 3 years.



Outcome 5: Supporting young carers in Fife

Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role

We understand that young carers' needs for support will be different to the needs of adult carers. With the help of Fife Young Carers and schools across Fife, we asked young carers what support would be most helpful to them. About 100 young carers gave their views that the included:

- Breaks from their caring role.
- Help to study for with school work.
- Time for themselves and with friends, and their own quality time with their parents.
- Better awareness and understanding about their care role including from school.
- A safe space to talk about their own needs.

What benefits will this have for carers?

Young carers will have improved access to a wide range of services and support that help them to meet their personal caring, social and learning goals. They will benefit from specific financial support where this is needed to meet these identified outcomes where financial hardship impacts on their quality of life and education because of their caring role.

What carers said...

Our engagement and consultation exercise with young carers confirmed that young carers:

- Feel caring impacts on their studies and they need additional support to keep up.
- Want more carer awareness raising in schools, understanding of their caring role, and more help with schoolwork.
- Need more opportunities to have time away from their caring role including quality time with parents and friends.
- Greater opportunity to talk to someone about their caring role, its impact and support to develop individual coping strategies to help their own mental health.



What we will do and how we will measure the success of our ambitions.

- 5.1 Pilot young carers' access to additional study support on an individual basis or by providing replacement care.
- 5.2 Expand the young carers education support service to all 152 schools in Fife thereby ensuring no young carer is left behind.
- 5.3 Support digital connectivity for young carers by contributing to the costs and ensuring deprivation and financial hardship are not a barrier to learning and social connections.
- 5.4 Invest in a range of young person focused mental health and well-being services.
- 5.5 Review our approach to proactively identifying unpaid carers (young and adult) at the school entrance to ensure all carers are being offered support to meet their needs.
- 5.6 Invest in an appropriate range of Short Break Options specifically for young carers.
- 5.7 Ensure commissioned services include travel assistance to help young carers to access the support they need.
- 5.8 Support the befriending service for young carers to increase volunteer support and ensure they are adequately supported, resulting in more opportunities for young carers.
- 5.9 Expand the capacity of the one-to-one support for young carers to ensure the service is available Fife wide and without delay.

Strategic Priority	Measure	Target 2026
An improvement in young carers experience of support as evidenced by positive feedback and increased user satisfaction.	Number of young carers accessing study support.	At least 200 young carers accessing study support per year.
	Education support is available to young carers in all Fife schools.	All 152 schools in Fife can provide education support to young carers.
	Number of young carers enabled to access school and social activities who otherwise would not be able to access this at a time and place of their choosing.	At least 60 young carers per year are enabled to access school and social activities.
	Number of commissioned services available to young carers.	At least 40 additional young carers per year receive one-to-one support including YCSs.
	Number of young carers responding to the dedicated young carers experience survey.	At least 100 respondents per year.
	Young carers who access a support say they feel better supported.	75% of young carers who respond to the annual young carers experience survey report that they feel supported in their role as an unpaid carer.

Monitoring and Review

We will monitor our delivery towards this strategy through a range of activities including:

- An annual carers' experience survey.
- Quarterly performance and monitoring reports through the Health and Social Care Partnership's leadership, board, and committees.
- An active contract management process for all commissioned partners.
- Internal quality checks which will be incorporated into the partnership's evolving performance and quality monitoring to inform continuous professional development, workforce support and the carers' experience of the service.

This collection of information, plus other appropriate information, will inform an Annual Report. In turn this will inform our future service planning.

In addition to the internal monitoring and review, the Scottish Government requires that we provide an annual return of information relating support for unpaid carers – the carers census.

Finally, this strategy includes a specific recommendation to undertake an independent audit of our support for unpaid carers. This will identify the progress, continuous improvements, and experience of unpaid carers. The audit will inform the next carers strategy and service planning, and other associated service plans as they relate to unpaid carers. The independent audit will include the involvement of unpaid carers in its planning and deployment and will report in 2026.



Appendices

- Glossary of Terms
- Legal Requirements and Key Guidance.
- Summary of engagement activity taken place and a sample of feedback.
- Our partners
- Summary delivery plan outcomes
- Summary of achievements from 2019 – 2022 carers strategies

Want to know more

This strategy gives readers the highest level of information to aide their understanding of our commitment. The strategy providers readers with information about the range of activities we aim to achieve. It is supported by delivery plans, risk, and equality assessments.

An easy read version of this strategy will be available from the partnership's website www.fifehealthandsocialcare.org/carers.

Versions will also be available in large print and Braille for those with sensory sight loss.

All these documents are openly available on our web-site pages, www.fifehealthandsocialcare.org/carers dedicated for carers.

Glossary of terms

“The Act” or “Carers Act”	The Carers (Scotland) Act 2016 and any regulation passed after this which relate to the Act.
Carers or unpaid carers	Section 1 of the Act defines a carer as any individual, save for certain exceptions, who provides or intends to provide unpaid care for another individual. This does not include paid caring work.
Young Carers	Section 2 of the Act defines a young carer as under 18 years old or has attained the age of 18 years and remains a pupil at school.
Adult Carers	Section 3 of the Act defines an “adult carer” as a carer who is at least 18 years old but is not a young carer.
“ACSP”	Adult Carer Support Plan
“YCS”	Young Carers Statement.
“FHSCP”	Fife Health and Social Care Partnership.
“IJB”	Integration Joint Board.
“GIRFE”	Getting it Right for Everyone - a proposed multi-agency approach to health and social care support and services from young adulthood to end of life care.



Legal requirements and key guidance

The preparation of this strategy is governed by specific duties as laid out in various sections within the Carers Act. These include the following duties which have shaped the process of developing the strategy:

- Part 4 of the Act places a duty on the authority to involve carers in carer services. This includes planning services, the development of this strategy and the review of services and policies as they relate to the discharge of duties laid out in the Act.
- Sections 31, 32 and 33 within part 5 of The Act requires local carer strategies to be developed across Scotland. These set out plans to identify carers, provide support and services to adult and young carers and provide information about local support. This duty is delegated to integration joint boards. Section 31(2) of the Act sets out the specific requirements for inclusion in the local carer strategy with subsection (4) detailing who the authority must consult including carers and their representatives.
- Additional consideration has been made to the Statutory Guidance relating to the Act and the National Carers Strategy of December 2022.

Summary of engagement activity undertaken to inform this strategy

Our engagement exercises took place in late 2022. They were promoted through our partners, online using social media, and by word of mouth. We held 11 engagement events, one in every locality (two each in the more rural localities for northeast Fife and southwest Fife), plus two online sessions. A consultation questionnaire was also made available online and in paper form. Separate consultations were held with young carers. Carers also contributed through separate opportunities to other strategies including the partnership's Strategic Plan, Home First Strategy and Dementia Strategy.

There were 111 participants to the engagement exercise plus around 100 young carers. The conversations at the locality events provided a rich seam of information with common themes quickly emerging through the separate events and consultation feedback. Through the exercise we sought carers' views on five broad themes:

- Your Caring Journey – carers' experience of caring
- Information, Advice and Guidance
- Practical Support – Support as a Carer
- Balancing Your Caring Role – Having a Life Alongside Caring
- Physical, Emotional and Mental Well-being

At the engagement events and through the consultation questionnaires three key themes were repeated often (plus workforce development interlinking them all). These themes will be used to inform the future strategy and include:

- **Information** – Carers don't know what they don't know, and therefore don't know what help to ask for or who to ask.
- **Coordinated support** – Carers feel they would benefit from greater coordination of the support for themselves and the persons they care for.
- **Breaks from caring** – Carers advised that they are seldom able to take a break from their caring role due to a range of issues including lack of available options.

Inevitably when asking for carers' views there were some that were less positive. We understand that these comments are carers' reality and personal experience and therefore we must consider them as opportunities to learn and improve. Here are some direct comments made by unpaid carers:



Balanced against these comments were carers who applauded and celebrated the help they had received, particularly from our third sector partners, such as:

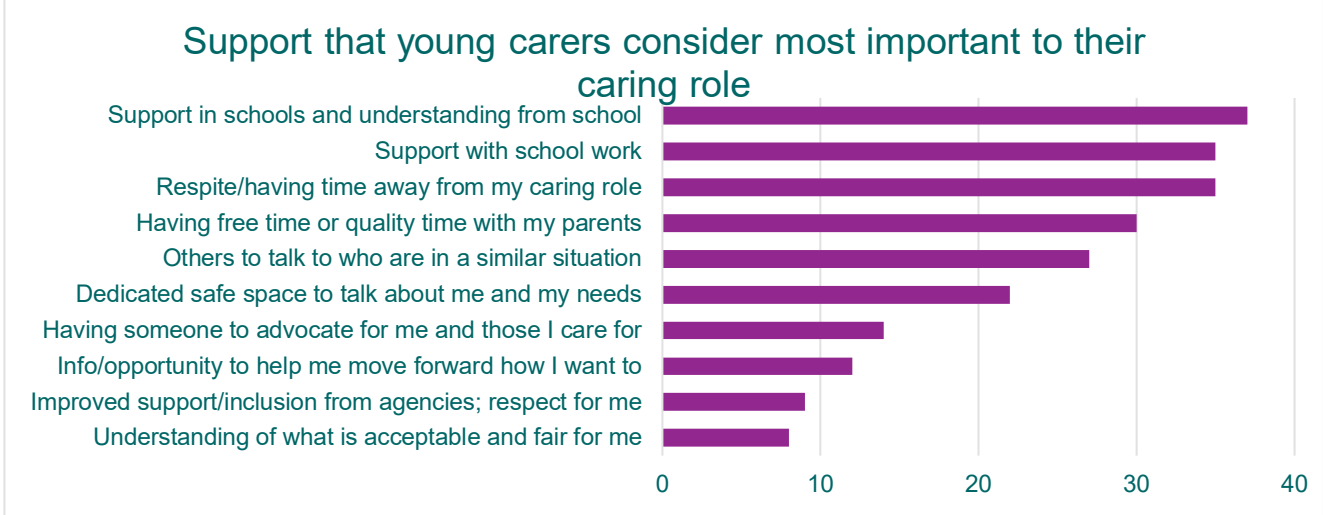
“I was able to access Creative Breaks through Fife Carers Centre. This provided me with a much-needed break from my caring role. However, arranging respite for my loved ones to allow me to go was a bit of a nightmare.”

As well as the direct comments from carers we used the consultation questionnaire to assess carers perceptions of the support we have made available. Notwithstanding the low number of responses (66) carers told us the following:

- Too few of the carers who responded to the consultation had been offered and accepted an Adult Carer Support Plan. Of those who did over 71% felt it met their support needs, 70% agreed it helped them consider their personal goals and a similar number confirmed it was developed through a conversation.
- 43% of respondents felt information and advice is easy to access; 66% said the information and advice they received was quite or very helpful.
- 61% of carers said they had experienced some financial difficulties in the past year; 39% in a great deal of difficulty.
- 88% of carers say they do not have enough time to do things they value and enjoy.
- Nearly 32% of carers had little or no social contact and feel socially isolated.
- 25% of carers feel they are not able to look after their own health; 45% say they sometimes can't look after themselves well enough.
- Only 14% of carers feel emotionally well and have good coping mechanisms; 23% feel helpless and unable to cope; nearly 63% sometimes feel unable to cope.
- 68% of carers do not feel recognised, valued, and supported in their caring role by professionals.

Young Carers

Separate engagement activities took place with young carers through an online survey issued to secondary school pupils with 81 responding, and 20 primary aged young carers sharing their experiences in focus groups supported by Fife Young Carers. The young carers were aged between 11 and 17 and came from every locality in Fife. Their priorities include:



Young carers experience difficulty in the following areas:	
Socialising and making friends	23%
Finding time for homework and studying	25%
Supporting the mental health of the person I care for	18%
Time management	5%
General caring duties	13%

Conclusions and recommendations

The analysis of the engagement conversations and responses to the consultation questionnaires led us to make a range of improvements and investments proposals including:

- **Information** – an information and awareness raising campaign across all localities, supported by additional link officers, with the aim to improve carers’ and professionals’ understanding of carers’ rights and the support available to carers, and our duties to them.
- **Coordinated support** – an improvement to the approach to support carers with dedicated case worker support to help carers navigate the support available, establish and thrive in their caring role, and become self-reliant. This will be linked to the GIRFE work.
- **Breaks from caring** – to invest significantly in the type and variety of break caring including easy access to very short/micro-breaks as a measure to prevent carer crisis.
- **More early/upstream work** – work with the widest possible range of professionals and practitioners such as GPs, nurses, hospital admission staff, ward staff and social workers, teachers, and teaching assistants, to raise awareness of their role in identifying carers and referring for appropriate support.

Other specific considerations made by carers include the following improvements:

- Support for carers of people with stroke or cancer – like dementia support and other neurological conditions
- Moving and handling training support for carers
- Funding to help carers with more efficient travel/time management
- Increase support for young carers in school – a study-help and tutoring support service

When asked what one thing would make a difference to support you as a carer, as well as comments that fed into the conclusions above, carers made the following comments.



Our partners

Below we list the partners who deliver each of the services we offer.

Fife Carers Centre	Fife Young Carers	Fife Voluntary Action	Circles Network
Citizens Advice & Rights Fife	Deafblind Scotland	https://www.fife.gov.uk/kb/social-care	Carers UK Free access code DGTL6234
Change Mental Health	https://www.fifehealthandsocialcare.org/your-community/the-well	Fife Sports & Leisure Trust	Nourish
Link Living	Crossroads Fife	Homelands Trust	Respite Fife
Fife Forum	Kindred Advocacy	Autism in Fife	PAMIS

Figure 2 - Our partners in supporting carers.

To find out more information about each of our partners, including specifically what support they offer to unpaid carers and how to access this support, visit <https://www.fifehealthandsocialcare.org/carers> or the partners' own web-site.

Summary of delivery plan outcomes

Strategic Priority	Measure	Target 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.	Carers advise that they have access to high quality information.	80% of carers who respond to the annual survey report they have access to high quality information.
	Number of carers responding to the annual carers experience survey.	At least 350 respondents per year.
	Carers who feel recognised as a carer by their health and social care professionals including GPs.	80% of carers who respond to the annual survey report they are recognised as carers by their GP.
	Carers who say communications have improved.	80% of carers who respond to the annual survey report that communications have improved.
Improved outcomes for carers, and a reduction in any negative impact of their caring role on the carer's own health and wellbeing.	A wider range of opportunities is available for unpaid carers to look after their own health and well-being.	80% of carers who respond to the annual survey state that a wider range of support opportunities are available.
	Number of carers accessing income maximisation service through the Wells	At least 750 carers per year.
	Number of grants available to support carers in financial crisis linked to their ACSP outcomes.	80% of carers who respond to the annual survey report that access to grants is available if required.
	Number of ACSPs offered, accepted, and completed.	At least 2000 ACSPs per year are offered, accepted, completed, and recorded by the Health & Social Care Partnership.
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.	Number of micro-breaks that are available to carers with an Adult Carer Support Plan.	A net increase of at least 4361 hours of micro-breaks offered per year to carers with an Adult Carer Support Plan.
	Number of commissioned services which include providing travel assistance in their service standards.	80% of new services commissioned include a requirement to facilitate and assist with travel access when required.
	Number of ' <i>Respitivity</i> ' short breaks services provided for carers.	At least 100 short breaks in the hospitality sector offered per year.

Strategic Priority	Measure	Target 2026
	Carers who access a break say their quality of life is improved after a short break.	80% of carers who respond to the annual survey report that they feel their quality of life improved because of a short break.
An improvement in people's experience of support for carers in Fife, as evidenced by positive feedback and increased user satisfaction.	Number of carers offered grants to meet their needs for support.	At least 2500 carers per year are offered a small grant to meet their identified needs for support
	Carers are supported to secure new Powers of Attorney.	At least 200 carers per year are supported to secure new Powers of Attorney
	Number of employees within the health and Social Care Partnership who have completed Equal Partners in Care (EPIC) training.	100% of employees have completed Equal Partners in Care (EPIC) within the last 3 years.
An improvement in young carers' experience of support as evidenced by positive feedback and increased user satisfaction.	Number of young carers accessing study support.	At least 200 young carers accessing study support per year.
	Education support is available to young carers in all Fife schools.	All 152 schools in Fife can provide education support to young carers.
	Number of young carers enabled to access school and social activities who otherwise would not be able to access this at a time and place of their choosing.	At least 60 young carers per year are enabled to access school and social activities.
	Number of commissioned services available to young carers.	At least 40 additional young carers per year receive one-to-one support including YCSs.
	Young carers who access a support say they feel better supported.	75% of young carers who respond to the annual young carers experience survey report that they feel supported in their role as an unpaid carer.

Summary of achievements from 2019 – 2022 carers strategies

Since this strategy was agreed in summer 2018, we have achieved a great deal in truly exceptional circumstances. The impact of the pandemic cannot be measured formally although it clear had a deep and costly effect on unpaid carers’ resilience while significantly raising the role of carers and the issue of support for them.

Not all the commitments made were fully delivered because of the pandemic, but many additional measures to support carers were introduced and delivered concrete benefits.

In summary, we have achieved a great deal; we have much still to do, and we are committed to achieving our overall mission to support carers. Below is an update on the actions we have completed over the last three years.

Adult Carers Strategy	Young Carers Strategy	We did
Carers have information, advice, and guidance they need.	Being involved – access to high quality information about their role and seen as a valued expert in this caring role.	<p>Produced a suite of leaflets about carers’ rights.</p> <p>Created new content specifically for adult carers on our website.</p> <p>Improved information available for young carers on-line.</p> <p>Purchased access for all carers in Fife to Carers UK’s Digital Resources.</p> <p>Invested in staff for the Wells to provide carers with information and support.</p> <p>Commissioned a range of new advocacy and information services.</p> <p>Commissioned training for staff and partners.</p> <p>Created a new public engagement team to better hear carers’ views.</p> <p>Commissioned capacity building support for all commissioned partners.</p> <p>Additionally, we have commissioned to increase the capacity of partner organisations to identify and support young carers in schools and elsewhere, to offer and complete Young Carers Statements.</p>
Carers have access to meaningful practical support.	Sharing responsibility – access to appropriate support and information.	<p>We have significantly increased the independent support for carers through new commissions in the following ways:</p> <ul style="list-style-type: none"> • New support in every locality increasing ease of access to ACSP • New support for carers of people with mental health • New support for carers of people with sensory loss • New independent advocacy. • New support for carers of people with neurological conditions

		<ul style="list-style-type: none"> • New help for carers to secure Power of Attorney. • New income maximisation advice. • Doubled the support available to carers of people with dementia • Quadrupled the hospital discharge support for carers - now in every hospital in Fife. <p>Provided access to ENABLE Scotland's Emergency Planning toolkit.</p> <p>Digital support for young carers.</p> <p>Provide coordinated access to PPE throughout the pandemic.</p>
Carers feel they have social support from a variety of sources.	Making connections – able to access activities important to them and develop friendships and relationships.	<p>Promoted the wide range of commissioned support, including contact details for self-referral.</p> <p>Commissioned therapeutic and peer supports specifically for carers with specific mental health support needs, and for young carers.</p> <p>Invested in a range of befriending services for all carers.</p> <p>Commissioned Link Living to run a social carers café in northeast Fife.</p> <p>Hosted the first carers gathering during Carers Week.</p> <p>Raised profile carers' rights through social media campaigns.</p>
Carers can take breaks from caring to live their own active life.	Balancing time – to balance their caring role and time for themselves, including breaks from caring.	<p>Matched the funding for Creative Breaks for adults.</p> <p>Reintroduced the Time for Me breaks for young carers.</p> <p>Invested to increase capacity of the short breaks team specifically to support unpaid carers.</p> <p>Allocated £0.5M for carers' self-directed support options.</p> <p>Increased financial support for young carers breaks.</p>
Carers experience is positive, involved, and balanced.	Emotional wellbeing – access to correct support to help them deal with emotional side of caring and build resilience to cope.	<p>Offered learning and self-advocacy support through Carers UK's Digital Resource.</p> <p>Invested in digital support for young carers.</p> <p>Created a Carers Community Chest to provide support for carers to create meaningful breaks and support in their locality.</p> <p>Commissioned support to help carers to express their voices in planning and decisions.</p> <p>Re-introduced access to health and fitness clubs through a partnership with Fife Sports and Leisure Trust.</p> <p>Offered carer emergency grants, crisis travel support and Christmas voucher schemes.</p>



“All carers will have access to high quality information and support at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to help them live a happy and fulfilling life alongside their caring role”.

Published: July 2023





Carers Strategy for Fife

2023 – 2026

Delivery Plan 2023

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Forward

This Delivery Plan relates to the refreshed Carers Strategy 2023 to 2026.

The strategy outlines plans at a high level to support carers and provide the information they need to help flourish and thrive as a carer for as long as they wish to. The strategy notes five key outcomes all of which contribute to our delivery of the duties that are noted in the Carers (Scotland) Act 2016. The strategy and this delivery plan will link to and support, and be supported by, other enabling strategies and delivery plans within the partnership.

This Delivery Plan details the high-level expectations as noted in the Health and Social Care Strategic Plan 2023 – 2026, that we will progress during 2023/24. An operational and more detailed operational Delivery Plan is in place which includes greater detail what, when and how the outcomes will be delivered.

The Partnership's Strategic Planning Group has oversight of the Delivery Plan and provides regular reports to the Quality and Communities Committee, and on to the Integration Joint Board, as noted in the strategy.

Fiona McKay

Head of Strategic Planning, Performance and Commissioning

Lead for Carers Strategy

Carers Strategy Summary

The Carers Strategy for Fife 2023 – 2026 links directly to many of the priorities within the Fife Strategic Plan for 2023 to 2026 and to the enabling strategies that focus on how we will deliver the support and services to people in Fife. Specifically, the strategy contributes to the Sustainable theme, making “*a Fife where we will ensure services are inclusive and viable*”, where there are four specific commitments relating to unpaid carers. These are:

- To complete a review of our short breaks service statement and commission a significant increase in the number, variety, and availability of breaks from caring for unpaid carers.
- To encourage and enable carers to look after their own health and well-being including through social connections, locality and community-based support and sports and leisure activities.
- To review and update our local eligibility criteria and seek to establish a new approach to preventing crisis through earlier intervention, learning from others’ experiences, and adopting the premises within the National Carers Strategy published in November 2022.
- To commission a full independent audit and impact assessment of our approach to inform our plans for investment and improvement.

Our Carers Strategy contributes to the Outcomes theme, helping to create “*a Fife where we will promote dignity, equality and independence*”. This will involve supporting our colleagues by building their confidence, skills, and knowledge so they are better able to help unpaid carers.

The strategy also contributes the new National Carer Strategy¹, December 2022 which sets out five outcomes for unpaid carers which our previous and new local strategies support. They are:

- Living with COVID-19
- Valuing, recognising, and supporting carers
- Health and social care support
- Social and financial inclusion
- Young Carers

The strategy contributes to achieve outcome six of the National Health and Wellbeing Outcome for Health and Social Care: “*People who provide unpaid carer 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*”, and to the Public Health Priorities for Scotland and specifically to priority 2, “*A Scotland where we flourish in our early years*”.

The Fife Health & Social Care Partnership’s Board has endorsed a statement of intent that says our commitment is to “*ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles*”. This statement supports the amended vision within the Carers Strategy.

¹ National Carer Strategy, December 2022, <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/12/national-carers-strategy/documents/national-carers-strategy/national-carers-strategy/govscot%3Adocument/national-carers-strategy.pdf>, accessed 9/3/23

Carers Strategy Vision

Carers Strategy for Fife 2023 – 2026, Summary of Strategy outcomes

The five high level outcomes in the Carers Strategy, which are supported by a separate detailed delivery plan, are:



Supporting Carers

Our general approach to supporting unpaid carers is through early intervention, prevention and supporting every carer whenever and wherever to best meet their needs. This will be through partnership working in localities wherever possible.

We have a longstanding history of working closely in partnership with third sector partners. We know that carers enjoy the high degree of professionalism, expertise, and independence that our third sector partners are renowned for. We fully intend to continue to commission support for carers through these partnerships, and where possible to enhance this approach.

In previous years we have commissioned a wide range of support for unpaid carers that are free-to-access for any carer – universal carer support. This has been the foundation upon which we will build; a foundation that means every carer who wants and needs support will be able to access it before their caring role breaks down.

As we deliver this plan, we will extend the scale and scope of these universal supports to reach more carers in places they can most easily access them. Where possible we will stretch the public funding and limited resources that are available to meet the needs of more carers who, without our support, may find their caring role becoming more difficult. This preventative and early intervention approach will help reduce carer crisis and help carers to live a balanced life well alongside their caring role.

Universal support will remain the cornerstone of our approach. Some of this will be through direct access to more robust information that is easy of access which carers will be able to use to improve their own situation and wellbeing. Other elements will be through referral, including self-referral, to partners who will offer advice, assistance, and direct support. We will enhance the tailored support that is available to carers in greatest need including more resources to support carers' own access to self-directed support to meet their personal needs for support, whatever these may be.

Carers Strategy - Delivery Plan for 2023

Sustainable - A Fife where we will ensure services are inclusive and viable		
<p>Carers Strategy</p> <p>Where do we want to be in 2026?</p> <p>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.</p>	<p>Outcome 1: Information</p> <p>Carers will have access to information where and when they want, that helps them to manage their caring role.</p> <ul style="list-style-type: none"> • Prepare and deliver an awareness raising campaign that reaches every part of Fife. • Invest in the appropriate resources to help carers, practitioners, and professionals access information where and when they want to. • Reinforce our approach to carer involvement at the local and organisation wide levels to ensure they have a voice which is recognised, well regarded, and used in decision making. 	<p>In 2023, we will:</p> <ul style="list-style-type: none"> • Recruit 3 link officers to lead on carer awareness raising and campaigns. (September 2023). • A carer awareness plan will be in place. (September 2023). • Produce a range of hard copy information resources for unpaid carers. Available also online. (August 2023). • Complete a review and update of the of the web-site information available to support unpaid carers. (March 2024). • Review and plan improvements to reinforce our approach to carer involvement at locality and organisation levels. (September 2023).
<p>Carers Strategy</p> <p>Where do we want to be in 2026?</p> <p>Improved outcomes for carers, and a reduction in any negative impact of their caring role on the carer's own health and wellbeing.</p>	<p>Outcome 2: Co-ordinated Support</p> <p>Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.</p> <ul style="list-style-type: none"> • Invest to create a dedicated resource of 10 social work assistants whose role will be to identify and support carers throughout the first year of their caring role. • We will invest to create and commission a wider range of opportunities for unpaid carers to look after their own health and well-being. 	<p>In 2023, we will:</p> <ul style="list-style-type: none"> • Recruit 12 additional staff within the partnership whose primary role will be to identify and support unpaid carers. (September 2023). • Invest in a range of additional supports for carers as agreed through the strategy review and investment plan. (March 2024). • Complete a review and gap analysis with all commissioned partners whose outcomes including practical, social or health support. Identified improvement included in 2024/25 delivery plan. (March 2024)

<p>Sustainable - A Fife where we will ensure services are inclusive and viable</p>		
	<ul style="list-style-type: none"> • Undertake a root and branch review of all externally commissioned support for adult carers and streamline the support available ensuring greater cross organisation working and a holistic approach to supporting carers' needs. • Support the Getting it Right for Everyone review as it relates to early intervention and managed transitions for carer based on their age and stage and needs for support. • We will expand the commissioned independent income maximisation support including embedding welfare advice for carers within the Well model and provide access to grants for to support carers in financial crisis linked to their Adult Carer Support Plan or Young Carers Statement outcomes. 	<ul style="list-style-type: none"> • Complete a review of all commission services' service level agreement to ensure alignment to the agreed Carers Strategy for Fife 2023 – 2026. (March 2024). • Identified improvement to support GIRFE for relating to carers is included in 2024/25 delivery plan. (March 2024). • Commission an increase to the commissioned income maximisations service linked to Wells and localities. (September 2023). Service fully in place by (August 2023). • 750 carers accessing income maximisation service through Wells (CARF).
<p>Carers Strategy</p> <p>Where do we want to be in 2026?</p> <p>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.</p>	<p>Outcome 3: Breaks from Caring</p> <p>We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role.</p> <ul style="list-style-type: none"> • We will complete a review and update our short breaks service statement (SBSS). • We will invest to significantly increase the range of micro-breaks that are available to carers with an Adult Carer Support Plan, regardless of them meeting the eligibility criteria, as a measure of preventing crisis. • Ensure all commissioned services include providing travel assistance into their service 	<p>In 2023, we will:</p> <ul style="list-style-type: none"> • Review of our Short Breaks Service Statement including a developing a plan to increase the supply of a wide range of types of short break which will help reduce and prevent carer crisis and sustain them in their caring role. (March 2024) • Commission significant increase in short breaks for unpaid carers linked to their Adult Carer Support Plan outcomes. 4361 additional hours available. (March 2024). • Complete a review of all commission services' service level agreement to ensure alignment to the agreed Carers Strategy for Fife 2023 – 2026.

Sustainable - A Fife where we will ensure services are inclusive and viable		
	<p>standards for every unpaid carer who is short of time.</p> <ul style="list-style-type: none"> We will commission a voluntary sector partner to deliver a Respite short breaks services for carers in Fife, as previously agreed. 	<p>New agreements to include requirement to facilitate and assist with travel access when required. (March 2024).</p> <ul style="list-style-type: none"> Commissioned service in place. (September 2023) Offering >100 short breaks in the hospitality sector each year. (March 2024).
<p>Carers Strategy</p> <p>Where do we want to be in 2026?</p> <p>An improvement in people's experience of support for carers in Fife, as evidenced by positive feedback and increased user satisfaction.</p>	<p>Outcome 4: Early/Upstream Identification</p> <p>Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time.</p> <ul style="list-style-type: none"> We will review the local eligibility criteria to ensure it meets best and common practice with a view to increasing opportunities for earlier intervention that is also fully aligned to national carers strategy and national care service. Invest £500k to offer a grant of £200 to any carer to meet their defined Adult Carer Support Plan outcomes regardless of eligibility to support early prevention of escalation of need. We will undertake a workforce skills review regarding support for carers and publish and deliver to ensure continuous professional development for all practitioners and professionals. We will undertake a proactive review of all social work service users to determine who in their life is an unpaid carer and seek to establish contact with them. 	<p>In 2023, we will:</p> <ul style="list-style-type: none"> Complete the review and refresh of the Carers Strategy including engagement with a wide range of stakeholders. (30 September 2023). Identify opportunities for improvement in carers' experience including additional investment. (30 September 2023). Resume the annual carers experience survey to test carers' views and the impact of the support we commission. Report conclusions. (30 September 2023). Review and publish revised eligibility criteria for adult and young carers in line with national guidance and best practice. (December 2023). Offer up to 2500 carers a small grant to meet their identified needs for support. (March 2024). Double the number of Health & Social Care Partnership staff who have completed EPIC training. 128 completions recorded. (March 2024).

<p>Sustainable - A Fife where we will ensure services are inclusive and viable</p>		
	<ul style="list-style-type: none"> • We will review and incorporate recommendations including in the National Carer Strategy and National Care Service as regard to early intervention to support carers. • Reduce the timescales for developing of an Adult Carer Support Plan including clearly defined outcomes. This will be linked to outcome 2.1 and include minimum standards to trigger reviews. • Support carers to secure a Power of Attorney including offering grants of up to £500 per case to help with legal costs and registering an agreement with the office of the public guardian. 	<ul style="list-style-type: none"> • >2000 Adult Carer Support Plans offered, accepted, completed, and recorded by Health & Social Care Partnership staff – linked 12 additional staff. (March 2024). • Full review of alignment completed. Additional investment, improvement and actions included within 2024/25 delivery plan. (March 2024). • Review of timescales for Adult Carer Support Plans and Young Carers Statements completed. Plan in place to improve standards. (September 2023). • Scope of currently commissioned service review completed and extended to include this specific outcome. (September 2023). • >200 carers supported to secure new Powers of Attorney. (March 2024).
<p>Outcomes - A Fife where we will promote dignity, equality and independence</p>		
<p>Carers Strategy Where do we want to be in 2026? 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</p>	<p>Outcome 5: Supporting young carers in Fife Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role.</p> <ul style="list-style-type: none"> • Pilot in two school cluster groups to provide young carers with additional study support. (Fife Education Services). 	<p>In 2023, we will:</p> <ul style="list-style-type: none"> • Service established through Education Services. (September 2023) • >100 young carers accessing study support. (March 2024). • Commissioned service extended. >40 additional young carers receive one-to-one support including Young Carers Statements. (March 2024). • >60 young carers enabled to access school and social activities who otherwise would not be able

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

prepared within published timescales.

- Expand the young carers education support reach all 152 schools in Fife thereby ensuring no young carer is left behind.
 - Digital connectivity support for young carers helping them by contributing to the costs and ensuring deprivation and financial hardship are not a barrier to learning and social connections.
 - Invest in a range of young person focused mental health and well-being services.
 - Review of our approach to proactively identifying unpaid carers (young and adult) at the school entrance to ensure all carers are being offered appropriate support to meet their needs.
 - Support young carers from across Fife to access specific support to meet their needs through safe travel to individual and group support sessions at Fife Young Carers new centre in central Fife.
 - Additional support for the befriending service for young carers to increase volunteer support and ensure they are adequately supported, resulting in more opportunities for young carers.
 - Expand the capacity of the one-to-one support for young carers to ensure the service is available Fife wide and without delay.
- to access this at a time and place of their choosing. (March 2024)
- Plan in place to increase the range of mental health support available for young carers. Improvements included in 2024/25 delivery plan. (March 2024)
 - Plan in place to promote awareness of support for carers (young and adult). Improvements included in 2024/25 delivery plan. (March 2024).
 - Review young carers commission services' service level agreement to include helping young carers with travel access when required. (March 2024).
 - Review outcomes and impact of commissioned befriending service with Fife Young Carers. Plan for 25% net increase in the opportunities for young carers through befriending volunteers. (March 2024).
 - Expand the existing commissioned service. >200 additional young carers supported. (March 2024)
 - Net increase of 2.7FTE staff in Fife Young Carers. (March 2024)

Monitoring and Review

On a quarterly basis we will report the uptake of support for unpaid carers through the Health and Social Care Partnership governance committees including the Carers Strategy Group. We will prepare quarterly flash reports noting the progress of the implementation of this delivery plan.

Our commissioned partners will provide information about their performance through the partnerships contract management processes.

Team leaders and service managers will be encouraged to undertake local audits and observations to inform continuous professional development and workforce support through coaching and learning.

Annually, during Carers Week, we will survey carers and ask them to report on their experience as a carer has changed. The questions are based on independent academic research used to understand carers' quality of life.

Our performance on the implementation of this delivery plan, and more generally the support for unpaid carers, will be monitored through a range of activities which will result in an end of year report.

Finally, in addition to the internal monitoring and review, we will report to the Scottish Government through the Annual Carers Census Return.

Our Partners

We have a positive record of commissioning services from third sector partners and working closely in partnership with them to delivery high quality, trusted and independent support for carers. Our delivery plan enshrines this approach for the longer term. We will continue to commission support for carers through these partnerships, and where possible to enhance this approach through innovation and improving practice to meet the needs of a greater number of carers.

Below we list the partners who, at the time of drafting this plan, deliver support services to unpaid carers. Our website will be continually updated to provide the latest information about the services and all new partnership we may enter into in support of carers.

Our thanks go to every one of these organisations, their staff and management committees and to the carers who access the support offered by each partner.

Fife Carers Centre	Fife Young Carers	Fife Voluntary Action	Circles Network
Citizens Advice & Rights Fife	Deafblind Scotland	https://www.fife.gov.uk/kb/social-care	Carers UK Free access code DGTL6234
Change Mental Health	https://www.fifehealthandsocialcare.org/your-community/the-well	Fife Sports & Leisure Trust	Nourish
Link Living	Crossroads Fife	Homelands Trust	Respite Fife
Fife Forum	Kindred Advocacy	Autism in Fife	PAMIS

Figure 1 - Our partners in supporting carers.



Equality Impact Assessment

Part 1: Background and information

Title of proposal	Carers Strategy for Fife, 2023 – 2026
Brief description of proposal (including intended outcomes & purpose)	<p>The Carers (Scotland) Act 2016 requires that the partnership reviews and publishes the local Carers Strategy at least every three years. This equality impact assessments accompanies the draft carers strategy for Fife 2023 – 2026, for consideration and approval.</p> <p>The strategies outlines how we they intend to support unpaid carers and meet the duties of the Carers (Scotland) Act 2016. It contributes to the wider Fife Strategic Plan and is cognisant of the national and local contexts, including specifically the National Carers Strategy.</p>
Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership
EqIA Lead Person	Fiona Mckay, Head of Strategic Planning, Performance and Commissioning
EqIA Contributors	<ul style="list-style-type: none"> • Commissioned partners • Fife Carers Strategy Group • Carers Census, Scotland, 2021 - 22¹
Date of EqIA	30 March 2023

¹ Carers Census, Scotland 2021-22, <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2022/12/carers-census-scotland-2021-22/documents/carers-census-scotland-2021-22/carers-census-scotland-2021-22/govscot%3Adocument/Carers%2BCensus%252C%2BScotland%252C%2B2021-22.pdf>.

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 strategy and our approach to supporting unpaid carers, particularly through third sector commissioning, requires that our partners commit to support the authority to meet its general duties regarding the Equality Act 2010.
Advancing equality of opportunity	<p>The measures we have included in this refreshed strategy including helping any carers who needs it, to access the support identified in their personal plan. This includes requiring commissioned partners to ensure they consider the reasonable travel and transport requirements carers may have to be able to access the support required, particularly for carers who live and care in more rural parts of Fife or who may not be able to benefit from the support available due to challenges of time commitments. Such initiatives will be within the scope of commissioned services and not additional.</p> <p>Additionally, the support offered to unpaid carers which is already in place, and which we will invest in, includes support specifically for people with protected characteristics including, for example sensory impairment (DB Scotland); Young carers (Fife Young Carers); ethnic minorities (Fife Carers Centre), and mental health (Change Mental Health). Each of these commissioned services, and others, have raising awareness of the available support among specific carer groups and aiding individuals to access that support to ensure equity of access.</p>
Fostering good relations	The strategy and its accompanying delivery plan and investment proposals, and previous investments we have made, contribute to creating local communities which support each other and harness the creativity and ingenuity of people in their own localities and communities. It continues with the investment to support local people to help each other through, for example, the Carers Community Chest. It also supports local connections

	<p>and the establishment of good relations with professionals and third sector organisations through locality-based support workers.</p>
<p>Socio-economic disadvantage</p>	<p>There is unambiguous evidence from the strategic assessment and from external resources that carers are over-represented in the most disadvantaged part of Fife (and Scotland). This strategy recognises that some carers do not have the access to the information resources they might need to make an informed decision, or the financial means to help themselves fully. Carers in the more disadvantaged parts of Fife are more likely to be an unpaid carer, and more likely to provide that care for longer periods of time; this is also true nationwide. Due to these circumstances carers are less likely to have access to the support they need, the breaks from caring they need and the work opportunities from which they might otherwise benefit.</p> <p>This strategy will seek to support carers in these situations where possible including to support carers with better access to information, advice, and support, and help to achieve their own support outcomes through the Adult Carer Support Plan or Young Carers Statement.</p>
<p>Inequalities of outcome</p>	<p>The Carers Act includes a duty that carers are not charged for the costs of the support they receive to meet their personal identified support outcomes.</p> <p>Most of our investments to date, as outlined in the strategy, have been for universal, free to access support that any carers can access at no additional cost. These investments will continue and will be enhanced where possible. The strategy recognises the current cost of living increases that are impacting on every person including every carer.</p> <p>The strategy proposes that we continue to support unpaid carers to meet their personal support outcomes through a wide range of free to access, universally available support services. We will improve this by practical help for carers to access these supports with appropriate travel and transport arrangements provided by commissioned partners where necessary to carers to be able to access the support they need. The strategy also builds on our existing approach to help unpaid carers to access income maximisation support including crisis funding where an emergency need is evident. Further, the investment</p>

	plan includes a universal offer to support carers with a small grant to help them achieve their personal support outcomes as identified and included in their Adult Carer Support Plan when their needs for support cannot be met from their personal assets or the universal supports we have already put in place. This initiative will function as a means of early intervention to prevent crisis. This is in addition to the financial support available to carers in the greatest need that we have already commissioned through our partnership arrangements with third sector partners, as well as through access self-directed support for those carers who qualify for such assistance.
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Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required because this is a new strategy that provides a public service and may have an impact on the fair access to the support available for individuals based in protected characteristics, and for other reasons (e.g., isolation and rural contexts). Detailed information and evidence of the characteristics of carers in Fife is not available relating to all protected characteristics, nor is what is available dependable or well understood. The most recent census data for Scotland is the 2011 information which we know clearly underrepresents the number of carers in Fife. The annual national carers census is collected by the Scottish Government. It does not yet provide information at local authority level.

Part 2: Evidence and Impact Assessment

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

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Age (including older people aged 65+)	<p>Nationally we know most unpaid carers fall into the 18 – 64 age range (61%). Twenty-five percent of unpaid carers are 65 or older. Young carers represent 13% of the unpaid carers.</p> <p>This strategy covers carers of any age. The support services available are universal and offered regardless of age.</p>	<p>Young carers are likely to experience disadvantage because of their additional caring responsibilities and the time and opportunity costs they will experience compared with their friends and peers.</p> <p>The increasing number of older carers who will themselves likely have increasing need to health and care support to manage their own lives presents an increasing risk.</p>	<p>The strategy recognises that young carers may have a distinct set of needs due to their age and stage of development and their own personal vulnerabilities due to this. Therefore, additional supports have been commissioned and further are proposed, specifically to help young carers and support their transition to adulthood.</p> <p>We will commission additional supports to meet the needs of carers who have specialist health and care needs in their own right, including support for older carers who may additionally become frail and less able to take on the full caring role they once did.</p>
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	The information available at a national level through the carers census ² shows that carer provide care for people with a	According to the Carers UK State of Caring report 2022, 27% of carers consider they have a disability. There may be unmet	We have put in place and a range of supports to help carers with their own mental health issues, sensory impairment, and for carers who

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>wide range of needs. Most notably this includes dementia (13%), autism (12%), physical disability (9%), and mental health (8%). For young carers, the predominant support is for people with autism spectrum disorder (37%).</p> <p>It is understood that unpaid carers are more likely to have poor mental health than the general population, particularly young carer.</p> <p>We have made investments in a wide range of advocacy support that will help unpaid carers regardless of their situations. As well as this universal support we have made an investment in specific support to help carers secure a Power of Attorney for the person they care for, or guardianship, where capacity is</p>	<p>needs for specific groups of carers with disability. We have identified additional areas of support that we propose for investment. We will add others as they are identified.</p>	<p>provide care for people with a disability. This investment will continue.</p> <p>The strategy proposes additional support to help carers with their own postural care, and specialist help for carer or people with life-limiting illness such as cancer or stroke.</p> <p>We propose to enhance the support for carers seeking an POA/guardianship where personal finances may be an impediment to securing the power. This may include a grant towards legal costs and registration.</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	<p>already failing.</p> <p>Carers of people with a terminal diagnosis are entitled to receive a swifter assessment of their needs for support to better able to manage their caring role.</p>		
Gender Reassignment	There is no reliable evidence available to suggest a high prevalence of carers who have gender reassignment or that they receive unequal access, positive or negative, to support.	There is no reliable evidence available to suggest a high prevalence of carers who have gender reassignment or that they receive unequal access, positive or negative, to support.	<p>The Scottish Carers Census data specification does not include gender reassignment or identity. In future they plan to expand the census to include other options such as transgender or non-binary</p> <p>All services are available to carers regardless of their gender identification. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.</p>
Marital Status (Marriage and Civil	There is no reliable evidence available to suggest marital status results in unequal	There is no reliable evidence available to suggest marital status results in unequal access,	The Scottish Carers Census data specification does not 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.)
Partnerships)	access, positive or negative, to support.	positive or negative, to support.	marital status data. All services are available to carers regardless of their gender identification. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.
Pregnancy and Maternity	There is no reliable evidence available to suggest pregnancy or maternity results in unequal access, positive or negative, to support.	There is no reliable evidence available to suggest pregnancy or maternity results in unequal access, positive or negative, to support.	The Scottish Carers Census data specification does not include pregnancy or maternity meaning this data is not routinely collected. All services are available to carers regardless of pregnancy or maternity. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.
Race (All Racial Groups including	There is no reliable local evidence available to suggest	There is no reliable local evidence available to suggest	The Scottish Carers Census data

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.)
Gypsy/Travellers)	<p>race results in unequal access, positive or negative, to support.</p> <p>Fife Carers Centre are commissioned to provide an equality support service to ensure people any race are able to access the same support.</p>	<p>race results in unequal access, positive or negative, to support.</p> <p>However, research undertaken by Carers UK and reported through their State of Caring³ report suggest that BAME carers are marginally more likely to feel their needs are not met and therefore less likely to seek support including an Adult Carer Support Plan; they are more likely to struggle financially as a carer and much less likely to be retired, i.e. more likely to be working age.</p> <p>BAME carers are one of the most difficult groups to reach as evidenced by MECOPP – women in south Asian communities may not speak English and rely on other family members for communication, including those they provide</p>	<p>specification does not include race.</p> <p>All services are available to carers regardless of their religion, belief, and non-belief. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.</p> <p>We will ensure all commissioned services include a specific action to improve promotion and access to support by carers who consider themselves from a BAME origin. Where appropriate we will commission specific support and communications to ensure carers from these groups feel equally able to access support.</p>

³ State of Caring 2022, November 2022, Carers UK, <https://www.carersuk.org/reports/state-of-caring-2022-report/>, accessed 25 April 2023.

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.)
		unpaid care for.	
Religion, Belief, and Non-Belief	<p>There is no reliable evidence available to suggest religion, belief, or non-belief results in unequal access, positive or negative, to support.</p> <p>Fife Carers Centre are commissioned to provide an equality support service to ensure people of all religion, belief and none can access the same support.</p>	<p>There is no reliable evidence available to suggest religion, belief, or non-belief results in unequal access, positive or negative, to support.</p>	<p>The Scottish Carers Census data specification does not include religion, belief, and non-belief.</p> <p>All services are available to carers regardless of their religion, belief, and non-belief. We will continue to ensure all commissioned organisations have an awareness of the requirement that they promote the support available on an equitable basis.</p>
Sex (Women and Men)	<p>There is strong data from the Carers Census, to report that females make up the majority of unpaid carers with 73% of carers of all carers identifying as female. This general trend is true in all age bands although there is a more equal position for young carers with 58% identifying as female and 42%</p>	<p>Those unpaid carers who identify as female are in the majority. This may result in a detrimental impact on their life chances and access to other more general opportunities.</p> <p>There is clear evidence that the majority of carers are female (80%) but that they are less likely</p>	<p>We will consider what work we can do to identify and raise awareness of the role of unpaid carers among men/males and what support is available to them as part of the universal offer that is available to all carers.</p> <p>We will consider what additional support we can offer to female</p>

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
	as male. The working age profile is significantly imbalanced with 79% identifying as female.	to immediately recognise their caring role. Female carers also report slightly less favourably about their mental health. These factors result in female carers being significantly more likely to give up work opportunities. A significant and greater proportion of female carers say said the worry about combining work and their caring role (76%) which is a significant impediment to returning to work. Female carers are more likely to be working age than their male equivalents.	carers to help those that wish to, to return to or stay in paid work. Work to secure Carer Positive Status will lead to greater aware of caring roles particularly within female majority workforces such as in health and care settings.
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	There is no reliable local evidence available to suggest sexual orientation results in unequal access, positive or negative, to support.	There is no reliable local evidence available to suggest sexual orientation results in unequal access, positive or negative, to support. At the national level there is a minor difference in the proportion of lesbian, gay and bisexual carers who have an ACSP (19%)	The Scottish Carers Census data specification does not include sexual orientation. All services are available to carers regardless of their sexual orientation. We will continue to ensure all commissioned organisations have an awareness of the requirement that they

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.)
		than heterosexual carers (25%).	promote the support available on an equitable basis.

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

	Positive impact	Negative impact	No impact
Armed Forces Community	There is no reliable evidence available to suggest membership of the armed forces communities results in unequal access, positive or negative, to support.	There is no reliable evidence available to suggest membership of the armed forces communities results in unequal access, positive or negative, to support.	We will consider what work we can do to identify and raise awareness of the role of unpaid carers among men/males and what support is available to them as part of the universal offer that is available to all carers.
Looked After Children and Care Leavers	Not applicable.	Not applicable.	This strategy does not relate to paid carers.
Privacy (including information security, data protection, and human rights)		There are significant data gaps which may have an impact on our understanding of the effects of the policy. This risk is low. The data specification has been developed by the Scottish Government and is used in the preparation of the Carers Census. The information collected and available is proportionate and appropriate to the need.	
Economy	We have put in place a range of measures to ensure carers who are otherwise economically disadvantaged remain able to access the support available including	Caring is understood to have a negative impact for many unpaid carers finances, both from the cost of the caring activities and the opportunity cost of accessing paid work.	This strategy and investment plan proposed an increased in the income maximisation support available to unpaid carers, and others, delivered more locally through the Wells.

	assistance with travel, crisis grants and a universal service to support carers to ensure they are in receipt of the all benefits available to them, and have the best information available to support their own decisions regarding income maximisation.	The income maximisation service we commission on a universal basis ensures carers in receipt of all benefits available to them, and have the best information available to support their own decisions regarding income maximisation.	
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- 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
Carers Census, Scotland, 2021 - 22	https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2022/12/carers-census-scotland-2021-22/documents/carers-census-scotland-2021-22/carers-census-scotland-2021-22/govscot%3Adocument/Carers%2BCensus%252C%2BScotland%252C%2B2021-22.pdf .
State of Caring 2022, November 2022, Carers UK	https://www.carersuk.org/reports/state-of-caring-2022-report/
Evidence gaps	Planned action to address evidence gaps
1. There are significant gaps in the data available at the local level for carers who received support or advice through the partnership.	The implementation of the LiquidLogic management system will require we record the key characteristic information for every person contacting the services. This information will be available for reporting in the future and will significantly improve the intelligence upon which we are able to make decisions and determined the equality impact of services for unpaid carers. The service should focus on identifying data error and missing data points as part of a data cleansing exercise as soon as practicable. This may take time to complete but should be completed no later than the anniversary of every case review.
2. There are significant gaps in the protected	There are no plans to address these evidence gaps. It is not clear what impact the personal characteristics will have on a carer's access to the

characteristics data available. This includes gaps at the national level through the Carers Census data.	universal support.
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Part 3: Recommendations and Sign Off

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

Recommendation	Lead Person	Timescale
1. Reinforce the requirement for every colleague to complete in full the protected characteristics within management systems.	Service Managers	Throughout 2023
2. Report on protected characteristics in 2023 annual census return.	Performance team	May 2024
3. Review this Equality Impact Assessment once local data is reported in 2024	Change & Improvement Manager	July 2024

Sign off

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

Date completed: 26 June 2023	Date sent to Community Investment Team: Enquiry.equalities@fife.gov.uk 26 June 2023
Senior Officer Name:	Designation:

Fiona Mckay	Head of Strategic Planning, Performance & Commissioning Manager
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FOR COMMUNITY INVESTMENT TEAM ONLY

EqIA Ref No.	2023.004.
Date checked and initials	28/06/23 AS and CH

Equality Impact Assessment Summary Report

(To be attached as an Appendix to the committee report or for consideration by any other partnership forum, board, or advisory group as appropriate)

<p>Which Committee report does this IA relate to (specify meeting date)?</p> <ul style="list-style-type: none">• Carers Strategy Group, 21 March 2023.• Senior Leadership Team, 12 April 2023.• Quality and Communities Committee, 3 May 2023.• Strategic Partnership Group, 5 May 2023.• Integration Joint Board, 26 May 2023.• Children's Partnership Group Board, date TBC.
<p>What are the main impacts on equality?</p> <p>Support for unpaid carers is available on a universal basis, free of charge, delivered locally where possible and in line with the requirements of the Carers (Scotland) Act 2016 and the Equality Act 2010. There is no evidence of negative impacts on carers because of this strategy. Some specialist services are available to ensure support is equally available for carers with protected characteristics.</p>
<p>In relation to a strategic decision, how will inequalities of outcome caused by economic disadvantage be reduced?</p> <p>The Carers Strategy will not in itself result in economic disadvantage. The strategy, and our previous actions, have put in place a range of additional supports to address the economic disadvantage known result from (or contribute to by) caring roles.</p>
<p>What are the main recommendations to enhance or mitigate the impacts identified?</p> <p>Significant improvements in the data collected, reported, and used in decision making, where these are relevant, appropriate and proportionate.</p>
<p>If there are no equality impacts on any of the protected characteristics, please explain.</p> <p>Not applicable.</p>
<p>Further information is available from: Name / position / contact details:</p> <p>Scott Fissenden, Change & Improvement Manager, scott.fissenden@fife.gov.uk</p>

Carers Strategy Risk Register

Risk Register - as at 06 April 2023					Original Risk Score			Residual Risk Score				Risk Ownership			
Ref.	Source	Date Added	Risk Heading	Risk Description	Likelihood	Consequence	Risk Grade	Mitigation/ Management Actions	Residual Likelihood	Residual Consequence	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Next Review Date
1	Carers Strategy 2023 - 2026	15/03/23	Public Reputation	Failure to agree the strategy.	1	4	4	<p>Project plan for review of the strategy agreed by Carers Strategy Group.</p> <p>Carers and carer organisation involved in the development of the strategy.</p> <p>Leaders and staff members within the partnership have contributes to the strategy outcomes and development.</p>	1	2	2	2	Fiona Mckay, Head of Strategic Planning, Performance and Commissioning	Scott Fissenden, Change & Improvement Manager	31/08/2023
2	Carers Strategy 2023 - 2026	15/03/23	Service disruption	Failure to deliver the actions proposed within the strategy to time and quality expectations.	3	3	9	<p>Change & Improvement Manager in place to deliver agreed outcomes.</p> <p>Additional financial and human resources in place.</p> <p>Active agreement of commissioned partners in place.</p> <p>Contract and performance processes are in place. Failed delivery will be subject to review.</p>	2	2	4	4	Fiona Mckay, Head of Strategic Planning, Performance and Commissioning	Scott Fissenden, Change & Improvement Manager	31/08/2023

3	Carers Strategy 2023 - 2026	15/03/23	Project Objectives	Failure to adequately resource the delivery of the strategy in the longer-term beyond the current financial year.				<p>Commitment of funding Scottish Government through to 2023/24. Funding beyond not known or controllable.</p> <p>Scottish Government clearly expressed funding for specific use to support carers. This is historic and subjective. and may not end.</p> <p>Statement of intent agreed by partnership leadership team and board.</p> <p>This risk is largely beyond out control and require on going monitoring.</p> <p>Carers likely to continue as a political and strategic priority for Government - evidence = the inclusion of carers in the National Care Service, the new National Carers Strategy (December 2022).</p> <p>Commissioned services on an annual grant contract and subject to annual review.</p>							Fiona Mckay, Head of Strategic Planning, Performance and Commissioning	Scott Fissenden, Change & Improvement Manager	31/08/2023
					3	4	12		3	4	12	12					
4	Carers Strategy 2023 - 2026	15/03/23	Partnerships relationships	Failure to provide adequate contract management for commissioned support for unpaid carers leading to a reduction the number and quality of the support available to unpaid carers.				<p>Contracts Officer appointed to support the commissioning and contract management for services to support carers.</p> <p>Link Officers in post to monitor and report on commissioned organisation's performance and compliance with contracted expectations.</p> <p>Service Level annual reporting performance will trigger a service review for significant failure to meet expected requirements of the agreed.</p> <p>We will be completing a review exercise of all commissioned services in 2023/24 to ensure align of contracts to the agree strategy.</p>							Fiona Mckay, Head of Strategic Planning, Performance and Commissioning	Scott Fissenden, Change & Improvement Manager	31/08/2023
					3	3	9		2	2	4	4					

5	Carers Strategy 2023 - 2026	04/06/23	Awareness and communications	Failure to raise awareness and communicate to unpaid carers that the support is available to help them manage their caring role, and how to access this support	3	4	12	The strategy including several elements relating to improving awareness including specific additional human resources to develop and deliver an awareness campaign. Participation and engagement team and locality development teams are in place to help raise awareness and engagement among carers and local partners.	3	4	12	12	Fiona McKay, Head of Strategic Planning, Performance and Commissioning	Scott Fissenden, Change & Improvement Manager	31/08/2023
6	Carers Strategy 2023 - 2026	04/06/23	Service delivery - replacement care for short breaks	Failure to provide adequate financial and human resource to enable unpaid carers to access replacement care for when they need to take a break from their caring role.	4	4	16	Workforce strategy in place to professionalist paid care work. We have agreements in place with commissioned partners to support carers to access replacement care which we will expand if/when this strategy is agreed. The risk remains overall we are seeking replacement care from the same population. This risk is largely beyond our control and requires ongoing monitoring.	4	4	16	16	Fiona McKay, Head of Strategic Planning, Performance and Commissioning	Scott Fissenden, Change & Improvement Manager	31/08/2023

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

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

Probability/Likelihood Ratings

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

Impact/Consequence Ratings

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



Meeting Title:	Integration Joint Board
Meeting Date:	28 July 2023
Agenda Item No:	5.3
Report Title:	Fife Primary Care Strategy
Responsible Officer:	Nicky Connor, Director of Health and Social Care Dr Chris McKenna, Medical Director
Report Authors:	Lisa Cooper, Head of Primary and Preventative Care Services, HSCP Carol Bebbington, Consultant

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

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

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

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

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

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

- Senior Leadership Team, 12 June 2023
- Executive Directors Group, 22 June 2023
- Quality and Communities Committee, 30 June 2023
- Public Health and Wellbeing Committee, 3 July 2023
- Finance, Performance and Scrutiny, 6 July 2023
- Strategic Planning Group, 11 July 2023
- Staff Governance Committee, 20 July 2023
- NHS Fife Board, 25 July 2023

3 Report Summary

3.1 Situation

The development of the Primary Care Strategy has been jointly commissioned by the Director of Fife Health and Social Care Partnership (HSCP) and NHS Fife Medical Director to support delivery of excellent, high quality, accessible and sustainable services for the population of Fife.

The Primary Care Strategy is one of the key strategies supporting delivery of Fife HSCP vision for the *people of Fife to live independent and healthier lives*. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

The strategy focuses on recovery, quality and sustainability of primary care services to ensure we have a resilient and thriving primary care at the heart of an integrated health and social care system.

This SBAR accompanies the draft strategy for discussion and approval.

3.2 Background

Primary Care is normally a person's first point of contact with the NHS and is where most patient contacts occur. A good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early intervention and detection of disease and harm.

Primary care covers a wide range of services including General Medical Services, Community Pharmacy, Optometry, and Primary Care Dental Services.

General practices, optometrists, pharmacists, and dentists are mostly independent contractors who provide services in line with nationally negotiated contracts.

Figure 1 Primary Care Services

The Scottish Government Health and Sport Committee reported on their national work on *What should primary care look like for the next generation ? (2021)* which identified 5 key areas for development:-

- 1. Workforce and ways of working
- 2. Patient centred approach
- 3. Preventative focus
- 4. Community wide approach to wellbeing
- 5. Use of data and technology

A strategic needs assessment was undertaken to develop this strategy which identified the following themes:



Figure 2 Primary Care Strategic Themes

Primary Care faces a range of challenges in common with other parts of the health and social care system and some specific challenges to different components (Figure 3).

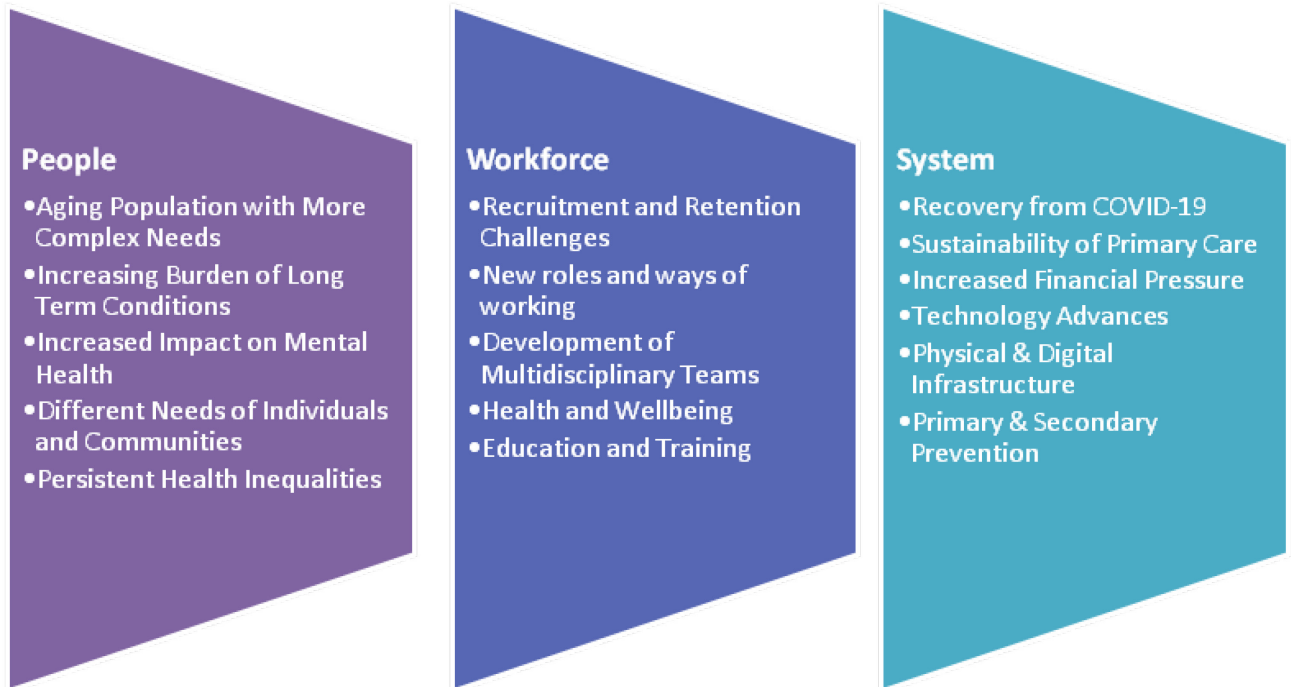


Figure 3 Challenges affecting Primary Care Services

Demographic challenges mean our population is aging and living longer with more complex needs and there are persistent inequalities affecting population health and wellbeing. The working age population is shrinking and there are challenges in recruitment and retention of staff across multiple disciplines. The Covid -19 pandemic has had a significant impact on primary care services requiring changes to the way care is delivered and how people access services as well as having an adverse impact on population health and wellbeing.

3.3 Assessment

Our Vision

Primary care will be at the heart of the integrated health and social care 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 and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

Strategic Focus

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition ***to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.***

Figure 4: Strategic Focus

Our Primary Care Priorities

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system.
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans.
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care.
5. To contribute to improving population health and wellbeing and reducing health inequalities.

The strategy is underpinned by the following core principles:

Figure 5 Core Principles

These key enablers are critical for implementation of the strategy: -

- Workforce
- Premises
- Digital Technology
- Finance
- Communication

An overarching delivery plan and 3 year action plan have been developed to support implementation.

3.3.1 Quality / Customer Care

The core principles underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals, as inclusive and accessible as possible, informed by clinical evidence and expert advice, delivered at an appropriate pace to reduce risk and that people experience high quality, safe, effective and efficient services.

3.3.2 Workforce

Development of the workforce to support the capacity and capabilities across all primary care services is critical to ensuring sustainable service provision.

Development of a realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing will underpin the strategy and will be key for success.

3.3.3 Financial

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors.

There is a significant funding gap between the workforce and planned projections needed to fully implement the Primary Care Improvement Plan. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

The National Code of Practice for GP premises (2017) describes the planned transition over a 25 year period to a model where GP contractors no longer own their own premises. A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities.

The Primary Care Strategy will support achievement of the Medium Term Financial Strategy including:

- 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 in a homely setting;
- Prescribing - reduce medicines waste and promote realistic prescribing.

3.3.4 Risk / Legal / Management

Primary care services are an integral part of a well-functioning healthcare system. Development of the Primary Care Strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide services that are safe and accessible and reflect the needs and demands of the population.

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services.

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

A performance and assurance framework is in development, incorporating both qualitative and quantitative indicators to support implementation of the strategy and reporting on progress.

The key risks relate to the availability of the workforce with the key skills and competencies required to develop the multidisciplinary teams and support sustainability and to the availability of capital finance to support premises developments in the medium to long term.

A detailed risk register will be developed to support implementation of the strategy

3.3.5 Equality and Diversity, including Health Inequalities

An Equality Impact Assessment stage 1 has been completed and is attached as appendix 3. This identifies that the Strategy will delivery positive change across Fife for staff, patients, and the public overall. When implemented the Strategy will improve access to services and reduce the risks associated with health inequalities and long-term conditions.

EQIA will continue to be undertaken as implementation of the strategy is progressed.

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

The strategy development has been informed through a range of activity including: -

- Consultation output on the Health and Social Care Partnership's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy;
- Evidence from the Health and Care Experience Survey (2022): 27% response rate in Fife with over 8000 respondents;
- National report on *What should primary care look like for the next generation?* Including output from public panels- one of which was held in Dunfermline- and 2500 survey responses including views from the Scottish Youth Parliament who are aged 12-25 years;
- Local stakeholder engagement on the Vision, Priorities and Deliverables including online survey, 3 online events and public representative forums (156 responses); and,
- Individual stakeholder meetings.

Overall the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the Vision, Priorities and Deliverables for this strategic plan. Further detail is contained within Appendix 2.

Key themes from engagement on the delivery of the Primary Care Strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan.

A summary version of the Primary Care Strategy has been developed and is included at appendix 4.

4 Recommendation

The Integration Joint Board is asked to:

- Discuss the contents of the SBAR and Draft Primary Care Strategy;
- Agree the Primary Care Strategy will support delivery of the partnership's Strategic Plan 2023-26 and the ambition for the *people of Fife to live independent and healthier lives*;
- Support the focus of the strategy on the recovery, quality and sustainability of primary care services to ensure a resilient and thriving primary care is at the heart of our integrated health and social care system;
- Note a performance and assurance framework is being developed to monitor implementation and will form the basis of future reports for assurance and decision making;
- Approve the Primary Care Strategy 2023-26 for implementation;
- Approve the draft Direction (Appendix 5) to be issued to NHS Fife.

5 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Fife Primary Care Strategy 2023-26
- Appendix 2 – Participation and Engagement Feedback Report
- Appendix 3 – Equality Impact Assessment Stage 1 Report
- Appendix 4 – Fife Primary Care Strategy 2023-26 Summary Version
- Appendix 5 – Direction to NHS Fife

6 Implications for Fife Council

No Implication

7 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 and progressed through our agreed governance processes. The draft Direction is contained in Appendix 5.

The Primary Care Strategy will support achievement of the ambitions set out Fife HSCP Strategic Plan, NHS Fife's Population Health and Wellbeing Strategy and our anchor ambitions.

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 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

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	Lisa Cooper
Critical	Helen Hellewell Emma O'Keefe Fiona Forrest
Signed Up	HSCP SLT
Informed	Strategic Planning Group

Report Contact

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Fife Health
& Social Care
Partnership



Fife Primary Care Strategy 2023-2026

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Forward

This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision *for the people of Fife to live independent and healthier lives*. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

Primary Care is the cornerstone of our health and social care system. We know that strong primary care services are cost effective, deliver positive outcomes, are accessible in local communities and are the first point of contact for people accessing healthcare. This is critical to supporting early intervention and addressing health inequalities and supporting people with more complex needs including long term conditions in their own communities.

Across general practice, community pharmacy, dentistry and optometry services thousands of people are in touch with primary care services every week and those services work in partnership with a much wider team across different professions, sectors and agencies.

The pandemic has had a significant impact on everyone's lives and we have all had to adapt and respond to the greatest personal and collective challenge many of us have ever faced in our lifetimes. We recognise the incredible commitment of staff within primary care and the teams that support and are aligned to primary care that have all gone above and beyond throughout the pandemic, adapting their roles and keeping people safe. We also recognise the outstanding contribution of unpaid carers and the impact of living with and recovering from the pandemic has had on people receiving health and social care support. The ambition in this strategy is focused on the recovery, quality and sustainability of primary care services in order to support access, continuity of care and the primary care workforce and the people of Fife.

The experience of patients, staff and those who are cared for through our services are at the heart of what matters. We recognise our primary care services are ideally placed to develop continuously supportive and enabling relationships with people and supporting them to make shared decisions about their care and helping them to manage their own health and wellbeing. We would like to thank everyone involved in developing this strategy for their commitment, innovative ideas and desire for positive change and for sharing what matters to them.

This strategy and delivery plan outlines our ambitious programme to support the recovery and transformation of our primary care services to ensure we have a resilient and thriving primary care at the heart of our integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.



Dr Chris McKenna
Medical Director
NHS Fife



Nicky Connor
Chief Officer IJB
Director Health & Social Care

Executive Summary

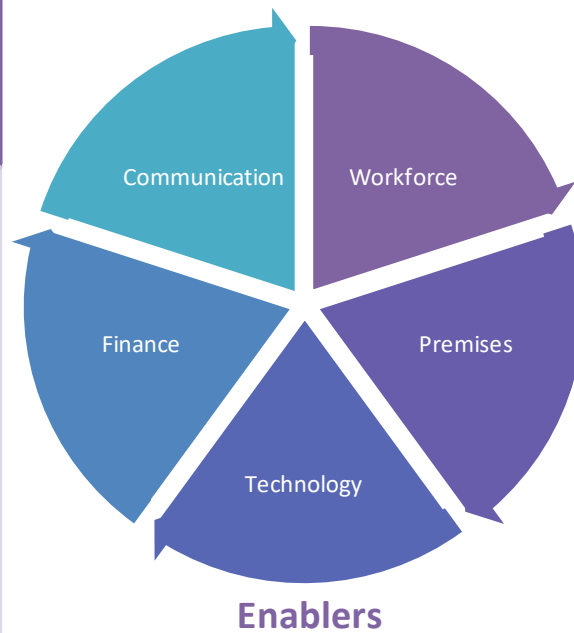
Fife Primary Care Strategy 2023-26

A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife



Our Vision

- **Primary Care** at the heart of our integrated health and social care 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** and **multiagency teams** will deliver care in our communities and be involved in the strategic planning of our services.



Our Priorities

- **Recover** and **transform** services with a renewed focus on what matters to people and ensure a **safe, sustainable, high quality** health and social care support system.
- Develop an integrated **workforce** to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP workforce plans.
- Improve the **quality** and **capacity** of our **physical assets** to support the ongoing **transformation** required to ensure delivery of high quality primary care services.
- Embed and accelerate **digital technology** solutions to support **recovery** and underpin **transformation** of primary care.
- Contribute to improving population **health** and **wellbeing** and **reducing health inequalities**.



Introduction

Primary care services are an integral part of a well functioning healthcare system and its influence on population outcomes and the function of the wider health and social care system cannot be overstated. Primary care is an individual's most frequent point of contact with the NHS and covers a wide range of services including:



Figure 1: Primary Care Services

This strategy recognises the importance of self care and self management. Most of the time, people use their own personal and community assets to manage their health and wellbeing to achieve the outcomes that matter to them. Primary care professionals provide accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.

Strong primary care systems are positively associated with better health outcomes and a good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early detection of disease and harm.

The scope of this strategy includes General Medical Services, Primary Care Dental Services including General Dental Services and the Public Dental Service, Community Pharmacy Services and Community Optometry Services (High Street Opticians).

Development of this primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership (HSCP) to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.

National and Local Context

The Public Bodies (Joint Working) (Scotland) Act 2014¹ requires local authorities and health boards to work together to integrate health and social care services. With a greater emphasis on joining up services and focusing on anticipatory and preventative care, integration aims to improve care and support for people who use services, their carers and their families.

The Council and Health Board working together to deliver these services is known as health and social care integration. Fife Integration Joint Board (IJB) is responsible for the planning and delivery of integrated arrangements and delegated functions in Fife which includes all aspects of Primary Care. The HSCP is the public facing aspect of the IJB and bring together employees of both organisations to work in partnership to deliver health and social care services (Figure 2).

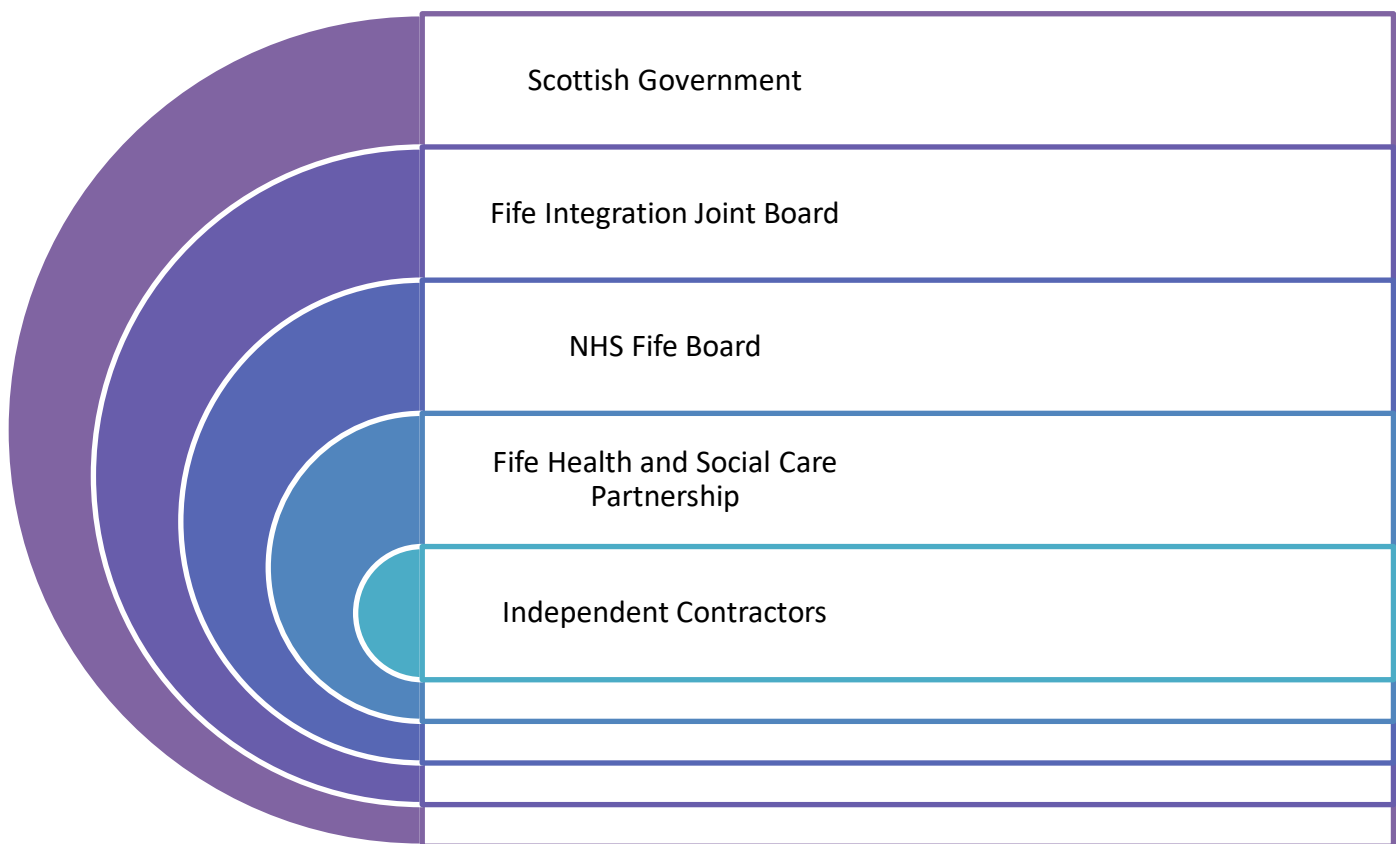


Figure 2: National and Local Context for Primary Care Services

General practitioners, dentists, pharmacists and optometrists are mostly independent contractors who are financially responsible for the business affairs of their practices and are contracted by NHS Boards to provide services on the Board's behalf within nationally negotiated contracts and regulatory frameworks (Figure 3).

¹ [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/12)

General Medical
Services

Figure 3: Primary Care Contract and Regulatory Framework

Fife HSCP has set out the future direction of all health and social care services across Fife within their Strategic Plan². This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision *for the people of Fife to live independent and healthier lives* and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife's Population Health and Wellbeing Strategy³ and their four strategic priorities to:

- Improve health and wellbeing;
- Improve the quality of healthcare;
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife⁴ which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between primary, secondary and social care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

² www.fifehealthandsocialcare.org/publications

³ [Living well working well and flourishing in Fife \(nhsfife.org\)](http://livingwellworkingwellandflourishinginfife.nhsfife.org)

⁴ Plan-for-Fife-2017-2027.pdf

Policy Context

Primary Care has a central role in providing and coordinating care around the needs of local communities and making sure the care provided is the right care for an individual and is sustainable⁵. This approach supports person centred holistic care, minimises unwarranted variation and reduces inequalities which underpin the principles of Realistic Medicine⁶. This supports innovative ways to improve the way healthcare is delivered through value based health and care models to support a more sustainable health and care system⁷.

The National Health and Social Care Workforce Plan: Part Three⁸ focuses on improving workforce planning for primary care to support improvement and sustainability of primary care services, promote prevention and self management and development of new models of care. The future primary care workforce will have further enhanced and expanded multi-disciplinary teams. This will ensure the primary care workforce is made up of a variety of roles across health, social and community services, each contributing their unique skills to improving outcomes for individuals and local communities.

The Scottish General Medical Services Contract⁹ and its associated Memorandum of Understanding committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care. It aimed to improve population health, reduce health inequalities and reduce General Practitioner (GP) workload through expansion of the multidisciplinary team and further development of GP clusters.

General practices are supported by primary health care teams, including community nursing, mental health and allied health professionals, to provide effective response to local health care needs. The planned expansion of the multidisciplinary team will enable clinical work previously undertaken by GPs to be delivered safely and effectively by other members of the multidisciplinary team and allow GPs to develop their role as expert medical generalists focusing on undifferentiated presentations, complex care, quality and leadership. The multidisciplinary team comprises a wide cohort of professional roles including nursing, pharmacy, paramedics, and allied health professionals.

Seven key principles underpin the expansion of the multidisciplinary team to ensure new roles and service provision is safe, person-centred, equitable, outcome focussed, effective, sustainable and affordable and represent value for money. The agreed priorities for implementation of the contract include:-

- Vaccination Transformation Programme;
- Pharmacotherapy;
- Community Treatment and Care Services;

⁵ [A National Clinical Strategy for Scotland - Summary - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁶ [Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](http://www.gov.scot)

⁷ [Delivering Value Based Health & Care: A Vision For Scotland \(www.gov.scot\)](http://www.gov.scot)

⁸ [National health and social care workforce plan: part three - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁹ [GMS contract: 2018 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

- Urgent Care;
- Additional Professional Roles; and,
- Community Link Workers.

GP Clusters are professional groupings of general practices with each practice represented by their Practice Quality Lead. The GP Clusters are aligned to the seven localities in Fife which supports strong multiagency working. The leadership of the Cluster Quality Lead (CQL) is essential to facilitating quality improvement work across the clusters and liaison with locality and professional structures. The CQLs work together, with protected time, to improve the quality of care for their local populations and contribute leadership to the development and planning of integrated care which will support quality improvement and reduce health inequalities.¹⁰

The Oral Health Improvement Plan¹¹ provides the overarching framework for the development of NHS dental service provision in Scotland. The programme of work aims to improve child oral health, access to NHS dental services, reduce oral health inequalities, meet the needs of an aging population, deliver more services in the high street, and improve information for patients and quality assurance and improvement.

Achieving Excellence in Pharmaceutical Care¹² sets out Scotland's strategic plan to transform the role of pharmacy across all areas of pharmacy practice, increase capacity and offer the best person centred care. Pharmacy teams are an important part of the workforce with specialist skills and expertise in medicines. The plan focuses on improving NHS pharmaceutical care services including delivering safer use of medicines and enabling NHS pharmaceutical care transformation through developing the capability and capacity of the pharmacy workforce, developing a digitally enabled infrastructure and planning delivery requirements for sustainable pharmaceutical care services.

Optometry services have developed since the introduction of free eye examinations in 2006 to the services being the first port of call for people with eye problems. The Community Eyecare Services Review (2017) highlighted areas of good practice and made recommendations to develop services to facilitate the care of patients safely in the community through local schemes supporting, for example, anterior eye conditions, post surgery cataract care, glaucoma and low vision services. It also recognised that those living in challenging circumstances are less likely to attend for regular eye examinations and recommended that local initiatives promoting a wider appreciation of eye health, the vital role of community optometry in the early detection of eye disease and for unplanned and emergency eye care, need to be supported and new ways of working developed to promote accessibility.

¹⁰ [PCA \(M\) \(2019\)08 - National guidance for clusters. A resource to support GP clusters and support improving together \(scot.nhs.uk\)](#)

¹¹ [Oral health improvement plan - gov.scot \(www.gov.scot\)](#)

¹² [Achieving excellence in pharmaceutical care: a strategy for Scotland - gov.scot \(www.gov.scot\)](#)

General Challenges

As described in the Fife Health and Social Care Strategic Plan and NHS Fife Population Health and Wellbeing Strategy, the whole system faces significant challenge. The challenges facing Primary Care in common with other parts of the health and social care system are summarised in Figure 4.

Figure 4 Challenges Affecting Primary Care Services

Changing Population

The population of Fife is aging and living longer with more long term conditions and complex care needs. The projected growth in the over 65 population will create additional demands for services and place a growing demand on unpaid carers. At the same time the working age population is shrinking which will have an impact on the whole health and care system (Figure 5).

Figure 5 Projected population change in Fife 2020-2043

There are significant housing developments across Fife which will attract new populations and change the makeup of communities. This population growth will have a direct impact on all public services and increase demand for health and social care.

Carers

With an ageing population, the growing demand for unpaid care will increase and place greater pressures on public resources and health and social care budgets. Unpaid carers make a significant and highly valued contribution to supporting people in need in Fife. All partners are committed to working collaboratively to support carers and achieve the ambitions within the Carers Strategy¹³. The local knowledge of primary care practitioners and their relationships with individuals, their families, carers and communities means they can play a key part in ensuring carers have the information, advice and guidance they need, can direct them to available practical support, and contribute to them having a more positive experience.

Covid-19 Pandemic

The Covid-19 pandemic has significantly impacted the physical and mental health and wellbeing of individuals, communities and staff adding to the challenges already being faced by the health and care system and it will be some years before the full legacy is understood.

This has been a very challenging period with limited access to and delivery of some services resulting in many people experiencing longer waiting times for outpatient and elective care. This has increased pressure on primary care, particularly in general practice and dentistry, as patients seek support as their circumstances or conditions deteriorate.

In addition to the overall impact on population health and wellbeing the way people access services and how care is delivered has changed, for example, innovative use of digital technology has enabled provision of flexible services and alternative models of care to support people.

The pandemic continues to require the workforce to operate in an agile and dynamic way using a range of technologies to meet the daily challenges whilst ensuring people are safe and have their care needs met.

Mental Health

Good mental health is essential in achieving and improving outcomes for individuals and families. The growing demand for mental health care was a challenge pre pandemic with primary care often the first point of contact in supporting people experiencing and living with mental ill health and responding to people experiencing trauma and distress.

GPs play an important role in the protection of vulnerable adults, undertaking assessments to determine capacity through the Adults with Incapacity (Scotland) Act 2000, through interventions made under the Mental Health (Care and Treatment) (Scotland) Act 2003, and where intervention may be required to protect someone from harm under Adult Support and Protection (Scotland) Act 2007. In each of these areas health, social work, and social care colleagues work together to ensure human rights are upheld while appropriate safeguards are put in place to enable individuals to remain safe and as well as they can be.

¹³ [Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf \(fifehealthandsocialcare.org\)](#)

Together with the HSCP's Mental Health Strategy this strategy supports the promotion of good mental wellbeing, prevention of poor mental health and distress, and provision of appropriate care and support locally and aligns with the National Mental Health Strategy priorities to prevent, promote and provide mental health care.

Health Inequalities

Health inequalities are caused by a wide range of factors which influence health and wellbeing. The rise in the cost of living, including fuel, energy, and food, is increasing the pressure on people, particularly those already facing financial hardship. In addition, there are different challenges across and within Fife's seven localities relating to accessibility, inclusion and health and wellbeing outcomes.

Significant health inequalities exist and persist within the Fife population.

- In 2016-2020 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived for males and 8 years lower among females.
- The most deprived areas have 35% more deaths and approximately double the number of early deaths (aged 15 to 44) than the Fife average.
- 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.

Socioeconomic deprivation and cost of living pressures are the main drivers affecting people's health. Each of Fife's localities contains geographies which have higher levels of need and therefore it is important to consider the impact of place on people when planning services¹⁴.

Workforce

The demographic of the workforce, changes in training, training gaps due to the pandemic and development of new and specialist roles are all impacting on the availability and recruitment and retention of key staff.

Finance

Demand for health and social care services is increasing whilst the available financial resource is under significant pressure. Making the best use of resources by redesigning services and doing things differently will be essential to meet the future health and care needs of the population.

There is a challenge between the planned projections of the workforce required and the available funding to fully implement the Primary Care Improvement Plan. This is a high level corporate risk and one of the key drivers in development of this strategy to ensure delivery of sustainable and effective primary care services. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

¹⁴ [nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf \(nhsfife.org\)](https://www.nhs.uk/consult/condidocuments/nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf)

There is limited access to capital funding to support premises development which may impact on future capacity for service delivery. In developing models of care how existing resources can be used to maximise clinical space and optimise accessibility needs to be carefully considered.

Digital Infrastructure

Further development and use of digital solutions will be part of supporting people to manage their own health and access services in a convenient, efficient and effective way when needed; for example, use of *Near Me* video technology for consultations, access to therapies websites and technology enabled care. Alignment with NHS Fife and Fife HSCP digital strategies will ensure connectivity and support digital approaches that remain inclusive to the needs of our workforce and population and enable equitable access to primary care.

General Medical Services

Sustainability

Sustainability of GP practices has been a national concern prior to the pandemic and is largely influenced by the demographic of the workforce, difficulties with general practitioner (GP) recruitment and financial security. Over the past 10 years these sustainability challenges have resulted in an overall reduction in the number of general practices in Fife and a corresponding 16% increase in the average number of patients per practice.

Currently there are 53 General Practices across Fife with an average practice population of 7,394.

Sustainability challenges have also resulted in some practices returning their contracts and currently being managed as Health Board run services. General Practices and primary care teams are greatly valued for their commitment to provision of primary care services. The HSCP will continue to work collaboratively to support the independent contractor status of General Practice.

Workforce

The Primary Care Improvement Plan set out the planned implementation of the priorities with investment supporting the expansion of the multidisciplinary team being made through the primary care transformation fund.

Significant progress has been made to date with implementation of the new contract, including the aspirations published in 2021 with a second Memorandum of Understanding.

Investments made in expanding the workforce to deliver the aims of the contract have been partially implemented however challenges remain:-

- Recruitment of staff with the skills and competencies required;
- Significant pressure on the available funding to fully implement the plan;
- Premises capacity for additional clinical and administrative accommodation for the multidisciplinary team ;

- Digital solutions to enable remote working to happen more easily whilst retaining local access; and,
- The impact of the expanded multidisciplinary teams on other primary care services, for example, increasing numbers of pharmacists and pharmacy technicians working in the general practice team impacts on the available workforce for community pharmacy.

Progress on each of the priorities and remaining challenges is outlined in Table 1.

Transformation Priorities	Progress	Challenges
Vaccination Transfer Programme	Fully transferred	
Pharmacotherapy	Partial provision	National availability of Pharmacy workforce for delivery Financial resource No nationally agreed service specification
Community Care & Treatment Service	90% complete Full transfer expected by end 2023	
In hours Urgent Care	Partial provision Aim for full transfer by April 2024	Availability of Nursing and Paramedic workforce for delivery Financial resource
Additional professional roles	Partial provision	Availability of Advanced Practice Physiotherapists & Mental Health Nurses for delivery Financial resource
Community link workers	Link Life Fife available to all practices	

Table 1: Primary Care Improvement Plan Progress

Medical Training

General Practitioner Specialty Training

In partnership with National Education Scotland General Practitioner Specialty Training in Fife is fully supported. A breadth of relevant experience is provided through a variety of hospital placements and practice based experience within eleven GP training practices. However there are challenges in retaining general practitioners on completion of their training and there is a need to support development of portfolio career options and promote Fife as a good place to live and work.

ScotGEM

ScotGEM is a four-year graduate entry medical programme taught through a partnership between the Universities of St Andrews and Dundee in collaboration with NHS Fife. It is designed to develop doctors interested in a career as a general practitioner and focuses on rural medicine and healthcare improvement. The first cohorts graduated in 2022 and are progressing through their foundation years. At this stage it is not possible to estimate how many will become GPs in the future.

ScotCOM

NHS Fife has a strategic ambition to become a teaching Health Board. ScotCOM (Community Orientated Medicine) is a proposed medical degree which will be delivered between NHS Fife and the University of St Andrews. It is anticipated this programme will commence in 2025. Being able to provide high quality medical school placements in primary care and supporting practices to develop placement opportunities will support expansion of the future workforce and new career opportunities.

Digital Infrastructure

A programme of work is underway to standardise the clinical system used by primary care which will require investment to implement.

In addition, the design and development of the Digital Prescribing and Dispensing Pathways Programme¹⁵ is progressing with implementation anticipated to begin from 2024. The requirements for this will need to be factored into the digital health infrastructure.

Premises

Improving the quality and capacity of our physical assets will support transformation and delivery of high-quality primary care services. A primary care premises review has been undertaken which assessed the appropriateness of current primary care premises including the condition, functional suitability, utilisation, and quality of estate and identified the investment priorities to inform the updated Property & Asset Management Strategy and Primary Care Premises Strategy.

Primary Care Dental Services

General Dental Services

There are 67 independent dental practices (including 5 orthodontist practices) in Fife providing General Dental Services (GDS) through a mix of NHS and private care.

Dental Registration

Dental registration policy has changed over time and in 2010 lifetime registration was introduced. Figure 6 shows the trend in NHS dental registrations from 2006 to 2022. NHS dental registrations have been declining since 2020 as a consequence of the pandemic and workforce challenges.

Being able to register with an NHS Dentist in Fife is currently very challenging and this is also a national concern. In particular the proportion of children registered with an NHS Dentist has reduced from 93% in 2019 to 87% in 2022. Registrations are also impacted by deprivation with 85% of children living in the most deprived areas registered with an NHS dentist compared to 90% in the least deprived.

¹⁵ [About the Digital Prescribing and Dispensing Pathways programme | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/about-the-digital-prescribing-and-dispensing-pathways-programme/)

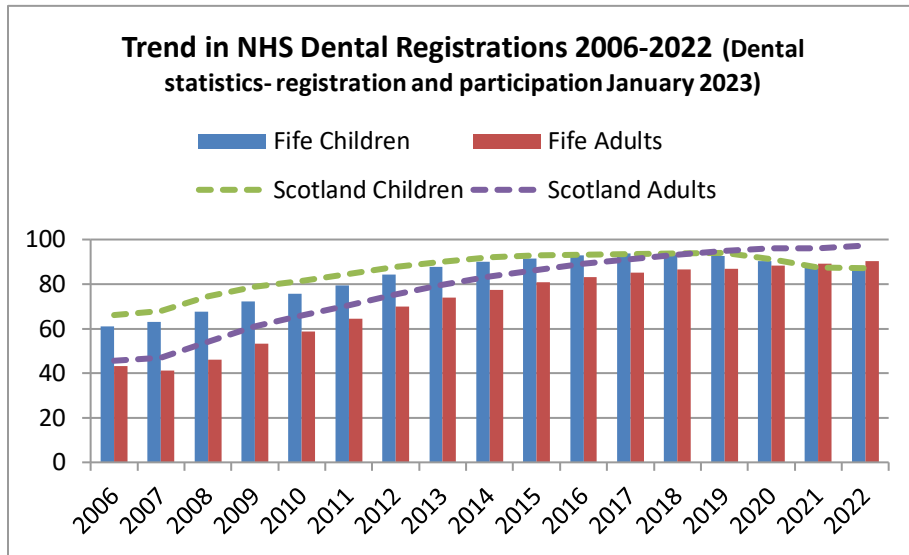


Figure 6 Trends in NHS Dental Registrations

Dental Participation

NHS dental participation is defined as contact with general dental service for examination or treatment in the 2 years prior to point of interest. Figure 7 shows the trend in participation rates. Participation rates have been affected by the lifelong registration policy from 2010; however there has been a marked reduction in participation due to the impact of the pandemic on access to dental care with only 54% of registered patients having seen an NHS dentist within the previous 2 years in 2022 compared to 74% in 2019.

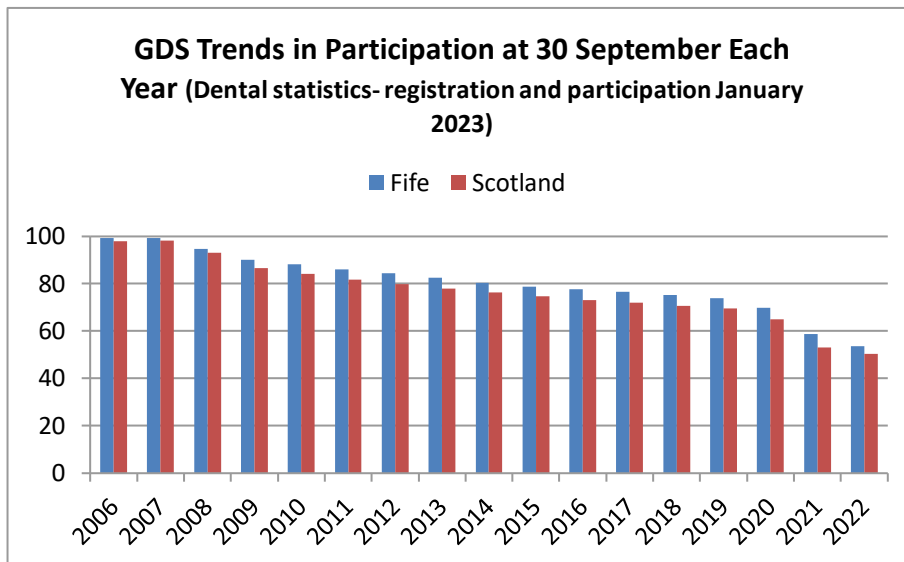


Figure 7 Trends in NHS Dental Participation

Children and adults from the most deprived areas were less likely to have seen their dentist within the last 2 years than those in the least deprived (table 2).

Table 2 Dental Participation Rates	Most Deprived	Least Deprived
Children	56.6%	74.7%
Adults	45.7%	54.1%

The main challenges impacting on dental services include:

- National and local recruitment and retention of dentists and dental care professionals;
- No dental graduates from the academic year 2020/21 due to the pandemic;
- Limited cover and access arrangements to provide urgent dental treatment for NHS patients registered with general dental practices;
- The potential impact of national reforms on sustainability.

Public Dental Services

The Public Dental Service (PDS) provides core services as well as care for priority and vulnerable groups and operates out of 12 sites in Fife including on hospital premises.

The PDS hosts the Fife Dental Advice Line for patients who are not registered with a dentist to help find a dentist and also facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services via their General Dental Practitioner.

The national oral health improvement programmes are delivered by the PDS. Oral health improvement actions continue to be recovered post pandemic with a focus on reducing inequalities.

Community Pharmacy

Pharmacy services have expanded considerably over the last decade and play a crucial role in supporting people in their own homes and communities. There are 86 community pharmacies in Fife providing approximately one pharmacy per 4,300 population. The pharmacies are well distributed across the region and meet the access needs of the vast majority of the population with no large gaps identified¹⁶.

The launch and expansion of the core NHS Pharmacy First service in April 2020 promotes the role of community pharmacies as one of the first points of call for people to access healthcare advice and medicines. Other core services, universally available, include Acute Medicines Provision, Public Health, and Medication Care and Review Services for people with long term conditions.

Community pharmacies also provide a wide range of enhanced services including services to care homes, care of people with substance misuse problems, palliative care network and vital capacity in vaccination programmes.

¹⁶ [June 2022 Pharmaceutical Care Services in NHS Fife 2021/22 \(scot.nhs.uk\)](https://www.scot.nhs.uk/june-2022-pharmaceutical-care-services-in-nhs-fife-2021-22)

The Pharmaceutical Care Services in NHS Fife (2022) report highlights the importance of continuing to support the development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population. Further development of local services may be impacted where the local facilities are not flexible enough to allow this to happen or where workforce challenges mean pharmacists need to focus on their core business and service.

Workforce challenges have emerged in part due to the expansion of clinical pharmacy roles working in General Practice. This service is a welcome addition to the multidisciplinary primary care team and delivers on several commitments to improving patient care. There is opportunity to focus on making best use of skill mix, including the roles of pharmacy technicians and pharmacy support workers to enable pharmacy teams embedded in GP Practices to focus on direct patient care activities, optimising their skill set.

In addition, there are challenges to the financial sustainability of community pharmacies with financial settlements being agreed through national negotiations.

Optometry Services

Optometry services are provided by High Street Opticians and are an integral part of the transformation of primary care services and the on-going development of community based care. Optometrists are trained to examine the eyes to detect defects in vision, signs of injury, ocular diseases or abnormality and problems with general health. An increasing number of community optometrists are registered independent prescribers and can issue NHS prescriptions to treat eye problems. Optometry is a stable part of our healthcare economy with national contracts facilitating both innovation and sustainability.

There are 50 optometry practices across Fife with a good distribution across the seven localities.

In 2021-22 optometrists in Fife completed 143,085 eye examinations which equates to 37.2% of Fife's population receiving an eye examination. Of those who received an eye examination 34% lived in the most deprived communities compared to 39% in the least deprived. 2.8% of examinations were completed through domiciliary visits¹⁷.

There are innovative developments within community optometry services to keep referrals for more complex conditions within the community network of optometry services therefore reducing referrals to secondary care services and providing care closer to home for our population.

A number of shared care schemes have been developed to provide enhanced local service provisions within Fife for the treatment of common eye conditions and management of chronic eye diseases such as glaucoma. These schemes have required optometrists to undertake

¹⁷ [Ophthalmic workload statistics - Statistics as at year ending 31 March 2022 - Ophthalmic workload statistics - Publications - Public Health Scotland](#)

additional accredited training and have enabled patients to be safely discharged from hospital eye care services into the community.

The Optometry Pharmacy First Pathway is working well and it is recognised that developing the referral pathway between general practice and optometry would support sharing of information and good practice.

Since 2006, significant investment has been made both through direct Scottish Government funding and by individual optometric practices in ensuring that the appropriate equipment is available to provide the relevant services and meet specific patient needs. Future development in community based eye care will need to include consideration of any related equipment and technology requirements.

Strategic Themes

A strategic needs assessment was undertaken to develop this strategy. The themes from this are identified in Figure 8.



Figure 8: Primary Care Strategic Themes

Vision

Our Vision:

Primary care will be at the heart of our integrated health and social care 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 and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

As an integral part of a well-functioning healthcare system primary care services aim to:-

- Provide high-quality, equitable care for the population they serve;
- Prioritise those at highest risk;
- Support those with long-term conditions to self-manage these conditions as well as possible;
- Play a significant role in longer-term prevention, early intervention and detection of disease and harm;
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife (Figure 9).

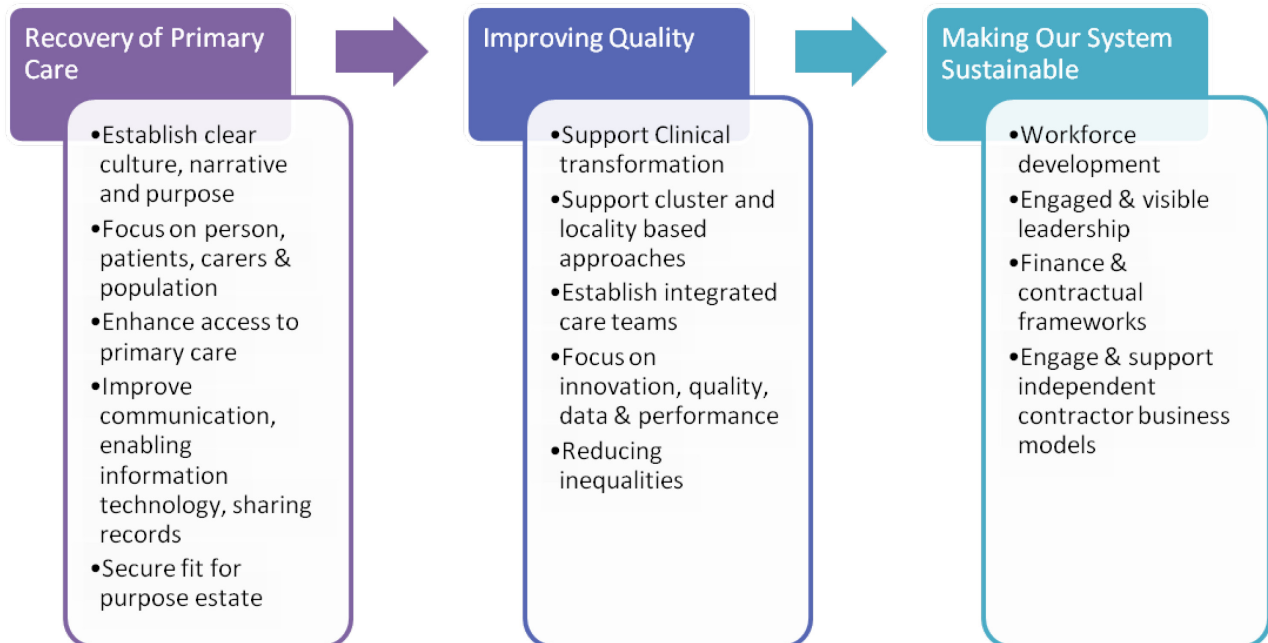


Figure 9: Strategic Focus

Our Priorities

Our Priorities:

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system;
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services;
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care;
5. To contribute to improving population health and wellbeing and reducing health inequalities.

Our Core Principles

The core principles (figure 10) underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals. They will ensure services are as inclusive and accessible as possible, informed by clinical evidence and expert advice. Services will be delivered at an appropriate pace to reduce risk and ensure people experience high quality, safe, effective and efficient care. Locality planning and engagement with partners and communities across the system will ensure services are co designed and tailored to local need and any barriers to accessing care and support services are removed. The development of a performance, quality and assurance framework will focus on continuous improvement in delivery and access to primary care services.



Figure 10: Core principles for the strategy

Strategic Alignment

This strategy supports the delivery of local and national strategic priorities together with the nine national health and wellbeing outcomes and six public health priorities (Table 3).

Primary Care Vision	Primary care at the heart of our integrated health and social care 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 and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services					
Primary Care Priorities	Recovery safe, sustainable, high quality services	Workforce development	Quality and capacity of our physical assets	Digital First solutions for recovery and transformation	Improve health & wellbeing & reduce inequalities	
Fife HSCP Vision	People of Fife Live Independent and Healthier Lives					
Strategic priorities	Local	Sustainable	Wellbeing	Outcomes	Integration	
NHS Fife Vision	Living well, working well and flourishing in Fife					
NHS Fife Priorities	Improve Health and Wellbeing	Improve The Quality Of Health And Care Services	Improve Staff Experience And Wellbeing	Deliver Value And Sustainability		
Plan for Fife Vision	A Fairer Fife					
Plan for Fife Priorities	Opportunities for all	Thriving places	Inclusive growth and jobs	Community led services		
Delivering Value Based Health & Care Vision	To deliver value based health and care; this will achieve the outcomes that matter to people and a more sustainable system					
Value Based Health & Care Aims	Improved Outcomes and Experience		Improved Equity of Access and Transparency		Sustainability & Stewardship	
Nine National Health & Wellbeing Outcomes	People can look after their own health	Live at home or in a homely setting	Positive experience of services	Services improve quality of life	Services mitigate inequalities	
	Carers supported to improve health	People using services are safe from harm	Engaged workforce Improving Care	Efficient resource use		
Six Public Health Priorities for Scotland	We live in vibrant, healthy and safe places and communities	We flourish in our early years	We have good mental health	We reduce the use of harm from alcohol, tobacco and other drugs	We have a sustainable, inclusive economy with equality of outcomes for all	We eat well, have a healthy weight and are physically active
Table 3 Strategic Alignment of Vision and Priorities						

Anchor Ambition

Fife HSCP and NHS Fife are large organisations connected to the local communities of Fife. It is recognised that anchor institutions can make positive contributions by investing in and working locally and responsibly with others to:

- Employ people from local communities through fair and equitable employment practices and paying a living wage;
- Use our land and buildings to support local communities and influence health and wellbeing in education, housing and employment;
- Purchase goods and services locally where appropriate to support local businesses.

Both Fife HSCP and NHS Fife recognise that primary care contractors are placed at the very heart of the communities they serve and are committed to supporting them to realise their potential as anchors within their own localities.

Working in partnership with other organisations, including Fife Council, the Scottish Government, and the independent and voluntary sectors will support achievement of this ambition and alignment with the Fife Population Health and Wellbeing Strategy.

Our Enablers

The following enablers are critical to the successful implementation of this strategy (figure 11):

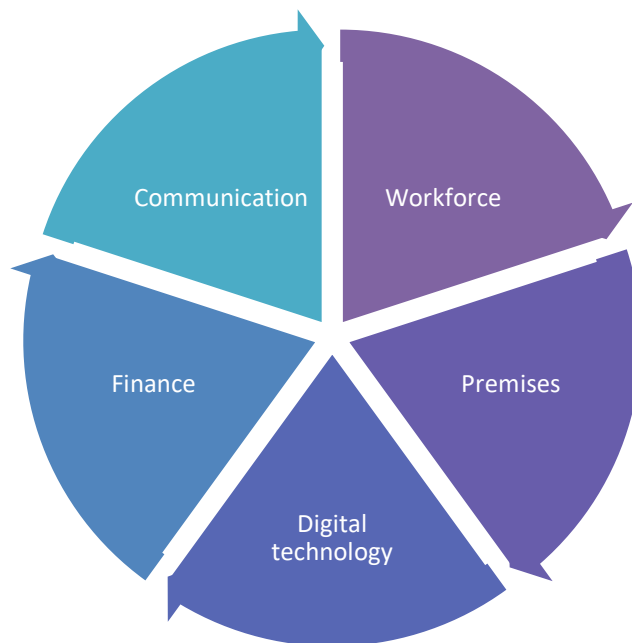


Figure 11 Key enablers

Workforce

A growing and aging population with increasingly complex health conditions needs a primary care workforce with the numbers and the breadth of skills to help people access the healthcare they need. As the front door to many other NHS services, sufficient capacity and capability in

primary care is critical for people getting timely access to other parts of the health and social care system.

Development of the workforce capacity and capabilities across all primary care services is critical to ensuring sustainable service provision. Development of initiatives that encourage people to want to live and work in Fife will maximise opportunities for recruitment and retention of all healthcare professionals. Developing careers of choice can be supported, for example, developing clinical and leadership roles for GPs such as the Primary Care Clinical Lead for Cancer and Palliative Care.

Both NHS Fife and Fife HSCP workforce plans are aligned to the five pillars of the national workforce strategy, to Plan, Attract, Train, Employ and Nurture their workforce¹⁸.

These principles underpin the development of an integrated primary care workforce with commonality across all independent contractors, managed services and across the wider health and social care system including the third and independent sectors with a focus on recruitment and retention, skill mix, training and development, health and wellbeing, career pathways and succession planning.

Development of the primary care workforce will also ensure locality and cluster based models are aligned with the HSCP's strategic vision and will ensure there is a focused, targeted approach related to the individual needs of communities.

Premises

The National Code of Practice for GP Premises¹⁹ describes the planned transition over a 25-year period to a model where GP contractors no longer own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision, the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourages GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner.

A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review considered:-

- The appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate;
- The estate requirements to implement the Primary Care Transformation Programme;
- The investment priorities to inform the updated Property & Asset Management Strategy;
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. The development of primary care premises is

¹⁸ [Fife-HSCP-Workforce-Strategy-and-Plan-2022-25.pdf \(fifehealthandsocialcare.org\)](#)

¹⁹ [National Code of Practice for GP premises - gov.scot \(www.gov.scot\)](#)

being led by the Director of Property and Asset Management and aims to ensure premises have the capacity to deliver the full range of services supporting the transformation of primary care and improved access to functionally suitable primary and social care premises.

Engagement with partners regarding the Local Development Plan for Fife²⁰ and place based initiatives will support identification of opportunities for future developments with the aim of designing premises which support delivery of public services in shared buildings with shared facilities.

Digital Technology

Improved use of technology has the potential to extend the range of care primary care can offer and improve the quality and accessibility of services. Although technology offers opportunities consideration needs to be given to issues related to digital exclusion and ensuring greater use of technology does not become a barrier for people.

Triage systems will continue to be developed to ensure that those with the greatest need are prioritised, and that patients are managed by the professional with the most appropriate skills to meet their needs in the right place, at the right time, first time.

The development and spread of models that allow for access and maximise use of communication technologies, for example, phone, NearMe, e-consult; will be supported to develop a system which reflects modern needs and expectations.

Collaborative working with digital colleagues in NHS Fife and partners across the health and care system will ensure alignment with NHS Fife and Fife HSCP digital strategies to support growth and embed and accelerate digital solutions to support recovery and underpin transformation of primary care.

Further investment in technologies which support self-care and self-management of long-term conditions will be required. In addition, there is a need to support the workforce and the population of Fife to increase their skills, confidence and access to digital options. These will be linked to the completion of the 2023 Digital Maturity Assessment and the HSCP Digital Strategy.

Finance

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors and early engagement with Government colleagues will be important to understand any potential impacts and mitigations.

²⁰ [Adopted FIFEplan - Keystone \(objective.co.uk\)](https://www.objective.co.uk)

Although contracts and associated payments are determined nationally, opportunities to develop services by targeting resources, seeking innovative and dynamic approaches and delivering at scale will be supported to enable local needs to be met and deliver best value.

This strategy will contribute to achievement of the measures within the Medium Term Financial Strategy including:

- Ensuring Best Value - ensure best use of and working within the resources available;
- 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; promote realistic prescribing to make effective contributions to the medicines efficiency programme.

The Primary Care Improvement Fund supports delivery of the Primary Care Improvement Plan. The plan is regularly reviewed and monitored to maximise use of all available resources and track future commitments and is reported through the finance and primary care reports to the relevant committees and Integration Joint Board.

Communication

Localities provide an opportunity for communities and professionals including GPs, primary care teams, secondary care, social work and social care, nurses, allied health professionals, pharmacists and others together with the third and independent sectors, to take an active role in, and provide leadership for, local planning of health and social care service provision.

Improving communication across the interface between primary, secondary and tertiary care services and developing care pathways, shared care initiatives and working collaboratively a strong vision for service delivery can be achieved and delivery of excellent care to improve population health and wellbeing can be maximised.

Strengthening primary care and community-based provision in each locality, and promoting recovery following the COVID-19 pandemic will be underpinned through design and delivery of services and supports that are based on an understanding of what matters to people in terms of their values, outcomes and experiences.

A Fife wide primary care communication plan will promote a greater understanding of primary care services and enable people and communities to access the right care, at the right time and in the right place.

Participation and Engagement

In developing this strategy consideration has been given to the published reports of the Health and Care Experience Survey²¹, the Health and Sport Committee findings of their inquiry on what primary care should look like for the next generation²², the consultations supporting the development of the Partnership and NHS Fife strategic plans as well as engaging with a wide range of stakeholders. A summary report of the engagement activity is provided in appendix 2. The Health and Sport Committee report identifies five key areas for development (Figure 12).

Workforce &
Ways of Working

Figure 12 Five key areas for development (Scottish Government 2021)

Overall the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the vision, principles, and deliverables for this strategic plan.

Key themes from engagement on the delivery of the primary care strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan

Delivery Plan

The overarching delivery plan (table3) sets out our priorities, deliverables and planned outcomes and is supported with a more detailed action plan in Appendix 1.

²¹[Health and Care Experience Survey - gov.scot \(www.gov.scot\)](https://www.gov.scot/Health-and-Care-Experience-Survey)

²² [What should Primary Care look like for the next generation? Phase II | Scottish Parliament](#)

Table 3 Overarching Delivery Plan	Strategic Aim: A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife				
Priorities	Deliverables	Outcomes	Strategic Focus		
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system	<ul style="list-style-type: none"> • Improve access to a wider range of care in our communities; • Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services; • Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic. 	To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.	R	Q	S
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;	<ul style="list-style-type: none"> • Expand our primary care workforce and ensure that this is more integrated, and better coordinated; • Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing. • Align the principles of workforce planning to support independent contractors where possible 	The right people are employed to support the needs of the local population; Increased control over workload due to increased efficiency, skill mix, education and resourcing;	R		S
Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.	<ul style="list-style-type: none"> • Develop primary care premises strategic framework • Support creation of whole system Initial Agreement; • Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board. • Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported. 	Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale		Q	S
Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> • Digital solutions are created to enhance capacity and support the care delivery models; • The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working. 	Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support	R		S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> • Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation and the wider social determinants of health • Address the systematic disadvantage faced by people in deprived areas through provision of needs based care 	Services are co-designed with communities to better meet the needs of people, families and carers Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made		Q	S

Planning and Governance

The planning and governance of primary care services are shared across Fife Integration Joint Board, NHS Fife and Fife HSCP (Figure 14).

Figure 14 Planning and Governance Responsibilities

The statutory responsibility for the strategic planning, commissioning and oversight of delivery for primary care services lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for primary care provision with the Medical Director having executive responsibility for General Medical, Dental and Ophthalmic Services and the Director of Pharmacy and Medicines having executive responsibility for Community Pharmacy. The Director of Property and Asset Management has executive responsibility for the retained estate and the Director of Public Health ensures executive leadership to improving population health. This systems leadership approach values the individual and collective responsibilities of the Executive Team in support of Primary Care in Fife.

Through the governance structure effective oversight of implementation of the primary care strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.

Monitoring and Review

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

Progress on implementation of this strategy will be monitored through the Primary Care Strategic Oversight Group to enable responsive decision making and identify any necessary remedial actions, where required, to improve outcomes. Transformation and sustainability initiatives for all four independent primary care contractors together with any critical aspects of governance will be overseen by this group.

The Primary Care Improvement Plan is regularly monitored and reports to the GMS Board, Quality & Communities Committee, IJB and Scottish Government.

There has historically been a lack of reliable and robust data for primary care. The National Monitoring and Evaluation Strategy sets out the overarching national approach and principles which will shape future sustainable policy and service developments for primary care²³. To better understand how primary care contributes across the wider health and social care system, to equality of outcome and access, to ensuring our communities thrive, and to delivering public value a national indicator set and outcomes framework is in development.

A performance framework incorporating and building on the national key performance indicators will be established to monitor implementation and evaluate impact of this strategy.

Regular updates on progress will be reported to the Executive Directors Group and onto the appropriate Public Health and Clinical Governance Committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the third year of implementation, will inform future direction and the development of future strategic plans.

Revision History

Document Title:	Primary Care Strategy		
Document Owner:	Lisa Cooper Head of Primary Preventative Care Services	Document Number:	
Date Approved by IJB:		Revision Number:	
Implementation Date:		Review Date:	
Print Date:	21/07/2023	Author:	Carol Bebbington

²³ [national-monitoring-evaluation-strategy-primary-care-scotland.pdf](#)

Appendix 1: 3 Year Action Plan

To realise our vision, the following plan outlines the actions to support recovery of and improve quality and sustainability primary care services. R=Recovery : Q=Quality: S=Sustainability

Overarching Actions							
Strategic focus			Action	Year 1	Year 2	Year 3	Systems Leadership
R	Q	S	Develop primary care workforce plan aligned with NHS Fife and Fife HSCP workforce strategies to ensure both managed service delivery and maximised support to independent contractors	√	√	√	Lead : Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy Critical: Head of Service Primary Preventative Care, HSCP Chief Finance Officer; HSCP Workforce & Organisational Culture Lead; Head of Workforce Planning & Staff Wellbeing NHS Fife; Staff Side Representative
R		S	Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	√	√	√	Lead: Associate Director Communications NHS Fife; Head of Service Primary Preventative Care Critical: Head of Nursing Primary Preventative Care; Senior Portfolio Lead Primary Care
R	Q	S	Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract Management and Performance Framework for Primary Care	√	√	√	Lead: Head of Performance, Planning and Commissioning Critical: Head of Service Primary Preventative Care, Director of Nursing HSCP, Deputy Medical Director HSCP
R	Q	S	Further strengthen leadership and governance arrangements	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
R	Q	S	Assess impact of strategy against HSCP Strategic Plan and NHS Fife Population Health and Wellbeing Strategy			√	Lead: Head of Service Primary Preventative Care Critical: Head of planning, performance and commissioning HSCP; Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Evaluate impact on reducing health inequalities			√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care

General Medical Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Support general practice in stabilising its position.	√	√	√	Lead: Head of Service Primary Preventative Care ; Deputy Medical Director;	
R	S	Support ongoing development of MDT	√	√	√		
Q	S	Support development of GPs Expert Medical Generalist Role	√	√	√		
R	Q	S	Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	√	√	Critical: Portfolio Lead Primary Care; Head of Nursing Primary Preventative Care; Programme Manager Primary Care Improvement Programme; Clinical Directors Primary Care; Head of Pharmacy – Population Health and Wellbeing; Medical Education Lead; Head of Capital Planning / Project Director; Head of Estates and Facilities; Head of Digital Strategic Delivery; HSCP Communications Officer; LMC.	
R	S	Refresh and implement PCIP 2023/24	√	√			
Q	S	Support CQLs in delivery of cluster functions	√	√	√		
	S	Develop plan for GP training and options for portfolio careers to attract and retain GP workforce	√	√	√		
	S	Increase GP training accredited practices			√		
	S	Explore options to join Rediscover Joy in General Practice programme		√	√		
R	S	Continue to support GP sustainability loans	√	√	√		
R	Q	S	Continue to support minor works to make most of existing premises	√	√		√
Q	S	Develop Primary Care Premises Strategy;	√	√			
Q	S	Develop whole system Initial Agreement		√	√		
Q		Develop performance activity and outcomes data including assessing progress towards addressing health inequalities	√	√	√		
Q	S	Implementation of new GP Practice system (VISION)	√	√			
R	Q	S	Support development and spread of models that allow adoption of technologies	√	√		√
Q	S	Engage with Digital Prescribing and Dispensing Pathways Programme			√		
Q		Establish calendar of protected learning time in collaboration with UCSF	√	√	√		
	S	Evaluate the impact of the improvement plans on general practice capacity			√		
Q	S	Review delivery model for GMS learning from MOU implementation		√	√		

Primary Care Dental Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Increase access to NHS dental services.	√	√	√	Lead: Head of Service Primary Preventative Care Consultant in Dental Public Health; Critical: Clinical Director Public Dental Service; HSCP Dental Advisor Primary Care Manager; Business manager Public Dental Service Portfolio Lead Primary Care	
R	S	Consider recruitment and retention options	√	√	√		
R	S	Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes	√	√	√		
R	S	Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care	√	√			
	Q	Refine referral pathways between GDS, PDS and secondary care services	√	√	√		
R	Q	S	Review Emergency Dental Service to improve sustainability and access	√	√		
	Q		Continue to recover Oral Health Improvement actions to reduce oral health inequalities	√	√		√
	Q	S	Assess impact of OHIP and refine Annual Delivery plan – targeted approach		√		√
R	S	Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation rates		√	√		
	Q	S	Consider national contracts revisions and impact on service delivery		√		√
Community Pharmacy Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Review current process and assure robust arrangements for recovery and progression of new pharmacy applications	√	√		Lead: Head of Service Primary Preventative Care Head of Pharmacy - Population Health and Wellbeing Critical: Lead Pharmacy, Community Pharmacy and Public Health; Primary Care Manager HSCP Locality Planning Manager	
	Q	S	Refresh Community Pharmacy hours of service contractual arrangements	√	√		
	Q		Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self care advice – Right place, right time, first time	√	√		√
	Q	S	Ensure that the annual Pharmaceutical Care Services	√	√		√

		Report is co- designed with localities to meet the needs of local communities				HSCP Participation and Engagement Lead Portfolio Lead Primary Care;
Q	S	Engage with Digital Prescribing and Dispensing Pathways Programme			√	
Q		Prepare for all newly qualified pharmacists being independent prescribers from 2026			√	
Q	S	Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	√	√	√	
Optometry Services						
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership
Q	S	Develop GP-Optometry Pathway	√	√		Lead: Head of Service Primary Preventative Care Deputy Medical Director
Q	S	Implementation of national community glaucoma service	√	√		
Q		Review uptake of GOS across all localities and develop plan to address inequalities	√	√	√	Critical: Secondary Care Ophthalmologist HSCP Optometry Advisor Primary Care Manager HSCP Clinical Director Portfolio Lead Primary Care;
Q	S	Develop standardised approach to delivery of additional services	√	√	√	
Q	S	Review demand, access and equality of low vision services		√	√	
Q		Explore opportunities to enhance service delivery including investment in technology and greater collaboration with secondary care	√	√	√	
Q	S	Consider national contracts revisions and impact on service delivery		√	√	
Q		Prepare for all newly qualified optometrists being Independent prescribers from 2028			√	

Fife Health
& Social Care
Partnership



Fife Primary Care Strategy 2023-2026

Participation and Engagement

Consultation Summary

Fiona Ashton-Jones, Participation & Engagement Officer

Ann Kerr, Participation & Engagement Officer

June 2023

Introduction

The Primary Care Strategy is currently in development as one of the key 9 strategies defined in the HSCP Strategic Plan 2023-2026. The Strategy will focus on recovery, growth, and transformation to ensure Fife

has a resilient and thriving primary care at the heart of an integrated health and social care system. The primary care strategy will focus on recovery of primary care, improving quality and making systems sustainable.

Fife Health and Social Care Partnership's Participation and Engagement Team is supporting the development of the Primary Care Strategy 2023-2026 working group through consultation on the Vision, Mission & Deliverables to ensure that they are realistic, achievable and to identify any gaps that need to be addressed.

This consultation summary highlights the feedback from those who responded to this consultation, which was open for a 5-week period from 24th April to 26th May.

Previous Engagement

The following consultation was previously undertaken to help inform the National priorities.

- ✓ Public engagement was undertaken by the Scottish Government HACE Survey 2022. Published May 2022 with over 8,000 responses (27% response rate) received from Fife.
- ✓ 'What Primary Care Looks Like for The Next Generation' survey.
- ✓ Local engagement as part of the HSCP Strategic plan.

Further engagement work as required to ensure that the national priorities and delivery plan met the needs of the public as well as ensuring they can realistically be delivered by the 4 key service providers- GPs and surgery staff, community pharmacy, dentistry and optometry.

Methodology

The consultation was conducted online via an online survey (Microsoft forms) and 3 online events which were open to staff from the NHS, Fife Council, Primary Care, HSCP and Third and Independent Sectors.

A further online survey (Microsoft forms) was sent to nominated public representative forums which included:

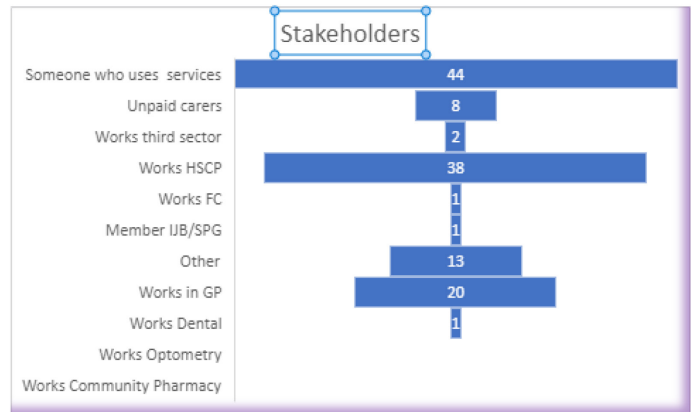
Fife International Forum	FC Peoples Panel	Equalities Forum	IJB Carers representative
	NHS Virtual Group	Fife Carers Centre	IJB Public representative

Consultation Summary

Response Rate

A total of 156 people took part, 128 through the online ms forms consultation and 28 who attended the online events.

- **Staff:** The Microsoft form was completed by 60 staff with a further 28 staff attending one of three online events. The majority of responses were received from Females (70%) with the overall ages being between 35 – 54.
- **Public:** The Microsoft form was completed by 68 members of the public with an equal representation between male and female genders and within the age categories of 45 and above, of which 66% of responders recorded as 65+.



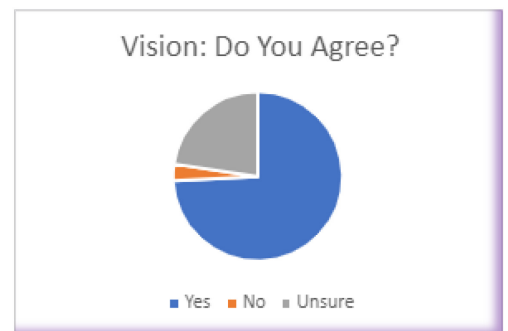
Locality



A representation from across Fife was obtained with the highest responses coming from Dunfermline & North East Fife localities.

Primary Care Vision

78% of public representatives agreed with the vision in comparison to 70% of staffing group with a larger percentage of staff being unsure. A key theme was the feasibility to deliver the vision and whether aspirations were matched by appropriate mechanisms and resources, with funding and work force plans being a primary concern. Minimal comments were received from Dentistry, but the pressure dental services are under was referenced.



There was recognition from the public that they needed to take responsibility for their own health as well as from 'staff' that 'patients needed to be educated and empowered.

'Agree, but infrastructure funding may be needed to achieve the vision'.

'I agree but in reality, this feels highly ambitious given the crisis that the NHS is in and the staff shortages both within primary and community settings'.

Primary Care Principles

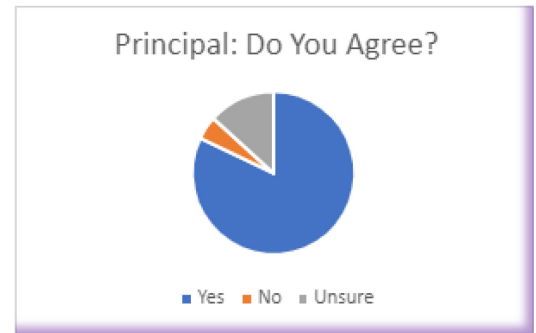
The public and staffing groups were in alignment with both having 82% agreeing with the principles.

There was a high level of support for the principles with positive comments recognising the recognition of requirements. There is the appetite to see these delivered with evidence of impact to ensure accessibility of services, expertise, and support for everyone. The key theme from the public were around access to services whilst stakeholders focused on delivery of these in view of work pressures.

'Many people have difficulty finding or contacting the help they need. These principles seem to address this'.

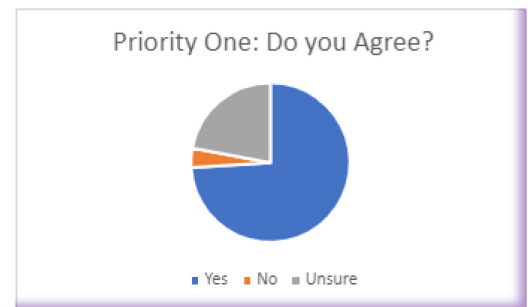
'Local access to information, expertise and support is important. Good information delivered early and with community support helps early interventions and ultimately help support the NHS long term'.

'Principles are sound, my concern is how they will be put into practice'.



Priority One Deliverable

Similar results were received from the public and staff with overall 74% agree with this deliverable. There was also minimal difference between those staff who completed the survey online and those who attended the live events and had the benefit of a presentation. This deliverable had the lowest percentage of those that disagreed however the highest percentage of those that were unsure.



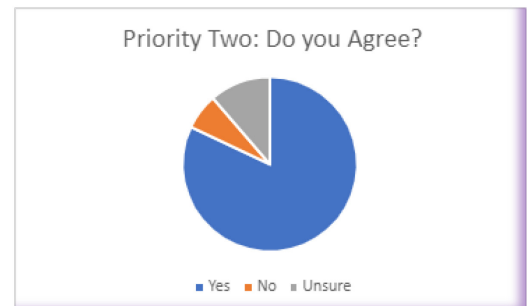
Key comments related to: resources, effective communication, and connectivity between services with the requirement to enhance partnerships, understanding & flexibility across organisational working. Resources were a key theme featured in all categories relating to time, funding, staff & support to enable people to be able to deliver this, to reduce backlogs and deliver a continuity of care. Request for a clear line of vision of where we are now and sight of deliverables as it was felt the 'Devil is in the detail', Comments also surrounded ability for easier access to services and enhanced communication within the public domain of the proposed delivery plan as well as the status of services.

'Invest more in a dual-focus approach - help services to both transform and try new ways of working whilst addressing backlog. This requires clinicians to be given job-planned time and space for new ways of working. It cannot be something fitted into existing work requirements.

'Be open to the idea of providing services out with normal hours so that everyone is able to access the help they need even those that work during normal office hours'

Priority Two Deliverable

87% of the public and 76% of staffing groups agreed with this deliverable with 12% of staff compared to only 3% public disagreeing. This may be due to the operational knowledge by stakeholders as the key theme related to the recruitment and retention of staff with comments surrounding pay, acknowledgement, support, terms & conditions and incentivisation.



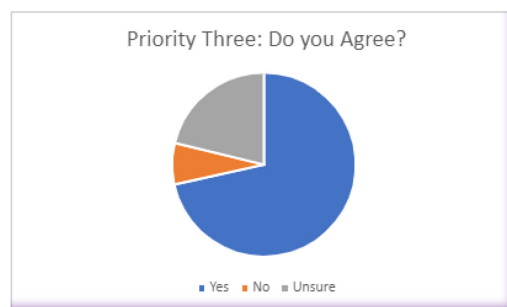
There was recognition that: '*A lot of this is outside of the control of Fife*' and that '*This deliverable should be more specific on what can be achieved*'.

'It's fine thinking the partnership is going to achieve your goals but can the staff cope with these new values and will it have a knock-on effect to the patients'

Priority Three Deliverable

Overall, 72% agree with this deliverable with a breakdown of 81% from public and just 64% from staffing groups.

Staff commented mainly on the condition of properties, the cost to improve these, funding provision and communication whereas the public's focused on the need for more staff and for budgets to be provided to enhance access to services. There were also some comments that reflected on the definition of 'asset-based approach' and 'neighbourhood'.



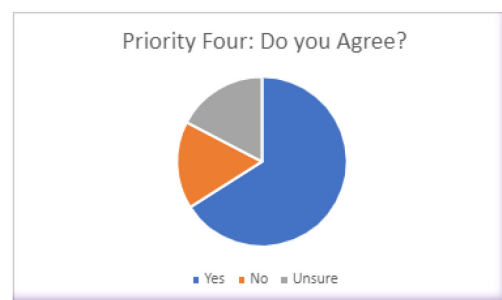
'A baseline to be achieved before moving'

'Facilities need investment. Care needs to be provided in an environment that is fit for purpose, welcoming, feels safe. Run down clinics do not convey a sense of value to people accessing these services.'

'More money needed to recruit and retain staff.'

Priority Four Deliverable

This question regarding digital solutions generated the lowest 'agree' response of only 66%, driven by the public response rate of 55% compared to 78% from staffing groups. Similarly, both 'no' and 'unsure' responses were at 17%. The two main themes emanating from both the public and staff around digital solutions was that only part of going forward should be digital and access to face to face should always be an option. It was felt that there is also a requirement to invest in IT to enable more digital pathways, joined up IT systems and enhanced IT communication between departments so that everyone can share information easily.

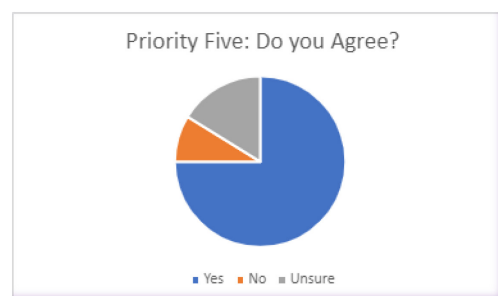


'Digital and technology methods are only part of the solution - the major emphasis should be on a people-based delivery mechanism'

'Ensure any innovation in digital technology used in Primary care is fully integrated across the board and if possible, between boards across Scotland'

Priority Five Deliverable

The overall percentage of 75% agreed which was boosted by the staffing group at the online events who voted 90% in agreement to this deliverable around Primary Care contributing to improving health and wellbeing and reducing inequalities. Most people agreed with the need to reduce inequalities, those unsure were needing more information such as the 'how'. Comments went back to access and the importance of local services. Partnership working was also a theme with the suggestion of patient hubs, wellness spaces and health education. Co-design was mentioned in the outcome and several comments were unsure this could really be achieved.



'Work with other agencies: have patient hubs where they can access computer and help e.g. wells'

'Develop systems to actively identify where inequalities exist (similar to the GIRFEC model) and then use this to plan care and support.'

Conclusion and Key Themes

The public and staff have been very passionate about the importance of getting primary care right. Overall, the public and staffing groups have agreed with the proposed vision, principles, and deliverables with the key themes on delivery relating to access to care, availability of resources particularly staff, communication through information sharing, to patients and technological ability and the need for a joined-up approach. There have been many comments around funding, lack of staff and difficulty in accessing services but there is an appetite to understand the delivery plans and how they will achieve the proposed deliverables.

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

'It appears to show an awareness of the needs of the users whilst mindful of the challenges facing providers at present'.

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

Equality Impact Assessment including Children’s Rights and Wellbeing Impact Assessment (CRWIA)

Part 1: Background and Information

Title of proposal	Fife Primary Care Strategy 2023 – 2026 – Stage 1 EQIA
Brief description of proposal (including intended outcomes & purpose)	<p>The Fife Primary Care Strategy 2023 – 2026 focuses on the recovery of primary care (post COVID-19 Pandemic), improving quality and making services more sustainable to achieve the strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system. This system will support the delivery of excellent, high quality, accessible and sustainable services for the population of Fife, by;</p> <p>Recovery of Primary Care</p> <ul style="list-style-type: none"> • Establishing a clear culture, narrative, and purpose • Focusing on person, patients, carers, and population • Enhancing access to Primary Care Services • Improving communication, enabling information technology, sharing records, and securing fit for purpose estates <p>Improving Quality</p> <ul style="list-style-type: none"> • Supporting Clinical Transformation • Supporting Cluster and locality-based approaches • Establishing integrated care teams • Focusing on innovation, quality, data, and performance • Reducing inequalities <p>Making Our System Sustainable</p> <ul style="list-style-type: none"> • Workforce development and motivation • Having Engaged and visible leadership • Delivering Finance and contractual frameworks • Engaging and supporting the independent contractor business model <p>This strategy recognises the importance of self-care and self-management. Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.</p> <p>Strong primary care systems are positively associated with better health outcomes and a good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early detection of disease and harm.</p> <p>The scope of this strategy includes General Medical Services, Primary Care Dental Services (General Dental Services and the Public Dental Service), Community Pharmacy Services and Community Optometry Services (High Street Opticians).</p>

	<p>Development of this primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality, and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.</p> <p>The Fife Primary Care Strategy 2023 – 2026 describes how the Fife Health and Social Care Partnership aims to improve all Primary Care Services across Fife to;</p> <ul style="list-style-type: none"> • Provide high-quality care for the population it serves • Prioritise those at highest risk • Support those with long-term conditions to self-manage these conditions as well as possible • Play a significant role in longer-term prevention and early intervention/detection of disease and harm.
Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership
EqIA Lead Person	Sarah Howard-Stone, Project Manager – Primary Care Transformation Programme
EqIA Contributors	Lisa Cooper – Head of Service, Primary and Preventative Care Services Christopher Conroy – Programme Director – Primary Care Transformation Programme Heather Bett, Senior Manager, Children’s Services Fife HSCP
Date of EqIA	17/07/2023

How does the proposal meet one or more of the general duties under the Equality Act 2010?

Please refer to the HSCP Equality Impact Assessment Guidance.

Consider proportionality and relevance (*See Page 10 of Guidance*).

General duties	Please Explain
Eliminating discrimination, harassment, and victimisation	The Primary Care Strategy intends to develop Primary Care Services through transformation and change to improve access for patients by delivering improvement to reduce inequalities. The nature of the Strategy will eliminate discrimination across the population of NHS Fife. Any areas of discrimination identified during the planning and delivery stages – these will form essential elements of the deliverables and the work to be taken forward.
Advancing equality of opportunity	The Strategy will provide opportunities to deliver equitable services across Fife. Advance equality of opportunity will be delivered by reducing the gaps between communities and by providing all communities with the same access to Primary Care Services.
Fostering good relations	When planning and delivering the Strategy, work will take place to communicate with different community forums and groups and by doing this the ambition is that good relationships will be established, co-design will be enabled with this seen as essential to provide opportunities for accessible and sustainable services to be delivered and sustained.

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland duty	Please Explain
Socio-economic disadvantage	The Strategy recognises that there are areas within Fife that are socio-economically disadvantaged and that there is a need to improve access to services for these areas. It proposes several initiatives that will reduce boundaries and encourage individuals to access services within Primary Care (eg: GP, Dentist). A performance framework will ensure a targeted approach focused on continuous improvement which will be monitored and reported to the Quality and Communities Committee of the IJB
Inequalities of outcome	The Strategy identifies areas of inequality and recognises that individuals in these areas are less likely to access Primary Care Services for many reasons. The two key deliverables including – Expansion of the Multidisciplinary Team and Development of GP Clusters to ensure engagement with locality and community planning will improve access to services and contribute to reducing the inequalities of outcome for these areas.

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 to inform and assure how the strategic focus of recovery, quality and sustainability will reduce inequalities and improve access to care for the people of Fife

Part 2: Evidence and Impact Assessment

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

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact																
Age (including older people aged 65+)	<p>A review of the population across Fife is included in The Strategy to ensure that it is inclusive, consideration has been given to the population along with the growth of the over 65 population and how this is projected to increase which will create additional demands for health and social care services moving forward;</p> <p>Population Demographic</p> <table border="1" data-bbox="338 683 875 810"> <thead> <tr> <th></th> <th>2020</th> <th>2043</th> <th></th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>64,152</td> <td>53,544</td> <td>-17%</td> </tr> <tr> <td>16-64</td> <td>231,809</td> <td>209,218</td> <td>-10%</td> </tr> <tr> <td>65+</td> <td>78,169</td> <td>101,424</td> <td>+30%</td> </tr> </tbody> </table> <p>The population within Fife in 2020 was 374,000 people and it is predicted to be 364,164 people. The Strategy reflects the aims to reduce the barriers to Health and Social Care for all ages across Fife.</p> <p>The participation and engagement consultation gained feedback on the following areas: Communication, Workforce, Premises, Technology and Finance. The demographic of those who provided feedback is:</p> <ul style="list-style-type: none"> • 156 people took part either online or face to face. • 88 staff provided feedback - 70% of these were female and the overall ages were between 35 and 54. • 68 members of public provided feedback with equal representation from male and female. Ages ranged from 45 and above with 66% of responders being 65+. 		2020	2043		0-15	64,152	53,544	-17%	16-64	231,809	209,218	-10%	65+	78,169	101,424	+30%		<p><i>A performance and assurance framework which will include measures to evidence reduction in inequalities will ensure oversight and monitoring of delivery accountable to the IJB via the agreed governance structure</i></p>	<p><i>There are no perceived negative impacts as this strategy will focus on quality to improve access to services for all people across Fife</i></p>
	2020	2043																		
0-15	64,152	53,544	-17%																	
16-64	231,809	209,218	-10%																	
65+	78,169	101,424	+30%																	

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.)	No Impact
	The Strategy should have a positive impact for all age groups across NHS Fife as it will be delivering transformation to improve services in a safe, sustainable manner and of a high quality.			
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	<p>The Strategy considers the ageing population, as detailed above, along with the demand for unpaid care and how this will place greater pressure on public resources (Primary Care – health and social care). The aims within the Strategy should have a positive impact on patients with Disabilities as;</p> <p>The Strategy considers how Communication will be developed for the population of Fife around Primary Care Services and recognises that patients/residents need to be involved in the development of services to help shape and inform improvements.</p> <p>One of the Priorities within the Strategy is Premises and how these need to be reviewed with locality and accessibility considered to ensure they support the ongoing transformation required to delivery high quality primary care services to the whole population of Fife.</p> <p>It also recognises the need to deliver services within a shared facility, to prevent patients having to attend multiple appointments and locations. When reviewing premises consideration should be given around accessibility of these premises. All developments relating to premises will have an EQIA completed to assess the impact on an individual basis.</p>	A key priority within the Strategy is Digital Developments to support services being more widely accessible to people who cannot access services via the usual channels (e.g. : telephoning for an appointment, etc). The Strategy also recognises the issues around digital exclusion, and that work will need to be taken forward to ensure that this does not become a barrier for people.	A stage 2 EQIA will be completed to ensure inclusivity for all patients.	
Gender Reassignment	<p>Review of premises gives the opportunity to consider the needs of this population</p> <p>The focus on health inequalities will provide the opportunity to consult on the specific needs of this population group</p>	Current challenges to access may impact on this group that may find it hard to engage with services , this strategy aims to improve access positively impacting on this group	<p>Ensure ongoing consultation to establish the particular needs of this group</p> <p>Review of premises gives the opportunity to consider the needs</p>	The Strategy should not directly impact based on gender reassignment alone. It considers the need to be inclusive of all communities and how they will access

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.)	No Impact
	<p>Digital strategy will allow changes to approaches that will facilitate easier access for this group eg gendered forms</p> <p>Opportunity to ensure staff are trauma informed and able to meet the needs of a diverse group</p>		<p>of this population</p> <p>The focus on health inequalities will provide the opportunity to consult on the specific needs of this population group</p> <p>Digital strategy will allow changes to approaches that will facilitate easier access for this group eg gendered forms</p> <p>Opportunity to ensure staff are trauma informed and able to meet the needs of a diverse group</p>	services.
Marital Status (Marriage and Civil Partnerships)				The Strategy should not directly impact based on marriage and civil partnership alone. It considers the need to be inclusive of all communities and how they will access services.
Pregnancy and Maternity	The Strategy objectives are that services should be accessible for everyone and that a communication plan will be developed to ensure inclusivity. This approach should have a positive impact across all communities within Fife.		<p>Review of premises gives the opportunity to consider the needs of this population ensuring access to suitable breast feeding spaces</p> <p>MDT approach will improve access to services without the need to travel</p>	The Strategy will pro-actively improve Primary Care Services and in doing so, support pregnancy and maternity.
Race (All Racial Groups including Gypsy/Travellers)	The Strategy objectives are that services should be accessible for everyone and that a communication plan will be developed to ensure inclusivity. This approach should have a positive impact across all communities within Fife.	Within the Strategy recognition will be given that there may be the requirement to have focused initiatives for those individuals within our community who do not traditionally engage with Primary and Preventative Care Services.	The Strategy recognises the requirements for a communication plan, this plan will take cognisance of communities who may not traditionally engage with Primary and Preventative Care Services to reduce inequalities in this area.	The Strategy should not directly impact based on race alone. It considers the need to be inclusive of all communities and how they will access services.

Religion, Belief, and Non-Belief	The Strategy objectives are that services should be accessible for everyone and that a communication plan will be developed to ensure inclusivity. This approach should have a positive impact across all communities within Fife.	As above	As above	The Strategy should not directly impact based on religion and belief or spiritual care alone. It considers the need to be inclusive of all communities and how they will access services.
Sex (Women and Men)	The Strategy objectives are that services should be accessible for everyone and that a communication plan will be developed to ensure inclusivity. This approach should have a positive impact across all communities within Fife.	As above	As above	The Strategy does not distinguish between genders as it considers the entire population across Fife. It recognises that access to services for those people at highest risk needs to be a priority for all.
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	By considering Different models of care services may be more accessible for people of different sexual orientation MDT may make more gender specific services available The focus on health inequalities will provide the opportunity to consult on the specific needs of population groups	As above	As above	The Strategy should not directly impact based on sexual orientation alone. It considers the need to be inclusive of all communities and how they will access services.

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

	Positive impact	Negative impact	Mitigations	No Impact
Armed Forces Community	The strategy will ensure inclusive access to care for people across Fife including people and families within the armed forces			The Strategy should not directly impact on individuals within the armed forces, veterans, and their family members. It considers the need to be inclusive of all communities and how they will access services.
Carers	The Strategy recognises the needs of carers when accessing Primary and Preventative Care Services including that this may be difficult due to their individual circumstances.	Carers may be disadvantaged when accessing services/or when there are changes to services provided to those they care for. Often these impacts can be significant, such as affecting their ability to combine caring with employment, a breakdown in the caring role, economic hardship, or a negative impact on the carer's own health and wellbeing.	The Strategy makes provision for supporting carers and working collaboratively with them to access services, advice, guidance, and information they need along with being able to direct them to available practice support if needed. The Strategy also references the ambitions within the Partnerships Carers Strategy along with how it supports its' delivery.	
Looked After Children and Care Leavers			Services should use easy to access approaches and the digital approach will support this Opportunities to develop the workforce to ensure trauma informed Opportunity to provide enhanced MDT services that meet wider needs Consultation to be undertaken with CE young people	The Strategy should not directly impact on looked after children and care leavers as it considers the need to be inclusive of all communities and how they will access services.
Privacy (including information security, data protection, and human rights)	Digital transformation is a key enabler and priority for the plan and there are no perceived impacts	No perceived impact	Data Protection Impact Assessments will be completed when appropriate in alignment with service development	The Strategy should not directly impact on privacy. The improvements within the Strategy will be introduced whilst taking cognisance of privacy and all regulations

				that are relevant.
Economy	The Strategy recognises that children and adults from the most deprived areas are less likely to access Primary Care Services, namely Dental Treatment. The Strategy proposes a number of initiatives that will reduce these inequalities by increasing accessing and support for those in deprived areas.	There is a risk due to national legislation challenges that recovery may not occur at the pace required to improve access for all people across Fife	Remobilisation of Oral improvement programmes to support prevention and early intervention Recovery and Quality as strategic focus: Ensuring effective communication and digital plans as key enablers are critical to supporting access to care in the right place at the right time and signposting people to the service and agencies best for their health and care needs	

- 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
Information within the Strategy	Primary Care Strategy 2023-2026
Feedback Information	Primary Care Strategy 2023-2026 – Participation and Engagement Consultation Summary
Evidence gaps	Planned action to address evidence gaps
Voice of children and young people	A P&E plan will be created and implemented as strategy is progressed

If this proposal will impact on children/young people’s rights either directly or indirectly, please complete Part 3. If this proposal will have no impact on children/young people’s rights, please provide an explanation below and continue to Part 5.

A Children’s Rights and Wellbeing Impact Assessment (CRWIA) is required

Part 3 – Children’s Rights & Wellbeing Impact Assessment

Which UNCRC Articles are relevant to the policy/procedure/strategy/practice (Please check Guidance for information)	Article 24 – Every child has a right to health care, Article 12 - Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.
What impact will the policy/procedure/strategy/practice have on children’s rights?	<input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Neutral
Will there be different impacts on different groups of children and young people?	The Strategy should not have different impacts on different groups of children and young people as it considers all the need to be inclusive of all communities and groups.
What options have you considered to modify the policy/procedure/strategy/practice or mitigate any negative impact?	A strategic needs analysis evidenced reduced access and uptake of care across Primary care services in SIMD 1 and 2, this strategy will focus on reducing inequalities including those experienced by children and young people
How will the policy/procedure/strategy/practice contribute to the wellbeing of children and young people?	The Strategy recognises inequalities along with those individuals from deprived areas notably SIMD 1 and 2. It proposes several initiatives to improve access to care which will contribute to the wellbeing of children and young people in alignment with current health improvement programmes e.g. oral health improvement
How will the policy/procedure/strategy/practice promote the Rights of the Child?	The principles of GIRFEC, UNCRC and The Promise will be anchored too as the strategy is implemented. A performance and assurance framework will support ongoing evaluation in line with article 24
Have you engaged with children & young people in the development of this policy/procedure/strategy/practice?	<input type="checkbox"/> Yes – Please complete Part 4
	<input checked="" type="checkbox"/> No however engagement will be facilitated when progressing to implementation We will ensure C&YP voices are heard and included in future engagement events, development of GP Clusters and Locality Planning structures We will consider the needs of specific groups of C&YP e.g. young carers

	needs and the impact the strategy may have on their role as a critical element of the P&E plan moving forward
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- Please record the evidence used to support the children’s rights and wellbeing impact assessment. This could include demographic information, academic research, service monitoring/inspection reports, user surveys etc. Look at what existing evidence tells you about children and young people’s views and experiences. Identify any gaps in the evidence base and advise how you will address these.

Evidence used	Source of evidence
Evidence gaps	Planned action to address evidence gaps

Part 4 – Children’s Rights & Wellbeing – Engagement and Participation of Children and Young People

Engagement and participation with children and young people should incorporate the 7 golden rules of participation. Please tell us how you made sure these were followed during participation and engagement

1.	Understand my rights	How did you ensure that the child/children or young people had an understanding about their rights?
2.	A chance to be involved	Did children and young people understand the project, and what is being asked of them How did you ensure that all communication was accessible? How did you meet the needs of all children and young people taking part?
3.	Remember it is my choice	How did you make sure you gave children and young people choices?

4.	Value Me	How did you make sure that children and young people know their views have been taken seriously and have made an impact?
5.	Support Me	How did you identify and overcome any barriers to participation?
6.	Work Together	How well did working together achieve aims of participation?
7.	Keep in Touch	What have you planned to ensure that children & young people are informed of the outcome/decision?
What impact has the engagement/participation made?		
As advised and assured, a participation and engagement programme will be facilitated when the strategy progresses to implementation to ensure voices are heard as we focus on recovery, quality and sustainability of services to ensure they support equality of access and care across Fife for everyone		

Part 5: Recommendations and Sign Off

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

Recommendation	Lead Person	Timescale
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1. <i>A further EQIA will be required once implementation progresses to ensure the children and young people are engaged and listened to</i>	Lisa Cooper	6 months – January 2024
2.		
3.		
4.		
5.		

By signing off the EqIA including CRWIA, you are agreeing that the EqIA including CRWIA 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: 21 June 2023	Date sent to Compliance Team: FOI.IJB@fife.gov.uk
Senior Officer Name: Lisa Cooper	Designation: Head of Primary and Preventative Care Services

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	2023.005
Date checked and initials	3/7/23 - CH

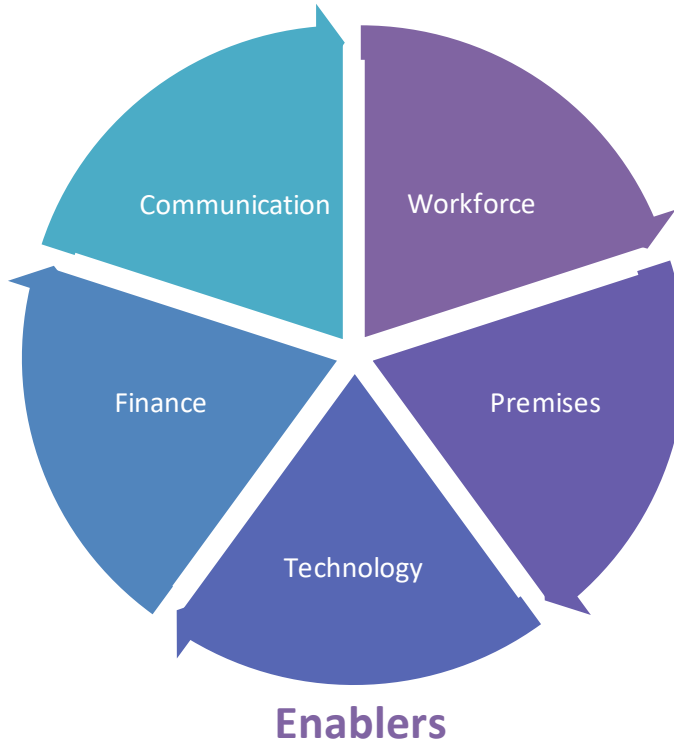
Fife Primary Care Strategy 2023-26

A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife



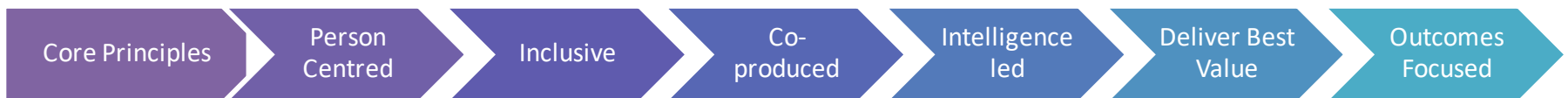
Our Vision

- **Primary Care** at the heart of our integrated health and social care 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** and **multiagency teams** will deliver care in our communities and be involved in the strategic planning of our services.



Our Priorities

- **Recover** and **transform** services with a renewed focus on what matters to people and ensure a **safe, sustainable, high quality** health and social care support system.
- Develop an integrated **workforce** to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP workforce plans.
- Improve the **quality** and **capacity** of our **physical assets** to support the ongoing **transformation** required to ensure delivery of high quality primary care services.
- Embed and accelerate **digital technology** solutions to support **recovery** and underpin **transformation** of primary care.
- Contribute to improving population **health** and **wellbeing** and **reducing health inequalities**.



What is Primary Care?

Primary care is an integral part of a well functioning healthcare system and is an individual's most frequent point of contact with the NHS. Primary care covers a wide range of services including:



The scope of this strategy includes General Medical Services (53 GP Practices); Primary Care Dental Services including General Dental Services (67 High Street Dentists) and the Public Dental Service; Community Pharmacy Services (86 Community Pharmacies); and Community Optometry Services (50 High Street Opticians).

General practitioners, dentists, pharmacists and optometrists are mostly independent contractors who are financially responsible for the business affairs of their practices and are contracted by NHS Boards to provide services on the Board's behalf within nationally negotiated contracts and regulatory frameworks.

What Challenges Does Primary Care Face?

Primary care faces a range of challenges in common with other parts of the health and social care system:-

The Covid-19 pandemic has significantly impacted the physical and mental health and wellbeing of individuals, communities and staff. Limited access to and delivery of some services has resulted in many people experiencing longer waiting times for outpatient and elective care. This has increased pressure on primary care as people seek support as their circumstances or conditions deteriorate.

The population of Fife is aging and living longer with more long term conditions and complex care needs. The projected growth in the over 65 population will create additional demands for services and place a growing demand on unpaid carers. At the same time the working age population is shrinking which will have an impact on the whole health and care system.

There are different challenges across and within Fife's seven localities relating to accessibility, inclusion and health and wellbeing outcomes.

Sustainability of primary care has been a national and local concern prior to the pandemic and is largely influenced by the demographic of the workforce, difficulties with recruitment and retention across all disciplines, availability of funding, the quality and capacity of premises for service development and the digital infrastructure to support new ways of working.

Our Vision

Primary care will be at the heart of our integrated health and social care 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 and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition *to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.*

Recovery of Primary
Care

Our Priorities for the Next 3 Years

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system;
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services;
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care;
5. To contribute to improving population health and wellbeing and reducing health inequalities.

Key Enablers Workforce

Development of the workforce capacity and capabilities across all primary care services is critical to ensuring sustainable service provision. Initiatives that encourage people to want to live and work in Fife and opportunities for recruitment and retention of all healthcare professionals will be maximised.

Premises

A review of premises has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. Development of premises will focus on maximising clinical space and ensuring local accessibility including options for integration with other public services.

Digital Technology

Technology has the potential to extend the range of care primary care can offer and improve the quality and accessibility of services. Focusing on technologies to support access and prioritising those with the greatest need will support patients to be managed by the professional with the most appropriate skills to meet their needs in the right place, at the right time, first time.

Finance

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. Although contracts and associated payments are determined nationally, opportunities to develop services by targeting resources, seeking innovative and dynamic approaches and delivering at scale will enable local needs to be met and deliver best value.

Communication

Promoting a greater understanding of primary care and designing services based on an appreciation of what matters to people in terms of their values, outcomes and experiences will be crucial for success and will ensure people are able to access the right care, at the right time and in the right place.

How will we deliver this?

To realise our ambition a 3 year action plan has been developed to support recovery of and improve the quality and sustainability of primary care services in Fife. The following summarises our main commitments over the 3 year period:-

Summary of Planned Actions	
Overarching actions	<ul style="list-style-type: none"> • Development of workforce plan to ensure managed service delivery and maximised support to independent contractors; • Development of primary care communication and engagement plan; • Development of performance, quality and assurance framework; • Stakeholder engagement to influence national direction for all primary care services.
General Medical Services	<ul style="list-style-type: none"> • Support General Practice in stabilising its position; • Continue development of multidisciplinary team and GP expert medical generalist role; • Continue to implement priorities of GMS contract; • Maximise training opportunities, portfolio careers and options to attract and retain workforce; • Develop Primary Care Premises Strategy; • Adopt new technologies, implement new clinical system, and prepare for digital prescribing.
Primary Care Dental Services	<ul style="list-style-type: none"> • Improve access to NHS dental services; • Maximise opportunities to attract and retain dental workforce; • Maximise capacity to deliver dental care and improve outcomes; • Review Public Dental Service (PDS) functions to increase capacity for urgent care; • Refine referral pathways between General Dental Services, PDS and secondary care; • Review emergency dental service to improve access and sustainability; • Recover delivery of oral health improvement programme to reduce inequalities; • Monitor recovery through registration and participation rates.
Community Pharmacy	<ul style="list-style-type: none"> • Review process and recovery of new pharmacy applications; • Refresh community pharmacy hours of service contractual arrangements; • Promote community pharmacy as first point of contact for minor illness and self care advice; • Ensure that the annual Pharmaceutical Care Services Report is co- designed with localities to meet the needs of local communities; • Engage with Digital Prescribing and Dispensing Pathways Programme; • Support contractors to maximise role as Anchor institutions in their local communities.
Optometry Services	<ul style="list-style-type: none"> • Develop GP- Optometry pathway; • Implementation of national community glaucoma service; • Monitor uptake of eye examinations and develop plan to address inequalities; • Develop standardised approach to delivery of additional services; • Review demand, access and equality of low vision services; • Explore opportunities for investment in technology and greater collaboration with secondary care.

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2023.006
2	Report Title	Fife Primary Care Strategy 2023-26
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	28 July 2023
4	Date Direction Takes Effect	29 July 2023
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	<p>Delivery of all primary care services detailed and in accordance with the vision and underlying core principles of the Fife Primary Care Strategy 2023-26 and as defined within the agreed delegated functions within the Integration Scheme this includes:</p> <ul style="list-style-type: none"> • Primary Medical Services provided under a General Medical Services Contract, and arrangements for the provision of services made under Section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of Section 2C (2) of the National Health Service (Scotland) Act 1978; • General Dental Services provided under arrangements made in pursuance of Section 25 of The National Health (Scotland) Act 1978; • The Public Dental Service; • Ophthalmic Services provided under arrangements made in pursuance of Section 17AA or Section 26 of the National Health Service (Scotland) Act

		<p>1978;</p> <ul style="list-style-type: none"> • Pharmaceutical Services and Additional Pharmaceutical Services provided under arrangements made in pursuance of Sections 27 and 27A of the National Health Service (Scotland) Act 1978; • Services provided by health professionals that aim to promote public health.
8	Full Text of Direction	<p>NHS Fife through the Director of Health and Social Care is directed to implement the delivery plan and develop the required performance monitoring framework that supports the ambitions of this Primary Care Strategy in support of: -</p> <ul style="list-style-type: none"> • Delivery of high quality, accessible, equitable and sustainable primary care services in collaboration with independent contractors, stakeholders and partners in care; • Recovery and transformation of primary care services to improve the quality of primary care provision and ensure our primary care system is more sustainable; • Working with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans; • Improving the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services; • Embedding and accelerating digital solutions to support recovery and underpin transformation of primary care; • Ensuring there is a focus on what matters to people through appropriate participation and engagement with key stakeholders and communities; • Ensuring the design and delivery of primary care services contribute to improving population health and wellbeing and reducing health inequalities.
9	Budget Allocated by IJB to carry out Direction	<p>The budget allocated to the IJB for Primary Care Service provision is £210,663m.</p> <p>This is the current year budget as at May 2023. The current year budgets vary throughout the year primarily due to allocation of non recurring Scottish</p>

		<p>Government allocations.</p> <p>The budget covers a range of primary care services including general medical services, primary care dental services, optometry services, community pharmacy and medicines, vaccination and immunisation.</p>
10	Performance Monitoring Arrangements	<p>Implementation and evaluation of the primary care strategy on the health and social care system, equality of outcome and access, and delivering public value will be monitored through:</p> <ul style="list-style-type: none"> • Development of a qualitative and quantitative performance and assurance framework building on the national key performance indicators; • Enhanced monitoring and evaluation of primary care activity to ensure rigorous oversight of recovery, quality and effectiveness in service delivery; • Ongoing development of a sustainable, empowered and skilled workforce committed to delivering primary care services safely and effectively; • Development of the physical and digital infrastructure to support recovery and transformation of primary care service provision; • Participation and engagement activity to support delivery. <p>Regular reports on progress will be provided within defined periods to the agreed committees of the IJB, NHS Fife and Fife HSCP.</p>
11	Date Direction will be reviewed	April 2024



Meeting Title: Integration Joint Board

Meeting Date: 28 July 2023

Agenda Item No: 7.1

Report Title: Finance Update

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

Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Assurance
- Discussion
- Decision

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

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

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

- Outcomes.

2 Route to the Meeting

This has been previously considered by the Finance , Performance and Scrutiny committee as part of its development. The committee took assurance that there is robust financial monitoring in place, Agreed onward submission to the IJB for approval of the financial monitoring position as at May 2023 and also the reserves as at May 2023.

3 Report Summary

3.1 Situation

The attached report details the financial position (provisional outturn) of the delegated and managed services based on 31 May 2023. The forecast for Fife Health & Social Care Partnership is currently a deficit £4.751m.

3.2 Background

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

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

3.3 Assessment

As at 31 May 2023 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £4.751m.

- Currently the key areas of overspend are: –
- Hospital & Long-Term Care
- GP Prescribing
- Family Health Services
- Adult Placements
- Homecare

These overspends are offset by the underspends in:-

- Community Services
- Older People Nursing & Residential
- Adults Supported Living

There is also an update in relation to savings which were approved by the IJB in March 2023 and use of Reserves brought forward from March 2023.

3.3.1 Quality / Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

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

3.3.3 Financial

The medium-term financial strategy has been reviewed and updated for 2023-26.

3.3.4 Risk / Legal / Management

There is a risk that savings may not be achieved on a permanent basis however reserves of £10m have been approved for use if required to allow time for savings plans to be actioned

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Environmental / Climate Change

There are no impacts on the environment

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable.

4.4 Recommendation

- **Assurance** – IJB are asked to be assured that there is robust financial monitoring in place.
- **Decision** – approval of the financial monitoring position as at May 2023.
- **Decision** – approval of the use of the reserves as May 2023.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at May 2023

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Approved 2022-23 Savings Tracker

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

This report reflects payments made to Third Sector providers.

9 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

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

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

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

Lead	Audrey Valente
Critical	SLT
Signed Up	
Informed	

Report Contact

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**Fife Health
& Social Care
Partnership**



Finance Report Projected Outturn as at May 2023

6 July 2023



Supporting the people of Fife together



FINANCIAL MONITORING

PROJECTED OUTTURN AS AT MAY 2023

1. Introduction

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

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

A three-year revenue budget for delegated and managed services was approved at the IJB meeting on the 31st March 2023. A budget of £646.573m was set for 2023-24. To balance the budget savings of £21m are required in year 1, rising to £35m in year 3.

Prior year savings which were unmet require to be met or substituted in the same way in 2023-24.

The revenue budget of £48.172m for acute set aside was also set for 2023-24.

2. Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the provisional outturn, which is an overspend of £4.751m is provided at Table 2 and a variance analysis provided.

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 £16.042m since April due to additional allocations for specific projects being received.

Additional Funding Allocated	Allocated April to May
Additional Allocations from Scottish Government	£m
Admin transfer from Acute	1.302
Efficiency Saving	-0.236
PCIF	1.104
Vaccines Covid	5.489
Nursing support	0.725
Other	0.383
FHS/PMS	16.000
Pay Award	8.579
To non delegated	-2.901
Other	
Misc Income	-3.660
Budget Transfer	-10.880
FC Movement	0.137
Overall Budget Movement	16.042

4. Directions

There are no Directions required for this paper as the paper provides an update on the financial outturn of the Health and Social Care Partnership based on the projected outturn position at March 2024.

5. Financial Performance Analysis of Projected Outturn as at 31 May 2023

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a provisional outturn overspend of £4.751m as below.

Fife Health & Social Care Partnership							
Projected Outturn as at May	2023/24						
Objective Summary	Budget April	Budget May	Resource Transfer		Forecast Outturn May	Use of reserves	Variance as at May
	£m	£m			£m	£m	£m
Community Services	125.213	135.231			130.279	-0.600	-5.552
Hospitals and Long Term Care	57.267	58.672			68.264	-1.400	8.192
GP Prescribing	76.548	74.242			79.242	-1.000	4.000
Family Health Services	94.282	111.494			111.435		-0.059
Children's Services	14.811	15.237			15.027		-0.210
Resource transfer & other payment		51.914	-51.884		51.888		-0.026
Older People Residential and Day Care	16.031	15.520			15.520		0.000
Older People Nursing and Residential	44.992	42.973	8.447		42.256		-0.716
Homecare Services	55.338	40.877	11.827		42.019	-1.000	0.143
Older People Fife Wide/ Hospital Discharge	1.233	0.902	0.280		0.902		0.000
Adults Fife Wide	19.527	7.017	3.273		6.815		-0.202
Integrated Community Team	4.741	4.890	0.389		4.732		-0.158
Social Care Other - to be allocated	0.673	-5.666			-5.669		-0.002
Business Enabling/Professional	8.466	2.702	5.406		2.702		0.000
Adult Placements	74.408	59.491	15.323		63.760	-3.000	1.269
Adult Supported Living	30.181	26.631	3.517		24.557		-2.080
Social Care Fieldwork Teams	22.861	18.920	3.422		19.074		0.154
Housing		1.567			1.567		0.000
Total Health & Social Care	646.573	662.615	0.000		674.366	-7.000	4.751

	Budget per Directions	Budget May	Forecast Outturn	Savings funded by reserves	Variance after red /amber savings funded
	£m	£m	£m	£m	£m
Primary Care & Preventative	226.067	247.762	254.006	(1.200)	5.044
Complex & Critical Care	203.713	199.434	203.962	(3.100)	1.428
Community Care	178.200	186.122	188.670	(2.200)	0.348
Professional & Business Enabling	11.404	10.263	9.793	(0.500)	(0.970)
Other	27.189	19.034	17.935		(1.099)
	646.573	662.615	674.366	(7.000)	4.751

5.1 Primary & Preventative Care

Variance

The budget as at May is £247.762m. The forecast after funding from reserves is £252.806m, giving an adverse variance of £5.044m

The main variance is due to the increased cost of prescribing, the budget was set on a cost per item of £10.05, and the current price is projected at £10.76. Other variances are due to the filling of posts in Health Visiting, CYPCNS (Children and Young People Community Nursing Service) and Child Protection posts which are required to ensure safe delivery of services.

Savings

Included within the projected outturn position is funding from reserves to reflect the non- delivery in Year 1 of the following savings, as per appendix 2.

£0.200 - Share of Locum spend reduction – marked as red on RAG Status

£1.000m – Medicines Efficiencies is marked as amber and is projected to require part funding from reserves

5.2 Integrated Complex & Critical

Variance

The budget as at May is £199.434m. The forecast after funding from reserves is £200.862m, giving an adverse variance of £1.428m

The main variances are due to the increased reliance on locums in Mental Health (22 WTE) due to recruitment difficulties, and the regional cost of eating disorders is projected to be much higher than previous years.

There is also a projected overspend on Adult Placements as a result of the full year effect of placements, not reflected in the opening budget position.

Savings

Included within the projected outturn position is funding from reserves to reflect the non- delivery in Year 1 of the following savings, as per appendix 2.

£3.000m - Digital - marked as red on RAG Status

£0.100m - Share of Locum spend reduction - marked as red on RAG Status

5.3 Integrated Community Care

Variance

The budget as at May is £186.122m. The forecast after funding from reserves is £186.470m, giving an adverse variance of £0.348m

The main variances are due to the use of bank and agency staff in surge wards. As members are aware, funding for this type of expenditure ceased in March 2023 and therefore work is ongoing in this area to reduce costs wherever possible.

There is also an overspend on Self Directed Support Payments (where a service user is provided with funding to employ a personal carer) due to more packages

being commissioned than budgeted. Work is already underway to review this position.

The overspend is partly offset by vacant posts

Savings

Included within the projected outturn position is funding from reserves to reflect the non- delivery in Year 1 of the following savings, as per appendix 2.

£1.000m - Bed based model - marked as red on RAG Status

£1.000m – Home First - marked as red on RAG Status

£0.200m - Share of Locum spend reduction - marked as red on RAG Status

5.4 Professional & Business Enabling

Variance

The budget as at May is £10.263m. The forecast after funding from reserves is £9.293m, giving an underspend position of £0.970m

The main reason for the underspend is due to vacant posts.

Savings

Included within the projected outturn position is funding from reserves to reflect the non- delivery in Year 1 of the following savings, as per appendix 2.

£0.500 – Integrated Management Teams – RAG status amber

6. Savings

The funding gap of £20.936m was identified as part of the budget setting process. As a result, savings proposals totalling £21m for 2023-24 were approved by the IJB on 31st March 2023. Due to the timing of the savings being approved, there is a risk to the full year value of savings being delivered in year 1. It is more realistic to expect 50% to be delivered during the course of 2023-24. The IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24.

As at May the projected use of the reserves is £7m. This will be monitored closely throughout 2023-24 with a view to reducing the commitment against reserves when opportunity to do so arises

The financial tracker included at Appendix 3, provides an update on all savings and includes a RAG status.

7. Covid-19 and the Local Mobilisation Plan

Covid-19 specific funding ceased at the end of 2022/23 and all expenditure incurred, apart from vaccination costs, will become business as usual. Sustainability payments have now ended. However, there are still ongoing costs of surge wards, PPE costs, staff cover for those who have contracted Covid-19 and increased cleaning. It is essential that we continue to manage these costs to ensure the impact on the outturn position is minimised. Adherence to governance and strong financial management will be key.

8. Reserves

Reserves brought forward at March 2023 were £37.719m.

Reserves Balances	Opening Balance April 2023
Earmarked Reserves	16.225
Reserves Available for use	21.494
Total Reserves at April 2023	37.719

Of the £37.719m total reserve, £16.225m relates to reserves earmarked for specific purposes. These are expected to be used in full in 2023/24.

The reserves available for use of £21.494m, has commitments brought forward from 2022/23 of £3.217m. Further to this, amounts committed of £0.491m which are no longer required are added back to 'for use'. Details are shown in Appendix 2.

The IJB approved the earmarking of £10m of reserves in anticipation of delays in delivering cashable savings within the first 6 month of 2023-24.

This paper is presented today to request approval of the following further areas of expenditure, and these total £1.549m

Digital	0.095
Test of Change Levenmouth Locality	0.068
Locality funding	0.210
Adults in Delay - Legal post	0.055
Pharmacy/Pain post	0.060
FELS driver Temp 6 months- increased equipment delivery	0.050
Housing	0.370
FELS equipment	0.150
Gas Electric increases	0.491

This will leave a balance remaining of £7.219m which equates to 1% of the total budget and is below our policy minimum to hold 2% (£13m)

9. Risks and Mitigation

9.1 Savings

To deliver a balanced budget in 2023-24 savings of £21m are required. Business cases are being developed for some of these savings and reserves of £10m have been earmarked, should they be required. Regular financial monitoring will mitigate the risk of savings not being delivered.

9.2 Forward Planning

There is significant financial reduction in contributions from Fife Council and NHS Fife along with an increase in costs across the economy on inflation, energy, supplies, pressure on pay costs and an ageing demographic. This will be a significant challenge in 2023-24 onwards to ensure Fife HSCP remains sustainable in both the immediate and longer term.

At May 2023 there is a projected overspend position of £4.751m. As per the Integration Scheme, a recovery plan is required to bring the overspend back in

line with budget and ensure that we remain sustainable and maintain a level of reserves. An update on this recovery plan action will be brought to the next meeting.

10. Key Actions / Next Steps

SLT are progressing the detailed work required on the business cases for the savings proposals required to close the budget gap in future years.

A recovery plan and immediate action is required.

Audrey Valente
Chief Finance Officer
6th July 2023

Reserves Balances	Opening Balance April 2023
Earmarked Reserves	16.225
Reserves Available for use	21.494
Total Reserves at April 2023	37.719

Earmarked Reserves	Opening Balance April 2023	Allocated	Balance
	£m	£m	£m
PCIF	0.952		0.952
GP Premises	0.785		0.785
Action 15/ Psychological Therapies/ Mental Health R&R	1.455		1.455
District Nurses	0.316		0.316
Alcohol and Drugs Partnership	1.619		1.619
School Nurse	0.146		0.146
Remobilisation of Dental Services	0.313		0.313
Care Homes	0.800		0.800
Buvidal	0.103		0.103
Child Healthy Weight	0.009		0.009
Acceleration of 22/23 MDT recruitment	0.300		0.300
Multi Disciplinary Teams	2.166		2.166
Community Living Change Plan	1.339		1.339
Afghan Refugees	0.047		0.047
Dental Ventilation	0.259	0.259	0.000
Interface Care	0.106		0.106
Interim beds	1.288	0.500	0.788
Telecare Fire Safety	0.069		0.069
Self Directed Support (SDS)	0.407	0.407	0.000
Workforce Wellbeing Funding	0.093		0.093
Near Me	0.112	0.112	0.000
Learning Disability Health Checks	0.069		0.069
Family Nurse Partnership	0.100		0.100
Development of Hospital at Home	0.279		0.279
Breast Feeding	0.020		0.020
Delayed Without Discharge	0.025		0.025
Long Covid	0.125		0.125
Unscheduled Care/ Navigation Flow Hub/ Urgent care redesign	2.923		2.420
Total Earmarked	16.225	1.278	14.947

Reserves available	Opening Balance April 2023	Commitments Agreed	For Approval
	£m	£m	£m
Reserves available/ brought forward plus underspend	21.494		
Commitments previously agreed:		3.217	
Additional Staff to create capacity to progress transformation projects		0.594	
Participation & Engagement Staff		0.146	
Housing Adaptations backlog investment		0.644	
Community Alarms - Analogue to Digital		1.235	
Reviews of Adults Packages Adults Team Costs		0.316	

Contact centre (staffing costs test of change)		0.150	
Bed Flow coordinators 4FTE (temp 1 year)		0.102	
Hospital at Home		0.010	
Renewal of beds in hospitals		0.020	
Commitments previously agreed - no longer required:		-0.491	
Research Manager/ Strategic Planner - perm funding found		-0.140	
Childrens Services - Staffing ANPS - alternative funding source found		-0.273	
Upgrades to Wellesley Unit - balance left		-0.014	
Reviews of Adults Packages OP Team Costs - not required		-0.064	
Approval at March Budget Meeting:		10.000	
Use of reserves to back up savings programme/ timing		10.000	
For approval:			1.549
Digital - update of website			0.080
Test of Change Levenmouth Locality			0.068
£30k per locality			0.210
Adults in Delay - Legal post			0.055
Pharmacy/Pain post			0.060
FELS driver Temp 6 months- increased equipment delivery			0.050
Housing			0.370
NHS IT equipment			0.015
FELS equipment			0.150
Gas Electric increases			0.491
Balance			7.219

Tracked Approved Savings HSCP - Approved 2023-24	Savings Target £m	Forecast £m	(Under)/ Over Achieved £m	Rag Status
Digital Sensor Technology -transform overnight care	3.000	0.000	-3.000	Red
Bed Based Model	1.000	0.000	-1.000	Red
Home First Commissioning Transformation	1.000	0.000	-1.000	Red
Securing a sustainable Medical Workforce and reducing locum spend	0.500	0.000	-0.500	Red
Modernising Administration Services	0.500	0.500	0.000	Amber
Integrated Management Teams	0.500	0.000	-0.500	Amber
Medicines Efficiencies programme 2023-25	3.650	2.650	-1.000	Amber
Transforming Centralised Scheduling	0.087	0.087	0.000	Green
Implementation of Payment Cards	1.000	1.000	0.000	Green
Community Service Redesign	1.000	1.000	0.000	Green
Day Service Redesign (older people)	0.500	0.500	0.000	Green
Use of Underspends	5.000	5.000	0.000	Green
Nurse Supplementary Staffing	2.000	2.000	0.000	Green
Supported Living Rents Income Maximisation	1.000	1.000	0.000	Green
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.400	0.400	0.000	Green
Maximising Core Budget (Alcohol and Drugs)	0.300	0.300	0.000	Green
TOTAL	21.437	14.437	-7.000	67%

Summary			
Rag Status	Savings Target £m	Forecast £m	(Under)/ over £m
Green	11.287	11.287	0.000
Amber	4.650	3.150	(1.500)
Red	5.500	0.000	(5.500)
Total	21.437	14.437	(7.000)

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	28 July 2023
Agenda Item No:	7.2
Report Title:	Progress on the Medium-Term Financial Strategy
Responsible Officer:	Audrey Valente, Chief Finance Officer
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- **Assurance** – The report provides evidence to substantiate that progress towards the achievement of estimated savings for 2023-24 is on track and that work is progressing on the remaining business cases to be presented to the IJB in November 2023.

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

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

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

- The key alignment is Sustainable, however the areas of work described also connect to Local, Outcomes, Wellbeing and Integrated

2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Senior Leadership Team
- Integration Joint Board – Development Session June 2023
- Local Partnership Forum – Development Session June 2023

3 Report Summary

3.1 Situation

The 2023-24 budget was approved at the IJB on 31 March 2023 with commitment to ongoing engagement and partnership working for areas of transformation with the aim of supporting quality, person-centred care which will be scrutinised through governance structure of the IJB with a report being brought to the July IJB.

This report outlines a transparent approach to the efficiency, change and transformation initiatives being progressed whilst also recognising the delegated authority placed on Senior Officers to progress change where there is no significant transformation to either the service received by the people of Fife or how services are commissioned with partners.

This report aims to provide a balance in terms of the strategic planning responsibilities of the Integration Joint Board and provide assurance for the oversight of delivery being led by the Director of Health and Social Care.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 determines the services to be delegated to the Integration Joint Board (IJB) and the local arrangements agreed between NHS Fife and Fife Council are consolidated in the Integration Scheme

The IJB has a responsibility for the strategic planning of Services which will be achieved through the Strategic Plan. The IJB is also responsible for the operational oversight of Integrated Service and through the Director of Health and Social Care, will receive reports on the implementation of the Directions issued to support the oversight of the operational and financial management of these services.

A budget gap in excess of £35m was identified over the medium term for these delegated services and savings of £21m were approved for financial year 2023-24. The Board also approved up to £10m reserves in recognition that full year effect was unlikely to be achieved against all savings in 2023-24. This acknowledged that some of those savings were transformational and required further work and due diligence to provide certainty around delivery and assure safe and effective services to the people of Fife.

Significant work has been progressed by the Senior Leadership Team over the past few months to not only focus on the savings required but also to ensure that the proposals are feasible and support alignment to the strategic plan to enable local, sustainable, integrated and outcomes focused services which support wellbeing working towards our shared common purpose outlined within the vision, mission and values for Fife Integration Joint Board.

3.3 Assessment

The opportunities for transformation, redesign and efficiencies to support best value and enable savings aligned to our strategic intentions and Medium-Term Financial Strategy are summarised below and are categorised in terms of their delivery readiness as detailed in Table 1.

As at June 2023, there are 67% of savings on track to be delivered or have already been delivered for Year 1 of the strategy. These will remain under

review throughout the year and will be reported to IJB through the routine finance updates. Any risk to delivery will be clearly articulated to the Board.

Of the remaining 33%, all SLT leads have a clear vision in terms of the future service delivery model but will require input from all stakeholders to help shape and influence the detailed model at a more granular level to understand how processes can be streamlined and improved to ensure a fit for purpose service that delivers best value services to the people of Fife.

This is within the parameters of the earmarked reserves approved by the IJB in March 2023 and all efforts will be made to maximise the progress of savings within this financial year.

SLT have met regularly over the past few months through development sessions to support connectivity and shared visions and alignment to strategic plans. SLT Leads have established the key connections with stakeholders and where appropriate working groups to develop and progress this work. There have been discussions with partners to support whole systems connections where there may be joint opportunities or interdependencies. The Chief Officer and Chief Finance Officer have on an individual basis met with members of SLT to discuss every proposal and explore requirements and assurance on deliverability.

In terms of IJB governance it is recommended that the 4 proposals which require detailed business cases, as noted on Table 1, will be brought to the IJB meetings scheduled for November.

Rag Status

RED - Red status relates to savings opportunities that may not deliver full year effect savings in Year 1 due to a delay in implementation as further preparatory work is required.

AMBER - Year 1 savings are either achieved or on track to be delivered however uncertainty remains around year 2 and 3

GREEN – These are on track to be delivered over 3 years and will remain under regular review

Type

Savings Opportunities have been defined as either:

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

“SD” Service Redesign: Maximising opportunities to redesign services to enable modern sustainable services. Digital and technology enabled solutions will be key to increasing efficiency and improve outcomes for people in a sustainable manner. Reviewing structures and processes will enable us to utilise the available resources, such as people, buildings, assets and funds, in the best way possible to achieve Best Value.

“E” Efficiency: We will deliver a range of actions to enable efficiency savings in terms of the delivery of care and mainstream services and

supporting us to be a lean organisation. This includes managing demand across a range of settings and services.

Decision Type

In addition, all savings opportunities which represent a potential significant transformation in the way services are delivered for the people of Fife or in the Commissioning of Services through Partners have been identified by a “BC”. This indicates that a full business case is being developed. All other operationally led savings opportunities, through the Senior Leadership Team in line with delegated responsibilities held by the Director or modernise and manage efficient and effective services are identified by “OP”. These will be progressed through business-as-usual processes for the delivery and monitoring for change and service redesign within the Partnership.

Table 1:

Full Year Effect

Opportunity	Type	BC/OP	RAG	Responsible	2023/2024	2024/2025	2025/2026
					£M	£M	£M
Home First Commissioning Transformation	SR	BC	RED	Lynne Garvey	1.000	1.500	2.000
Bed Based Model	T	BC	RED	Lynne Garvey	1.000	1.000	2.000
Securing a sustainable Medical Workforce and reducing locum spend	E	OP	RED	Helen Hellewell	0.500	1.500	2.000
Digital Sensor Technology- Transforming Overnight Care	T	BC	RED	Rona Laskowski	3.000	5.000	7.000
					5.500	9.000	13.000
Transforming Centralised Scheduling	T	OP	AMBER	Lynne Garvey	0.087	0.500	0.750
Re-imagining the Voluntary Sector	T	BC	AMBER	Fiona McKay	0.000	1.000	1.000
Medicines Efficiencies programme 2023-25	E	OP	AMBER	Lisa Cooper	3.650	3.650	3.650
Modernising Administration Services	T	OP	AMBER	Fiona McKay	0.500	1.000	1.500
Integrated Management Teams	T	OP	AMBER	Fiona McKay	0.500	1.000	1.500
					4.737	7.150	8.400
Use of Underspends	E	OP	GREEN	Audrey Valente	5.000	5.000	5.000
Maximising Core Budget (Alcohol and Drugs)	E	OP	GREEN	Fiona McKay	0.300	0.500	0.500
Day Service Redesign (older people)	SR	OP	GREEN	Fiona McKay	0.500	0.500	0.500
Implementation of Payment Cards	SR	OP	GREEN	Fiona McKay	1.000	1.000	1.000
Supported Living Rents Income Maximisation	E	OP	GREEN	Fiona McKay	1.000	1.000	1.000
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	E	OP	GREEN	Lisa Cooper	0.400	0.500	0.500
Nurse Supplementary Staffing	E	OP	GREEN	Lynn Barker	2.000	3.000	4.000
Community Service Re-design	SR	OP	GREEN	Rona Laskowski	1.000	1.000	1.000
					11.200	12.500	13.500
TOTAL					21.437	28.650	34.900

3.3.1 Workforce

We recognise and value our workforce and all they do every day to support and care for the people of Fife. This is underpinned by our workforce strategy focusing on how we Plan, Attract, Train, Employ and Nurture our Workforce aligned to our strategic plan.

The design Principles that we are committed to and apply to all of our change and transformation programmes are:

Staff will be involved in changes that affect them;

- Rationale for change will be transparent;
- Reduce barriers to integrated working and help the services that work together to be a team together;
- Improve pace and scale of integration in Fife;
- Deliver safe and effective care;
- Deliver best value, best quality & outcomes;
- Be sustainable within available resource through transforming care.
- Focus not only on what we do but how we do it placing emphasis on supporting cultural change.

We will support our workforce through these changes with a focus on communication, fairness, consistency, training and health and safety.

Key partners in this work are our staff side and trade union colleagues through a co-design approach and through regular reporting and discussion at the Local Partnership Forum (LPF). The LPF advise on the delivery of staff governance and employee relations issues, inform thinking around priorities on health and social care issues; advise on workforce issues, including planning, development, and staff wellbeing; inform and test the implementation of approaches in relation to Strategic Plans, commissioning intentions, and contributing to the wider strategic organisational objectives of the IJB.

Sessions were held with the LPF in June 2023 to discuss the transformation and change that has been agreed in our Medium-Term Financial Strategy. SLT members have also engaged directly with trade unions/staff side on the changes that have workforce implications, with major areas of change having transformation groups which trade unions/staff side colleagues are invited to join. Reports will be presented regularly to the LPF throughout the implementation.

Change impacting on workforce will be managed in line with NHS Fife and Fife Council Organisational/Managing Change Policy supporting individual staff members and recognising people's individual circumstances. We have significant vacancies within the Health and Social Care Partnership which provides areas of opportunity which we can explore with staff. In most cases, it is expected these transitions could be achieved through digital transformation, staff attrition, redeployment, supporting alternative options for staff and not refilling posts, aligned to the agreed models. This seems to be a realistic

approach given that we are looking at a three-year programme of change and transformation in the first instance.

3.3.2 Financial

The progress being outlined in this discussion paper evidences that progress is on track to achieve the estimated savings for 2023-24. This takes into account the use of reserves approved at the Integration Joint Board in March 2023 in anticipation of delays in commencing transformation. It also recognises that reserves will be utilised to build the capability and capacity to ensure delivery of transformation happens at pace. The remaining 4 Business Cases will be presented to IJB in November.

Progress remains under continual review with the operational financial arrangements embedded and regular finance reports to the Finance, Performance and Scrutiny Committee and Integration Joint Board. Should there be any significant variation to the savings or funding available then a report will be brought to the Integration Joint Board to outline recovery actions.

3.3.3 Risk / Legal / Management

There are key risks on the IJB risk register that this programme of work will positively address. Mitigation activity includes:

- Finance: This programme of work which will support achievement of savings which will contribute to financial sustainability. The risk that savings may not be fully achieved this year as was recognised and reserves have been earmarked for this purpose reducing the risk for 2023/24. There is a risk that savings may not be achieved on a permanent basis however this will remain under continual review and work is ongoing to develop a pipeline of ideas with reports on progress being included in the finance updates to the Integration Joint Board.
- Strategic Plan: All opportunities are linked and cross referenced to the delivery of the priorities in the strategic plan as appropriate to local, sustainable, integration, wellbeing and outcomes. This enables a strong golden thread for this programme of work aligned to our IJB strategic intentions.
- Transformation: This programme is being managed through a Project Management Approach and rigor of governance from the SLT member leading the work and collective oversight through the Finance Governance Board and Senior Leadership team and progress will reported to IJB through due governance.
- Workforce: The management of our workforce will be aligned to our Workforce Strategy and Delivery Plan as detailed within the workforce section of this paper.
- Partners: There is recognition that the transformation work being progressed within H&SCP will have some impact on our partners. An inclusive approach to work collaboratively with partners will be developed within each individual programme.
- The IJB risk appetite, supported through the IJB risk management framework approved by the IJB in March 2023 is vital in considering

our approach to the management of the risks associated with the opportunities described.

There are 6 key risk impact that are important to the IJB when considering these risks, Table 2 highlights what these are and what the IJB described the risk appetite to be.

Key Risk Impacts	Risk Appetite	Comments
Impact on the Delivery of Strategic Objectives	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Quality of Care	Cautious/Open	We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.
Impacts on resources, including financial and workforce resources	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be traced and monitored.
Impacts on Reputation	Cautious/Open	We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain.

All of these impacts suggest that we are open to accepting risk where there is a measurable benefit. It is also important to us to keep people safe from harm and that it is essential that we minimise any risk wherever possible.

Taking all of this into account and by bringing our risk appetite alive this report is recommending that given our risk appetite we should be open to accepting potential risks identified within the business cases, whilst recognising that there is a need to minimise these risks wherever possible.

Leadership is also a key mitigating factor in the management of risk. All opportunities have a named Senior Accountable Officer who is a member of the Senior Leadership Team and is responsible for leading the development and delivery of the work in line with financial, quality and staff governance standards. Each of the programmes of work have or will have individual risk registers monitored through the transformation and operational governance structures supported by the Director of Health and Social Care and Chief Finance Officer.

3.3.4 Equality and Diversity, including Health Inequalities

Equality impact assessments will be reviewed for areas of transformation work. The full business cases being brought to future IJB will include

Equality Impact Assessments and will be published on the website are per agreed protocol. Aligned to the IJB strategic plan the impact on localities and health inequalities is considered as part of all development work.

3.3.5 Communication, Involvement, Engagement and Consultation

In the development of this work there has been engagement with various stakeholders as relevant to each change and transformation opportunity. The opportunities were originally discussed at the IJB development session in February 2023, presented through committee and IJB in March 2023.

Our staff and Trade Union colleagues are members of the various working groups that have been created to take forward these key pieces of change.

In addition, all of the proposals have been developed in conjunction with clinical and professional colleagues and consideration given to key standards and legislative requirements. Quality and customer care is a priority for the IJB and work will continue throughout the delivery of the programmes to ensure high quality services are delivered to the people of Fife.

The opportunities requiring full business cases will be scrutinised through the Finance, Performance and Scrutiny committee and Quality and Communities committee ahead of presentation to the Integration Joint Board.

4 Recommendation

The Board are content that **significant assurance** is provided on the following:

- That work to support transformation, change and efficiency are being proactively progressed and the projected savings (utilising approved earmarked reserves) is within the parameters approved at the Integration Joint Board in March 2023.
- There is clarity on the opportunities which are being led operationally by the Director with oversight and assurance being given to the IJB through financial updates and the those that are strategic transformational change programmes which will be presented to the Integration Board as business cases for approval and direction in November 2023 as defined in this report.
- All opportunities will have key stakeholder engagement to support whole system working and fulfil clinical and care, Financial and staff governance requirements.

5 List of Appendices

Not applicable.

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. Therefore progressing this programme of work to support best value, redesign and transformation utilising approved reserves is critical to reduce this risk.

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. Therefore progressing this programme of work to support best value, redesign and transformation utilising approved reserves is critical to reduce this risk. Some of the areas of work e.g. sustainable medical work force and reducing supplementary staffing are being progressed whole system in partnership with NHS Fife.

8 Implications for Third Sector

There will be full participation and engagement with the third sector in relation to those savings that will impact on the sector.

9 Implications for Independent Sector

Where a saving will impact on the independent sector full participation, engagements and discussions will be a priority and that any new ways of operating will be co-produced.

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

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

Report Contact

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Meeting Title: Integration Joint Board

Meeting Date: 28 July 2023

Agenda Item No: 8.1

Report Title: Risk Appetite Statement

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

Report Author: Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Decision

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

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

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

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

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

- IJB Development Session – 9 December 2022
- SLT Business – 9 January 2023
- IJB Development Session – 24 February 2023
- Audit and Assurance Committee – 10 May 2023
- Audit and Assurance Committee – 28 June 2023, where the Committee recommended the draft IJB Risk Appetite Statement for approval.
- Quality and Communities Committee – 30 June 2023, where the Committee recommended the draft IJB Risk Appetite Statement for approval.
- Finance, Performance and Scrutiny Committee – 6 July 2023, where the Committee recommended the draft IJB Risk Appetite Statement for approval.

3 Report Summary

3.1 Situation

As set out in the IJB Risk Management Policy and Strategy (RMPS), the IJB has agreed to define its Risk Appetite in order to support its management of risk and the delivery of the Strategic Plan within the financial budget it has set.

3.2 Background

The IJB began work on its Risk Appetite at an awareness session in September 2021. This was followed up with two development sessions on 9 December 2022 and 24 February 2023, where a comparison of the initial Risk Appetite assessment from IJB against a similar session carried out by the Senior Leadership Team (SLT) on 9 January 2023 was made. Following approval of the revised IJB Risk Management Policy and Strategy in March 2023, further work has been completed on Risk Appetite and the production of a Risk Appetite Statement.

3.3 Assessment

At the session on 24 February 2023, the IJB considered a range of Risk Appetite Classifications, from Averse to Hungry, using examples from previous decisions and pieces of work, to support definition of its Risk Appetite.

The relevant Risk Appetite Classifications were then applied to the key risk impacts previously identified for the IJB. These are:

- Impact on delivery of strategic objectives
- Impact on compliance with legislation
- Impact on governance arrangements
- Impact on quality of care
- Impact on resources, including finance and workforce.
- Impact on reputation.

These, together with the proposed impact on risk tolerance levels, have been set out in a draft Risk Appetite Statement which is shown at Appendix 1.

It is the intention to apply Risk Appetite to all IJB Strategic risks and also to have more active consideration of risk appetite when considering risks related to decisions being taken by the Integration Joint Board. We will review the SBAR template to make this more prominent. The Risk Appetite Statement, when agreed, will form part of the IJB Risk Management Policy and Strategy.

3.3.1 Quality / Customer Care

The existence of a Risk Appetite Statement will support quality and customer care issues.

3.3.2 Workforce

No direct workforce implications.

3.3.3 Financial

No direct financial implications.

3.3.4 Risk / Legal / Management

The IJB and its governance committees need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA has not been completed and is not necessary because the existence of a risk appetite statement is not directly relevant to equality issues.

3.3.6 Environmental / Climate Change

There are no direct environmental or climate change impacts

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team

4 Recommendation

- **Decision** – Members are asked to approve the IJB Risk Appetite Statement.

5 List of Appendices

The following appendix is included with this report:

6 Implications for Fife Council

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

7 Implications for NHS Fife

Although the strategic risks are the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

8 Implications for Third Sector

Not applicable.

9 Implications for Independent Sector

Not applicable.

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	Audrey Valente
Critical	
Signed Up	
Informed	

Report Contact

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IJB Risk Appetite Statement

The IJB's Strategic Plan 2023 – 2026 sets out its Vision.

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

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

Our 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.

To support the delivery of the Strategic Plan, it is important that the IJB optimises its risk management activity and seeks to balance controls and mitigations against benefits and opportunities to deliver services in new and innovative ways.

Risk Appetite is “The amount of risk that an organisation is willing to seek or accept in pursuit of its long-term objectives” (Institute of Risk Management – Risk Appetite and Tolerance Paper 2011)

When risk appetite is properly understood and clearly defined, it becomes a powerful tool, not only for managing risk, but also for enhancing overall business performance.

Fife IJB will not seek to take risks where the impact will be mainly negative or constitute a threat to our pursuit of safe, effective person-centred care. The IJB will ensure that effective control action is taken to reduce these risks to a safe level in the context of the organisation's attitude to risk and a risk tolerance level will be set for such risks. Where a risk exceeds the stated tolerance level it will be escalated for consideration.

Fife IJB may consider accepting or seeking risks where there may be an opportunity to improve service delivery and facilitate innovation and change for the better. These risks should be monitored closely in order to maintain adequate levels of control set against the value of benefit to be achieved. Risks that fall into this category and exceed the IJB's tolerance levels will be escalated for consideration.

To support definition of its Risk Appetite the IJB has used the following Risk Appetite Classifications

Averse	Avoidance of risk and uncertainty is a key organisational objective.
Minimalist	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward
Open	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
Hungry	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

We have applied these classifications to the key impacts of risks for the IJB as follows:

Key Risk Impacts	Risk Appetite	Comments
Impact on the Delivery of Strategic Objectives	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Compliance with legislation	Averse/Minimalist	We will not break the law but may take some small, considered risks in the application of untested legislation.
Impacts on Governance arrangements	Cautious/Open	We may take some risks in relation to our internal governance arrangements if this will provide a benefit.
Impacts on Quality of Care	Cautious/Open	We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.
Impacts on resources, including financial and workforce resources	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Reputation	Cautious/Open	We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain.

We will apply these to our Strategic risks and also to risks around the decisions we will take.

Impact on Risk Tolerance

Risk Tolerance is defined as the boundaries of risk taking outside of which the organisation is not prepared to venture in its pursuit of long-term objectives.

Without the application of Risk appetite, our tolerance for risk is based on reducing risks that fall into the High Risk (HR) or Moderate Risk (MR) areas, risks scoring 8 or above, where it is appropriate to do so. Risks falling into the Low Risk (LR) area can be tolerated providing there are contingency plans in place for those risks that have a Major or Extreme Consequence. Risks falling into the Very Low Risk (VLR) area can be tolerated without action.

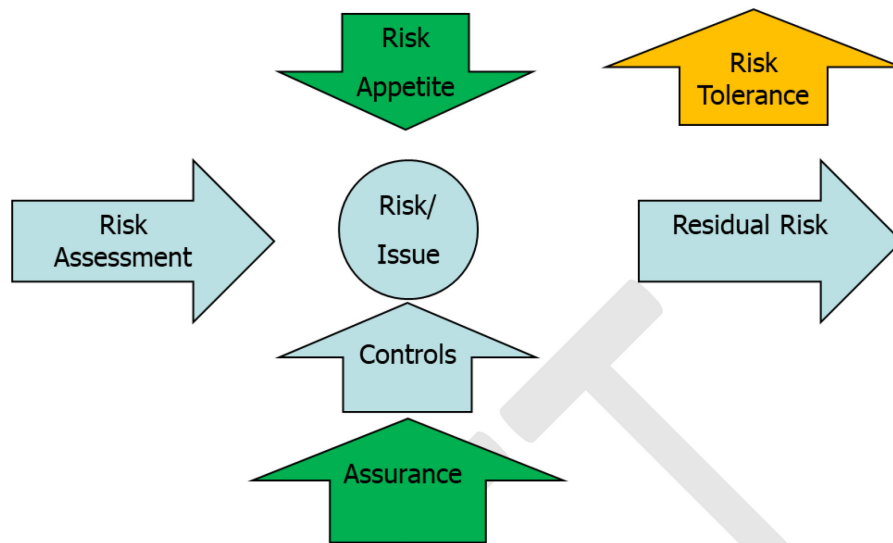
This can be seen clearly in the following matrix:

Likelihood	Consequence				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost certain (5)	LR (5)	MR (10)	HR (15)	HR (20)	HR (25)
Likely (4)	LR (4)	MR (8)	MR (12)	HR (16)	HR (20)
Possible (3)	VLR (3)	LR (6)	MR (9)	MR (12)	HR (15)
Unlikely (2)	VLR (2)	LR (4)	LR (6)	MR (8)	MR (10)
Remote (1)	VLR (1)	VLR (2)	VLR (3)	LR (4)	LR (5)

- Very Low Risk (VLR) – (1) – (3) - Can tolerate.
- Low Risk (LR) – (4) – (6) - Can tolerate with contingencies for Major and Extreme Consequences
- Moderate Risk (MR) – (8) – (12) - Seek to reduce.
- High Risk (HR) – (15) – (25) - Seek to reduce.

The following diagram sets out where Risk Appetite and Risk Tolerance can help to refine the risk process.

Risk Appetite and Risk Tolerance within the Risk Process



Risk appetite will be considered at the point of risk assessment to help determine the level of controls we need to put in place and the levels of assurance we need to seek.

Risks are assessed initially without any management actions (controls) in place. Risk appetite is used at this point to determine whether a reduced level of control, or delivery options with increased risk may be appropriate in some circumstances where there may be a benefit to be had. We would then need to seek assurances on the delivery of any such benefit as well as assurances on the effectiveness of our controls.

Once management actions (controls) are in place we then have a residual risk. When we reach this point, we can then determine whether we can tolerate (live with) that residual level of risk.

In relation to the risk matrix above, the following outlines the monitoring action necessary and acceptable tolerance levels after applying risk appetite.

Risk level	Monitoring Action Required	Risk Tolerance levels applied to Risk Appetite			
		Averse/Minimalist	Cautious	Open	Hungry
Very Low Risk	Low level monitoring only - once per annum.	Risks can be tolerated.	Risks can be tolerated.	Risks can be tolerated.	Risks can be tolerated.
Low risk	Low level monitoring excepting those risks scoring 4 or 5 in terms of consequence where a Business Continuity plan may be required.	Risks can be tolerated.	Risks can be tolerated.	Risks can be tolerated.	Risks can be tolerated.
Moderate Risk	Medium level monitoring – twice/four times per annum. Cost effective control action to be taken to reduce the risk. If it is anticipated that	Risks should be reduced but can be tolerated if control action is ongoing and monitored.	Risks should be reduced by control actions but can be tolerated if reasonable benefit will be derived.	Risks can be tolerated if benefit will be derived.	Risks can be tolerated if benefit will be derived.

Risk level	Monitoring Action Required	Risk Tolerance levels applied to Risk Appetite			
	mitigating controls will not reduce the risk score this should be escalated for approval.				
High Risk 15 - 20	High level monitoring four/12 times per annum. Control action to be taken to reduce the risks. If it is anticipated the mitigating controls will not reduce the risk score this should be escalated for approval.	Control action must be taken to reduce these risks. Risks can only be tolerated at this level in exceptional circumstances.	Risks should be reduced by control actions but can be tolerated if significant benefit will be derived.	Risks can be tolerated if benefit, that is being closely monitored, will be derived.	Risks can be tolerated if benefit, that is being closely monitored, will be derived.
High Risk 25	High level monitoring four/12 times per annum. Control action to be taken to reduce the risks.	Control action must be taken to reduce these risks. Risks can only be tolerated at this level in very	Control action must be taken to reduce these risks. Risks can only be tolerated at this level in exceptional circumstances.	Control action must be taken to reduce these risks. Risks can only be tolerated at this level in very	Risks can be tolerated for a short period of time if significant benefit, that is

Risk level	Monitoring Action Required	Risk Tolerance levels applied to Risk Appetite			
	If it is anticipated the mitigating controls will not reduce the risk score this should be escalated for approval.	exceptional circumstances.		exceptional circumstances.	being closely monitored, will be derived.

DRAFT



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	28 July 2023
Agenda Item No:	9.1
Report Title:	Annual Performance Report 2022 to 2023
Responsible Officer:	Fiona McKay, Head of Strategic Planning, Performance, and Commissioning

1 Purpose

This Report is presented to the Board for:

- The Integration Joint Board is asked to consider the Annual Performance Report 2022 to 2023 and identify any changes required for final approval.
- The Report is also provided to the IJB to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: Performance Report) of the Public Bodies (Joint Working) (Scotland) Act 2014.

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

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

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

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

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

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

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

- ***Senior Leadership Team***
- ***Quality and Communities Committee – 30th June 2023***

The Committee noted that the draft Annual Performance Report was readable and asked that full text was provided for all of the abbreviations included in the Report. It was agreed that all abbreviations would be reviewed and updated where required.

The Committee agreed that the Annual Performance Report should progress to the Integration Joint Board.

- ***Finance, Performance and Scrutiny Committee – 6th July 2023***

The Committee asked that some of the details in the Finance section should be presented as tables, rather than text.

The Committee agreed that the Annual Performance Report should progress to the Integration Joint Board.

- ***Strategic Planning Group – 11th July 2023***

The Strategic Planning Group were provided with an additional performance update on the priorities from the Strategic Plan 2019 to 2022 (Appendix 4). The SPG noted the completed actions and discussed the activities that are being carried forward into the Strategic Plan 2023 to 2026.

The Strategic Planning Group agreed that the Annual Performance Report should progress to the Integration Joint Board.

- ***Local Partnership Forum – 26th July 2023***

3 Report Summary

3.1 Situation

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland. To ensure that performance is open and accountable, Section 42

of the Act obliges integration joint boards to prepare and publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

Fife Integration Joint Board/Fife Health and Social Care Partnership is required to publish a performance report covering performance over the reporting year no later than four months after the end of that reporting year. Reporting years begin on 1 April annually. For example, a performance report covering the period April 2022 to March 2023 is required to be published no later than the end of July 2023.

3.2 Background

The Strategic Plan for Fife sets out the vision and future direction of health and social care services in Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally along with the six Public Health Priorities for Scotland.

The Partnership's Strategic Plan 2019 to 2022 was refreshed and updated during 2022, and the new Strategic Plan for Fife 2023 to 2026 was approved by Fife Integration Joint Board in January 2023. This means that the Partnership's Annual Performance Report 2022 to 2023 includes elements from both Strategic Plans.

The main body of the Report focuses on performance during 2022 to 2023 and includes examples and case studies of innovations and improvements completed during this timescale. More than 65 updates were provided by managers from across the Partnership. Unfortunately, it is not possible to include all of the examples, however, most have been included, and others may be used in other reports and briefings.

The Annual Performance Report is structured using the new strategic priorities because this is the direction of travel over the next three years:

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration.

It also includes a table on page 15 to cross-reference the previous strategic priorities with the performance examples included in the report.

3.3 Assessment

The purpose of the Annual Performance Report is to provide a balanced assessment of the Partnership's performance over the period 2022 to 2023. This includes areas of best practice, specific achievements, and performance appraisal in accordance with the national indicators.

The Integration Joint Board is asked to consider the Annual Performance Report 2022 to 2023 and identify any changes required for final approval.

3.3.1 Quality / Customer Care

Quality assurance is managed through existing policies and procedures. No additional impact on customer care is anticipated

3.3.2 Workforce

The activities highlighted in the Annual Report are retrospective, and relate to the operationalisation of the Partnership's Strategic Plan. No additional impact on workforce.

3.3.3 Financial

No additional financial impact is anticipated.

3.3.4 Risk / Legal / Management

Under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014, Fife Health and Social Care Partnership is required to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions that we are responsible for. This Annual Report ensures that we meet this legislative requirement.

Further information is available here: [The Public Bodies \(Joint Working\) \(Content of Performance Reports\) \(Scotland\) Regulations 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

3.3.5 Equality and Diversity, including Health Inequalities

An EQIA has not been completed and is not necessary, because this report is for performance reporting purposes only. Equality responsibilities are considered during strategic planning, service planning and service delivery.

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

No formal consultations have been carried out. All of the information provided was collected through discussions with key stakeholders.

4 Recommendation

The Integration Joint Board is asked to consider the Annual Performance Report 2022 to 2023 and identify any changes required for final approval.

5 List of Appendices

The following appendices are included with this report:
Appendix 1 – Annual Performance Report 2022 to 2023

6 Implications for Fife Council

The activities highlighted in the Annual Performance Report are retrospective and relate to the operationalisation of the Partnership's Strategic Plan 2019 to 2022.

Directions relating to the activities associated with the implementation of the Strategic Plan 2023 to 2026 have previously been issued to Fife Council (Reference Number: 2023.001).

7 Implications for NHS Fife

The activities highlighted in the Annual Performance Report are retrospective and relate to the operationalisation of the Partnership's Strategic Plan 2019 to 2022.

Directions relating to the activities associated with the implementation of the Strategic Plan 2023 to 2026 have previously been issued to NHS Fife (Reference Number: 2023.001).

8 Implications for Third Sector

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

9 Implications for Independent Sector

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

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

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

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

Lead	Fiona McKay
Critical	
Signed Up	
Informed	

Report Contact

Author Name: Lesley Gauld

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Fife Health
& Social Care
Partnership



Annual Performance Report 2022-23

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A message from our Chair

As new Chair for Fife's Integration Joint Board, I'm delighted to share with you an update on how we have performed against our strategic priorities during the financial year 2022 to 2023. Building on the good work achieved in previous years we have progressed activities from the Strategic Plan 2019 to 2022 and also started to implement some of our aims in the new Strategic Plan 2023 to 2026 which was approved earlier this year.

You will see from this year's Annual Performance Report, we have made good progress in a number of areas, whilst balancing opportunities and challenges along the way.

Over the last few years people working in health and social care and those receiving health and social services have had to adapt to the rapidly changing environment including a pandemic and living with covid and a cost-of-living crisis – these have had significant impacts on all of us and I want to thank our dedicated staff and people living in our communities who have been flexible and adapted to delivering and receiving services differently.

Having been in the post for only a short time I'm encouraged to see how colleagues in NHS Fife, Fife Council and third and independent sectors have progressed with integration and a 'Team Fife' approach with the common purpose of enabling the people of Fife to live independent and healthier lives. It is by all of us working together, listening to what matters to our staff and those receiving health and social care services, and looking for solutions and different ways of working, that we continue to improve on what we do and work towards our Mission 25 vision.

I want to thank my colleagues on the Board for making me feel welcome and working with me to make board improvements and their commitment to delivering improved outcomes for Fifers. Over the past year the Board has approved the Strategic Plan for the next three years and the year one delivery action plan, new policies and strategies, invested in growth across a range of services and carers support all within a sustainable budget.

Within this year's Annual Performance Report 2022 to 2023, you will see the outcomes, opportunities and challenges over the past year and the progress that has been made on outcomes.



Arlene Wood
Chair, Fife Integration Joint Board

Foreword

It has been another challenging year as we continue to recover from the pandemic and deal with the cost-of-living crisis however, the Fife Health and Social Care Partnership has continued on an improvement journey supporting a range of priorities, quality improvement actions and outcomes. This Annual Performance Report provides an update on our progress in accordance with the final year of our Strategic Plan 2019 to 2022, and includes activities from our new Strategic Plan 2023 to 2026. These activities are summarised below, and described in fuller detail throughout the report.

Our staff, that's everyone across the whole health and social care sector, who work as Team Fife, make a real difference to those we care and support in our communities and are the backbone of everything we do. Thanks to all for supporting our working and enabling improved services and outcomes for the people of Fife.

Leadership	Organisational Change	Staff Wellbeing
Developed leadership programmes to support integration and systems leadership and continue to work with an Extended Leadership Team which enables and reflects our commitment to integrated leadership.	Our services continue to work well under the new organisational structure and progressing with integrated working and common pathways and purpose.	Ensuring our workforce is supported is a priority and continue to look at ways to do this linking in closely with partners and local and national resources. The Local Partnership Forum meet every two months to ensure staff are at the forefront in discussions and decisions with regular communications and engagement.
Performance Improvement	Whole System Working	Performance Priorities for 2022/23
This year we have invested in a performance programme and have commenced a redraft of the performance framework to insure we meet our statutory requirements and also highlight areas of progress and areas for improvement.	Ensuring people flow from hospital to a home or homely setting remains a priority and we continue to embed the home first principles and to reduce standard delays in Fife.	Over the next year we will focus on progressing our prevention and early intervention strategy, home first, mental health, addiction, learning disabilities and improve carer's experiences.
Integration Joint Board	Finance	Coronavirus pandemic and cost-of-living crisis
There has been a number of Board changes including a new Chair and Vice-Chair. The Board has approved the Strategic Plan 2023-26 and year one delivery action plan.	The Partnership is facing significant financial pressures, including budget cuts and an increase in expenditure for energy, resources, and supplies. We continue to seek efficiencies and reduce costs, for example through better coordination of services or providing alternative delivery models.	The HSCP has continued to support the people of Fife throughout the pandemic recovery period and the cost-of-living crisis.



Nicky Connor

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

Introduction and Background

Welcome to the sixth Annual Performance Report from Fife Health and Social Care Partnership. Our Strategic Plan 2019 to 2022 was refreshed and updated during 2022, and the new Strategic Plan for Fife 2023 to 2026 was approved by Fife Integration Joint Board in January 2023. This means that the Partnership's Annual Performance Report 2022 to 2023 includes elements from both Strategic Plans.

The purpose of the Strategic Plan is to set out the vision and future direction of health and social care services in Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally. The national outcomes provide a framework for the planning and delivery of health and social care services, this helps to improve how services are provided, as well as supporting better outcomes for individuals, their families and carers, and for local communities.

The Scottish Government has also created a set of five national Health and Social Care Standards which set out what people should expect when using health, social work, or social care services in Scotland. The Standards ensure that everyone receiving health and social care services is treated with dignity and respect, and that everyone gets the care and support that is right for them.

Fife Health and Social Care Partnership collaborates with partners in Fife Council, NHS Fife, the third sector and the independent sector, to deliver thousands of health and social care services across Fife every day. By working together, and making best use of our finances and resources, we will improve our systems and processes, increase the support that we can provide, and achieve our vision to:

'Enable the people of Fife to live independent and healthier lives.'

Our current 'Strategic Plan for Fife 2023 to 2026', and copies of the Partnership's previous Annual Performance Reports, and Equality Impact Assessments to support these documents, are available on our website: www.fifehealthandsocialcare.org/publications.

Details of the national outcomes and standards are included in Appendix 1.



Strategic Plan for Fife 2019 to 2022

Building on the achievements of our Strategic Plan 2016 to 2019, our Strategic Plan for 2019 to 2022 set out the changes and improvements we planned to deliver for Fife. Our five strategic priorities were:

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

Previous Annual Performance Reports have provided updates on the developments and innovations we have delivered. However, a number of unexpected external factors, including the coronavirus pandemic, and recent cost-of-living crisis, have impacted on the outcomes we planned to achieve. This means that some activities have evolved, to better match current and future requirements, and others have been carried forward into the next Strategic Plan 2023 to 2026.

There is a summary of the improvements we have delivered on page 15 of this Report.

The Strategic Plan for Fife 2019 to 2022 is available on our website:

www.fifehealthandsocialcare.org/publications.



Strategic Plan for Fife 2023 to 2026

Our Strategic Plan for Fife 2023 to 2026 includes five key priorities:

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration



Over the next three years these themes and priorities provide a framework for continuous improvement through our supporting strategies, delivery plans, and transformational programmes. All of this work supports the implementation of our Strategic Plan and provides purpose and direction for our partners.

This Annual Performance Report is structured around these five strategic priorities, providing an assessment of our performance over the last year in relation to these key themes. Some activities have been completed within the reporting timescale 2022 to 2023, others, perhaps larger programmes, will be concluded over several years. This Report provides a selection of key activities, it is not a complete list of our achievements over the last year – unfortunately there is not enough room to include everything here!

Further information about the Strategic Plan, and the work of the Partnership, including opportunities to get involved, is available on our website: www.fifehealthandsocialcare.org

A refreshed performance framework will be introduced over the coming year as a key part of our improvement drive. This will consolidate many of the improvements to our performance system which have already been put in place while setting out how we will build on this to further support improvement. The framework will focus on making better and more efficient use of our significant data assets to underpin service improvement. We will also more clearly link strategies to actions and the required impact, regularly reporting on progress.

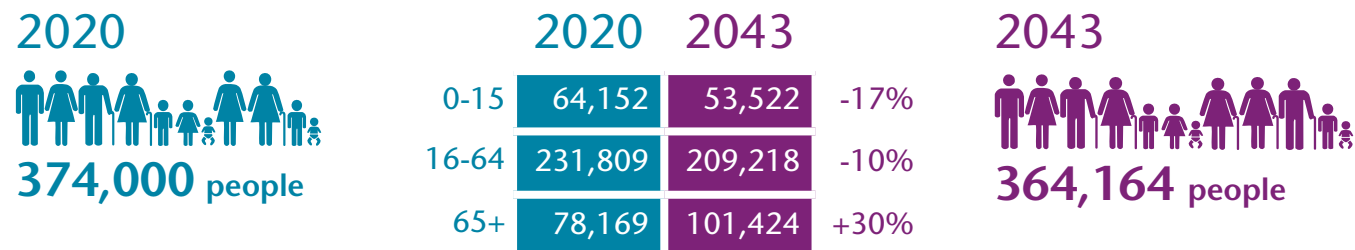
Demographics

Fife has a population of **374,000**

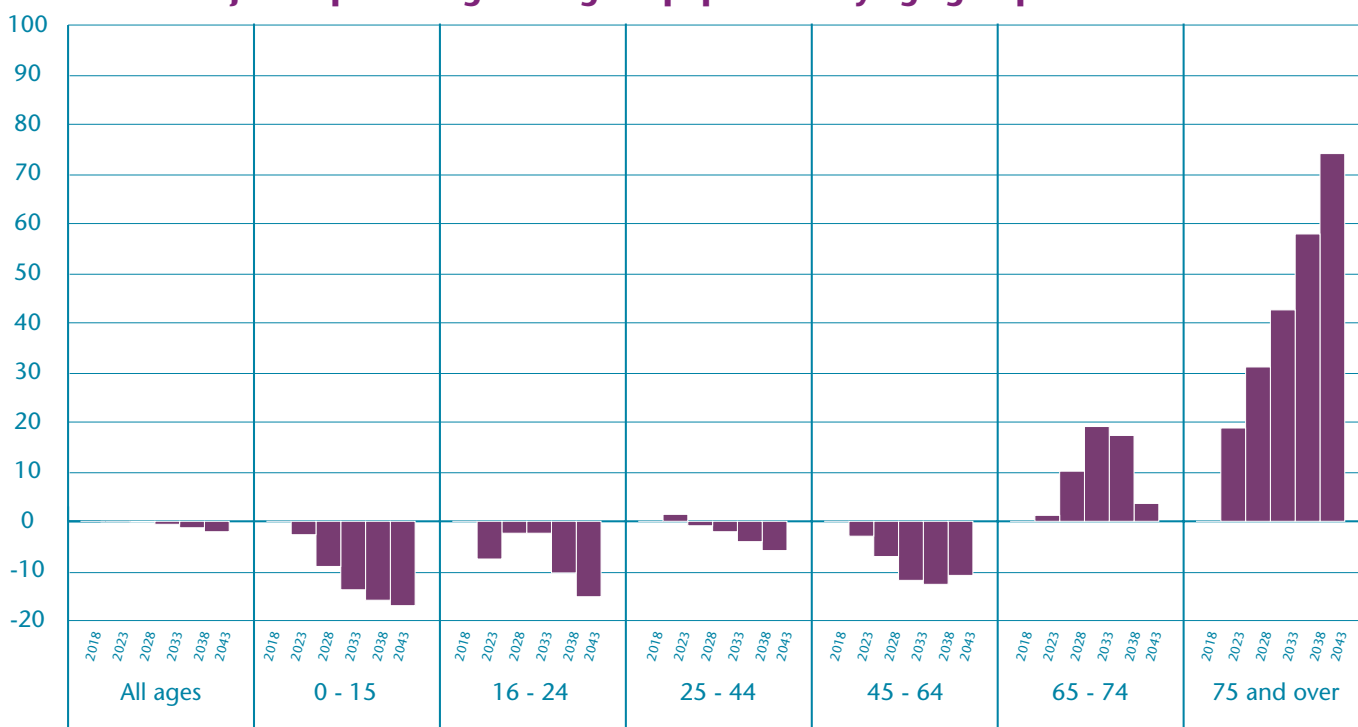
(National Records of Scotland, 2020), this is an increase of 11,500 people (3.2%) since 2010.



By 2043 Fife's population is expected to decrease to 364,164. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers.



Projected percentage change in population by age group until 2043



Integration Joint Board

Fife is one of the largest Health and Social Care Partnerships in Scotland, next to Edinburgh and Glasgow, with over 6,000 staff, who are employed by NHS Fife or Fife Council, and an annual budget of around £600 million.

The Integration Joint Board (IJB) is the decision-making body for the Partnership. The Board includes representatives from NHS Fife, Fife Council, partners agencies, including the third and independent sectors, and members of the public.

The Chair of the IJB is Arlene Wood, and the Vice-Chair is David Graham.

Voting Members	Professional Advisors (Non-Voting)	Other Stakeholders (Non-Voting)
Arlene Wood (Chair)	Nicky Connor (Chief Officer of IJB, Director of Fife Health and Social Care Partnership)	Amanda Wong (Associate Director, Allied Health Professionals)
David Graham (Vice Chair)		
Alastair Grant	Audrey Valente (Chief Finance Officer)	Debbie Fyfe (Joint TU Secretary)
Alastair Morris		
Dr Chris McKenna	Dr Helen Hellewell (Deputy Medical Director/GP Rep)	Eleanor Haggett (Staff FC Rep)
David Alexander	Kathy Henwood) (Chief Social Work Officer)	Ian Dall (Public Rep)
Dave Dempsey		
Graeme Downie	Lynn Barker (Associate Nurse Director/Nurse Rep)	Kenny Murphy (Third Sector Rep)
Janette Keenan		
John Kemp		Morna Fleming (Carers Rep)
Lynn Mowatt		Simon Fevre (Staff NHS Fife Rep)
Margaret Kennedy		
Rosemary Liewald		Paul Dundas (Independent Sector Rep)
Sam Steele		
Sinead Braiden		
Wilma Brown		

In responding to the Public Bodies (Joint Working) (Scotland) Act 2014, Fife Council and NHS Fife agreed to integrate services and functions as required within the Act, delegating these to Fife Integration Joint Board. The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of the services conferred on it by the Act through the locally agreed arrangements set out in the Integration Scheme. More information on the health and social care services and functions delegated to the IJB are set out within Fife's Integration Scheme which is available on our website: www.fifehealthandsocialcare.org

Senior Leadership Team

Senior Leadership Team



Nicky Connor

Chief Officer and Director of Health & Social Care

Operational Service Delivery

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

Business Enabling

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

Professional & Quality Services

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



Lisa Cooper

Head of Integrated Primary & Preventive Care Services



Audrey Valente

Chief Finance Officer and Head of Transformation & Corporate Services



Lynn Barker

Associate Director for Nursing



Lynne Garvey

Head of Integrated Community Care Services



Fiona McKay

Head of Strategic Planning, Performance & Commissioning



Helen Hellewell

Associate Medical Director



Rona Laskowski

Head of Integrated Complex & Critical Care Services



Roy Lawrence

Principal Lead Organisational Development & Culture



Jennifer Rezendes

Principal Social Work Officer

Organisational Development and Culture

2022/23 saw the Partnership establish the Organisational Development and Culture Team to promote, support and drive forward our Mission 25 ambition. The aim of the OD and Culture Team is to provide support to operational services as a key part of our Business Enabling Service, through providing advice, support, design and delivery of work to improve our culture with a focus on behaviours and leadership, workforce strategy and supporting the transformation of our services, leading our Partnership iMatter activities, supporting the development of locality working, and ensuring that our Integration Joint Board can direct cultural improvement across the Partnership.

Some key pieces of work over the past year include:

Continuing to develop our Senior Leadership Team (SLT) and Extended Leadership Team (ELT) development spaces to embed our Systems Leadership approach across the Partnership. In 2022 we were able to come back together face to face for our sessions, which has provided a fantastic platform to build our relationships across all services. We have worked on a wide range of areas over the year: co-producing our Strategic Plan and associated strategies, developing Innovation Hubs to develop new ways of working, thinking together and collaborating on locality working, our Getting It Right For Everyone (GIRFE) pathfinder project with Scottish Government, our Joint Inspection amongst other areas.

Leading the delivery of our Workforce Strategy 2022 to 25 and associated Year 1 Action Plan 2022 to 23. The Strategy was endorsed by our Integration Joint Board in November 2022 after receiving very positive feedback from Scottish Government. Our SMART Year 1 Action Plan is delivering a range of actions across the whole Partnership to support services to Plan for, Attract, Employ, Train and Nurture our workforce.

Our Inspection Report highlighted 'The Partnership's senior leadership team and extended leadership team had developed a strong collaborative culture.... and was already improving its approach to integration.'

Designing and beginning delivery of our first Health and Social Care Partnership (HSCP) Systems Leadership Programme, which has participants from all HSCP Portfolios, the third and independent sectors and our partners in Acute Services, Pharmacy Services and Public Health. The programme aims to improve integrated collaborative leadership within health and social care and support our leaders to think about how we address the challenges we face to be sustainable in the future.

Delivering a range of wellbeing supports including Hull University's Stress Risk Assessment Project, which provided a voice for our workforce to describe the challenges they are facing in the workplace.

For 2023/24 we have many initiatives planned to continue to innovate and improve within our approach 'Organisational Development and Culture:

Leadership Development': We will design and deliver a Leadership Programme aimed at our Team Managers and Supervisors across the whole Partnership, beginning in September 2023. We are also now delivering regular 'Coach Approach' training, which is a two-day course to support improved leadership and management of staff and compliments all our leadership work.

We will lead the design and delivery of our new 'Integrated Leadership Team' (ILT) across the whole Partnership. Learning from the success of our SLT and ELT development work, this ILT will connect managers from across all Partnership services and the third and independent sector to build a strong collaborative culture further into the HSCP to improve our leadership and support our workforce.

We have a range of supports being put in place to promote the importance of iMatter as a crucial way of hearing our staff voice over 2023, which will include 'pop-up booths', 'Natter about iMatter'

roadshows and action plan supports for managers amongst many other activities.

We will also be working with colleagues to drive locality working across all seven localities in Fife, extending our reach further into the Partnership to raise awareness of the importance of a positive culture on staff wellbeing and improved service delivery, developing a Partnership wide online Induction support for new and existing staff and reviewing our Workforce Strategy 2022 to 25 to set the context for our Year 2 Workforce Action Plan for 2023 to 24.



Localities

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 integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees.

The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes.

The overarching goals of localities are to:

- Promote healthy lifestyle choices and self-management of long-term conditions.
- Support people to live healthy well independent lives while living in their own home for as long as possible.
- Reduce the number of avoidable emergency admissions to hospital and minimise the time people are delayed in hospital.
- Efficiently and effectively manage resources available to deliver Best Value.
- Support staff to continuously improve information and support and care that they deliver.
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.

Fife's Locality Core Groups were remobilised in May 2022. To ensure the quality of localities' they must function with the direct involvement and leadership of the Partnership's Senior Leadership Team, health and social care professionals, housing sector, representatives of the third and independent sector, and community planning partners. The groups met in May, September and a wider stakeholder event took place in November 2022. The purpose of the wider stakeholder events is to review and discuss the area profiles and engage with stakeholders to understand their experience and knowledge of people who use services and staff working in the local area.



Equality Outcomes



The Equality Act 2010 includes a public sector equality duty (Section 149) which requires public bodies, including Fife Integration Joint Board, in the exercise of its functions, to consider ('have due regard') to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a relevant protected characteristic and those who do not.

In addition, the Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force in Scotland in April 2018. It places a legal responsibility on public bodies to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

Fife Health and Social Care Partnership is committed to promoting dignity, equality and independence for the people of Fife. As part of the development work for our Strategic Plan we reviewed and updated our equality outcomes. These are our equality outcomes for 2023 to 2026:

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

Further information on equalities is available on our website:

www.fifehealthandsocialcare.org/publications

Our Performance

This Annual Performance Report summarises Fife Health and Social Care Partnership's performance and progress against the national outcomes and our strategic priorities and commissioning intentions.

The national indicators that we report on are presented in Appendix 2.



Strategic Plan 2019 to 2022

Our Strategic Plan 2019 to 2022 included the five strategic priorities listed below. This table links these priorities to each of the case studies that are included in this Annual Performance Report. Some activities and improvements will actually link to two or more priorities, however for clarity the case studies are listed under the primary priority.

<p>Priority 1</p> <p>Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife.</p> <p>We are committed to ensuring that people are empowered to make their own informed choices about how they will live their lives and what outcomes they want to achieve. Planning for preventative action can have a positive impact on improving health and reducing inequalities and can reduce the demands for health and social care services.</p>	<p>Links to Case Studies:</p> <p>1, 2, 5, 10, 12, 13, 15, 28, 34, 39, 42.</p>
<p>Priority 2</p> <p>Promoting mental health and wellbeing.</p> <p>We are committed to ensuring that the people of Fife can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma. The commitments of Fife's Mental Health Strategy will require creative thinking and innovation to ensure services are fit for the future, supporting positive mental health and wellbeing for all. To succeed will require co-production across all parts of the service, with communities, with our partners in the voluntary sector, with people who use our services, their families and carers</p>	<p>Links to Case Studies:</p> <p>8, 22, 25, 26, 27, 30, 36, 44, 45</p>
<p>Priority 3</p> <p>Working with communities, partners and our workforce to effectively transform, integrate and improve our services.</p> <p>Delivery of effective and lasting transformation of health and social care services is central to the vision of Fife Integration Joint Board. Significant change on how services are planned and delivered with a range of stakeholders which includes carers, patients/service users who experience services is paramount to delivering changes</p>	<p>Links to Case Studies:</p> <p>3, 4, 7, 14, 19, 24, 32, 37, 40, 47.</p>
<p>Priority 4</p> <p>Living well with long term conditions</p> <p>We are committed to building on the work already started in Fife to support adults and older people with complex care needs, who are accessing both primary and secondary care services most frequently. We are developing and supporting a more integrated and earlier approach focussing support pro-actively with patients who would benefit from this which includes early identification and comprehensive assessment in case co-ordination.</p>	<p>Links to Case Studies:</p> <p>11, 16, 18, 21, 23, 29, 33, 47</p>
<p>Priority 5</p> <p>Managing resources effectively while delivering quality outcomes</p> <p>The financial position for public services continues to be challenging and the Integration Joint Board must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities within the strategic plan.</p>	<p>Links to Case Studies:</p> <p>6, 9, 17, 20, 31, 35, 38, 41, 43, 46</p>

Strategic Priorities



Local - 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.

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.

1. Adult Services Resources - Accommodation with Care and Support.

Adult Services Resources – Accommodation with Care and Support provides a service to 188 adults with learning disability, physical disability, mental health issues living across Fife. With a staff team of 647, support is provided over 60 Core and Cluster, Housing Support, Group Homes, Single Tenancies and Respite Services. Support can range from a few hours a week to 24 hours a day.

Established in the early nineties, the service delivers a person-centred, outcomes focused provision of care and support. Centred on helping people to maintain or improve their independence and quality of life we:

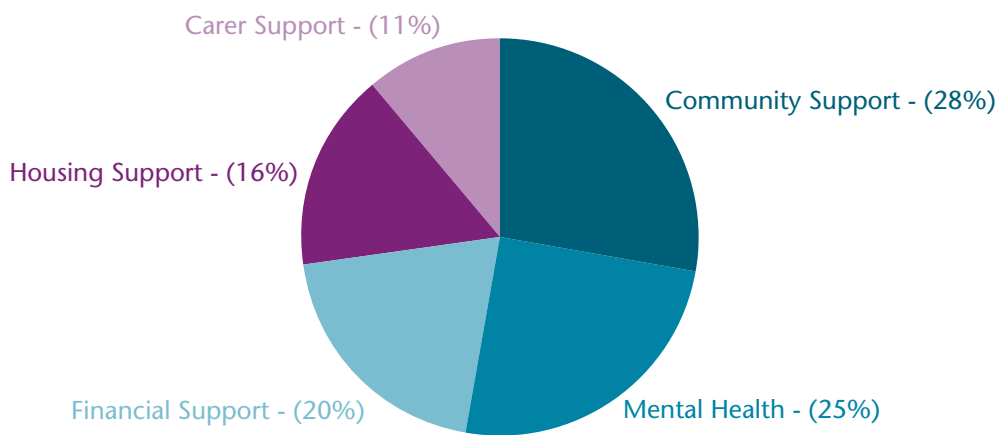
- a. Support people to live independently and at home in their community.
- b. Maximise independence using an active support approach, to ensure that people are engaged in a life that is purposeful and meaningful to them.
- c. Work in partnership with Health Services to promote physical and mental wellbeing so that people are able to look after and improve their own health and well-being and live in good health for longer.
- d. Support people to access a wide, varied range of social, leisure, employment and education opportunities while having a valued role in their local community.
- e. Build a sense of safety, security and belonging, by supporting people to maintain and build local networks and family connections.
- f. Keep people safe from harm within legislative frameworks.



2. Community Led Support

The Well is a place where you can drop-in, both in your community and online and find out information and receive general advice to help you stay well and independent within your local community. During 2022/23 1192 individuals engaged with The Well. There are currently nine physical wells throughout Fife (18hrs per week). The top three enquiries for The Well have been “Mental Health”, “Community Support” and “Financial Support”.

Main reasons for visiting The Wells



Interactions

	Apr 2021 – Mar 2022*	Apr – Jun 22 - Q1**	Jul – Sep 22 - Q2***	Oct – Dec 22 - Q3	Jan – Mar 22 - Q4	Apr 2022 – Mar 2023
Conversation Records	283	277	325	394	428	1424
Follow up calls	76	82	81	93	107	363

* Impact of coronavirus pandemic

** Remobilisation for face-to-face Well began

*** Fully remobilised in all seven localities

NB! The Well operated on average 16 hours a week during Apr 22- Mar 2023

The Well - Fiona's Story

Fiona is a 64-year old woman who has worked all her life within the care sector. Due to physical health issues she was no longer able to do her job and had become unemployed.

When Fiona attended The Well she felt very emotional and upset with her current situation. The Well staff helped Fiona to go over all her income and outgoings and established that she would qualify for discretionary housing payment and Council Tax reduction.

"If it wasn't for the staff at the Well. I doubt I would have received the benefits I was eligible for or even been aware of them".

Fiona felt overwhelmed with the information and health appointments she had to attend which was having an impact on her mental health.

The Well staff helped Fiona navigate information and resources in regards to foodbanks and community support. Fiona was referred to Citizen Advice and Rights

Fife (CARF) for support with her Personal Independence Payment (PIP) application.

"The Well made sure I was given all the information and support I needed at the time".

Fiona also noticed a poster about befriending during her visit to the Well, after contacting the organisation Fiona signed up to be a volunteer.

"Volunteering will be good for me: I care about people".

Fiona received the support she needed and has managed to tackle the difficulties she faced. She feels much better about her situation and her mental health is improving.

"If other people just know to go and ask for help, it will really help take the pressure off and relieve the stress so I would recommend anyone in a similar situation to just step forward and ask for help. The Well can offer you the support you need".

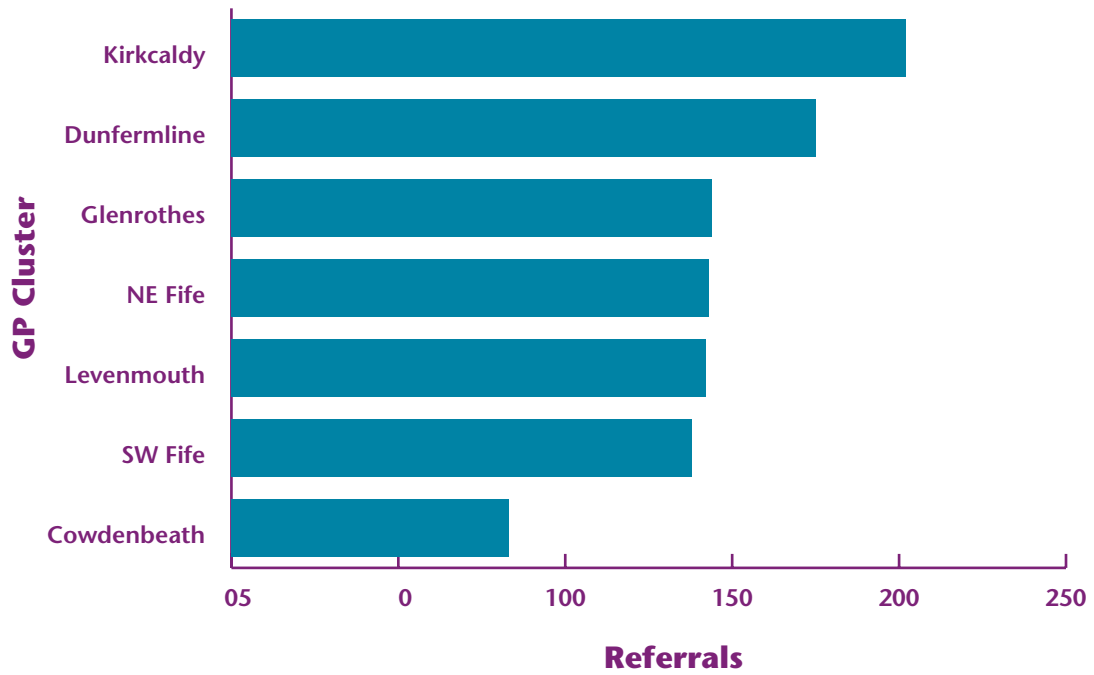
Link Life Fife (LLF) is a non-clinical community led support service provided by the Partnership for anyone aged 18 and over in Fife who is reaching out to their GP or other health professional within Primary Care for support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being.

LLF received 1045 referrals in 2022/23 with an overall engagement rate of 72%. The majority of support provided by a combination of telephone and face-to-face contact. Support given by Link Workers include referring/signposting/connecting people to self-directed support; mental health support; social community groups; befriending, foodbanks; welfare support (benefits/form filling); family groups.

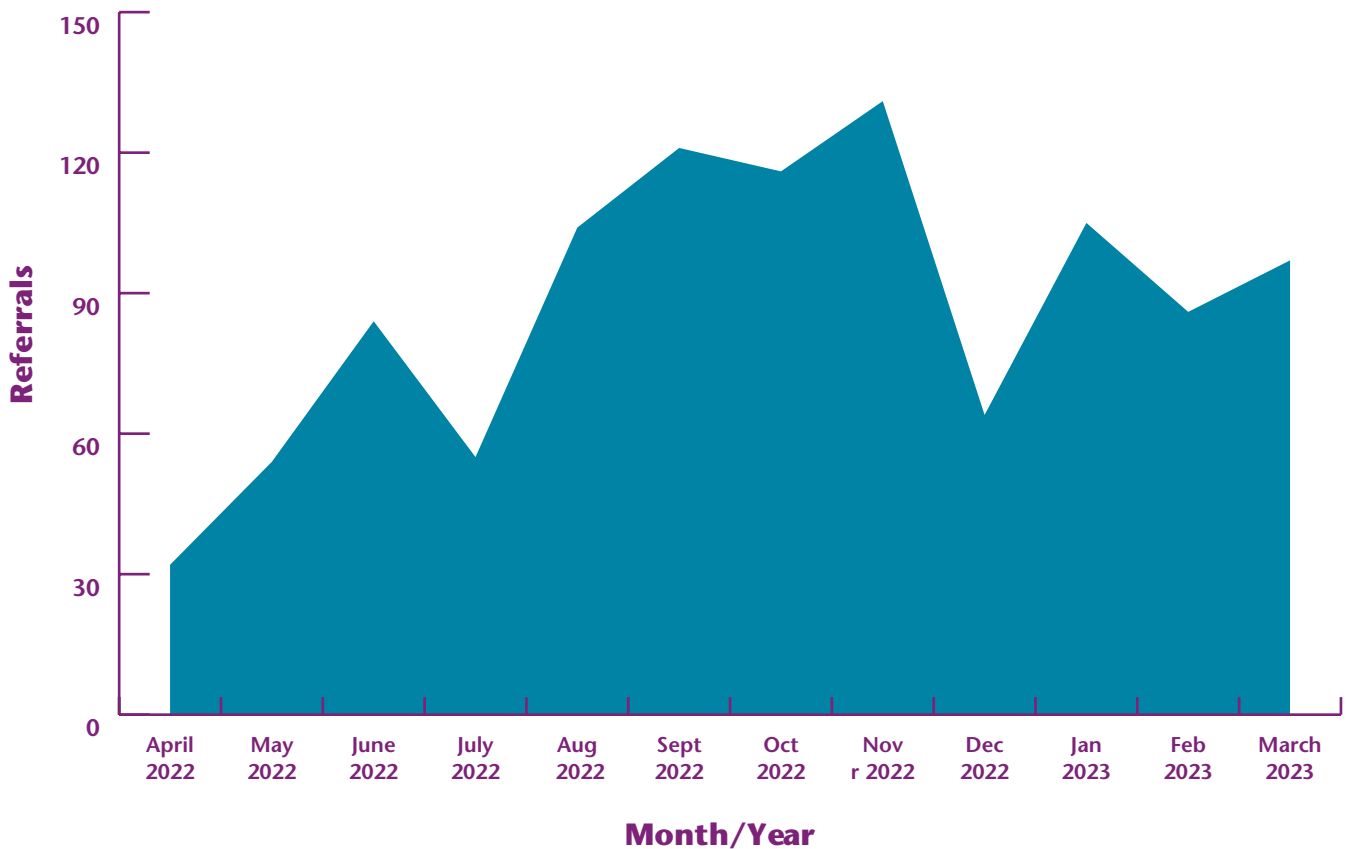
Link Life Fife = April 2022 – March 2023

Total referrals: 1045

Clients by GP Cluster



Referrals Over Time



Link Fife Case Study

Alexander was referred to Link life Fife by a Primary Care Mental Health Nurse. As he was new to the area and moved into a new residence, Alexander felt isolated and anxious as he had to leave his previous mental health support behind. Alexander was looking to connect to support in his new community.

A Link Worker contacted Alexander within two days of receiving his referral. Through the Good Conversations approach, Alexander was able to identify that he would like to join some social activities in his area.

The Link Worker sourced and provided Alexander with the information, so he could make an informed choice on what mattered to him.

After Alexander completed his sessions with Better Than Well, he then engaged with Link Life Fife and a meeting was arranged at his home, as he felt comfortable there. The Link Worker discussed Alexander's positive attitude to engage in activities with GallaTown Hub

and a visit was set to see what social groups were available.

On arriving, Alexander met with the Link Worker and spoke with several staff and volunteers about social groups (Bike Hub, Reiki, and Gardening Project). Alexander was confident to attend by himself next time and enrolled on the Reiki sessions. Volunteering opportunities have since been offered for all three groups and Alexander is now attending the Bike Hub and Gardening Project regularly.

Alexander's feedback about the service: "Without the support from Link Life Fife I would never have known about half of the supports or activity groups in my local area. I have appreciated the helping hand the Link Worker has provided me as I do not think I would have been able to get my foot in the door. There are now so many opportunities available for me and I cannot wait to see what the future holds. Thanks again for everything".

Improving the Cancer Journey (ICJ) provides a one stop shop for all people affected by cancer support needs. Cancer doesn't just affect your physical wellbeing; it can impact on every aspect of your life and the lives of those around you. Knowing where to turn for support isn't always easy. Fife Health and Social Care Partnership and Macmillan Cancer Support work in partnership to provide this service to people affected by cancer throughout Fife. In 2022/23 ICJ received over 1200 referrals, the majority of referrals received were from NHS Fife secondary care teams.

3. Community Flow, Delayed Discharge and Integrated Discharge Hub

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

The data from Public Health Scotland shows the national target of 5% 'Hospital Bed Days Lost to Standard Delays' has been met during the months of December 2022 and January 2023. Bed Days Lost remains below average and has significantly fallen in 2022, compared to 2021 and continues

on this trend into 2023.

In benchmarking terms, NHS Fife lies in the middle ground of mainland Health Boards for the second two quarters of financial year 2021-22, having been in the lowest quartile in the first two quarters, this continues to remain low for the first two quarters in 2022/23. This is for both Standard Delays and All Delays

4. Easy Read - Making Information Accessible

Easy Read - Making Information Accessible Training was refreshed and relaunched in January 2023. A refresh of the training was identified just as the pandemic took hold and work around this was on pause until mid-2022.

The training now consists of a video that can be watched at a time convenient to the learner, rather than a full day face-to-face training session. The video provides helpful information on how to make information accessible enabling service users to make informed choices and feel included in their care. There are also links to resources and the opportunity to contact Speech and Language Therapy to gain access to Photosymbols (a photo library for easy read resources featuring actors with learning disabilities). In addition, staff are able to access a drop-in session with Speech and Language Therapy staff where they can discuss any issues or concerns, they have regarding their own easy read attempts.

The training is available for all health and social care staff, including independent and third sector colleagues and has been promoted through our existing networks.

In the three months since relaunch, the video has been watched over 100 times. In comparison, we trained 43 staff members from health, social care and third and independent sector in 2018. Some people have used the video as a refresher, but others have been new to the content. Initial feedback has been positive however any suggestions will be considered and acted on where possible.

5. Education/Training for staff working with children and young people who have specific additional healthcare needs

The Children and Young People's Community Nursing Service (CYPCNS) Education Team continues to provide robust clinical skills training, which is based on best practice, to all staff working with children and young people who have specific additional healthcare needs. We are also responsible for the delivery of Emergency Medication Practical Training Sessions to education staff for the administration of midazolam, EpiPen's and inhalers.

We returned to delivering Emergency Medication sessions to large groups of staff in October 2022 following prior coronavirus pandemic restrictions. These sessions are organised. Presentations were distributed by CYPCNS staff prior to each session, however through excellent communication and collaborative working with Fife Education staff we have successfully set up a booking process which

enables staff to book a session via Oracle Cloud where the pre practical presentation is automatically loaded for completion. Resulting in less queries/requests from staff to both CYPCNS staff and Fife Education colleagues.

Staff trained for Emergency Medication from April 2022 – March 2023.

Epilepsy – 561

Asthma – 486

Allergy - 507

We have kept accurate records of staff attendance for all sessions and informed education of who attended them. For Healthcare Needs Training the sign off certificate is sent as record of completion and stored by Fife Education.

6. Fife Hospital at Home (H@H).

Nurse Practitioner (NPs) “In-Reach” Test of Change

Fife H@H (Hospital at Home) Service have been successful in securing short term funding from HIS (Health Improvement Scotland) that will enable the Service to undertake an “in-reach” test of change. Currently H@H teams are informed of step-down patients planned for that day however, for numerous reasons; including the complex planning and assessment these do not always happen. This can result in inefficiencies due to these places being held therefore some admissions to H@H are being declined. The test of change facilitates the implementation of in-reach Nurse Practitioner’s to commence H@H step down assessments within the acute setting. By testing this model of care, H@H Service aims to:

- Facilitate timely and safe discharge to H@H and support the front door model.
- Ensure smoother, more timely and appropriate discharges to the service with clear intervention plans.
- Commencing H@H assessments for step down patients in the acute environment and supporting the Front Door Team, will positively impact admission, assessment and documentation time required in the community and this would result in increased capacity and resilience across H@H and the system by:
- Identifying appropriate referrals for step-down for H@H.
- Increase capacity and caseloads as a result of more streamlined and efficient triage and assessment process, specific to H@H.
- Aim to offer seven day a week in reach.
- Accepting later step-down admissions i.e., move from a 5pm cut off to an 8pm cut off as assessment and documentation will already have been completed. If no treatment is required admission at any time with review the following day.
- Improving patient experience.
- Supporting the front door model.

The funding has also enabled essential pieces of additional equipment to be purchased that will allow appropriate activity to be carried out on one visit by an individual clinician.

The roll out of this initiative commenced at the end of 2022.

Scottish Ambulance Service (SAS) Direct Access Referral Process

To support being able to accept Care Home out of hours Scottish Ambulance Service (SAS) direct referrals, a test of change was carried out over a period of two months to determine demand and implement defined processes and pathways. Following this test of change, further enhancements and improvements to process were made and now the Fife Flow and Navigation Centre receive and triage the referral, check H@H capacity and refer direct to the applicable H@H team. This has supported redirection of treatment away from the acute hospital site and assisted with the reduction of emergency admissions from care homes.

FIFE - Total number of all referrals received since Hospital at Home Service Inception	April 2012 – February 2023	18,450
FIFE - Total number of all referrals accepted in the 10 months	April 2022 – February 2023	1,260
FIFE – Average number of all referrals accepted per week	April 2022 – February 2023	27
FIFE – Average comparison of Hospital at Home caseload	April 2022 – February 2023	GP – 62% Step-down – 38%

For the 2021-2022 Annual Performance Report, Fife H@H provided an update on the work that had been undertaken to implement processes that support the Service to measure and report our capacity, namely the Acuity and Dependency Tool. The success of the work has gained national attention via our collaborative work with Health Improvement Scotland (HIS). Fife H@H presented their tool to other H@H teams across Scotland at a HIS shared learning event in 2022 and this has led to the service being invited to present at the Scottish Healthcare Virtual Capacity National Conference hosted by the Scottish Government in March 2023.

7. Fife Intermediate Care Teams (ICT)

Intermediate Care Definition and Guiding Principles

As part of the Home First Strategy, the Intermediate Care work-stream group reviewed Fife's definition of Intermediate Care and updated this to:

“Intermediate Care is a short-term, focused intervention supporting medically stable people in maximising recovery and promoting independent living in their own home or home environment. It supports the ethos of delivering rehabilitation and re-ablement to the right person, at the right time, in the right place with the right intensity. Care is delivered by a spectrum of multi-professional Services, working collaboratively with the patient/carer in a responsive, co-ordinated, and flexible way. The aim is to prevent unnecessary admission to acute hospital/long term residential care, promote faster recovery from illness, and support timely discharge from hospital to optimise a return of confidence and independence to avoid making premature decisions about future long-term care”.

In addition to the revised definition, the Intermediate Care work-stream group also developed guiding principles to support the Service, these are:

- Medically stable people who are able to be looked after at home/home environment.
- Delivery of care within own home, homely environment or community hospitals.
- Right person, right time, right place, right intensity.
- Short term focused intervention with clear outcomes agreed with the service user.
- Delivered in a co-ordinated way by multi-professional and multi-agency Services.
- Responsive and flexible.
- Promoting self-management.
- Prevention of unnecessary admission to acute or long-term residential care.
- Supporting timely discharge from hospital and optimise to as independent living as possible.
- Involvement and collaboration with the patient's family/carers/support network(s).
- Intermediate Care is a spectrum of intervention that maximises recovery and promotes independence – including Services that provide rehabilitation and re-ablement from both statutory and third sector organisations.

Collaborative Working Between Acute and Intermediate Care Team

Work has commenced between therapy staff in Victoria Hospital Kirkcaldy (VHK) and the Intermediate Care Teams to -

- Identify collaborative opportunities that can facilitate and/or support the most effective utilisation of resources.
- Explore opportunities where collaborative working can facilitate and/or support managing therapy priorities across Fife.

To date the following activities have been undertaken –

- Streamlined the referral process between services to support increasing clinical capacity.
- Established therapy discharge principles.
- Trialling of community teams virtually in-reaching to VHK Ward 6 and 31 ward rounds twice per week.

Fife Voluntary Action Empty Homes Initiative

Intermediate Care Teams (ICT), Fife Equipment Loan Store (FELS) and Fife Voluntary Action (FVA) collaborated on a project to develop and implement a protocol for FVA to use for undertaking the delivery of equipment when a home is empty/no-one is available to accept the delivery. This initiative was launched successfully in February 2023 and the main aims of this work are to:

- Support timely discharge from hospital.
- Streamline discharge from hospital.
- Release time to care for acute therapy staff.
- Support timely delivery of equipment.
- Enhance collaborative working between Services.

Fife Intermediate Care Team continues to provide a significant service within the community and

maintain high caseloads throughout the months/year.

Fife Intermediate Care Team receives a high proportion of their referrals from Victoria Hospital Kirkcaldy (VHK). To support patient's being discharged from hospital to their home/community setting in a timely manner and to facilitate patient's not remaining in hospital for longer than is required, the Service has set a target of 72 hours from receiving referral from VHK to discharge from VHK to Intermediate Care Team.

FIFE ICT DATA - JANUARY 2022 TO FEBRUARY 2023

Fife ICT: VHK 72 Hour Referral Data		FIFE ICT: Average Caseloads	
Month	% of Target Achieved	Month	Average Caseload
Jan-22	54%	Jan-22	79
Feb-22	46%	Feb-22	90
Mar-22	63%	Mar-22	73
Apr-22	69%	Apr-22	69
May-22	51%	May-22	83
Jun-22	60%	Jun-22	79
Jul-22	52%	Jul-22	79
Aug-22	77%	Aug-22	81
Sep-22	69%	Sep-22	87
Oct-22	65%	Oct-22	96
Nov-22	62%	Nov-22	89
Dec-22	65%	Dec-22	87
Jan-23	94%	Jan-23	88
Feb-23	82%	Feb-23	81

8. GCP2

Neglect is a failure to meet a child's basic physical and/or psychological needs and is likely to result in the serious impairment of the child's health or development. It can arise in the context of systemic stresses, and this indicates the need for both support and protection (National Guidance for Child Protection in Scotland 2021). Neglect can occur pre- and post-natally. It may involve a caregiver failing to;

- Provide adequate food, clothing, or shelter.
- Protect the child from physical/emotional harm or danger.
- Respond to essential emotional needs.
- Seek consistent access to appropriate medical care, and
- Ensure the child receives an education (GIRFEC Statutory Guidance Assessment of Wellbeing 2022).

Neglect was identified as a common concern in most Initial Case Reviews in Scotland (Care Inspectorate, 2021).

Graded Care Profile 2 (GCP2) is a tool that supports professionals by providing a consistent and objective process for assessing the quality of care being given to a child. This process helps identify when sub-optimal care is putting a child at risk of harm/neglect. It brings focus to the areas that require support and enables professionals to intervene in an informed way. It can reflect improvement, or lack of it, in the level of care delivered and can evidence the care-givers capacity to change.

GCP2 is built on the concept of 'instinctive parenting' as described by Clutton-Brock (1991) and is underpinned by models such as Maslow's Human Needs Theory (1954). GCP2 focusses on specific components of care offered within four domains: safety, emotional care, developmental care, and physical care. The objective of the GCP2 tool is to improve outcomes for children by facilitating early interventions. It does this by supporting the service to move from a reactive 'identify and resolve' mode of operation to a proactive 'anticipate and prevent'.

GCP2 is deployed by a licenced practitioner, such as a Health Visitor or a Community Nurse, who works in a licenced area. Ideally the implementation of the tool is best done using a multi-agency approach.

The next phase of the implementation comprises an audit of practitioners' use of the GCP2 tool and of families' experiences of the tool. This audit aims to ensure that the tool is being used properly by practitioners and is being well received by the client group. Ultimately the audit data will indicate if GCP2 is useful in the practitioner's decision-making and helpful in improving the family's caregiving. In addition, to support understanding in the wider community in relation to the integration of the GCP2 within practice, an awareness event is planned for Scottish Children's Reporter Administration Panel Members. This is critical to the long-term success of the GCP2 as all participants within the community must understand what GCP2 is and how to interpret its outputs.

The implementation of GCP2 is progressing well, and the next stage is evidencing the quality of the ongoing use of the tool, this will be done by monitoring the outputs, outcomes and impact. Further it suggests that to ensure ongoing success, management support is required particularly around the supervision of practitioners, and all stakeholders within the community are aware of the GCP2.

9. Health Promotion Service - Good Conversations Training - Workforce Development.

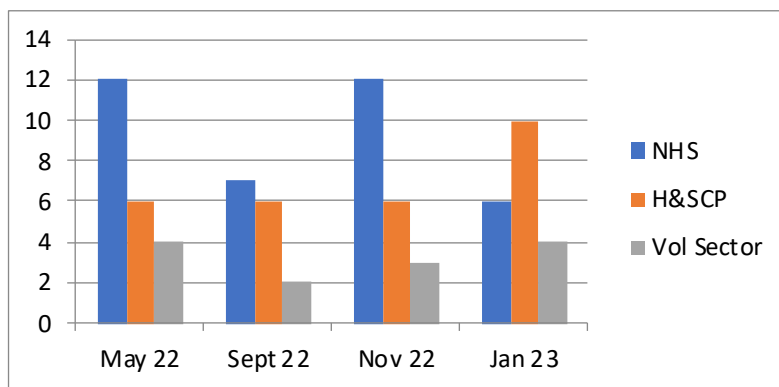
For a number of years, the Personal Outcomes Programme has been working with staff across health and social care and the voluntary sector. It has helped to create a shift in encounters between staff and the people they work with, from: "What's wrong with you?" to "What matters to you?" and supports people to access both internal and external resources to make the best of their life circumstances. 'Good Conversations' training is underpinned by the Solution Focused approach and introduces staff to the key values, tools and skills involved. The work is having positive outcomes for staff as well as the people they work with. Staff report being re-energised and motivated and that working in this way helps with morale. The approach is being used between staff for peer support, supervision, management and HR conversations and team development. It is particularly useful in difficult situations and has been used to de-escalate potential complaints.

Due to the coronavirus pandemic, and to continue these changes within the culture of care, the Good Conversations training had to move online. This involved having to rethink the delivery and adapting the content for a digital platform. However, these changes ensured staff were still able to attend training and continue to develop their practice and now it is possible to offer both online and face to face training to Partnership staff, which offers increased flexibility and enables more people to attend these valuable sessions.

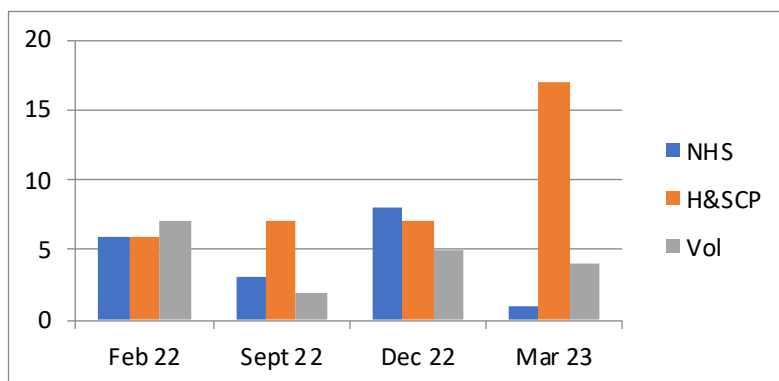
To encourage the spread and embedding of the approach in practice there are also peer support

and refreshers sessions being held regularly with groups such as Local Area Coordinators and Link Workers, volunteers and befrienders, and Specialist Cancer Care Nurses. There are also champions meetings where people who use the approach get together to share good practice.

3 Day Course Attendees 22/23



1/2 Day Introduction Attendees 22/23



10. Health Promotion Service - Health in Pregnancy Levenmouth Locality



With the aim of new mums and mums-to-be to have increased social interaction, improved mental wellbeing and being able to access more support and activities in the Levenmouth Area, the Fife Health and Social Care Partnership's Health Promotion Service worked with partners in the Levenmouth locality including Health Visiting and Midwifery (NHS), Homestart Levenmouth, Fife Gingerbread, Woodlands Family Nurture Centre, ON Fife and Active Fife – Bums off Seats to design, implement and promote a shared Google calendar used to advertise groups, classes and

events aimed at new and young families.

This calendar is now available for new mums and mums-to-be to download to their phone and provides them with information around the free activities they can access on a daily basis.

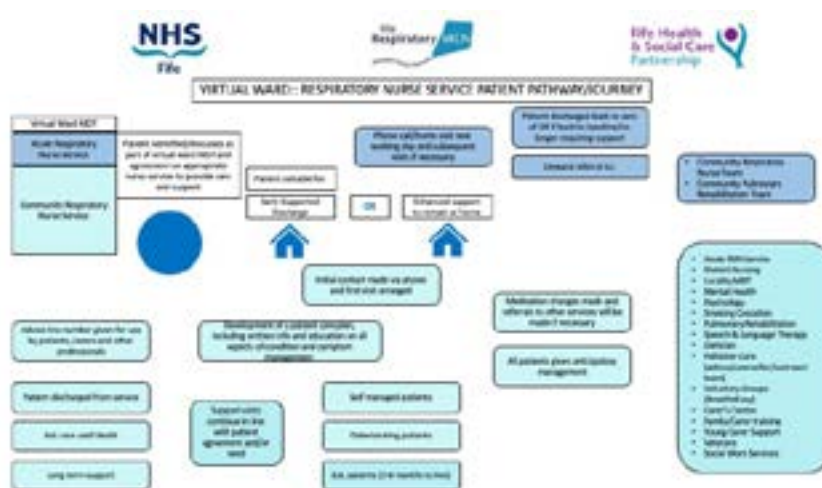
To advertise the calendar, cards were designed and printed, which contained a Quick Response (QR) code and the URL (webpage address) of the calendar, and these were given out at a launch held at Woodlands Family Nurture Centre in August 2022. The cards have been distributed throughout the Levenmouth Area and Home Visiting (NHS) also add one to each red book that is given out to pregnant women to help monitor their pregnancy. This means every new mum in the area has the details of the calendar.

The calendar is being updated regularly by partners and agencies report having an increase in footfall due to their events being seen on the calendar.

11. Interface Care in the Community

Fife Community Respiratory Team is a small team of respiratory nurse prescribers who offer a Fife wide Interface Service for patients diagnosed with complex respiratory conditions who have frequent respiratory exacerbations and hospital admissions. The Service works with patients to help them improve their health-related quality of life and enable patients and their support network to manage their condition in the later stages of the disease, until end of life. The Service works in partnership with patients to develop individualised anticipatory care plan (ACPs) using a person-centred, holistic case-management approach.

The Team is currently working closely with the Acute Respiratory Nurse Team, Managed Clinical Network (MCN) and Scottish Ambulance Service (SAS) with test of change projects to reduce 20% of respiratory hospital admissions and facilitate a 20% increase of respiratory discharges from hospital into the community. The early data is very promising and suggests a significant reduction in hospital admissions in patients under the care of the community Respiratory Nurse service in comparison to the previous six months. Similarly, the data shows a significant reduction in duration of the bed days of the hospital admission. The SAS pilot has recently been expanded from one post code to include Fife wide referrals originating from the SAS dispatcher to Fife Community Respiratory Team.



12. Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established 7 locality groups which are aligned to the Fife Council local area committees.

The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes.

The locality core groups were remobilised in May 2022. To ensure the quality of localities' they must function with the direct involvement and leadership of health and social care Senior Leadership Team, health and social care professionals, housing sector, representatives of the third and independent sector and community planning partners. The groups met in May, September and wider stakeholder event took place in November 2022. The purpose of the wider stakeholder events is to review and discuss the area profiles and engage with stakeholders to understand their experience and knowledge of people who use services and staff working in the local area.

The seven locality group meetings took place between 13th March and 31st March to finalise and agree the priorities for 2023. Each locality has identified short life working groups to take forward the thematic priorities which include:

- Supporting unpaid carers
- Improving mental health & wellbeing
- Supporting people affected by Drug / Alcohol Harm and Death
- Home First
- Living well with long term conditions

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

Levenmouth Locality "Public Health Policing" - Police Scotland raised a concern at the Levenmouth Locality group meeting in June 2022 regarding the number mental health (non-criminal) calls received. Subsequently a short life working group was created with representation from Fife Council, NHS Fife (A&E), Community Mental Health, Scottish Ambulance Service, Alcohol and Drugs Partnership and Scottish Association of Mental Health. A number of tasks were undertaken; data collection from NHS Fife and Police Scotland and further presentation from Scottish Ambulance Service (Dundee) to scope activity in other areas. The next step is to submit a report to the Area Committee (May 23) to request funding to test a mental health triage car in Levenmouth locality. The aims of the test of change are to provide enhanced experience for individuals who contact services with a mental health need through timely access to specialist mental health care and assessment in the community, avoiding unnecessary conveyance to Accident and Emergency (A&E) where appropriate and identify potential benefits. To identify the limitations, of a mental health triage car service to inform future recommendations.

A priority for North East Fife Locality is to develop a single point of access for community led support in North East Fife for people living with long term conditions, working collaboratively with the Psychology Service and The Well to test the change within North East Fife with the aim to help people experiencing long-term conditions, and those important to them, access the physical, psychological, social and practical supports that are available in their local community. Test of change will commence in May 2023.

13. MAT (Medication Assisted Treatment) Standards Implementation Plan 2022/23

The MAT Standards are part of the National Drug Mission policy to address health and social inequalities with and for people, their families and communities severely impacted by substance use. The standards provide a framework to ensure that the system and services responsible for MAT delivery are sufficiently safe, effective, accessible and protect human rights and dignity to enable people to benefit from treatment and support for as long as they need. Fife Alcohol and Drug Partnership and its commissioned services (including NHS Addictions, NHS Pharmacy Services and NHS Addictions Psychology and Therapies Services) have completed the second year of a five-year nationally funded programme to implement and embed the standards into operational delivery and comply with assessment measures based on evidencing impact.

Embedding of MAT (Medication Assisted Treatment) Standards 1 to 5 implementation plan has been progressed well over the year and monitored by two Alcohol and Drug (ADP) subgroups and the Alcohol and Drug Partnership (ADP) Committee. Submission of quarterly reports to the Scottish Government has aided this process. Compliance with the Public Health Scotland assessment process for the Red, Amber, Green, Blue (RAGB) status has also been a focus to ensure Fife's performance for 2022/23 is accurately reflected. This has involved building processes, protocols, guidelines, referral pathways and agreements between services based on improving the system of care and creating seamless transitions for people. Developing mechanisms for capturing numerical data and most importantly having qualitative conversations with people, family members and staff to evaluate how the care and support feels both for those accessing support and those yet to do so.

Standard	Update
MAT 1	Same day prescribing through rapid access clinics (MAT 1) is available across all the sites and has been maintained at the Methil Community Centre.
MAT 2	LAIB (Long-acting injectable buprenorphine) is now available across the full service at initial titration or after medical review and provides additional choice (MAT 2) for those accessing opiate replacement therapy.
MAT 3	Assertive Outreach is available in localities with ADAPT clinics, recovery cafes but also in key areas such as prisons, custody suites and hospital wards provided both by commissioned third sector and statutory services providing anticipatory care to people with lived and living experience. The drop-in support at the Methil Community Centre is key service acting as an access point to treatment as too is the living experience group now operating in Dunfermline.
MAT 4	Harm Reduction (MAT 4), including IEP, wound care and THN) is to be embedded further within NHS Addiction Services and third sector with support from a specialist trainer in third sector. Adopting a new database will allow NHS Addictions Service to record distribution and develop service-based targets and improvements. The hospital liaison service, the non-fatal overdose service and third sector teams within prison and custody suites are providing assertive outreach and anticipatory care, supporting people not engaged with the system of care.
MAT 5	Rapid access clinics and a third sector retention service (MAT 5) also provide additional support to those at risk of early unplanned discharge.

MAT 6 and MAT 10	The MAT 6 and 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice including supervision, coaching and group support. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its current implementation plan.
MAT 7	embedding a MAT Standards compliant approach with primary care - implementation group is in the planning phase and will commence next financial year. This is likely to encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest.
MAT 8	advocacy service has been commissioned and is in place with people with lived experience as part of the service workforce.
MAT 9	Review and improvement work for MAT Standards 9 aimed at enhancing pathways, protocol, treatment and care for those affected by dual diagnosis and/or other mental health difficulties has commenced with the establishment of a dual diagnosis working group. Work is currently underway to develop the 2023/24 plan and performance framework.

14. Ongoing Development of Fife Speech and Language Therapy Laryngectomy Valve Clinic

In partnership with Ear, Nose and Throat (ENT) colleagues, Fife Speech and Language Therapy Service developed a specialist clinic for laryngectomees who use Surgical Voice Restoration (voice prostheses). The clinic started in March 2021 and is delivered on a weekly basis on the ENT ward at Victoria Hospital; this development ensures patients benefit from a locally delivered service where previously they had to attend St John's Hospital, Livingston. The clinic provides specialist Speech and Language Therapy input to:

- Assess voice prosthesis function and patients' voice quality.
- Carryout valve changes and valve maintenance.
- Enable access to 'problem solving' for complex issues for individual patients.

The clinic has become established during 2022/23 with one therapist fully completing the SCAN Competency Framework and supporting two other Speech and Language Therapists to achieve their competencies.

58 people in Fife, living with laryngectomy, benefited from local access to the Fife Speech and Language Therapy led Valve Clinic, rather than have to attend St John's Hospital in Livingstone, between June 2022 and March 2023. Of these:

- 31 received a valve change (53%)
- 17 had valve status reviewed (29%)
- 5 received troubleshooting for valve issues (9%)
- 4 received stoma management (7%)
- 1 trialled HME (Heat, Moisture, Exchange (system)) (2%)

15. Peace of Mind

Peace of Mind are a Social Enterprise Company, grant funded by Fife Health and Social Care Partnership, to establish new, self-sustaining friendship groups across Fife for adults with disabilities. Initially, the groups were for people who had left Fife Community Support Service, to ensure that longstanding friendships were maintained. Membership has now opened up and is available for any adult who may benefit from being a member.

Peace of Mind groups now operate in Cupar, Crossgates, Dunfermline, Glenrothes and Kirkcaldy, supporting approximately 50 adults. Members of the groups have taken part in a range of leisure activities including swimming, bowling, cinema, carpet bowling, gym sessions and crazy golf which have helped them to bond as groups and to get to know the Peace of Mind staff. Most recently, the group from Glenrothes travelled to Edinburgh by train to visit the museum, which was enjoyed by all who attended.

One lady was supported to volunteer in a café in her local community and has developed the confidence to do this without support. It is hoped that many more such opportunities will develop as Peace of Mind become more established in Fife.

The groups have developed a closed Facebook page which provides a safe, private, online space where group members and carers can share their ideas, news, and interest in forthcoming events.

During 2022, Peace of Mind, in conjunction with Fife HSCP, organised their first Celebration Event - to which all the groups were invited. The day started with a bowling competition then following a bite to eat, had a disco and karaoke at the CISWO (Coal Industry Social Welfare Organisation) in Glenrothes. At the event, people were asked what they liked about Peace of Mind - this is some of the answers given:

"trying different things"

"I enjoyed going to The Fringe festival ... but it was too hot."

"Having a laugh"

"Things we do with the group".



16. Self Directed Support in Fife

Fife has a dedicated Self Directed Support (SDS) Team who provide support to operational colleagues through e-learning, daily duty system, on-line information sessions and team talks. Through this dedicated resource, operational colleagues have an easily accessible source of advice and information which helps to ensure they feel informed whilst supporting individuals through the assessment and review process. This in turn ensures that the supported individuals and their carers feel involved in the process, enabling them to feel confident in any decisions they make concerning their support.

Over the last year we have been reviewing our processes and procedures, taking into consideration the new Self Directed Support Statutory Guidance (published October 2022), the National Framework of Standards as well as the proposed Scottish Government Self Directed Support Improvement Plan. Staff from the SDS team have been involved in the consultation with SDS Scotland.

As part of our ongoing support to operational colleagues, we have been delivering on-line, lunch time sessions covering topics such as:

- An Introduction to SDS.
- SDS Legal Duties.
- An Introduction to Prepaid Cards.
- SDS for Carers.
- Short Breaks for Adults.

The sessions provide an opportunity for information sharing as well as question and answer time.

Over the last year we have been working closely with colleagues in Contracts/Quality Assurance to implement prepaid cards in Fife, with an external partner allpay Ltd. This is our new method of issuing personal care budgets to individuals choosing SDS Option 1 (direct payment). For individuals who have made the transfer to the new system, they are still afforded the same flexibility to use their social care budget as before, however, no longer have to submit paper bank statements and receipts to comply with our quarterly monitoring, unless specifically requested. The monitoring can be carried out by Partnership staff through an on-line system. This allows for the monitoring to be carried out more efficiently. For anyone new to direct payments, they no longer have to open up their own, separate bank account - the account is provided to them.

The continued implementation of SDS is mainly measured through individual's personal outcomes support review.

As well as a conversation about how any arranged supports are impacting on the individual's life to help them achieve their personal outcomes and goals, practitioners gather information on whether the individual felt listened to, felt involved in the process of assessment and review, felt included in any decision making etc. Through capturing this information at the point of review and recording electronically performance can be measured from one review to the next. In addition, information can be extracted from our Social Work recording system to identify levels of satisfaction across the service.

17. Small Sparks (SDS Community Grants Project)

Small Sparks which originated in Seattle is an internationally tried and tested community grants

programme that helps local people to do new and exciting things in their community. It creates opportunities for citizens to become involved in time limited, small-scale projects that benefit the local community.

The Small Sparks Project, facilitated by the Self-Directed Support Team, was postponed due to the pandemic. The project entered its third phase in April 2022, having successfully funded 18 projects in the NE Fife locality in 2017 and 14 projects in the Levenmouth locality in 2019. As communities began to remobilise a decision was taken to extend the project to all seven Fife localities. The upper grant limit per project was increased from £250 to £500 in recognition of the UK cost-of-living crisis.

The Small Sparks Panel

Five people were invited to join the Small Sparks panel and met on a four to six weekly basis to consider the applications. Each of the members live or work in Fife and brought a diverse range of local knowledge, viewpoints, and community connections to the table.

- The Chair of Glenrothes Men's Shed.
- A Health Promotion Officer.
- A Social Work Assistant from the SDS Team.
- A supported individual who uses Direct Payments to arrange her care and support.
- A Local Area Co-ordinator from the MacMillan Cancer Journey Team.

Indicators of success were established at the outset of the project, namely:

- Developing new community connections.
- Overcoming loneliness and social isolation.
- Creating more opportunities for all citizens to make a valued contribution in their local community, including those who require care and support.
- Improving general health and well-being.
- Building on the strengths and sense of community that already exist.



The projects were supported by staff from the SDS Team these are a few examples of the feedback provided by the participants.

“Fife is a great place for local activities, amazing energy and creativity.”

“The projects today showed how much goodwill and diversity there is in local communities.”

“Meeting like-minded people who just want to make their communities more inclusive and a better place to live and are happy to share and learn from each other.”

“We enjoyed the event. There was a real feel- good factor and feeling of togetherness, with good news stories and diversity of experiences and ideas which you don’t usually hear about unless you are seeking specific information.”

“Togetherness. Inspiration. What is achievable when working together. Community belonging. Compassion.”

“I learned how many kind and committed people there are out there.”



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



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.

18. Development of Targeted Level Speech and Language Therapy Resources to Support Early Self-Management for People Living with Parkinson's Disease

In June 2022 the Speech and Language Therapy Service (SLT) launched a test of change to allow individuals living with Parkinson's Disease (PD) to access targeted level information at the point of contact with the PD Nurse Specialist. This initiative enables support to early self-management of speech, swallowing and saliva without the need to wait for up to 12 weeks to access Speech and Language Therapy.

During the first six months of this initiative (June to December 2022) access to targeted level information to support early self-management was considered by the PD Specialist Nurses for 49 individuals living with Parkinson's Disease. Of these:

- 27 were issued with resources and not referred to SLT (55%), i.e., targeted level resources were sufficient to meet patient need at that point.
- 3 were issued with resources and referred to SLT (6%), i.e., individualised SLT was required but resources were issued to support self-management in the interim period.
- 19 were referred to SLT without being issued with resources (39%), i.e., required individualised Speech and Language Therapy input.

Next steps include ongoing liaison with Parkinson's Disease Multi-Disciplinary Team (PD MDT) to increase levels of early access to targeted resources, and development of online resources to increase access routes to self-management information.

19. Patient Engagement and Feedback on Speech and Language Therapy Targeted Level Resources to Support Self-Management of Voice Difficulties

During 2022 we engaged with individuals to gather patient feedback on Speech and Language Therapy (SLT) targeted level resources for voice disorders, (dysphonia). This bank of online resources was developed to allow access to supported self-management information immediately following Ear, Nose and Throat (ENT) diagnosis of dysphonia for advice and signposting at the point of need, enabling timelier, more efficient and equitable service delivery.

Patient engagement to gather feedback on this aspect of service development identified that:

- 100% of respondents accessed the resources, (89% of respondents were directed to the resource by an ENT Consultant and 11% by SLT).

- 89% reported that they liked having access to early self-management resources.
- All respondents reported that the resources are clear and easy to navigate and 78% felt they were relevant to them.
- Having accessed the resources for a period of 6 weeks, 73% reported improved understanding of their voice and 56% felt better about their voice.
- 17% of respondents contacted the SLT Service for direct input after accessing self-management resources.

20. Recruitment of Social Care Staff for Care at Home

Fife's Health and Social Care Partnership has recognised given the difficulties in recruiting Care at Home carers that a different approach was required to attract more people into the care services.

A television campaign was launched in July 2022 to be broadcast throughout STV's East of Scotland locality and ran again in November 2022. The campaign did provide interest across multiple areas of social care including Care at Home.

Along with the television campaign, for the first time the Service is also running localised poster campaigns. Posters are placed in local shops, community centres, and GP surgery's so those living in that area are aware there is work in that area – local recruitment for local people. Offering flexible shift times and reduction in travel time within their own area this then fits in with the locality planning model.

These initiatives have helped reduce the vacancy rate from 10% in Summer 2022 to 8% in Spring 2023.

21. Short Breaks for Adults

The Short Break Team for adults provide information to supported individuals and their families/ carers to assist them to access creative and innovative short break provisions or, where this is their choice (and depending on availability), building based resources, using their individual short break budget and chosen option through self-directed support.

Through an outcome focussed approach, the Team work with adults under the age of 65 and their families to facilitate mutually beneficial short breaks, giving both the individual and their unpaid carer a break.

Due to the lack of building based resources, the team have been working hard to identify creative options for individuals and their families.

Some examples are included, the names of the individuals have been changed to provide anonymity.

Creative Break (Option 1 – direct payment)

Andy is a 33-year-old young man with a diagnosis of cerebral palsy resulting in increased tone in his muscles. He also experiences trochanteric bursitis (inflammation) in his hip joints.

Andy was quite clear in how he wishes to spend the budget – he wanted to take a trip to London with his support worker and visit the Harry Potter Experience. Through conversation with mum and Andy, it was clear he knew what his short break budget was for and was able to understand our Easy Read Service Level Agreement.

The break is now booked and scheduled to take place. Andy is very excited about the

flexibility he can have with the short break budget which allows him to choose the break that suits him, rather than having to go to a building-based resource, which he would not enjoy. Knowing that her son is being supported by his known carer whilst away from home will provide mum with reassurance as well as providing her with a break from her caring role. The flexible, creative break provides the opportunity for Andy to experience something he may not otherwise have managed.

Moving forward, the Short Break Team will continue to take time to identify new resources and facilities which offer both creative and building based support. We will continue to work with individuals and their families to identify if alternative models of service delivery can be explored which will allow the individual to benefit from the break as well as providing their family member with a break from their caring role. We will continue to work closely with colleagues in our commissioning team to explore solutions to address the gaps in service provision.

To improve on our performance recording, we will implement the post break questionnaire; allowing individuals and their families to share their views and experiences, evidencing the difference the break has made. Using the collated feedback and shared stories and experiences, it is hoped that reassurance can be provided to families who are apprehensive about trying something different.

Following the success of our Short Breaks Marketplace Event in 2019, we plan to arrange a follow up event in 2024. We shall extend invitations to groups, organisations and providers giving them the opportunity to share information about the facilities they have available. Individuals, their families and carers will be invited to not only meet the organisations but also to meet other carers. It is hoped through facilitating initial discussions, some families may choose to explore pooling of budgets, where this is appropriate.

We will liaise with colleagues in the Partnership's Communications Team to explore the development of a closed Facebook page to allow individuals to share stories of their creative breaks as well as opportunities to highlight last minute breaks, which often come into the Short Breaks Team.

22. Special Schools



The Pupil Support Nurse (PSN) Team have continued to support our colleagues in Education and Children’s Services to meet the health needs of pupils attending Special Schools. The Team has been collaborating with the multidisciplinary team around each child, working to achieve the best outcomes for the individual young person and their families. And supporting health clinics in schools, providing assessment information for other health professionals to use in their care of the young person.

Additional activities include starting a PSN lead Sleep Clinic in Special Schools in response to an identified need in this cohort. Staff completed

the Sleep Scotland Training to be able to facilitate this clinic and improvement in our service. Since initiating the programme in April 2022 eight young people and their families have been assisted with poor sleep. The plan moving forward is to support two or three new sleep referrals each school term.

The PSN Team support Special Schools pupils to be able to access and cooperate with health interventions, utilising therapeutic play, social stories and building trusting relationships with the pupils in the school. An illustration of how effective this work is our success in supporting national immunisation programmes, in particular coronavirus immunisations.

Desensitisation work has been hampered significantly during the last couple of years due to the PSNs limiting face to face contact due to the pandemic. Restriction in schools were not withdrawn until August 2022. This was detrimental to the PSN Teams relationship with young people and their families. It is a credit to the hard work and dedication of the team that they are able to foster professional and therapeutic relationships quickly and are turning this around.

Looking ahead to the next year, the PSN Team will continue to:

- Support education to meet the health needs of the pupils in Special Schools.
- Increase our PSN lead Sleep clinics in Special Schools.
- Encourage the education of the PSN Team to enable them to address bowel and bladder health of the pupils in Special Schools.

Wellbeing - 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, 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.

23. Continence Service

The Children and Young People's Continence Service are a nurse led team who support children and young people with bladder and bowel dysfunction. The service has continued to grow and develop since its introduction in May 2018. We offer clinics in eight different areas within Fife which helps to make our service more accessible to all children and young people requiring continence support.

Paediatric Continence Scotland produced a National Service Review of Continence Services in July 2022 which highlighted NHS Fife for their dedication and commitment to investing in the development of a designated Children and Young Peoples Continence Service.

The past year has allowed us to continue to develop our service with the recent introduction of integrated clinics to help support children and young people with both bladder and bowel dysfunction in one clinic setting. A co-ordinated approach to the management of these problems together helps to engage the child/young person and their families to improve effective outcomes.

Since the coronavirus pandemic, we continue to offer a combination of both face-to-face clinic and telephone consultations. We recognise the importance of offering face-to-face appointments for initial assessments and based on individual need to help develop patient centred care plans. Parents/carers, children and young people are now given the option of attending clinic or receiving ongoing telephone support. We continue to receive positive feedback and outcomes after adapting our service to meet families' individual needs.

Children and young people who experience bedwetting are offered the option of using alarm therapy as part of their treatment plan. Alarm therapy assists children and young people to become dry independently without taking medication. Alarms are now posted to families via Royal Mail using our alarm loan agreement service. Our Health Care Support Worker has helped to improve the alarm lending and retrieval process to help reduce the number of alarms not returned on completion of treatment. This allows alarms to be used again to help support other patients, helping to make the service more cost effective.

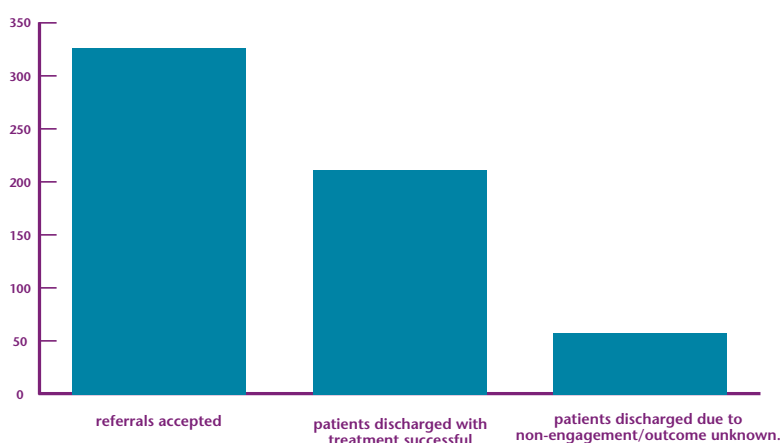
Parents are now offered regular telephone support which is reportedly helping to increase the number of children and young people becoming dry overnight during the 12-week treatment programme. This increased support has helped to improve positive outcomes and reduced the number of families failing to complete the programme.

We continue to strive to reduce the stigma which is often associated with continence problems.

Statistics suggest that only a third of parents/carers seek help for their child's continence problem. This may be due to lack of knowledge on specific problems, lack of information on support available locally and social stigma. The private nature of toileting can result in families being too embarrassed to request support. Over the past year we continue to raise the profile of our service across Fife by utilising our contacts in education, health and social care. Our service is now featured on the NHS Fife website providing further information for staff and colleagues. We believe it is essential to ensure that children and young people with continence problems are supported on their patient journey to promote access to local clinics delivered by our dedicated nursing team. We continue to promote early intervention to help reduce the risk of children and young people developing long term continence problems and to help improve their quality of life and physical and emotional wellbeing while reducing their vulnerability to harm and discrimination.

Paediatric Continence Scotland produced a National Service Review of Continence Services in July 2022 which highlighted NHS Fife for their dedication and commitment to investing in the development of a designated Children and Young Peoples Continence Service.

During period June 2022 to May 2023:



24. Chat Health Text Service for Young People aged 12 - 19 years.

Following extensive engagement with young people, the School Nursing Service identified three key priorities:

1. To increase access to School Nursing Service.
2. To increase awareness of the school nursing role.
3. To provide early intervention and prevention for children and young people.

These priorities informed new service developments including the introduction of a text messaging service. This was launched in November 2022 and enables young people aged 12 - 19 years who are enrolled in a secondary school in Fife to have direct access to the School Nursing Service. The text service is hosted by Chat Health and allows professionals and service users to communicate using safe and secure messaging. It is a confidential service although service users can be identified if there are safeguarding issues.

The text messaging service enables young people to seek direct support for any self-identified health and wellbeing concerns they may have. This reduces a young person having to recount

their concerns to several people before accessing our service. In alignment with the United Nations Convention on the Rights of the Child (UNCRC), this model allows young people access to a health service, to be heard and to be taken seriously, with their voice being at the forefront.



The introduction of the text service using Chat Health software was the first in Scotland. The Service worked closely with the Digital Information Team to ensure that all data protection and information governance policies were observed and adhered to.

Early data indicates a positive response to this model, 70% of contacts have indicated that they found the intervention helpful.

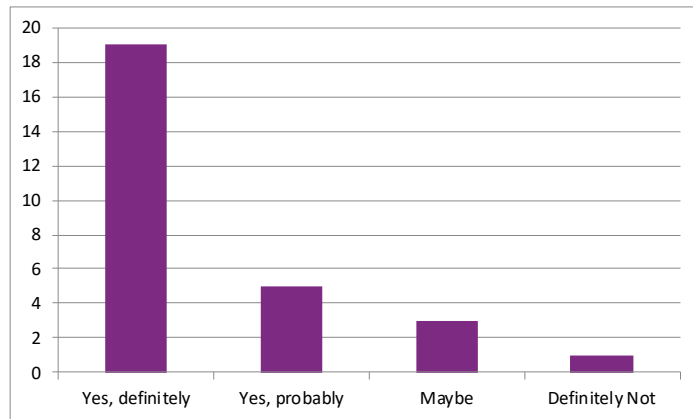
We have also identified that the marketing and promotion of the text messaging service is key to the ongoing success of the text messaging service.

25. Embracing Difference Programme.

The Embracing Difference online programme has been developed and piloted and is now available for self-referral via Access Therapies Fife for parents/ carers of children who present with developmental divergence. It is a six-session programme and draws from current research and evidence-based practice to provide information on how to support children who are neuro-divergent. Each week focuses on a different area and provides strategies and information for parents to use with their child, in order to support them to flourish. It also focuses on strategies to support parental self-care and wellbeing.

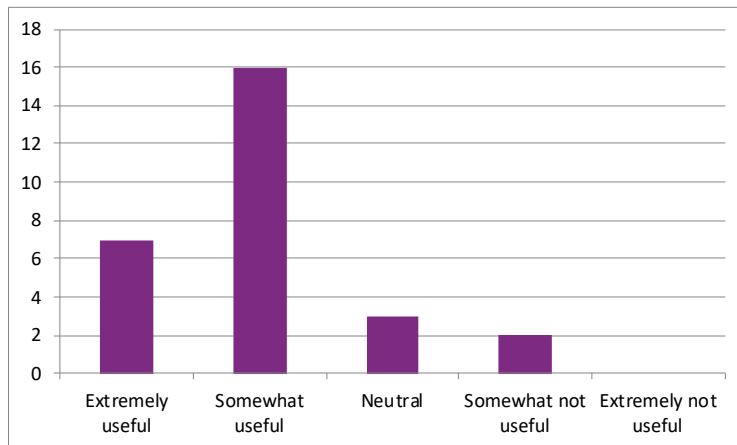
Parents were asked to provide feedback at the end of the course.

1. Would you recommend the workshops to a friend with a child who may be neuro-developmentally diverse?



Parents also receive a Child Portfolio, which is a supporting document for them to think about how to tailor the strategies they learn in the group specifically for their child's needs.

2. How useful did you find the Child Portfolio?



Some of parent's positive comments about attending the programme:

"All just really useful. I liked how you can pick points out that you feel will help with your family".

"It was presented in a really accessible way, this is an incredibly complicated topic, and really complex issues and concepts were shared in a way that was both easy to understand, and very relevant".

"To feel I wasn't the only parent going through these struggles, was nice to see other people are going through the same".

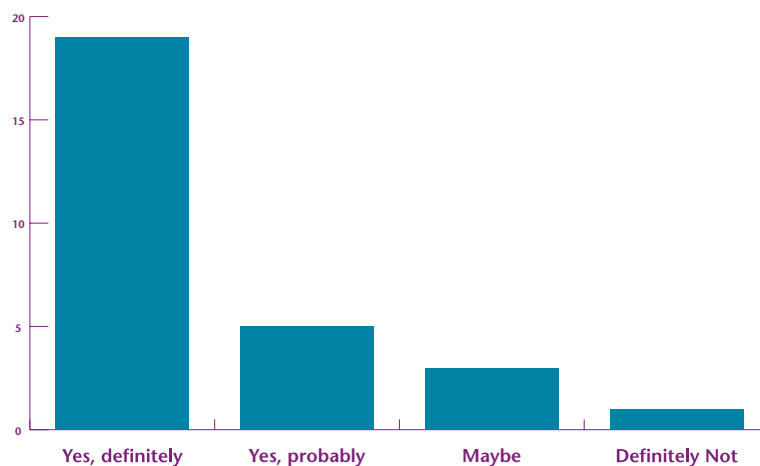
"To hear from other parents / carers who actually understand how it feels".

"I am so glad I enrolled for these sessions; they have been so helpful and have made me understand my son so much better".

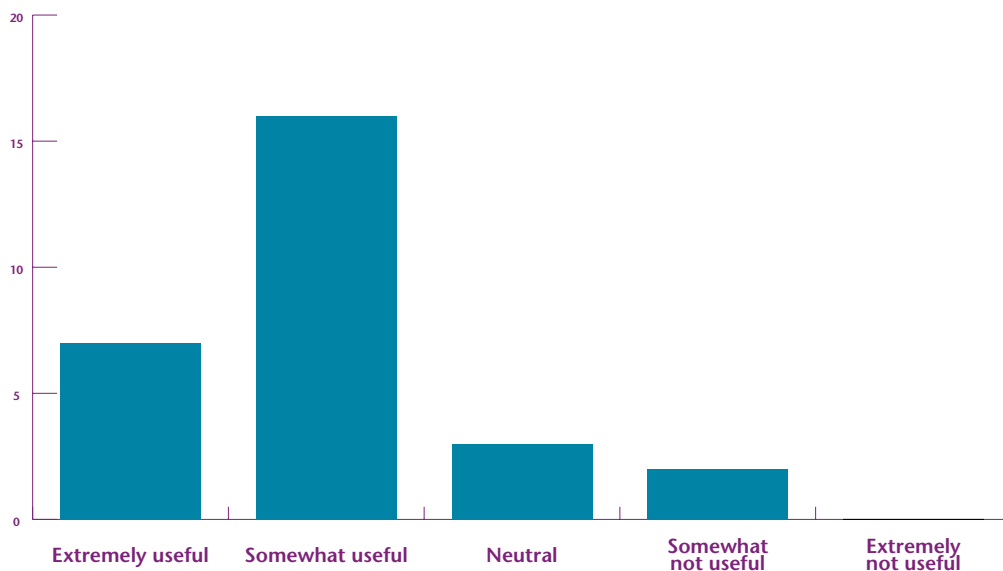
"It was great and every parent with a neurodiverse child should go on it".

The programme is now available on the Access Therapies Fife website and parents/carers can book a place via self-referral. The evaluation and ongoing development of the programme will continue in line with participant's feedback. Embracing Difference is part of a suite of therapeutic interventions available via Access Therapies Fife, delivered by the Child and Family Psychology Service

1. Would you recommend the workshops to a friend with a child who may be neurodevelopmentally diverse?



2. How useful did you find the Child Portfolio?



26. Fife Loves Life App

NHS Fife Child Healthy Weight (CHW) Team created a free health and wellbeing app for families across Fife. Patient participation and engagement identified the need for a choice of digital resources alongside face-to-face input. The Fife Loves Life App (FLL) forms part of the redesigned CHW Pathway, enabling families to access the most relevant and up to date information on nutrition and physical activity as an adjunct to the input they receive from the Team. The App also offers an alternative option (sign posting) for families who do not want to engage with the Team or

are not ready to fully engage, to enable self-management of lifestyle changes.



The App is highlighted as a resource as part of the CHW Team's Toolkit which is intended for use by health professionals and people who work with children, young people and families, when there are concerns around diet, overweight or obesity. The Toolkit enables professionals to offer guidance and support to children and their families to develop healthy eating and lifestyle habits for life. Training on the use of the Toolkit and App has been rolled out to stakeholders across Fife.

A marketing campaign to raise the profile of the Fife Loves Life intervention programme was undertaken via social media. All School Nurses and Health Visitors have been provided with a contact slip with details of the CHW Team and how to access the app, this slip can be given to families.

27. Health Promotion Service - Creating Hope Together, Creating Hope for Fife Suicide Prevention Event

Scotland's new Suicide Prevention Strategy 'Creating Hope Together' was published in September 2022 and sets out how it will continue the work of the previous strategy, 'Every Life Matters'. Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy 2020-2024 and is represented in the Plan for Fife – Recovery and Renewal 2021-2024. To assist with the development of a new Suicide Prevention Action Plan for Fife, and to provide a forum for a wide range of stakeholders and partners involved in the delivery of suicide prevention activity to engage with the process, Fife Health and Social Care Partnership Health Promotion Service organised a Suicide Prevention Event which took place in February 2023.

The aim of the half-day event was to celebrate the work delivered in Fife against the previous strategy 'Every Life Matters', showcase key resources, provide the opportunity to network with a wide variety of partners and colleagues involved in suicide prevention activity across Fife, and crucially, provide the opportunity to influence the development of the new Suicide Prevention Action Plan for Fife. Approximately 110 participants attended on the day representing approximately 50 organisations from across Fife.

Following the event, a survey monkey evaluation questionnaire was circulated to delegates. 27 responses were received, and the feedback was overwhelmingly positive:

- All respondents agreed the event delivered on its aim.
- 96% of respondents citing improved awareness.
- 81% of respondents cited networking/new contacts.
- 81% of respondents cited improved knowledge as the main benefits from attending the event.

The event successfully brought together a range of public, statutory, charity and voluntary organisations and provided a platform to reflect on and influence the suicide prevention agenda for Fife. The information gathered on the day and the contents from this report will be used to inform the development of the next Fife Suicide Prevention Action Plan. The planned timescale is for the new Action Plan to be finalised summer 2023.

28. Health Promotion Service - Food Champions

With food insecurity on the rise, it is now even more crucial that we work with vulnerable/low-income families to help them maximise their budgets and encourage them to eat better to help improve their health and wellbeing. In 2022 the training of Food Champions was remobilised to increase capacity within communities and is a partnership project between NHS Fife's Health Promotion Food and Health Team and Fife Council Community Food Team.



The three-day training programme consists of Royal Elementary Health Institute of Scotland (REHIS) Food Hygiene, REHIS Elementary Food and Health and REHIS How to Cook with Groups. Once participants have completed the three days training, they then deliver cooking sessions of which two are assessed and if successful they will become a Fife Food Champion and be able to access support from the Fife Food Champion network.

Since September 2022, 38 individuals have attended all three days of the Food Champion Training with six individuals having fully completed the necessary assessments to become a Fife Food Champion.

29. Parent / Carer Advice line - Test of Change.

In May 2022 the Partnership launched the Parent/Carer Advice Line, the aim was to reduce waiting times for children and young people who require occupational therapy from an average of 44 days to 20 days.

Key achievements this year include:

- During May to November 2022 the average waiting time for families requiring universal and targeted outcomes has dropped from 44 days to 5 days.
- From May to October 2022 there were 92 calls to the Advice Line.

- 94% of caller’s concerns have been supported at a universal level.
- Training has commenced to bring more occupational therapist onto to support lines.
- 83% of callers rated the service as 5/5 with the remaining 17% rating 4/5.

Comments from families include:

“So relieved, feels good to talk to someone” - Grandparent.

‘I wasn't calling thinking I'd get a diagnosis, but you've given me things to try and that's exactly what I wanted” - Parent.

“Thank you so much I feel so much better for talking to you” - Parent.

“Thank you so much I feel so much better for talking to you” - Parent.

30. Specialist Palliative Care Counselling and Bereavement Service.

Fife Specialist Palliative Care Adult Counselling Service provides support to patients, relatives or close friends who are struggling to come to terms with the impact of advanced or life limiting disease, prepare for loss and offers bereavement support, advice and counselling after death.

Counselling allows people to explore conscious and unconscious thoughts to help process issues causing concern or distress during a life limiting illness and pre-bereavement phase. Counselling essentially creates an opportunity for people to gain insight into their feelings, normalize their reactions and develop strategies for coping with the changes an illness brings to people and their families.

We have inducted a new person into the Team and continue to establish patterns of working which provide service delivery for the whole of Fife. Having moved back to the Hospice in Kirkcaldy we are able to offer move face-to-face sessions, which people have been asking for, and this is working well. We have also established a regular counselling clinic in Queen Margaret Hospital, Dunfermline for people in the West of Fife so people do not have to travel so far. We continue to offer Near Me online sessions and house visits for those who cannot travel. The Team also supports trainee GPs around their awareness of psychological/emotional impact of life limiting illness as part of their academic enquiry.

The first table demonstrates the breakdown of clients discharged over the year. However, what this does not show is the number of assessment calls or one-off conversations that have been had throughout the year. Neither does this demonstrate the amount of support given to staff.

Patients (55)



Bereaved Clients (89)



Relative (66)



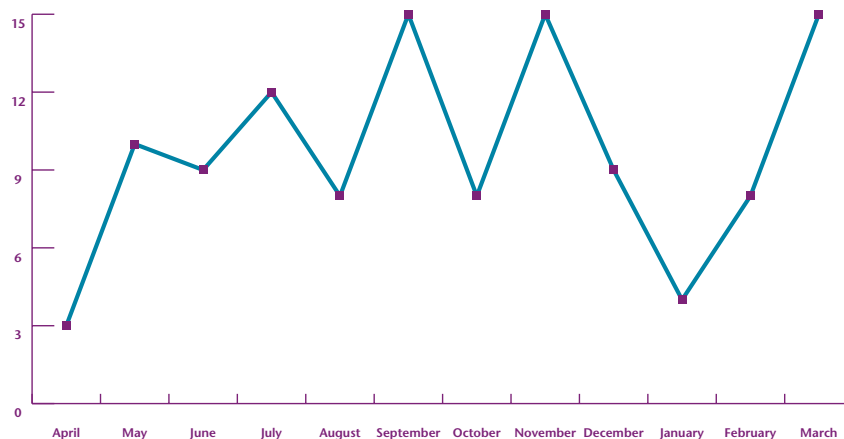
This table demonstrates the number of sessions delivered per month, this does not include the ad-hoc/ individual calls or conversations with relatives in the passing, or staff support that have been given over the year.

Year	Month	Number of Sessions
2022	April	74
2022	May	87
2022	June	59
2022	July	66
2022	August	71
2022	September	58
2022	October	70
2022	November	73
2022	December	60
2023	January	71
2023	February	80
2023	March	83

31. Podiatry and Radiology.

The Podiatry Service worked with the Radiology Department to develop a direct referral pathway for community podiatrists to refer people for x-ray investigation without the need for a GP referral. All podiatrists completed online training and a referral pathway was agreed. This is now part of core service delivery and assist podiatrists in the identification of osteomyelitis, accelerating treatment interventions for people. This prevents further foot complications including toe or foot amputation which has a lasting impact on quality of life. Since the introduction of the pathway many patients have been referred for investigation

Number of X-Ray referrals by podiatrists



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



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.

32. Adult Support and Protection Biennial Report 2020-22



The purpose of the Biennial Report was to provide assurance to provide assurance in relation to the Adult Support and Protection Committee's work towards supporting the application of the Adult Support and Protection (Scotland) Act 2007 (the Act) and our shared vision to ensure that all adults at risk feel safe, supported,

and protected from harm.

The Biennial report provides a degree of statistical data in respect of the characteristics of adults at risk of harm. The report contains a summary of local activity over 2020 - 2022 and how the functions of the Adult Support and Protection Committee were maintained during the coronavirus pandemic, the challenges faced, our response to these and sets out priorities for the future.

Fife Adult Support and Protection Committee (ASPC) has a shared vision that all adults at risk feel safe, supported and protected from harm. The Committee is a statutory body established under section 42 of the Act.

The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. The Committee is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife's ASPC reports on its work and progress and is accountable to the Chief Officer Public Safety Group.

The report outlines the ASPC's response to the pandemic. Fife Adult Support and Protection Committee, alongside all ASPC's across Scotland, is required to quickly adapt to the unknown and regularly changing circumstances surrounding the pandemic. New ways of working were developed and virtual communication through Microsoft Teams became the established medium for all meetings of the Committee and it's working groups. A Public Protection Group was set up to ensure oversight of the safe and effective delivery of service across all areas of Public Protection. The group were tasked with ensuring that risks or spikes during the pandemic were identified early and addressed, trends monitored through relevant data analysis, and implications for staff welfare were considered.

Despite these unprecedented changes to our ways of working, the strategic work of the ASPC and its sub-committee groups continued. The report covers this in more detail within a specific section

dedicated to our response to the pandemic.

The report highlights our Communication and Engagement Strategy which builds on already impressive work to listen to the voices of those with lived experience and involve those we aim to protect in service design and delivery.

The strategy has seen an intensive media campaign aimed at increasing awareness of the types of harm that adults can be at risk from and encouraging reporting. Working in partnership with Kingdom FM the ASPC has initiated quarterly radio campaigns supported by Kingdom FM's social media pages. Whilst the overall impact of such campaigns is hard to assess the hard data of follow up social media hits indicate that the results are on a par with any major local commercial camp.

The report contains a range of statistics which the ASPC use as part of their evaluation of trends and to validate our improvement journey.

The report looks forward to the current reporting period and the ASPC has recently signed-off the committee improvement plan for 2023 -2025. The plan looks to build on previous achievements with a particular focus on:

- Engagement with all stakeholders.
- Workforce Development.
- Review of policy and procedures.
- Audit and improvement monitoring to evidence improved outcomes.
- Continued recovery from the coronavirus pandemic.

The ASP Biennial Report 2020-2022 is available here: https://www.fife.gov.uk/__data/assets/pdf_file/0033/449871/9.-Biennial-Report-2020-22-FINAL-DRAFT.pdf

33. Fampridine Clinic

The Multiple Sclerosis (MS) Service in partnership with the Lead Pharmacist for Community developed a clinical guideline for use of Fampridine (Fampyra) for patients with MS which was approved and has been in use since August 2022. Fampridine is a newly licensed symptom relief medication aimed at MS patients who have walking difficulties and who fit a specific assessment criterion. Fampridine is not available via GP practice due to its specialist assessment requirement.

The Fampridine Team involves the prescribing clinician, the MS Nurse, associate physician, pharmacist, homecare pharmacy department and the patient. Patients are screened by the MS Nurse Team and if suitable, will attend an appointment for a 25ft timed walking test within Fife Rehab Service as well as screening bloods and routine testing. If there are no contra-indications, patients are given the opportunity to receive fampridine for a three-week period and must return for a repeat timed walking test. If there has been an improvement in their walking speed of more than 20% then the patient is able to continue with Fampridine if this outcome provides a benefit to the patient's wellbeing.

The data from the clinic after one year will be reported later in 2023. So far, preliminary results show that the majority of patients screened and prescribed have experienced a walking improvement within the first three weeks however not all patients maintained this at six months due to various reasons.

Our next steps will be to continue with the clinic and complete the first-year report of Fampridine

results in practice from the data being collated. Another aim would be to add in the added outcome measure of videoing patients in addition to the evidence from the timed walk.

One of our patients has produced a poem about his own personal journey with Fampridine and the benefit this has provided to him.

A wee poem I wrote:

*Looking in the mirror it's clear to me
That I'm a shadow of the man I used to be
But this is not a plea to cry for me
For every day I strive for Victory*

*Why sit and worry about what I can't do?
Setting daily goals, I push on through
Pent up inside I'm still like you
That's why I do the things that I do*

*I have my dark days as we all do
The birth of my granddaughters helps me pull through
Respite at Leuchie and meeting the crew
All of these things I look forward to*

*I could have days in bed
Where I live in my head
But I get up instead
As I have MS, I'm not dead*

Since starting Fampyra things are improving.

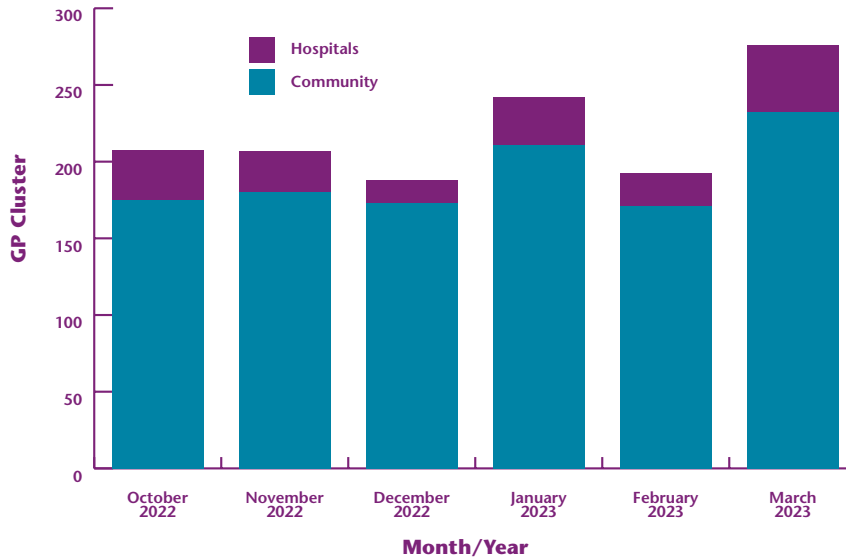
34. Home First – update as within last year's Performance Plan

In Fife to ensure services are discharging without delay (using Planned Discharge Date model) and providing a hospital to home transition with reablement focus and following the discharge to assess model, our Care at Home Service has placed assessment practitioners directly into the acute setting of Victoria Hospital, Kirkcaldy. They carry out initial reviews and monitor progress of those admitted into the acute hospital and follow their pathway through from the Accident & Emergency Department to ward stabilisation to discharge home.

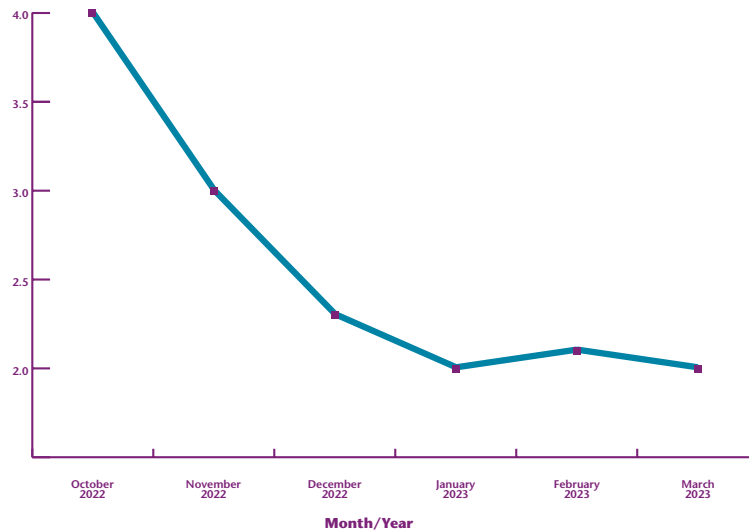
Their progression with the patient will ensure that PDD's are being met for those whose pathway is to return to their own home setting. Providing initial data information to the Care at Home's Reablement Team who upon discharge at PDD will fully assess the patient within their own homely environment and not within an acute setting. The specialised assessor will ensure accurate reflection of someone's critical care needs for home without the requirement for multiple assessors entering the acute setting daily to assess for care packages once the patient has become fit for discharge.

Reductions of delayed discharges within the acute setting for care packages is being seen already. Short Term Assessment Review Team (START) receive an average of 50 referrals per week with an average response time (referral to discharge date) of two days. Although the number of referrals has increased over the past months the discharge delays have not increased.

Referrals to START



Number of days, Referral to Discharge (VHK)



35. Investment in Social Work

The Fife Health and Social Care Partnership Workforce Strategy will drive integration by ensuring we have staff who have the right skills, knowledge and experience, who feel valued and have a career pathway which ensures they stay in the partnership as their career ambitions develop.

Frontline staff and managers in Social Work Services within the Partnership identified the role of the senior practitioner as a key role which required to be reviewed and refreshed, so we have posts which:

- Provide robust support to frontline staff.

- Increase options for career development.
- Ensure that HSCP Social Work Services have the appropriate level of professional leadership.
- Assist the service with continuity planning.

The senior practitioner role was created to support the team manager by providing expert advice, guidance and support to registered social workers and social work assistants.

There are 12 locality social work teams, (six in Adult Social Work Service and six in Older People Social Work Service) and each team has budget for two senior practitioners. This reflected the needs of team managers to be able to delegate certain responsibilities to enable them to focus on the range of activities required to support service development. The current HSCP senior practitioner post was designed to offer opportunity for gaining experience as a team manager. The HSCP Senior Leadership Team listened to these views and agreed investment which will increase the establishment of senior practitioners by twelve, one for each locality team.

Managers in Social Work Services recognised the value in creating two distinct senior practitioner posts; the current operational post which provides opportunity to progress within the area of operational management and a second subject expert post, which provides opportunity to progress within the area of professional governance and leadership. The new investment provided the opportunity to bring this vision to life.

Further consultation with frontline staff and managers identified the subject experts the Social Work Service needs most and from there the appropriate work has been done to ensure we can start recruitment to these new posts soon, meaning that each locality team will have three senior practitioners – two supervising seniors and one subject expert. The subject expert (for example, transitions, hoarding, forensic practice) will offer advice and guidance across all Adult and Older People Teams.

This is an exciting development for Fife HSCP Social Work Service and compliments the appointment of the Social Work Professional Lead.

36. Near Me Video Consultation

Following on from the pilot project which was completed early 2022, a commitment was made to enable all teams across Fife Social Work Services (Adults, Older People, Hospital Discharge and Mental Health) to make use of the Near Me video consultation technology.



Joint funding for 12 months was agreed with the Scottish Government and the project team was formed in September 2022. The project board was formed over October/ November with representation drawn from several of the key operational service teams.

Governance arrangements and a high-level plan then followed. The recent focus has been working with the local teams to train practitioners and build a network of champions. We are also working with the

with care home and hospital discharge teams to ensure they also have the capability to make and receive Near Me video calls as required.

By March 2023, the total number of practitioners who have received Near Me training is 157. During the rollout phase our key indicator relates to the percentage trained within each operational team. We have set a target of at least 70% to be trained by mid-April and this is on target to be achieved. At the time of writing most teams have already exceeded the 70% target and we are working closely with the remaining teams.

Once we are fully operational the indicators will focus on adoption levels (usage), savings from avoided travel, discharge timescales and improved outcomes from situations where family members, or other colleagues such as care providers, advocates or health practitioners, have joined the video call for a more rounded discussion.

This is a very good example of delivering change within the Partnership and identifying the range of stakeholders across operational service teams and supporting functions, such as technology.

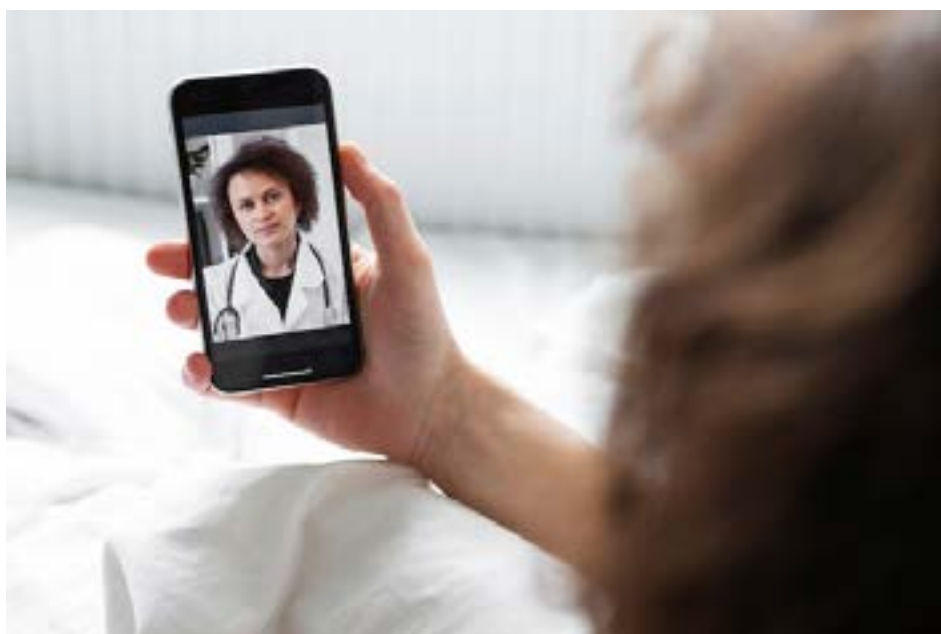
"I recently utilised Near Me to have a discussion with a carer about a matter in relation to welfare guardianship which required a long conversation. The added benefit of face to face over telephone was that I could see how he reacted to certain suggestions, and he could see me and therefore I think this made the conversation more useful and helpful to us both.

An actual visit was difficult to arrange due to the distance involved 100-mile round trip for one of us and his shifts.

I also think he was / may have been more comfortable with the remote camera rather than inviting me to his home.

The technology worked well, and he used a smart phone."

Mental Health Officer



37. Reimagining the Third Sector

The reimagining project was launched in October 2021, and represented a clear commitment from the partnership to strengthening our approach to commissioning and monitoring third sector

services. The project sought to work with third sector partners to identify key changes which would strengthen collaboration and a culture of learning, reflection, and support, ultimately improving health and wellbeing outcomes for the people of Fife.

During 2022 to 2023, the Health and Social Care Partnership spent over £11.3 million on grant funded services in Fife. These services are vital to the achievement of our strategic plan, enabling people to live independent and healthier lives. To ensure that resources are used effectively, it is imperative that we spend money where it is needed most, in line with our strategic priorities and identified local needs.

The Reimagining Third Sector Commissioning Project was prompted due to a growing recognition within the partnership that we need to review our approach to grant funding to ensure that:

- We continue to build on and strengthen our partnership with the third sector, creating conditions which support the third sector to thrive, collaborate, and to respond flexibly and creatively to enable people to achieve the best outcomes
- The services we fund, both now and in the future, are aligned to our strategic plan and its underpinning strategies, providing best value
- Service Level Agreements (SLAs) are clear and outcome focused.
- There is improved information available to strategic and locality planning groups, on the range, quality and impact of services provided by the third sector.
- We routinely involve a range of people including people with lived experience, unpaid carers, communities, providers, and professionals in codesign and monitoring of services.

It is understood that achieving this is an evolving process however the project is an opportunity to lay the foundations and create the conditions for positive change

To date we have actively been engaging with 72 organisations who deliver over 124 different services to support people in Fife to achieve the following outcomes:



Connect: Reducing social isolation and loneliness by providing social clubs and befriending services.



Mental Wellbeing: Building emotional and mental resilience through counselling, psychotherapy, cognitive behavioural control, and crisis support.



Choice & Control: Enabling people to have choice and control over decisions that affect them by providing advocacy services and opportunities for participation



Achieve: Enabling people to achieve their goals and reach potential through skills building and access to supported learning, volunteering and employment opportunities.



Practical help: Enabling people to live safe, independent, healthier lives at home through access to digital solutions, adaptations, condition specific/post diagnostic support and carer respite.



Information: To provide quality support and information about local services, housing, benefits, carer support, or keeping well, to enable people to have the knowledge, confidence, and skills, to make positive, informed choices.



Building Capacity: Increasing workforce skills, awareness of support, and building community capacity.

Progress and Activities in 2022 to 2023

Key achievements to date include:

- Developing and mapping the range of services provided by our third sector through grant funding, and an understanding of how they operated throughout the pandemic
- Gaining insights and identifying where meaningful changes can happen through a range of consultation methods.
- Changes to the Service Level Agreement template ensuring a clear focus on delivering outcomes, driving up quality, and enabling key service activities to be clearly recorded
- Development of a dashboard to enhance information about grant funded providers
- Linking investment to activities and outcomes to enable collaborative conversations about how these outcomes can best be met with the resources we have

Delivery Plan 2023 to 2024

Over the next 12 months a Delivery Plan will be created to implement the learning from the project to date. This will be themed around five key priorities:

- 1. We will ensure that all grant funded organisations have a clear, outcome focussed Service Level Agreement on the new template by September 2023**
- 2. We will ensure that our workforce has access to clear information about the range of grant funded services and the outcomes that they support by developing and promoting the use of Power BI dashboard.**
- 3. We will undertake a series of 'deep dives' to explore some of the themes raised by providers and to ensure equity across funded services**
- 4. We will develop a refreshed approach for grant funding decision making, strengthening the voice of lived experience and providing clarity over the decision-making process.**
- 5. We will implement a revised approach to monitoring and evaluating grant funded services**

38. Student Support and Placement feedback

Across the partnership we work together to identify available learning opportunities for our students, how best we can support students in our area and support our colleagues to create a positive learning environment for our students. This has resulted in excellent feedback from our students and a group of students who are keen to return to our area upon qualifying.

Throughout the past year in Ward 7 Queen Margaret Hospital, Dunfermline we have noted an ongoing increase in positive student feedback both directly to our staff and on the electronic feedback system Quimple. Our student nurses seem from the outset very keen and excited to come work with us in Inpatient Stroke Rehabilitation and highlight their positive experiences and well-rounded education at all years of training. We recently had two student nurses who provided written feedback to our Lead Nurse and Senior Team highlighting the positive experiences they had that they wanted to share.

39. Veterans First Point (V1P)

Veterans First Point Fife (V1P) is a veteran's mental health and wellbeing service based at the Rosewell Centre in Lochgelly. The V1P Service offers practical and emotional support for veterans (provided by veteran peer support workers) alongside psychological therapy (provided by clinical

psychologists, a clinical associate and an assistant psychologist) for veterans who need this.

The Service went through a relatively settled period during 2022/2023, with the now established staff team being able to respond well to the steady rate of referrals. The Psychological Therapies Team was extended in 2022 to include a clinical associate in applied psychology and an assistant psychologist. This complement of therapeutic staff has allowed us to offer a more responsive therapeutic service.



The Veterans Drop In, hosted by our peer support worker, has continued to run fortnightly at the Lochore Meadows Visitors Centre and is always well attended and based on feedback, well valued by veterans. A recent pilot of a dedicated female veterans drop in was also successful and this space will continue to be provided.

We are sad to say that our Grow Your Mind partnership with Fife Employment Action Trust came to an end during this period. However, the Service was able to form a new partnership with the Workers Educational Association (WEA) to provide online art and creative writing workshops for veterans. We were pleased to have been able to offer the Rosewell Centre as a base for The Well.

The last year has seen many veteran service users experiencing financial hardship and V1P peer support workers have worked hard to signpost veterans to sources of financial advice and support to relieve some of these pressures. The regular V1P newsletter and the V1P monthly bulletin have also been a useful way of signposting veterans to practical support and advice. We have been grateful during this period for the proactive and responsive support for veteran service users when and where needed from the NHS Veteran's Champion, Mairi McKinley and the new Fife Council Veterans Champion, Councillor Derek Noble. Our sincere thanks also go to Councillor Rod Cavanagh for his commitment and investment in Veterans First Point and veteran wellbeing more generally during his time as Fife Council Veteran Champion.

The Armed Forces Covenant Duty is a new legal obligation which came into force in November 2022. The Duty places legal requirements on some organisations, including Fife Council, Fife Health and Social Care Partnership, and NHS Fife, to have due regard to the principles of the Armed Forces Covenant and the supporting statutory guidance, when planning, funding and delivering specific functions in healthcare, education and housing. V1P Fife has been proactive in sharing information about the Act and joining with stakeholders across the partnership to consider the scope of this Duty.



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

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.

40. Care at Home Collaborative



In June 2021 at a point of considerable pressure within hospital settings, growing community waiting lists and the increasing fragility of workforce depletion caused by the coronavirus pandemic, an agreement to explore a collaborative arrangement for externally commissioned providers was agreed between the Fife Health and Social Care Partnership and Scottish Care (Partners for Integration Team). Over the coming months, planning and meetings took place with care at home providers, resulting in the inaugural meeting of the Care at Home Collaborative in November 2021.

The collaborative approach and from the initial discussion and assessment resulted in a number of care at home providers stating that they did not want to work within a competitive marketplace, work with common purpose and begin a new relationship with each other and commissioning colleagues from within Partnership. The Collaborative is made up of 16 provider organisations who deliver over 90% of externally commissioned care at home services.

During 2022-23, the Collaborative continued to form and develop, and each Collaborative Member regardless of size or scale, had an equal voice in shaping the priorities of the Collaborative and in designing the shape and delivery of care response to meet demand. The early ambitions were to stabilise and work towards growth in capacity and flow and generate sustainability for commissioned care at home providers. It very early on became much more than that and the potential to universalise a way of working that was common to the whole systems interests, address Fair Work principles, strengthen resilience in current and future care supply.

The results and the impacts of the Fife Care at Home Collaborative have been incremental, and measurements of success include stabilising the risk of reducing capacity, workforce depletion, lack of replacement of workforce and increasing waiting times for care.

Managing external impacts during 2022-23, such as the cost-of-living crisis was a critical point of investment and local response by the Collaborative. Knowing in detail the mood, morale, motivation, enabled the Partnership to make informed decisions to mitigate risks of disruption to manage demand and supply of care at home services in Fife. The outcome and response from the Partnership was to make provision for a 6-month period to introduce a contract variation that would enable Collaborative employers to make a cost-of-living enhanced payment to their workforce over the winter period, ensuring care at home services continued to be available by

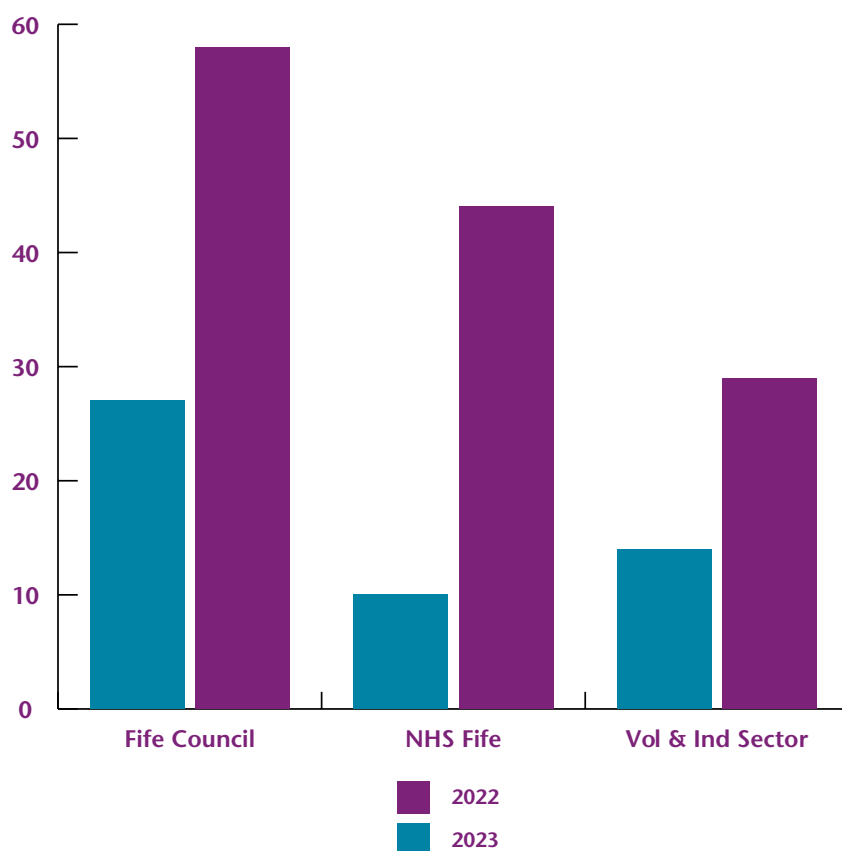
supporting care at home providers to remunerate their care staff.

Throughout 2022 to 2023, Fife Health and Social Care Partnership have been invited and involved in numerous meetings and made presentations to other Partnerships and stakeholders around the principles of collaboration, the commissioning model. Our collaborate approach for care at home services continues to evolve, develop, and mature as we move into 2023 to 2024, also giving the Partnership an opportunity to review and reflect on our local arrangements, working with our external care at home providers, and continue to enhance our collaborative approaches and commissioning model.

41. Coach Approach

Fife Council commissioned an external organisation, Animate, to deliver Coach Approach training open to all Fife Council employees. The Coach Approach supports the Partnership's aim to improve systems leadership and to increase the skill set of managers across the partnership to nurture their staff. To ensure we could offer training to managers across the whole Partnership, funding from the Scottish Government's Wellbeing Grant was used to commission this ourselves. We delivered four courses to 51 managers employed by Fife Council, NHS Fife and partner organisations in the voluntary and independent Sector.

Request for places



Initially, request for places were predominantly from Fife Council staff. However, one of the most positive changes is the increase in demand across all parts of the Partnership. This includes requests from those who have had the course recommended by previous participants.

To ensure the sustainability of providing this training, and our ability to offer places across

the Partnership, we are now able to deliver this using our own training staff. This provides an opportunity to increase the number of courses we are able to offer going forward without concerning ourselves with the budget implications of doing this. There are five courses planned for 2023-24, three of which are already full.

Participant feedback has been very positive. For example, in relation to the question 'how likely are you to continue using the Coach Approach at work?', 100% responded with 'very likely'.

Comments included:

'... it will also provide an opportunity to help workers find their own solutions to situations that arise in their workload'.

'it's game changing.'

'The training made it easy to follow and assisted in the implementation'.

42. Development of Joint Ear, Nose and Throat and Speech and Language Therapy Voice Clinic (Joint ENT/SLT Voice Clinic)

In recognition of the benefit for people experiencing difficulties with voice production of having access to specialist consultation with an ENT consultant and Speech and Language Therapist, a joint ENT/SLT Voice Clinic was set up in July 2022. The clinic runs fortnightly within the ENT ward at Victoria Hospital, Kirkcaldy and referrals are received from GPs, ENT Consultants and SLTs. The aim of consultations is to:

- Obtain a detailed patient story and vocal history.
- Support better understanding of vocal change through laryngeal assessment.
- Provide immediate information, advice and strategies to enable more effective self-management.
- Identify the requirement for further input, including direct Speech and Language Therapy.

Within the eight months since development there have been 14 clinics and a total of 49 patients have been seen. Of these:

- 11 were reassured and discharged (22%).
- 40 were provided with targeted level resources to support self-management (82%).
- 21 required direct Speech and Language Therapy input (43%).
- 12 required an ENT procedure with no need for Speech and Language Therapy (24%).
- 4 were signposted to other services.

Next steps include training and development of additional staff to support the sustainability of the clinic, and consideration of funded development of a joint ENT/SLT service for Inducible Laryngeal Obstruction.

43. Finance - Integrated Reporting and Directions

The Partnership's Finance Teams have been working together to provide integrated reporting per

portfolio. Financial information (budgets and expenditure) comes from two different financial systems, financial monitoring is prepared based on NHS Fife and Fife Council formats/layouts which are slightly different (an underspend is negative on FC monitor, positive on NHS monitors). Each Head of Service has a portfolio which covers expenditure directed to and incurred by, both Fife Council and NHS Fife. This therefore means that they receive two variations of information from different finance teams and 'consolidate' it themselves.

The Finance Teams have worked together to develop the reporting and we are now providing an integrated report, in one format, with full information on the entire portfolio for each Head of Service. Monitoring/financial meetings are now held with the Head of Service and finance colleagues from both partner agencies together, demonstrating real integrated working and allowing the Finance Business Partners to learn from each other and understand more about the Head of Service's overall portfolio.

Further to this, when setting the budget for 2023/24, Directions have been set and agreed at service level. Directions set at this level of detail is real progress. Finance colleagues can now apply measures/metrics to each service - 'what will this budget buy' for example hours of care, hospital bed days. We can then use these metrics to help monitor the expenditure against budget. The Partnership's Medium Term Financial Strategy sets out the financial strategy to allow us to deliver the Strategic Plan 2023 to 2026, we therefore need to monitor expenditure to ensure best value and services provision to the people of Fife.

The Finance Team will continue to work with services to provide Business Cases for each of the savings, and ensure we monitor very closely the progress against these agreed savings. Integrated reporting has been agreed and signed off by the Partnership's Senior Leadership Team.

44. Health Promotion Service - Bereavement after a Suicide: Workplace Support Project.

Fife's Scottish Fire and Rescue Service (SFRS) and Workplace Team, Fife Health Promotion Service, regularly attend Fife's Suicide Prevention Groups as part of a wider consortium of organisations. SFRS reached out to the group colleagues at Health Promotion Service (HPS) for workforce support after sadly losing a Fife Crew member to suicide in December 2021.

The crew were struggling to come to terms with what had happened and felt that their colleague gave no recent indication of needing help/support. Feelings of grief and emotions of anger and guilt were being observed and SFRS felt that support to make sense of those feelings and emotions was required - alongside reassurance for their crews. The initial project development discussions highlighted the need for both immediate and longer-term support.

Fife Health Promotion Service (HPS) colleagues suggested a video production 'series' approach to offer immediate signposting to services and progressing onto awareness raising and prevention. Initially, HPS sent a contact email to the crews within the four local fire stations – base to approximately 160 fire fighters - detailing the immediate support services available and reassurance that HPS were sourcing and developing further resources to assist over the coming weeks/months.

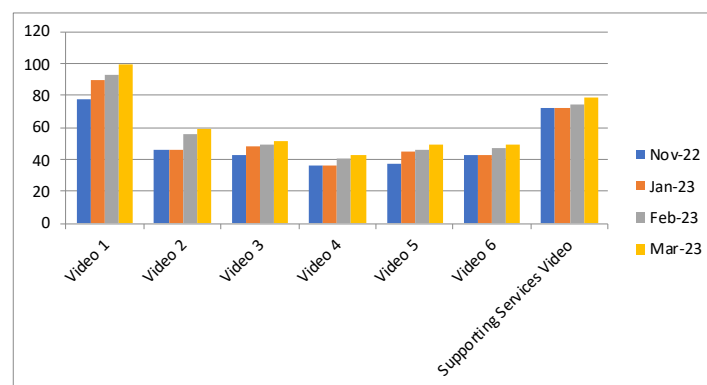
The project considered video topics and content that would provide the tailored support required for SFRS crews and approached organisations to work collaboratively to produce the video series, this included:

- a. **Video scripts developed by HPS with information obtained from reliable sources; such as NHS Inform.**
- b. **Video scripts tailored to requirements by identified speakers.**
- c. **Videos produced and edited by Graphic Design, HPS.**

The videos are:

- Video 1 - Bereavement following Suicide: Nicola Reed, Cruse Bereavement Care Scotland.
- Video 2 - Post Traumatic Stress Disorder: Maggie Wright, Families in Trauma & Recovery.
- Video 3 – Understanding Suicide: Fife Health Promotion Service.
- Video 4 – Resilience: Alan Gow, Workplace Team.
- Video 5 – Low Mood: Dr Paul Watson, NHS Fife.
- Video 6 – Supporting Colleagues, Mark Johnston, Fife’s Scottish Fire & Rescue Service.
- Support Services Video – Issued alongside each video for safeguarding and signposting.

Each of the videos were published as ‘closed links’ on NHS Fife’s YouTube channel which means they are only accessible via the link and cannot be searched for. Each video link was sent to SFRS on a fortnightly basis with a alongside an email highlighting further local and national support.



From the initial project proposal stages, evaluation methods were considered, with both HPS and SFRS keen to capture both quantitative and qualitative evaluation:

- Quantitative evaluation would be obtained from: YouTube analytics (video viewing frequencies).**
- Quantitative and qualitative evaluation would be obtained from feedback generated from a Survey Monkey questionnaire sent to Fife’s SFRS crew.**
- Qualitative evaluation would be obtained through anecdotal conversations between Fife’s SFRS crew members.**

The video series has been re-produced in a generic format to accommodate further workplaces who request it and already, another workplace in another health board area has been considering the project for their workers.

SFRS plans to utilise the resources on their national online training platform as part of ongoing awareness raising, prevention and early intervention.

The project has been recognised at a national level with Public Health Scotland colleagues interested in hosting the generic resources on their online platforms.

Workplace Team and Fife's SFRS remain as partners in Fife's Suicide Prevention groups – working pro-actively to reduce death by suicide and reactively to support those who are bereft in our communities.

SFRS attended Workplace Team's recent Workforce Health, Safety and Wellbeing Conference to network with Fife's workforce and offer services to workplaces.

Fife SFRS are considering further health and wellbeing approaches for their crews and are in contact with the Workplace Team for support with this.

45. Health Promotion Service - Mental Health Week: Loneliness, 9-15th May 2022.

The campaign project team was a multiagency short life working group. The group came together to specifically develop the loneliness campaign. The overall aims and objectives of the campaign were to increase the awareness of the partner organisations within Fife who can support people with feelings of loneliness. This was achieved by improving awareness of local support opportunities with the Fife population and professionals.

The contributors to the campaign working group included:

- Health Promotion Service
- The Well and Link Life Fife (Locality Planning)
- Fife Forum
- Fife Voluntary Action
- Fife Council Community Learning and Development
- Active Fife
- OnFife
- Samaritans

Resources:

- <https://www.nhsfife.org/services/all-services/health-promotion-service/mental-health-improvement/mental-health-awareness-week-9th-15-may-2022/>.
- Campaign resources.
- Kingdom Radio adverts soundbites.

The MS Teams Sessions attendance and evaluation

- Mental Health Awareness Week Pre-Launch saw 66 attendees.
- Mental Health Awareness Week Launch saw 19 attended.
- Fife Voluntary Action Talk saw 20 attended.
- Community Led Support Talk saw 20 attended.
- HPS Workplace Team Talk saw 22 attended.
- Samaritans SHUSH Talk saw 24 attended.

Feedback

Microsoft Teams session provider - The Well:

“The Well ran the online workshop re Community Led Support with Link Life Fife and Fife Forum - there was a good turnout of professionals who were informed of the services...during the MH week, we had a number of referrals from Social Work, GPs, Mental Health Nurses and other service in regard to people feeling lonely and isolated.”

Participant feedback

“The session on workplace loneliness was really valuable and got me to think about myself and my colleagues in a different way - it can be easy to get stuck in your own head and not share how you're feeling, but if we don't share our feelings, we won't create the space for other people to share their feelings with us.”

Resource Downloads

Health Promotion Access Catalogue (HPAC) saw 1173 session and 4710 page views of the website and 53 download of the information pack and associated resources (by 25th May).

Campaign Reflection

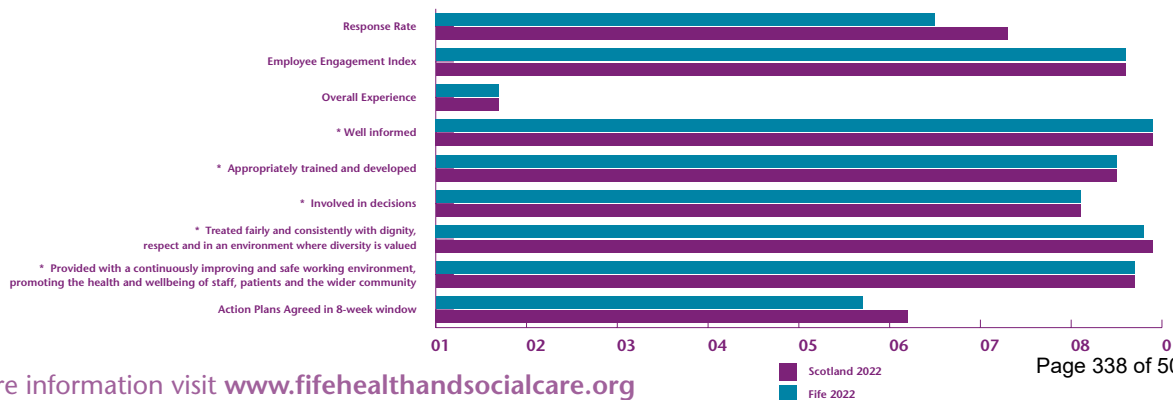
The new partnerships built through the campaign have helped forge and maintain relationships and new ways of working between services and organisations. This approach to the campaign development provided a richer campaign content as everyone contributed so well to the radio, social media and Microsoft Teams sessions.

46. iMatter



There is no mistaking that the last few years have been particularly challenging for all staff working within the Health and Social Care Partnership. It is therefore even more heartening that our iMatter statistics have, on the whole, remained consistent. We had our highest response rate since 2018, with 63% of the 6,359 staff across 542 teams completing their iMatter survey.

In addition, we managed to retain our Employee Engagement Index, which is our overall score across the 29 statements of 76. This falls into the 'Strive and Celebrate' bracket. However, this is only one part of the process, more importantly is what happens after the survey has been completed and reports published. This year we had 52% of managers submit their Team Action Plan; outlining what teams felt pleased about as well as their priorities for improvement. This is higher than the Scottish average. The discussions with teams and the commitment of action plans to support improving what matters to them, is vital to improving our employee experience, staff wellbeing and job satisfaction. Even when teams are working on improvements in the same area, what they want and how they want to do it can vary significantly.



With the Organisational Development and Culture Team now in place to provide more pro-active support, joint working with colleagues in NHS Fife, our own Senior and Extended Leadership Teams and Trade Union representatives has helped create an improvement plan. In addition to continually striving to improve our response rate, we are focusing on improving the engagement of managers in making iMatter really matter. We are providing support to managers to increase their confidence in discussing iMatter with their teams, and demonstrating their commitment to supporting the improvements that are important to their teams.

The importance of individual team discussions on their own iMatter report can be understood by looking at how different teams have picked the same area for improvement, but HOW this improvement will be meaningful to them differs. In one case, two different teams both wanted to look at improving "... the time and resources to support my learning growth". One team, as part of their Action Plan, agreed that having protected time in their diaries along with a personalised resource of relevant training to their needs would be the way forward. Whilst another team wanted to learn more about the services and interventions provided by the team, they would refer people on to. Both were very different in their approach; it was what mattered and was meaningful to each team that drove forward the actions for improvement.

47. Methil Care Village

As part of the Care Home Replacement Programme, a new Methil Care Village is nearing completion, with residents moving in during June 2023. The project has been a joint initiative with Fife Council Children and Families - Early Years, and Housing Services. The end product will be an integrated nursery and residential care home as part of a wider care village. The achievement this year has been the integrated approach to developing practice between the Early Years and Care Home staff - developing an integrated approach to caring for children and older people. There have been some wonderful examples already of children and older people undertaking activities together and staff from the Nursery and Care Home undertaking training together. This will create a unique care environment for both children and older people, but will also help hugely with the transition to the new building for both children and older people. This has been a wonderful piece of work, with commitment from a wide range of staff to set the foundations for a unique and excellent resource. Part of this was also reflected in the most recent care inspection for Methilhaven, where the Care Inspectorate graded it a 5 (Very Good).



Inspection of Services

All registered Social Care services undergo inspection from the Care Inspectorate following their quality framework.

Prior to the coronavirus pandemic, the Care Inspectorate inspected against a mixture of Quality Frameworks and Quality Themes depending on the service type. All service types now have a new Quality Framework in place and from December 2022 the Care Inspectorate will report only under the relevant Key Questions of each Quality Framework. Where a service has not yet been inspected under a new Quality Framework the corresponding grade from the previous Quality Theme methodology will be used instead. A service's entire grading history, including grades under the previous Quality Theme methodology, can be viewed on the Care Inspectorate website. Different service types are assessed under different Key Questions as set out in their Quality Frameworks.

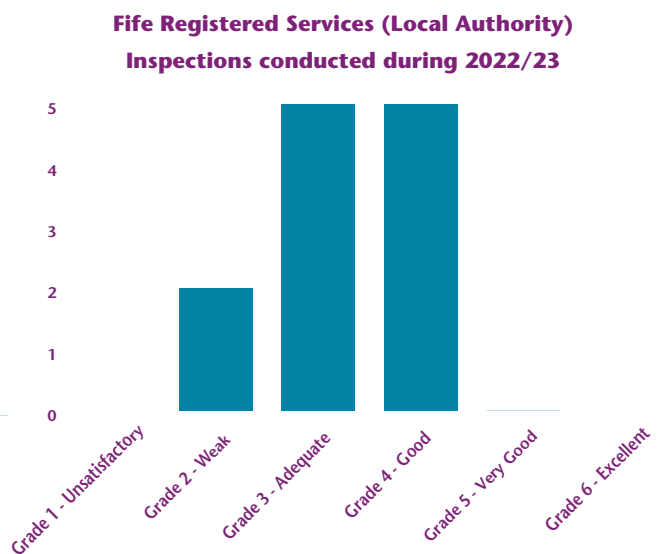
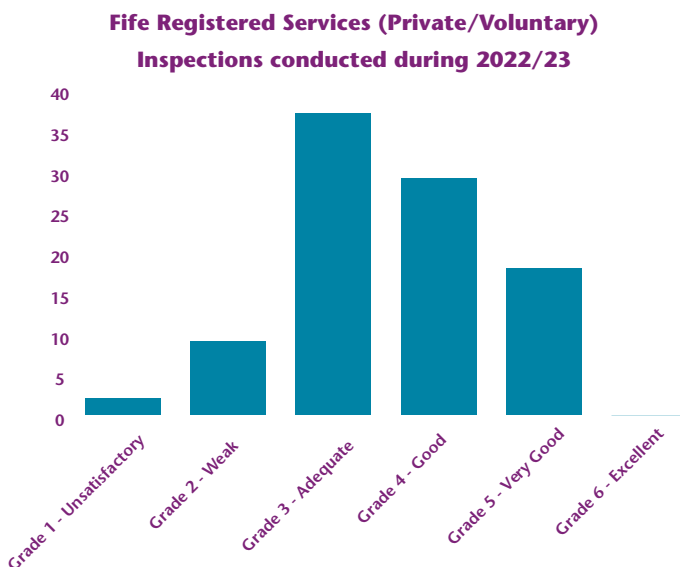
During the period 1st April 2022 to 31st March 2023, the Care Inspectorate inspected:

57 Care Home services:

- 8 Local Authority;
- 45 Private; and
- 4 Voluntary or Not for Profit.

50 Housing Support / Care at Home services:

- 4 Local Authority;
- 17 Private; and
- 29 Voluntary or Not for Profit.



Joint Inspection of Adult Services

During June 2022 to November 2022 the Care Inspectorate and Healthcare Improvement Scotland undertook a Joint Inspection of Adult Services in Fife. The purpose of the inspection was to identify:

“How effectively is Fife Health and Social Care Partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”.

The evidence for the inspection was collected from a range of sources:

- Engagement with people and carers – the Inspection Team received 270 completed surveys and spoke to 42 people and 17 carers, in 46 conversations and four focus groups.
- Engagement with staff from the Health and Social Care Partnership – the Inspection Team reviewed 854 staff surveys, spoke to 121 members of staff, and had multiple discussions with the Partnership’s Senior Leadership Team.
- Information and records – the Partnership provided evidence relating to our vision, aims, strategic planning and improvement activities.



The inspection findings were positive, the Partnership received an evaluation of ‘Good’ in four of the areas reviewed, and one evaluation of ‘Adequate’.

Key strengths were identified as:

- 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 coronavirus 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.

Work is already underway to address the areas for improvement highlighted during the inspection including more effective integration of key processes, increased use of anticipatory care plans, the development of our Prevention and Early Intervention Strategy, and our involvement as a pathfinder in the national programme “Getting it Right For Everyone” (GIRFE). Moving forward we will continue to collaborate with colleagues across the Partnership, including the third and independent sectors, to transform the services we deliver, improve outcomes for individuals, their families and carers, and enable the people of Fife to live independent and healthier lives.



Getting it Right For Everyone – Fife Pathfinder

The Partnership has been engaging in a number of new Scottish Government initiatives to develop the way we deliver health and social care in Scotland. The development of these new approaches includes “Getting it right for everyone” (GIRFE). This is an initiative launched by the Government in November 2022. The aim of the programme is to establish a national integrated practice framework to assist Health and Social Care Partnerships in developing joint working within Partnerships. This is being rolled out by way of pathfinders across the country covering five themes:

- People in prisons
- People in addiction services
- Older people and frailty
- Families with complex needs/ transitions
- Deep end GP practices

Fife was selected as one of the Partnerships taking forward the theme relating to families with multiple and/or complex needs, and young people in transition from GIRFEC (Getting it right for every child) to GIRFE.

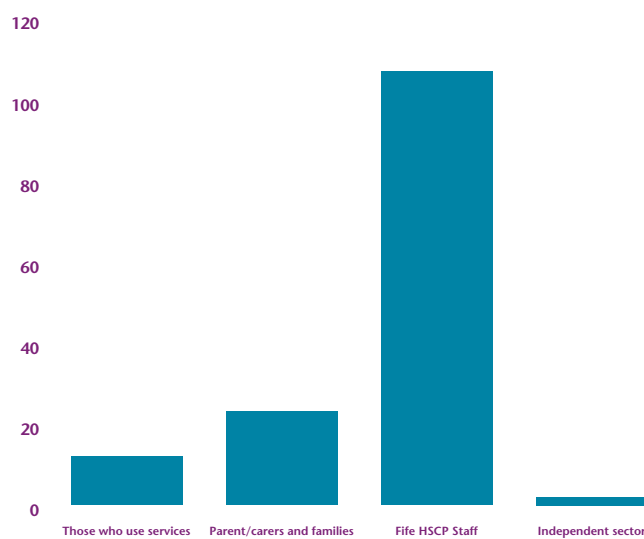
This theme ties into the recent Joint Inspection of Adult Services and allows us to build on the work of the Inspection, which enabled us to have a good understanding of what works well and what would benefit from further development. Although the Pathfinder in Fife was focussed initially on one area of practice the learning from the work will expand to cover all areas of Partnership activity during the period of the Pathfinder.



The work is being taken forward through co-design approaches and there has been extensive engagement with staff and with people receiving care, treatment and support. The overall aim of the project is to make receipt of support feel more seamless for people and for them to gain easier accessibility to the range of provision that helps them in their daily lives. Key outcomes from the engagement process so far are detailed below.

Who was involved?

(A total of 144 people participated in the engagement sessions)



Initial emerging themes:

- The challenges of making a successful transition from Children’s to Adult Services.
- The pressure on resources particularly for people with the most complex needs.
- The need for wider availability of support to families and to staff.
- The importance of families and people receiving support having a trusting relationship with a key member of staff that they can turn to.
- Appreciation where personal contact works well and good information is available.
- Where services are well coordinated then this is highly valued

The initial findings from the work so far will be considered further as the co-design progress develops with a view to news of working being tested later in 2023. The Pathfinder’s work is due to come to a conclusion at the end of 2023.

Financial Performance and Best Value

The financial position for public services continues to be challenging and the Integration Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities within the strategic plan. The coronavirus pandemic (Covid-19) continued to have an impact on service delivery. The financial position was monitored via the Local Mobilisation Plan and the Scottish Government funded the additional costs of Covid-19 in 2022/23. Covid-19 specific funding ceased at the end of 2022/23 and all expenditure incurred, apart from vaccination costs, will become business as usual. Sustainability payments have now ended. However, there are still ongoing costs of staffing for wards open due to Covid-19, Personal Protective Equipment (PPE) costs, staff cover for those who have contracted Covid-19 and increased cleaning. It is essential that we continue to manage these costs to ensure the impact on the outturn position is minimised. Adherence to governance and strong financial management will be key.

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

Mission 2025 is something that we are actively working towards, and our aim is to be the best performing or most improved health and social care partnership by 2025, focusing on empowering staff to achieve quality outcomes for users of our services whilst making the most effective use out of our collective resources.

Systems leadership continues to be a priority for us, and we want to create the conditions where all of our leaders work together towards a common vision by focussing on relationships; building trust and putting people at the centre of everything we do.

Going forward it is extremely clear that we must respond to changing needs and wants and services must be modernised. This includes greater use of technology, and we must continue to provide new and innovative methods of service delivery as we have proven through the pandemic years that we can 'get things done'.

Financial Performance

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

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

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

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

Key pressures within the 2022/23 accounts have been:

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

The outturn position as at 31 March 2023 for services delegated to the IJB was an underspend on core budgets of £8.463m . However due to the value of reserves held in 2022-23 there was an expectation that funds would be drawn down from reserves in the first instance, prior to requesting further allocations from Scottish Government, for example Covid, Primary Care Improvement Plan and Mental Health. The value of funds that we have drawn down has required us to report a deficit of £21.587m within the annual accounts.

	Budget £000	Actual Variance £000	Variance £000	Variance %
Delegated and managed services	648,001	669,588	21,587	3.3
Set aside acute services	46,168	46,168	0	0.0

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

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

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £5.275m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £46.168m and there is a break-even position. Partner discussions continue to ensure services are delegated in line with the Ministerial Steering Group (MSG) recommendations.

Our reserves balance at the start of 2022/23 was £79.212m. Scottish Government (SG) requested that earmarked reserves for areas such as Primary Care and Mental Health were utilised in year before any further allocations were provided, this reduced our earmarked balance by £18m. We held Covid-19 earmarked reserves of £35.993m, we were fully funded for all Covid-19 expenditure incurred and a net £20.405m was returned to SG for alternative use. Additional funding for specific

purposes was received towards the end of the financial year of circa £6m and this was carried forward to earmarked reserves. The core position for the Health and Social Care Partnership (HSCP) was an underspend of £8.463m, which was mainly due to vacancies and difficulties in recruitment. Due to the income being lower than expenditure and the use of reserves being required, a £21.587m deficit was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2023.

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

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

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

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

The opening reserves balance at April 2021 was £79.212m. This included £35.993m for Covid-19 related expenditure. £15.588m was passed to services and a net £20.405m was returned to SG from Covid-19 reserves, leaving a minimal balance of £8k. In year allocations of £17.937m were allocated from earmarked reserves as instructed by SG. £2.428m was allocated from uncommitted reserves, leaving a total balance of £23.362m remaining. Further to this, late funding received from Scottish Government of £5.894m was received and carried forward to reserves, and the underspend of £8.463m giving a total reserve of £37.719m at March 2023. The uncommitted balance represents 3% of total budget and is slightly higher than the recommended 2% in our Reserves policy.

Financial Outlook

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

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

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

Key areas of work during 2022 to 2023 include:

- Care Home Replacements Programme (Case Study 47)
- Flu and Covid Vaccination Programme (Completed)
- Health and Wellbeing Centre New Builds Project (Paused)
- Home First Programme (Case Study 34)
- Mental Health Services Redesign (Ongoing)
- Primary Care Improvement Plan (Ongoing)
- Redesign of Community Support Services for Adults with Disabilities (Case Study 2)
- Technology Enabled Care (Case Study 36)
- Urgent Care Redesign (Ongoing)

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

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

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

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

- the economic crisis – the cost of inflation, energy and pay costs;
- the ageing population leading to increased demand and increased complexity of demand for services alongside reducing resources;
- Long Covid and the impact on the economy;
- continuing difficulties in recruitment leading to the use of higher cost locums and agency;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

- Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
- Prescribing -Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
- Variability - Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.

Value for Money

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

Conclusion

This Annual Performance Report provides an overview of some of the key activities progressed by Fife Health and Social Care Partnership over the last year (April 2022 to March 2023). It also sets out our transition from our Strategic Plan 2019 to 2022 to our new Strategic Plan.

The Strategic Plan for Fife 2023 to 2026 is ambitious, designed to improve health and social care services, deliver integrated care through increased coproduction and multi-agency collaboration, and transform the way that people think about their own health and wellbeing. Greater focus on prevention, early intervention and supported self-management will enable individuals to avoid, or reduce, the impact of some health conditions, and to achieve better health and wellbeing for longer.

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



Appendix 1

National Outcomes, Standards and Priorities

National Health and Social Care Health and Wellbeing Outcomes

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

Health and Social Care Standards

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.



Public Health Priorities for Scotland

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

National Care Service Principles:

1. NCS services are an investment in society.
2. Realisation of human rights.
3. Enables people and communities to thrive.
4. Services are financially sustainable.
5. Promote early intervention.
6. Services designed collaboratively.
7. Continuous improvement.
8. Promoting dignity, advancing equality and non-discrimination.
9. Inclusive communication.
10. Promoting Fair Work.



Appendix 2

National Indicators

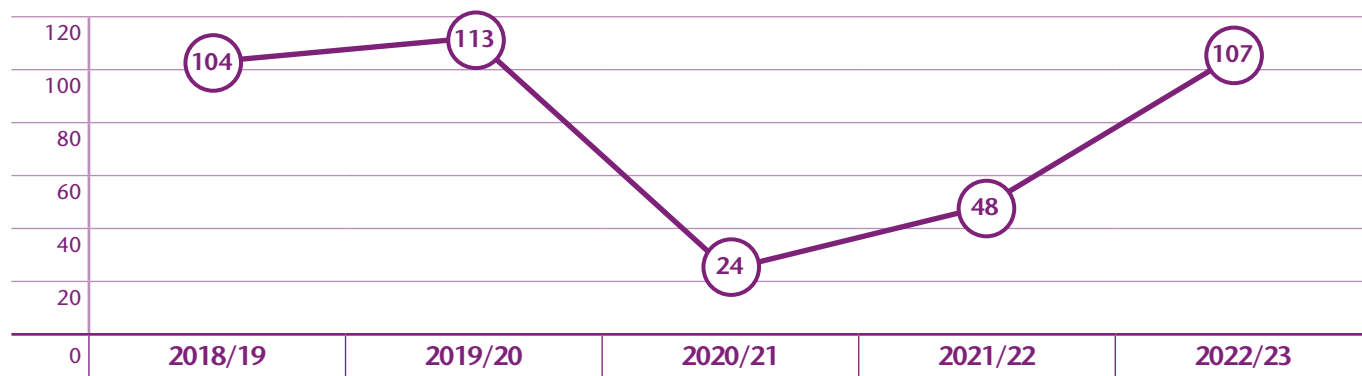
The National Integration Indicators are reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. The Survey is run every two years and is sent out by post to a random sample of people who are registered with a GP in Scotland. It asks people about their experiences of accessing and using health and social care services. The information collected enables comparisons with different Health and Social Care Partnerships across Scotland, and across different years.

During the period 2020 to 2022 many of the services that we provide in Fife were impacted negatively by the coronavirus pandemic, for example by national lockdown restrictions (such as limiting face-to-face contact) or by staff redeployment to support critical services. These necessary changes have impacted on the services that we can provide and may have had a direct impact on people's experience.

Some areas have improved over the last year, these are highlighted in green, and further information is provided in the main section of the Report. For example, the 'percentage of adults supported at home who agree that they are supported to live as independently as possible' (Indicator 2) has increased. This is linked to Case Study 6: Fife Hospital at Home (H@H) on page 23 or the Report. We have also reduced the number of days that older adults spend in hospital after they are ready to be discharged home (Indicator 19). This is linked to Case Study 3: Community Flow, Delayed Discharge and Integrated Discharge Hub (page 20), and Case Study 34: Home First which is on page 51 of the Report.

Some indicators have dropped due to external or other factors, for example the proportion of care services rated good or better by the Care Inspectorate (Indicator 17). This indicator is linked to the 'Inspection of Services' section on page 66. As highlighted in the graph below, during the pandemic the number of inspections completed by the Care Inspectorate was significantly reduced. Significant changes in the number of completed inspections have had an impact on the data trends for this indicator.

Car Inspectorate - Inspection of Services
Number of Inspections



Moving forward we are focusing on remobilisation and recovery, being mindful of the learning gained during the pandemic as well as considering the impact from other external factors including the cost-of-living crisis, climate change, and issues with workforce recruitment. The Partnership will continue to work with partner agencies to address identified issues and we have a number of strategies and transformation programmes underway to support innovation and improvement. For example, our new Carers Strategy 2023 to 2026 will deliver improvements directly linked to Indicator 8 'the percentage of carers who feel supported to continue in their caring role'.

National Indicators – Fife’s performance for 2022 to 2023 compared to Scotland rate

Key

Green	Performance is as expected. Fife’s performance is not statistically significant to previous performance, and is similar or better than national performance (Scotland rate).
Amber	Risk is evident that Fife’s performance is starting to decline compared to previous performance, and/or a decline compared to national performance (Scotland rate).
Red	Fife’s performance is below expected levels and there is a statistically significant decline compared to previous performance and/or a decline compared to national performance (Scotland rate).

* Please note that Scottish Government survey methodology has changed, and this has an impact on data trends; caution is advised when interpreting data.

** Data is not currently available.

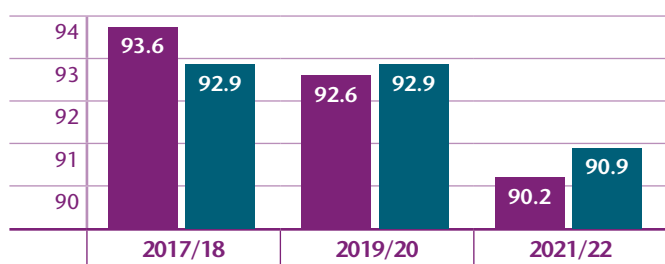
Further details for all indicators, including long term trends from 2013/2014, are available on the Public Health Scotland website: <https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-4-july-2023/>

Outcome indicators		Fife Partnership rate	Scotland rate
NI - 1	Percentage of adults able to look after their health very well or quite well	90.2%	90.9%
NI - 2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	79.4%	78.8%
NI - 3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	69.7%	70.6%
NI - 4	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	63.1% *	66.4%
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	70.6% *	75.3%
NI - 6	Percentage of people with positive experience of care at their GP practice	62.8%	66.5%
NI - 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	75.2% *	78.1%
NI - 8	Percentage of carers who feel supported to continue in their caring role	27.6%	29.7%
NI - 9	Percentage of adults supported at home who agree they felt safe	79.9%	79.7%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA **	NA **

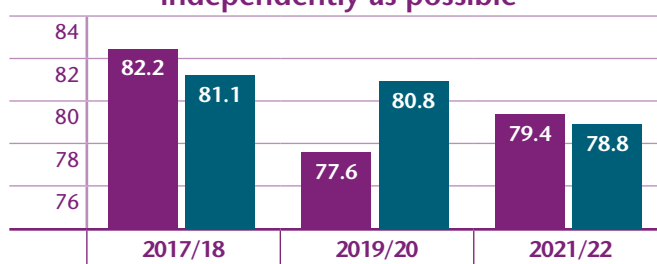
Data indicators		Fife Partnership rate	Scotland rate
NI - 11	Premature mortality rate per 100,000 persons	446	466
NI - 12	Emergency admission rate (per 100,000 population)	12,590	11,155
NI - 13	Emergency bed day rate (per 100,000 population)	102,557	113,134
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	113	102
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.9%	89.3%
NI - 16	Falls rate per 1,000 population aged 65+	27.0	22.2
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	67.2%	75.2%
NI - 18	Percentage of adults with intensive care needs receiving care at home	59.1%	63.5%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	825	919
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	NA **	NA **
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA **	NA **
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA **	NA **
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA **	NA **

National Indicators – Fife’s performance over the last five years compared to Scotland rate

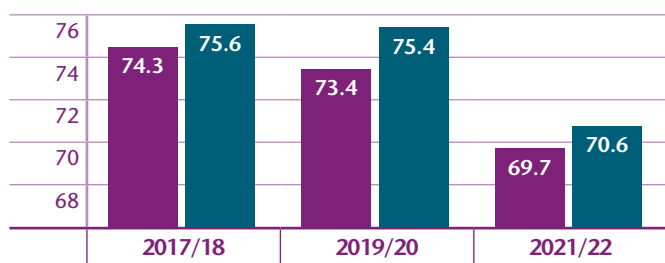
NI-1 Percentage of adults able to look after their health very well or quite well



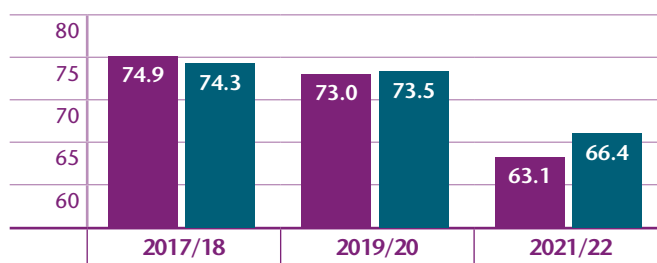
NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possible



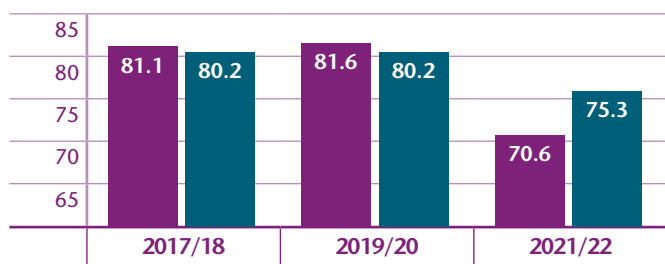
NI-3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



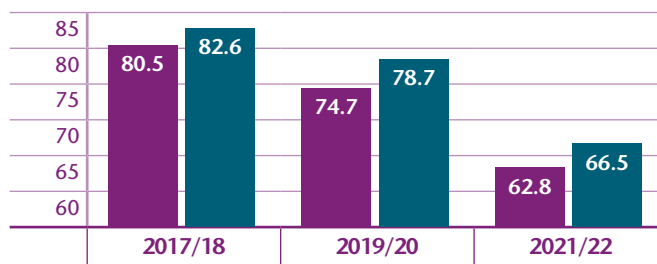
NI-4 Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated



NI-5 Percentage of adults receiving any care or support who rate it as excellent or good

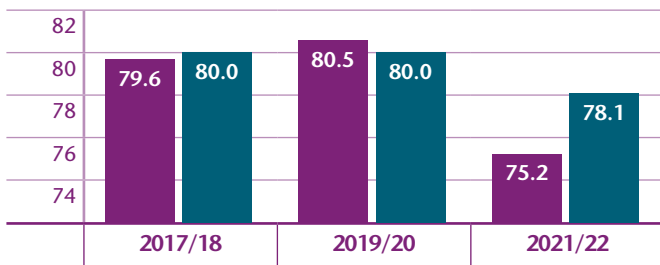


NI-6 Percentage of people with positive experience of care at their GP practice

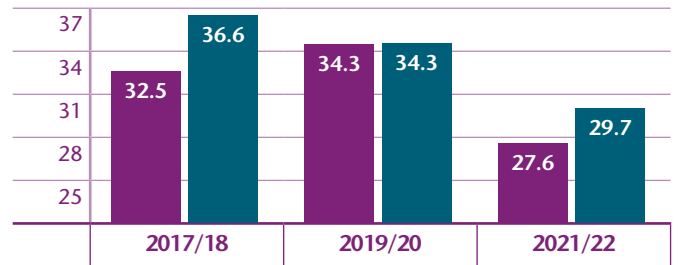


■ Fife ■ Scotland

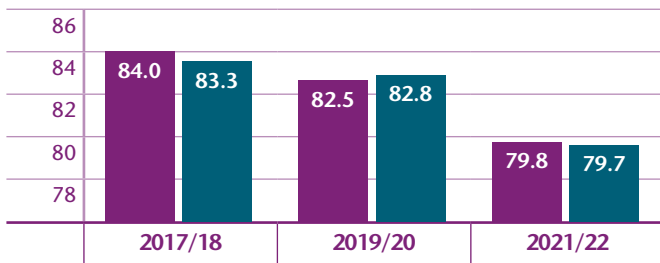
NI-7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life



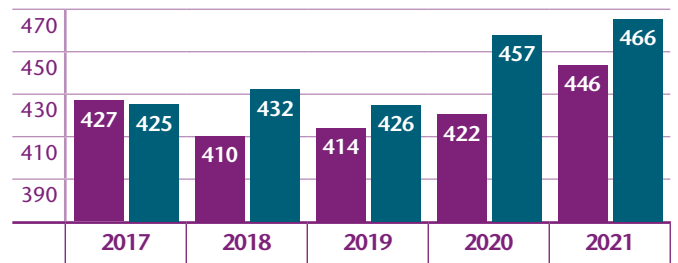
NI-8 Percentage of carers who feel supported to continue in their caring role



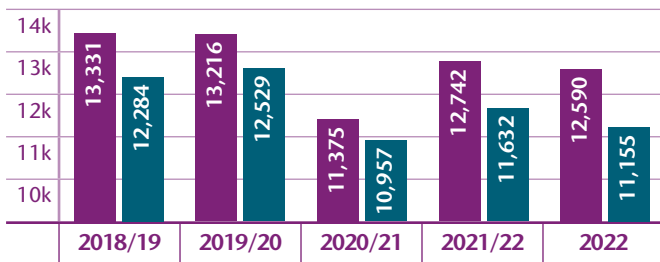
NI-9 Percentage of adults supported at home who agree they felt safe



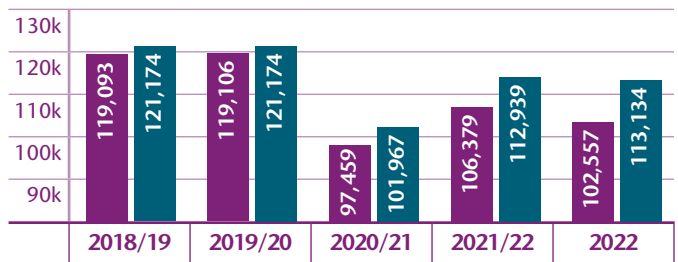
NI-11 Premature mortality rate (per 100,000 persons)



NI-12 Emergency admission rate (per 100,000 population)

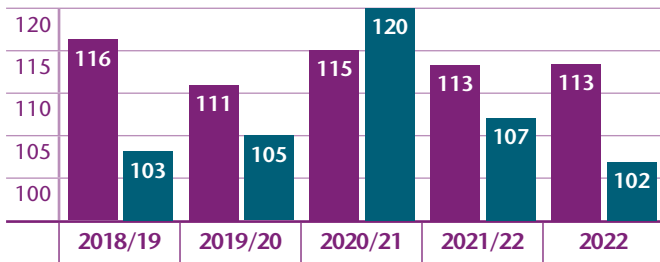


NI-13 Emergency bed day rate (per 100,000 population)

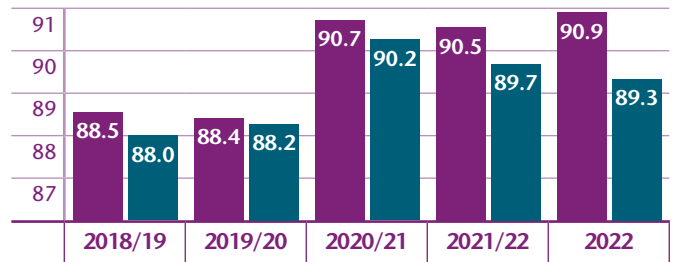


Fife **Scotland**

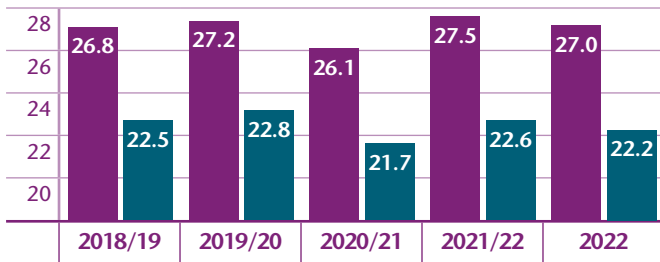
NI-14 Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)



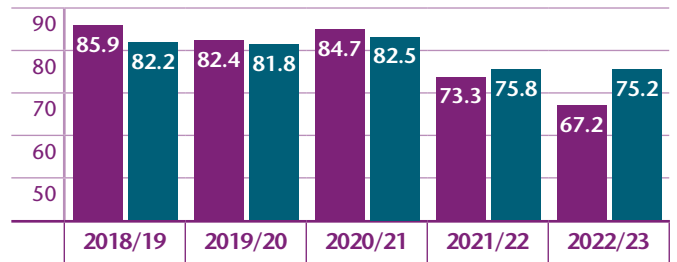
NI-15 Proportion of last 6 months of life spent at home or in a community setting



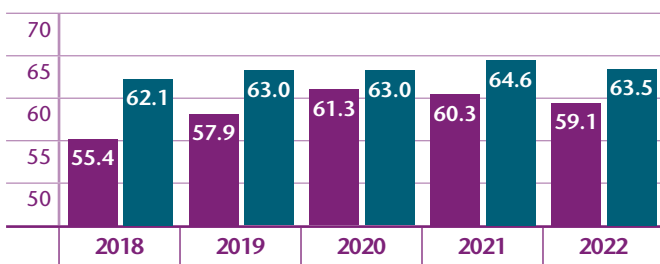
NI-16 Falls rate per 1,000 population aged 65+



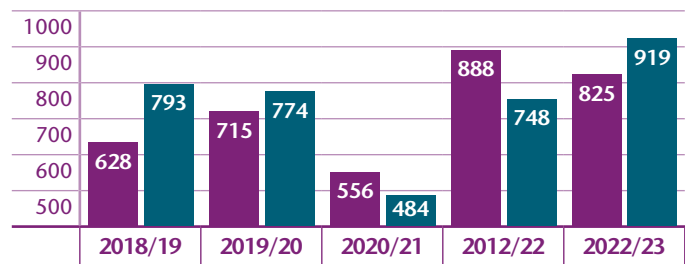
NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



NI-18 Percentage of adults with intensive care needs receiving care at home



NI-19 Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)



Fife **Scotland**

National MSG Indicators (Ministerial Strategic Group for Health and Community Care)

ID	Indicator	Previous period	Latest period	Previous period Figure Fife	Latest period Figure Fife	
MSG 1a	Emergency Admissions*	2021/22	2022	43,439	43,005	↓ 434
MSG 2a	Number of unscheduled hospital bed days; acute specialties*	2021/22	2022	242,472	235,093	↓ 7,379
MSG 3a	A&E Attendances	2021/22	2022/23	85,838	90,743	↑ 4,905
MSG 4	Delayed Discharge bed days	2021/22	2022	46,613	43,915	↓ 2,698
MSG 5a	Proportion of last 6 months of life spent at home or in a community setting*	2020/21	2021/22	90.73%	90.55%	↓ 0.17%

* Data completeness for emergency admissions and bed days for Fife is 99% as at Dec 2021

** 2021 deaths data not complete, previous financial years only

When reading the graph please note that the arrows relate to performance and the direction indicates whether our performance is increasing or decreasing (improved performance can sometimes mean that a figure will increase or decrease). For example, Indicator 1 (Emergency Admissions) shows that Fife's performance has improved by 434, the arrow points downwards because a drop in the number of unscheduled admissions (when compared to the previous reporting period) is an improvement.

Appendix 3

Financial Information 2018 to 2022

Delegated Services (as at 31 March)	2018			2019			2020			2021			2022		
	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
Objective summary	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Community Services	93.001	92.237	-0.764	97.812	93.586	-4.226	107.695	102.295	-5.4	123.319	120.719	-2.600	117.475	109.699	-7.776
Hospitals and Long-Term Care	49.256	54.51	5.254	52.867	55.259	2.392	54.839	57.197	2.358	56.000	56.666	0.666	59.103	64.717	5.614
GP Prescribing	72.227	75.744	3.517	72.293	74.448	2.155	73.807	73.799	-0.008	70.979	70.955	-0.024	75.581	76.337	0.756
Family Health Services	86.641	86.627	-0.014	93.005	92.911	-0.094	99.765	99.749	-0.016	103.878	104.367	0.489	115.186	115.554	0.368
Children's Services	15.035	13.715	-1.32	15.37	14.897	-0.473	17.544	17.077	-0.467	18.202	16.913	-1.289	16.198	15.789	-0.409
Social Care	193.333	195.501	2.168	196.627	206.252	9.625	204.635	214.814	10.179	243.682	239.459	-4.223	262.759	256.113	-6.646
Housing	2.078	2.078	0	1.574	1.432	-0.142	1.665	1.656	-0.009	1.324	1.324	0.000	1.699	1.329	-0.37
Total Health & Social Care	511.571	520.412	8.841	529.548	538.785	9.236	559.95	566.589	6.639	617.384	610.403	-6.981	648.001	639.538	-8.463

References

- National Health and Social Care Health and Wellbeing Outcomes
<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>
- Public Health Priorities for Scotland
<https://www.gov.scot/publications/scotlands-public-health-priorities/pages/1/>
- Public Bodies (Joint Working) (Scotland) Act 2014
<https://www.legislation.gov.uk/asp/2014/9/contents/enacted>
- Fife Health and Social Care Partnership
www.fifehealthandsocialcare.org
- Care Inspectorate www.careinspectorate.com

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Fife Council and NHS Fife are supporting the people of Fife together through Fife's Health and Social Care Partnership. To find out more visit www.fifehealthandsocialcare.org

**Fife Health
& Social Care
Partnership**





Meeting Title:	Integration Joint Board
Meeting Date:	28 July 2023
Agenda Item No:	9.2
Report Title:	Fife HSCP Whistleblowing Standards Part 8 Assessment
Responsible Officer:	Nicky Connor, Director of HSCP
Report Author:	Roy Lawrence, Principal Lead for OD & Culture Susan Young, HR Team Leader, NHS Fife Elaine Jordan, HR Business Partner, Fife Council

1 Purpose

This Report is presented to the Board for:

- **Oversight** of the requirements of Part 8 of the Whistleblowing Standards and the expectations this places on Integration Joint Boards.
- **Assurance** that following assessment of the current approaches by Fife Council and NHS Fife, where possible, there is alignment of approaches between the two employers that meet the requirements of Part 8 of the Whistleblowing Standard and that there are actions outlined within the Assessment section of this report that will further strengthen delivery of Part 8 of the standards.
- **Approval** that there will be enhanced reporting through the Integration Joint Board Governance with quarterly reports on whistleblowing activity and progress of the working group to SLT and the Local Partnership Forum (with minutes reporting to the IJB) and Annual Reports to the Integration Joint Board.
- **Assurance** that the steps outlined address the requirement of the Internal Audit report.

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

- 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:

- Wellbeing
- Integration

2 Route to the Meeting

This paper and its recommendations are a result of a number of meetings involving HR and Trade Union representatives from the NHS and Fife Council, alongside corporate HR colleagues aligned to whistleblowing work, the Whistleblowing Non-Executive Whistleblowing Champion, the Service Manager for Audit & Risk from Fife Council and the Head of Workforce Resourcing and Relations from NHS Fife.

The paper has been supported by the SLT Business forum, the Audit & Assurance Committee and Local Partnership Forum.

3 Report Summary

3.1 Situation

Within the National Whistleblowing Standards there is specific 'Information for Health and Social Care Partnerships' (Part 8) which provides guidance that sets out expectations for Integration Joint Boards related to how they deal with whistleblowing concerns within a Partnership.

An internal audit review recommended that existing whistleblowing policies and procedures within NHS Fife and Fife Council were analysed to assess whether the IJB was able to describe how they are aligned to the requirements of Part 8 of the National Whistleblowing Standards.

This report describes the key findings of this work, the areas of assurance that can be provided and also outlines proposed actions to strengthen reporting to the Integration Joint Board.

3.2 Background

As part of the National Whistleblowing Standards which were introduced in April 2021, **Part 8 - 'Information for health and social care partnerships'** was included.

Part 8 – 'Information for health and social care partnerships' introduced specific guidance that sets out expectations for Integration Joint Boards related to how they deal with Whistleblowing concerns within a Partnership. The underlying, high-level expectation is that the Partnership must ensure the two-employer status does not inhibit the IJB's ability to listen and respond to concerns raised by staff:

'HSCPs are in an unusual position of having employees from two organisations delivering services together. The challenges this creates in governance arrangements must not get in the way of staff raising concerns when they see working practices which are unsafe.'

Part 8 Recommendations equity of approaches required of employers:

- There must be clear information set out for staff about who to raise concerns with
- IJB's must ensure access to Stage 2 procedure
- IJB's must ensure there is support available to the person raising a concern
- IJB's must ensure that staff are able to raise concerns about senior staff
- IJB's must ensure that employers record all concerns
- IJB's must receive reports on all concerns on a quarterly basis

- IJB's must share information that show how we've learned and improved from any concerns that have been raised
- At the end of any process people who raise concerns must be signposted: NHS workers to the Independent National Whistleblowing Officer (INWO), Local Authority workers to the Care Inspectorate (or Audit Scotland if more relevant)
- IJB's may be required to ensure support and protection for those raising concerns

Section 8 also highlights the risk of disparity if the two employers take a different approach to these requirements. The INWO recommends that HSCPs adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services.

This would mean that staff working in the Partnership experience the same approach up to review, where NHS staff are signposted to the INWO, and Local Authority staff to the Care Inspectorate. The Partnership must provide several ways to raise concerns – line manager or team leader, or more senior manager if appropriate – and arrangements are set out in this report.

The Partnership must ensure that there are robust, confidential recording systems in place and that IJB's are able to demonstrate how concerns that have been raised have led to service improvements, recorded within the case record, including any action planning. All IJB's must ensure that information about the concerns that have been raised about their services is published and promoted unless this is likely to identify individuals.

The overarching responsibilities within Section 8 can be summed up as:

Promote Protect Publish Reflect and Learn

At present NHS Fife and Fife Council have policies and procedures in place that provide guidance to employees about their rights when they wish to voice a concern about the organisations' practices, or an individual's practice within these organisations. They also set out how the organisations will behave in response to these concerns when these meet the definition of a 'whistleblowing concern'.

Brief Summary of Partners existing arrangements:

Fife Council:

The Public Interest Disclosure Act (PIDA) 1998 provides protection to workers making disclosures in the public interest. This legislation underpins the Council's policies and procedures. Existing whistleblowing arrangements are detailed in the Council's Code of Conduct; however, a standalone policy has been compiled, which will be submitted to the Council Executive Team (CET) in August for consideration and approval before being formally ratified by the Joint Negotiation & Consultation Forum (JNCF) and submitted to the Council's Standards, Audit and Risk Committee.

Interim reporting arrangements are currently in place, with employees directed via the Council's Intranet to raise any whistleblowing concerns with the Service Manager for Audit & Risk Management. Steps are being taken to develop a central reporting and recording process along with supporting procedural documentation, which will be made available in due course on the Council's Intranet.

There is an e-learning course available on Oracle Cloud for all employees to access on the subject of Whistleblowing. The training is aimed at all employees who require a base level understanding of the subject: enabling

the learner to understand what whistleblowing is, how to 'blow the whistle' and what protections there are for those who do so.

However, the long-term position in relation to Whistleblowing will not be ratified until there is endorsement from CET and JNCF. The Council colleagues who are taking this proposed approach to CET and JNCF are members of the Whistleblowing working group and will report back to the group when this has been decided. Any changes will be reported to the IJB as part of the proposed annual report.

NHS Fife:

The procedures for raising and handling whistleblowing concerns are detailed in the National Whistleblowing Standards, which went live in April 2021. The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, which meet the definition of a 'whistleblowing concern'.

The Standards are underpinned by legislation and form the National Whistleblowing Policy for NHS Scotland. Whistleblowing is defined in the Public Services Reform (Scottish Public Services Ombudsman) Healthcare Whistleblowing Order 2020 as:

"When a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrongdoing."

This includes an issue that:

- has happened, is happening or is likely to happen
- affects the public, other staff or the NHS provider (the organisation) itself.

Where the employee remains dissatisfied, the concern can be escalated for external review to the Independent National Whistleblowing Officer, which is the final stage of the process for those raising whistleblowing concerns about the NHS in Scotland.

3.3 Assessment

Fife Council and NHS Fife can demonstrate how they individually provide clear information to staff through policies, procedures and guidance documents, and relevant signposting. Both organisations ensure support and protection are available to those who raise concerns.

The Partnership introduced a working group in 2022 to analyse the current approaches of NHS and Fife Council against the expectations set out in Part 8 of the Whistleblowing Standards. The group includes HR representation from both partners, Audit & Risk Management and Trade Union and staff side colleagues, who collectively prepared and agreed the content of this report.

Because the partners have individual approaches, the paper summarises these individually:

NHS Process:

Anyone who provides services for the NHS can raise a concern, including current (and former) employees, agency workers (and others on short or insecure contracts such as locums and bank staff), contractors (including third-sector service providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

NHS Fife has a mechanism for recording concerns using the DATIX incident reporting and risk management system and data from the system is used to provide quarterly and annual reporting.

NHS Fife has a list of confidential contacts who can be contacted in relation to whistleblowing concerns who have received training to enable them to support employees appropriately. However, there are limits to this confidentiality, if for example the employee or others are being subjected to unlawful behaviours or harm. Confidential contacts will set out the extent of the support which they can provide in discussion with employees who contact them.

If it is not clear whether an issue is a grievance or a whistleblowing concern, the manager (or confidential contact) should find out what the person raising the concern wants to achieve (for example, a solution for them personally or a solution for patients, the organisation, or the public). It may be that whatever outcome the person is hoping for, in the interests of providing a safe service, the public interest issue needs to be considered and investigated.

NHS Fife managers must record all whistleblowing concerns so that the concerns data can be analysed to identify themes, trends, and patterns, to prepare management reports and to identify and address the root causes of concerns. This demonstrates that concerns are taken seriously, and that staff are treated well through the process. NHS Fife recognises there is ongoing work to do to get staff to feel comfortable raising concerns and this is addressed in the recommendations within this paper.

Across the last year promotion of training has been maintained to ensure managers are aware of the requirements for handling whistleblowing concerns and staff have an appreciation of how to raise concerns. National Education for Scotland (NES) modules are available, and these have been promoted via a Desktop Banner, the weekly brief, and the internal communications app Stafflink, supplemented with face-to-face training where needed.

Fife Council Process:

Fife Council has been engaged in a full review of the organisations arrangements to meet the legal requirements for whistleblowing and the introduction of a standalone Whistleblowing Policy will be considered by CET and JNCF. The review is being led by HR, Audit & Risk Management and Legal Services alongside engagement with the Trade Unions. There are also discussions to ensure that links with other processes (such as adult protection and child protection) are integrated within the new approach.

The Council's CET and JNCF will consider a proposal for a central reporting and recording mechanism for whistleblowing concerns. Quarterly reporting requirements will be shared with Fife Council and the Partnership to ensure they are designed into the process and be able to provide assurances going forward that governance arrangements are in place.

Key aspects of the proposed approach include:

- Mechanism for employees to raise concerns out with their own Service or Directorate (through Audit and Risk Management Services)
- Central recording to allow reporting of concerns raised across the Council (and concerns specifically with HSCP).
- Awareness raising campaign as part of the policy launch to ensure employee understanding of whistleblowing and the support available if they have a concern.
- Further engagement with NHS colleagues to discuss how scenarios with involvement from both employers would be managed.

As the review is ongoing, an interim process has been agreed where concerns are raised directly to the Service Manager of Audit & Risk Management.

When the review is complete, and new policies and procedures agreed, the Fife Council group members will provide an update to the group which will be reported to the IJB as part of the annual reporting process.

Proposed Next Steps:

The working group that has led with work to date will continue to meet regularly to drive and report on the following:

- Creating an Annual Report to ensure continued alignment of approaches between the two employers and provide the IJB and Committees with ongoing assurance regarding Part 8 'Information for health and social care partnerships' specific guidance
- Reviewing the existing arrangements later in 2023 after Fife Council has completed its review and agreed the new policies and procedures related to whistleblowing and especially how the NHS and Fife Council work more closely on scenarios where both employers are involved
- Developing our cohort of Confidential Contacts across the Partnership to further support our workforce to access the service
- Working with the partners in HR, the NHS the Non-Executive Whistleblowing Champion, Trade Unions and staff side and other experts to continually develop the culture around whistleblowing and staff expectations and experience of the process and developing a range of actions to address this
- The Principal Lead for OD & Culture has joined Fife Council Senior Equalities Group to connect with the work of the group and how it can support our whistleblowing and equality, diversity and inclusion work

Oversight of this work will be provided through written reports with:

- Quarterly reports to SLT Business on any Whistleblowing activity
- Quarterly reports to our Local Partnership Forum
- Annual reports to the IJB and Committees that set out any Whistleblowing activity linked to the key areas set out in Part 8 of the standards and any updates to existing policies and procedures from NHS Fife or Fife Council

These reporting schedules will provide opportunity for identifying any learning from cases that are reported in line with the recommendations of Part 8. It will support formal escalation if necessary, whilst providing

assurance that any issues will be addressed by the NHS Fife or Fife Council according to their policies and procedures.

3.3.1 Quality / Customer Care

Ensuring that our workforce have a safe way of raising concerns and are protected throughout the process is a key tenet of providing a safe service to the people of Fife. The ability to highlight poor practice or other areas of concern contributes to the Partnership's ability to deliver a safe service. Having these robust policies and assurance for the IJB as leaders for our workforce around whistleblowing contributes to this aim.

3.3.2 Workforce

Our workforce need to know and feel that it is safe to raise a concern if they have one. The monitoring of whistleblowing or anonymous concerns ensures colleagues are afforded the highest standards of governance and a culture which supports the appropriate raising and handling of concerns.

3.3.3 Financial

N/A

3.3.4 Risk / Legal / Management

The Public Interest Disclosure Act 1998 (PIDA) is often called the 'whistleblowing law'. It is there to protect all 'workers' (as defined in the Employment Rights Act 1996 – this classification is broader than, but includes all employees), who have made a 'protected disclosure' from being treated unfairly as a result of raising a concern.

In respect of the implementation of the standards, there is a risk that if information about whistleblowing is not widely promoted across the Partnership, then staff will be unaware of how to raise a concern and consequently we may lose the opportunity for improvement and learning. In order to mitigate this risk, there is ongoing communications and training. Work continues through activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.

The UK has launched a review of the whistleblowing framework in March 2023, the first phase of which will conclude in the Autumn of 2023. The review will gather evidence on the effectiveness of the current approach in enabling workers to speak up about wrongdoing and protect those who do so. When this review is concluded, both organisations will consider the findings in relation to their existing policies.

3.3.5 Equality and Diversity, including Health Inequalities.

An impact assessment has not been completed, as this paper does not involve decisions that would significantly impact groups of people. However, as part of the development of a proposed Whistleblowing Policy Fife Council is conducting an impact assessment.

3.3.6 Other Impact

N/A

3.3.7 Communication, Involvement, Engagement and Consultation

Whistleblowing working group: OD & Culture, HR & Trade Union representatives – multiple meetings and conversations with key people in the NHS and Fife Council between Sep '22 – June '23.

3.4 Recommendation

The Integration Joint Board are asked to:

- **Note** the requirements of part 8 of the whistleblowing standards and the expectations this places on Integration Joint Boards.
- **Assurance** that following assessment of the current approaches by Fife Council and NHS Fife, where possible, there is alignment of approaches between the two employers that meet the requirements of Part 8 of the Whistleblowing Standards and that there are actions outlined within the assessment section of this report that will further strengthen delivery of part 8 of the standards.
- **Approval** that there will be enhanced reporting through the Integration Joint Board Governance with quarterly reports on whistleblowing activity and progress of the working group actions to the Local Partnership Forum (with minutes reporting to the IJB) and Annual Reports to the Integration Joint Board.
- **Assurance** that the steps outlined address the requirement of the Internal Audit report.

4 List of Appendices

Appendix 1 – National Whistleblowing Standards Part 8 Information for health and social care partnerships

5 Implications for Fife Council

Fife Council are reviewing Whistleblowing arrangements and as described above, Council Executive Team and Joint Negotiation & Consultation Forum will consider the introduction of a standalone Whistleblowing Policy.

At the end of the review and when changes have been agreed at Joint Negotiation & Consultation Forum, the group will look at how the different policies will work operationally where there are cases that overlap. Fife Council employees can be confident that existing Whistleblowing policies and procedures are robust and provide the required support set out under the general Whistleblowing Standards.

6 Implications for NHS Fife

NHS Fife are confident that existing Whistleblowing policies and procedures are able to deliver on the requirements of Part 8 of the standards as set out in the paper and will adapt their data and reporting approaches to provide the IJB with required data. NHS Fife employees can be confident that existing Whistleblowing policies and procedures are robust and provide the required support set out under the general Whistleblowing Standards.

7 Implications for Third Sector

The Third Sector are not included in the scope of this paper.

8 Implications for Independent Sector

The Independent Sector are not included in the scope of this paper.

9 Directions Required to Fife Council, NHS Fife or Both

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

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The National Whistleblowing Standards

Part 8

Information for health and social care partnerships

APRIL 2021

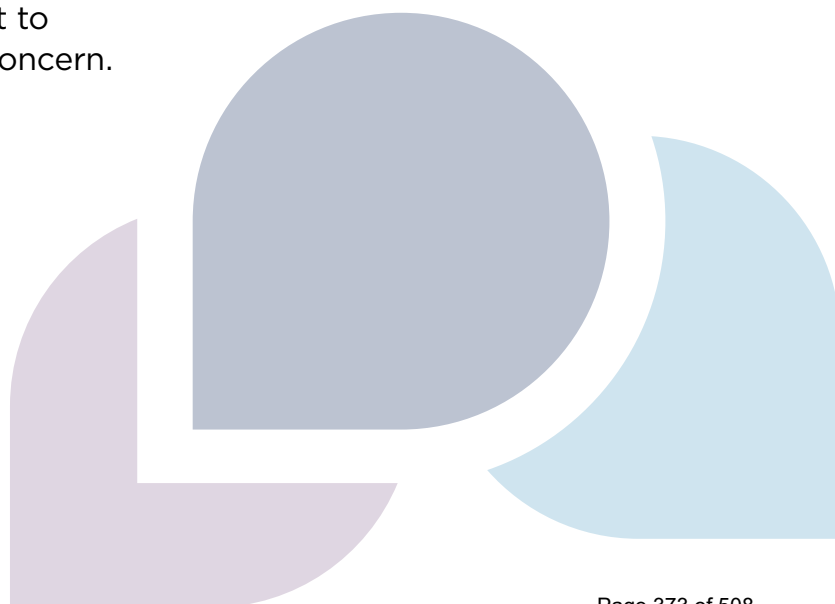
Promoting raising concerns

1. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to respond when staff raise concerns, including supporting the person raising a concern. This document reviews the expectations and options for health and social care partnerships (HSCPs) in implementing the Standards.
2. Listening and responding to concerns raised by staff about the way services are provided is a vital way in which organisations can improve their services. HSCPs are in an unusual position in having employees from two organisations delivering services together. The challenges this creates in governance arrangements must not get in the way of staff raising concerns when they see working practices which are unsafe or risky, or where they believe there has been improper conduct, mismanagement or fraud.
3. People working in joint teams may feel reluctant or uneasy in raising concerns relating to staff with different lines of management, or where employers have different arrangements in place for whistleblowing. It is, therefore, more important than ever that senior managers in HSCPs and the integration joint board (IJB) itself promote a culture that encourages staff to raise issues or concerns at the earliest opportunity.
4. Senior managers play a critical role in promoting a culture that encourages staff to raise issues or concerns. Their leadership and behaviour sets the tone for the way other staff behave. All NHS services must strive for a culture that welcomes concerns from people working within their services, whoever they are, and whatever their concern, with the focus on good governance and delivering safe and effective services.

Requirement to meet the Standards

5. All those working in HSCPs **must** be able to raise concerns about NHS services, and **must** have access to the support they need to do so, whoever their employer is. Any concerns about the delivery of NHS services must be handled in line with the requirements of these Standards, and anyone raising a concern through these Standards will have access to the INWO, whoever their employer is.
6. IJBs must ensure that all HSCP staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure.

7. This includes:
 - 7.1. providing clear information about who staff and other workers can raise concerns with, either within their service or at a more senior level;
 - 7.2. ensuring access to the 2 stage procedure (see Part 3 of the National Whistleblowing Standards), where the worker has agreed to use this procedure;
 - 7.3. the availability of support (see Part 2) for those involved in raising a concern;
 - 7.4. the ability to raise concerns about senior staff (see Part 4);
 - 7.5. a requirement to record all concerns (see Part 5);
 - 7.6. a requirement to report all concerns to the IJB and the NHS board on a quarterly basis (see Part 5); and
 - 7.7. a requirement to share information about how services have improved as a result of concerns, taking care not to identify who raised the concern.
8. Anyone raising a concern about a service provided by NHS Scotland must be signposted to the INWO at the end of this process. More information about this is available in Part 3 of the Standards.
9. It may be that in considering concerns about NHS services, issues are identified which relate to local authority services. If that is the case, the whistleblower should be signposted to the INWO in respect of issues that relate to NHS services and the Care Inspectorate or other appropriate regulatory or oversight body for issues that relate to local authority services.
10. An agreement by the IJB may be required to ensure support and protection for all those working within the HSCP, in raising concerns about its NHS services.



Ensuring equity for staff

11. The requirement to have the Standards in place for all NHS services and not for local authority services could lead to disparity between those working for HSCPs. It could also lead to some confusion around which procedure to use, these Standards or the local authority's procedure for raising concerns. This could be particularly difficult where these services are closely integrated.
12. While this procedure must be available to all those working within NHS services, it is also important for those working in any of the HSCP's other services to also feel able to raise concerns. This is critical to:
 - 12.1. effective governance arrangements;
 - 12.2. enable safe and efficient delivery of services;
 - 12.3. ensure equity for staff whoever they work for;
 - 12.4. assist senior managers in sharing a consistent message in encouraging staff to raise concerns through a simple and straightforward procedure; and
 - 12.5. enable a joined up approach to raising concerns, where lessons can be learnt across the organisation.
13. With this in mind, and particularly where services have been effectively integrated, the INWO recommends that HSCPs adopt the same approach to handling concerns raised about local authority services as they do in relation to NHS services. This would extend any agreement in place in relation to the raising of concerns for NHS services, and would ensure that all those working within the HSCP have equal access to a procedure in line with these Standards. The only variation would need to be at the review stage, when concerns about different services would need to be signposted as appropriate, to the INWO, the Care Inspectorate or in some cases, Audit Scotland.
14. The details of any extended agreement are for each IJB and their HSCP to consider; each HSCP have different arrangements in place for the delivery of their services, and it will be for them to consider whether such an agreement should cover all of their services or only the NHS services. This may depend to some extent on how differentiated the HSCP's services are from other local authority services; it would not be appropriate to create confusion for local authority staff in how to raise concerns about their services.
15. Chief officers are responsible for ensuring that systems and procedures are in place for raising concerns within these Standards, in relation to NHS services. They must also take a leading role in reviewing arrangements in relation to local authority services, and taking forward any changes to ensure the Standards can be met, as well as any other changes to ensure equity of access across the HSCP.

How to raise concerns

16. Those working in HSCPs must be able to raise concerns in several ways, including:
 - 16.1. with their line manager or team leader (whether they are employed by the NHS or the local authority);
 - 16.2. a more senior manager from either employer if circumstances mean this is more appropriate; or
 - 16.3. a confidential contact for raising concerns (in some places there may also be speak up ambassadors or advocates); this may be someone within the board.
17. A key element of the Standards is for those people who raise concerns to be advised of their right, and agree to access this procedure. This can be done in the initial conversation about the concern, or following receipt of an email.
18. Within HSCPs, the confidential contact will need to be familiar with the way concerns are handled across its services, as well as the board's expectations around handling concerns.
19. The board's whistleblowing champion will have a role in ensuring that appropriate arrangements are in place to ensure delivery of the Standards. (Further information

about this role is available in Part 2 of the Standards.) They will be able to provide guidance for HSCP managers on how concerns raised in relation to NHS services must be handled, as well as sharing information about appropriate governance arrangements.

Recording of concerns

20. The detailed information about recording concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.
21. Each HSCP needs to consider how they hold information about concerns that have been raised through this procedure. In particular, there need to be systems in place to ensure that personal information is only shared with individuals as agreed or explained to the person raising the concern. The details of the concern itself, and how it has been handled, need to be stored in a way that will enable reporting and monitoring of concerns and concerns handling.
22. This may mean that concerns about local authority services are recorded separately from those relating to NHS services. Any joint systems that are developed will need to be able to separate out concerns about NHS services from those about the local authority services, so the NHS board can carry out appropriate monitoring of these concerns.

Monitoring, reporting and learning from concerns

23. The detailed information about monitoring, reporting and learning from concerns (Part 5 of the Standards) is also applicable to concerns raised within HSCPs in relation to their NHS services.
24. It is important for all services to listen to staff concerns, and, where appropriate, for this to lead to organisational learning and service improvements. Learning can be identified from individual cases closed at stage 2 and through statistical analysis of concerns resolved at stage 1 of the procedure. This may include the potential for improvements across other areas of the service. Any learning that is identified from concerns must be recorded within the case record, including any action planning.
25. NHS boards are responsible for collating reports of concerns raised in relation to the services they deliver, including those raised within the HSCPs in its area. In this way, boards will be able to identify areas for specific attention, based on the themes and trends across these HSCPs. Feedback from this process provides the opportunity to demonstrate the benefits of raising concerns.
26. Each HSCP is also expected to show their staff that they value the concerns that are raised by staff and other workers. All IJBs must ensure that information is published and promoted about the concerns that have been raised about their services, unless this is likely to identify individuals. High-level information (with very limited information about what was investigated) may still be appropriate, and will provide the opportunity to show staff that managers will listen and respond to concerns.

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Meeting Title:	Integration Joint Board
Meeting Date:	28 July 2023
Agenda Item No:	9.3
Report Title:	Alcohol and Drug Partnership Annual Report 2022/23
Responsible Officer:	Nicky Connor, Director of Health and Social Care
Report Author:	Elizabeth Butters, Service Manager, ADP

1 Purpose

This Report is presented to the Board for:

The Integration Joint Board is asked to consider the Alcohol and Drug Partnership Annual Report 2022 to 2023 which also includes the Government annual survey and agree onwards submission to Scottish Government.

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

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

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

- Local.
- Sustainable.
- Wellbeing.
- Outcomes.
- Integration.

2 Route to the Meeting

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

- Fife Alcohol and Drug Partnership Committee, 19th June 2023. Their feedback has informed the content of the report.
- Finance, Performance and Scrutiny Committee – 6th July 2023

The Committee agreed that the Alcohol and Drug Partnership Annual Report 2022 to 2023 should progress to the Integration Joint Board.

3 Report Summary

3.1 Situation

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP) with a responsibility to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. Fife ADP is chaired by the Integration Joint Board (IJB) Chief Officer and both the IJB Financial Officer and Head of Planning, Performance and Commissioning are also members. There is representation from NHS both operational services and Public Health, Fife Council including Criminal Justice and Children and Families Social Work, Police Scotland, HMP Perth, ADP third sector commissioned services and the ADP lived experience panel.

ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual allocated government alcohol and drugs allocation and Health and Social Care Partnership contribution. This funding is routed through NHS Boards to Integration Authorities for onward allocation.

For this year, the Fife ADP Annual Report 2022/22 is in two sections. The first is a local report reflecting on progress against Fife ADP Strategy 2020 - 23 and the second is a template required by the Scottish Government to assess ADP compliance with recommendations attached to the funding. The template part of the report (Appendix 2) needs to be discussed and approved by the ADP Committee, its Chair and the IJB governance structure before onward submission to the Scottish Government for analysis and feedback. As such this part of the report is planned to be submitted after 28th July 2023.

3.2 Background

In October 2020, Fife ADP Committee completed its local strategy for 2020 to 2023 in line with the Scottish Government National Strategy “Rights, Respect and Recovery 2018”. This was based on a local Needs Assessment 2018 and a Fife Public Health Report: A synthesis of Policy Recommendations 2019 and lived experience qualitative research conducted independently in September 2020, analysing and understanding the ADP and its response to the pandemic and lockdown. The key priorities from the ADP Strategy are outlined below:

- Prevention of problematic substance use involving work with young people.
- Early intervention to prevent worsening or development of harms which will make recovery less challenging.
- Recovery and treatment for those who have developed a physical and psychological dependence on substances.
- Protection of children and young people affected by another’s use of substances.
- Whole Population Approach with an aim of achieving and maintaining health supporting levels of alcohol consumption.

In January 2021, the Scottish Government announced their Drug Mission Policy with a refocus of national strategy on the key priority of reducing drug related deaths. This included an additional £250m per annum for a 5-year period routed through both HSCPs/ADPs and directly to alcohol and drug services via the CORRA Foundation. This regorganised the approach across Scotland and Fife to focus on the above five priorities through the lens of preventing substance but more specifically drug related deaths. In support of this, Fife ADP were allocated by the drug mission policy unit of the Scottish Government, a £1.3 million across six priorities and additional £613k for the delivery of Medication Assisted Treatment (MAT) Standards. The new priorities are indicated below:

- Whole Family Support and Development of Family Inclusive Practice.
- Increase the capacity and access to Residential Rehabilitation.
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment Standards (published in June 2021).
- Assertive Outreach.
- Non-Fatal Overdose Pathways.
- Lived Experience Panel (LEP).

The ADP activity over the previous year has consisted of mapping and auditing current provision to these priorities and making best use of the new investment to address gaps in capacity and delivery following the evidence base closely. As such the ADP has increased investment and delivery in priority areas and also procured new services and new partners to deliver on priorities where there was limited and inadequate provision. Although funding has been ringfenced for reducing drug related deaths, both the ADP Joint Commissioning Group and Committee have sought to develop improvement work and commissioning for the benefit of the population affected by alcohol related harm and death.

3.3 Assessment

During 2022/23 Fife Alcohol and Drug Partnership were in the second year of service development based on the new funding to meet the Drug Mission Policy priorities and also delivery the second plan for implementation of the new MAT Standards. Most of this commissioning and improvement work was matched against the ADP Strategy 2020 – 2023 and the progress commitments contained within it for the five themes.

Below is a summary of progress undertaken in the year:

Children, Young People, Whole Family Support and Adult Family Members Carers Support

- Joint strategic planning and commissioning as part of Children Services Planning to create the Whole Family Support and Young Person's Service. Barnardo's and Clued Up provide whole family support at additional level for all referrers and provision for YP up to the age of 26.
- Commissioned Scottish Families affected by Alcohol and Drugs to provide Fife wide adult family support and carers provision across Fife co located with Tier 3 alcohol and drug services to provide key working, advice, information and group working to any adult family member affected by another's substance use.
- Additional capacity created by ADP funding allocated to Kinship Care Social Work Team to focus on family intervention/support and management and prevention of trauma within the family.

Residential Rehabilitation

- An increased investment in the FIRST service who provide thorough and robust preparation support, placements in any rehabilitation centre within Scotland thus allowing the service user choice of intervention, location, and length of stay. A self-assessment has been completed for Health Improvement Scotland, jointly with FIRST and other partners including people who attend residential rehabilitation. This has improvement pathways for priority groups which includes those who are homeless, or individuals being liberated from prison.
- Fife ADP have additionally been involved in work to develop a national framework for Residential Rehabilitation. The framework will involve providers of Residential Rehabilitation signing up to a set of standards that are expected from every provider.

Increase of Assertive Outreach, non-fatal overdose response and Assertive Outreach

- **Harm reduction** (injecting equipment provision, take home naloxone, wound care, testing for BBV) provided by services at point of need. level and support to access the equipment including support to report. The ADP has funded a specialist trainer to develop a Fife wide plan to improve distribution and to reduce stigma by promoting take home naloxone as part of a first aid approach given the prevalence of drug related deaths across Scotland. Furthermore, the ADP has supported the development of peer distribution service. This involves people with lived and living experienced trained to raise overdose awareness and distribute equipment with people at risk.

- **Hospital Liaison Service** – The ADP continued to redevelop this in reach and outreach partnership – provided by NHS Fife Addiction Service, We Are With You and ADAPT – to support people whose alcohol and drug use has reached crisis point and who are not getting a service, or the service provided has not yet been beneficial for their recovery.
- **Compass Social Work Service** – This project was delayed due to recruitment issues but is now due to be operational in 2023/24. This is a partnership between Fife Social Work Adults and Fife NHS Addictions Psychology and Therapy Service that will provide support to adults affected by alcohol or drug use who have complex, severe additional needs.
- **Increased assertive outreach** approaches for those in custody and in prison, delivering harm reduction and providing active linkage into universal and specialised alcohol and drug support and treatment. These services are provided by both SACRO and Phoenix Futures.

MAT Standards Implementation 2022/23

- Fife ADP were required to make implementation progress on MAT 1 to 5 and to also partially implement MAT Standards 6 to 10 over the year. Same day prescribing, medication choice, harm reduction and psychological interventions and a trauma informed approach have all improved. This has not always resulted in a shift in the Red, Amber, Green, Blue (RAGB) status externally assessed by Public Health Scotland, but foundation and preparatory work will yield a stronger impact next year.
- Progress has been made on Standards 1 to 5 though further work is needed to implement MAT 9. This has been anticipated by the ADP and a workplan to deliver improvements has been developed.

Lived Experience Panel (LEP)

- Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. There will be training, support, and development available for the members of the LEP and a plan to embed their experience across the ADP including its subgroups and within relevant settings of the HSCP.
- Establishment of an independent advocacy service, delivered by Circles Network to work with adults with alcohol and drug problems.
- An independent living experience group in Dunfermline with a management group implementing feedback and improvements.

Locality Planning

Methil one stop shop: Between 2017 and 2019, 44 people lost their lives because of drug related deaths in the Levenmouth area with 26 occurring in the town of Methil. Fife Alcohol and Drug Partnership agreed a new set of localities based strategic priorities following extensive analysis, strategic planning, and engagement with people with lived and living experience. Central to the planning was to collaborate with all people to save lives in a non-stigmatising way with a focus on a ‘no wrong door’ approach that helps people access a range of services both universal and specialised in a safe, warm, and welcoming space. In March 2022, the KY8 club commenced and offers a range of statutory, third sector and lived experience informed

services including. This approach offers a range of services to address the cost of living crisis, same day prescribing of Opiate Replacement Therapy (ORT) on site, mental health support and harm reduction equipment and advice

The success of this approach in reaching people not currently in treatment or support has meant a similar co-production process will be followed in the Kirkcaldy and Cowdenbeath areas over 2023/24.

3.3.1 Quality / Customer Care

The quality of care has improved for the people in the current system with implementation of the MAT Standards. Assertive outreach approaches employed by the third sector will increase access to support whilst also preventing unplanned early discharge including the hospital liaison service, and Specialist Social Work Team. Support offered to families both as part of a whole family support in partnership with Children's Services, including investment in Kinship Care and delivery of adult carer's support should improve outcomes for people affected by a loved one's use and provide some targeted work for prevention on substance use problems within families and communities. Availability of harm reduction support across the community pharmacy network and within outreach teams will improve protection and act as access points for those not yet in the treatment and support system.

Delivery of support in the centre of communities developed in partnership with people with lived and living experience has also improved quality of care and moves the ADP closer to its national target for increasing numbers in treatment.

3.3.2 Workforce

An increase in budget for the ADP amounting to over £2 million has significantly increased the ADP workforce including the Support Team. The MAT Standards plan for NHS Addiction Services has caused significant increases in workforce to manage implementation and additional patients. Psychologist input has also been required for both MAT Standards and for the new Specialist Social Work Team. This is part of a planned increase in demand for services and to also provide a more intensive and frequent level of support to those with comorbidity, complex and multiple needs.

Increases have also occurred in the third sector to manage capacity demands and respond to local needs associated with Drug Mission Priorities funding.

3.3.3 Financial

The ADP provides quarterly financial information on the income and expenditure matched against key themes outlined within the Scottish Government reporting template.

3.3.4 Risk / Legal / Management

The production of the Annual Report does not require a risk assessment or analysis of legal implications. The ADP has a current Risk Register which is targeted and reflective of projects outlined

within the ADP Strategy with risks outlined clearly and mitigating and contingency actions identified and recorded.

3.3.5 Equality and Diversity, including Health Inequalities

For the annual report, an EqIA has not been completed and is not necessary as the report is retrospective and reflects the work undertaken over the year. An Equality Impact Assessment is not required to record previous activity and outcomes. However, an EqIA will be completed during the development of the new ADP strategy.

3.3.6 Environmental / Climate Change

The ADP Annual Report does not have a direct impact on environmental and climate change position in Fife. Recovery based projects within the report do encourage and support people in recovery to be part of environmental based work.

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

The Lived Experience Panel Chair is a member of the ADP and has attended all meetings and consulted with the Panel on ADP strategy, policy and service reviews. Over the year the Lived Experience Panel has contributed to the review of their own Panel and the commissioning of an independent service to support their individual and collective development. People with lived and living experience have been involved with the co-production and planning of the locality-based approach in Levenmouth and continued to be regularly consulted on their needs as the project evolves. The ADP works closely with Scottish Drugs Forum's living experience group based in Dunfermline and a management group meets quarterly to consider feedback and improvement recommendations from this group. The development of the peer led Take Home Naloxone was also co-produced and developed with people with lived and living experience.

The ADP has employed people with lived experience to qualitatively survey people using services and their family members in Fife affected by alcohol use for the purpose of including their feedback in strategic and service improvements. Similarly, the ADP has also used similar approaches to assess the implementation and impact of the MAT Standards during the second year of implementation.

This report was endorsed by the Chair of the Fife ADP Lived Experience Panel on 19th June 2023.

4 Recommendation

- **Decision** – to approve the Fife ADP Annual Report 2022 to 2023.

5 List of Appendices

The following appendices are included with this report:

6 Implications for Fife Council

Recruitment based to support some of the new services outlined in the ADP and progress of the MAT Standards on the Implementation Plan 2022/23

7 Implications for NHS Fife

Recruitment based to support some of the new services outlined in the ADP and progress of the MAT Standards on the Implementation Plan 2022/23

8 Implications for Third Sector

Recruitment based to support some of the new services outlined in the ADP

9 Implications for Independent Sector

Recruitment based to support some of the new services outlined in the ADP

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

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

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

Lead	Fiona McKay
Critical	
Signed Up	
Informed	

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Fife Alcohol and Drug Partnership Annual Report 2022 – 2023

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Executive Summary

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. The ADP Strategy 2020 – 2023 has five main themes;

- **Prevention** of problematic substance use involving work with young people.
- **Early Intervention** to prevent worsening or development of harms which will make recovery less challenging.
- **Recovery and treatment** for those who have developed a physical and psychological dependence on substances.
- **Protection** of children and young people affected by another's use of substances.
- **Whole Population Approach** with an aim of achieving and maintaining health supporting levels of alcohol consumption.

All ADPs are required to report annually to their Integrated Joint Board and nationally to the Scottish Government on progress on embedding the strategy and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions.

Commissioning and Quality Improvement

Family Support - Continued whole family support improvements to the joint commissioning with Education and Children's services for whole family and young people. New services commissioning to address gaps in adult family support and carer's service and kinship care.

Residential Rehabilitation – Self assessment completed with pathways, staffing and service model improved to increase coverage, access and choice for people and their families in Fife affected by alcohol and drug use.

Medication Treatment Standards Improvement Programme 2022/23 - For MAT 1 to 5, same day prescribing, and choice of medication have progressed from amber to provisional green. Harm reduction, assertive outreach and retention in services has progressed and improvements recognised but the Public Health Assessment indicates the RAGB has remained the same. Partial implementation has been achieved on MAT 6 to 10 in particular psychological interventions and independent advocacy, but further work is needed for MAT 9. A one stop shop approach in Levenmouth has been highlighted in the MAT Standards National Report as an area of good practice for community-based approaches informed by local data.

Assertive Outreach and Harm Reduction – New commissioning for services to reach people in police custody suites, prison, hospital and social work. Development

of a whole system overdose awareness and take-home naloxone programme to prevent overdose and substance related deaths.

Lived/Living Experience Panels – Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. An independent living experience group in Dunfermline - with a management group implementing feedback and improvements - has been established with support of services and Scottish Drugs Forum

Fife ADP Strategic Performance and Service Delivery

Fife ADP and its services are required to record and achieve national targets for Alcohol Brief Interventions (ABI), local delivery for numbers in treatment target and 90% of people seen within three weeks and Take-Home Naloxone distribution. The ADP also tracks national datasets on substance related deaths to assess impact of the strategy. Furthermore, each project and operational service is monitored on a six month and annual basis against evidence-based activity, outputs and outcomes as contained within the strategy.

National Targets – Some targets have been sustained and some show improvement. ABI delivery has yet to fully recover from the impact of lockdown. A review has commenced with improvements expected in year.

National Datasets – There has been a delay to National Records Scotland report for 2022 for drug related deaths but data from Police Scotland on suspected does not indicate a significant reduction for Fife. Alcohol specific deaths are lower in Fife than the Scottish average but more is needed and the current approach is outlined.

Service Delivery – Most services (Tier 3 and Tier 2) including newly commissioned and those reviewed as part of the strategy have met or exceeded targets and continue to meet demand and manage capacity.

Next Steps for 2023 - 2024

Fife ADP priorities over the final year of this strategy are further embedding the MAT Standards using its community based one stop shop approach in Cowdenbeath and Kirkcaldy, enhancing the voice of lived and living experience, an improvement approach for early engagement and treatment of those affected by alcohol use and further targeted prevention work with people and communities at risk of harm. Development of a new strategy will be a main focus for the partnership aligned with the health and social care partnership strategy.

ADP Introduction and Reporting

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. Membership is drawn from senior officers of Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, HMP Perth Prison, Voluntary Sector alcohol and drug services and people with lived and living experience. Following the development of the strategy a restructuring occurred over 2021/22 to align with strategic priorities and meet the needs of the people of Fife.

The new ADP structure is presented with group descriptions is contained in structure and governance section of this report. The ADP forms strategic alliances with many other partnerships and directorates where there is a shared responsibility for outcomes and service delivery planning, some of these include the Plan for Fife, Safer Communities Partnership, Fife Violence Against Women Partnership and Children's Services Strategic Plan and also include national groups. In its role of supporting the ADP Committee and its services, the ADP support team provides this function to ensure that people affected by alcohol and drugs are considered in wider strategic planning particularly on drivers for substance use and there is a collaborative approach to prevention, early intervention and whole population and system approaches.

All ADPs are required to report annually to their Integrated Joint Board and nationally to the Scottish Government on progress and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions. This funding is routed through NHS Boards to Integrated Authorities for onward allocation.

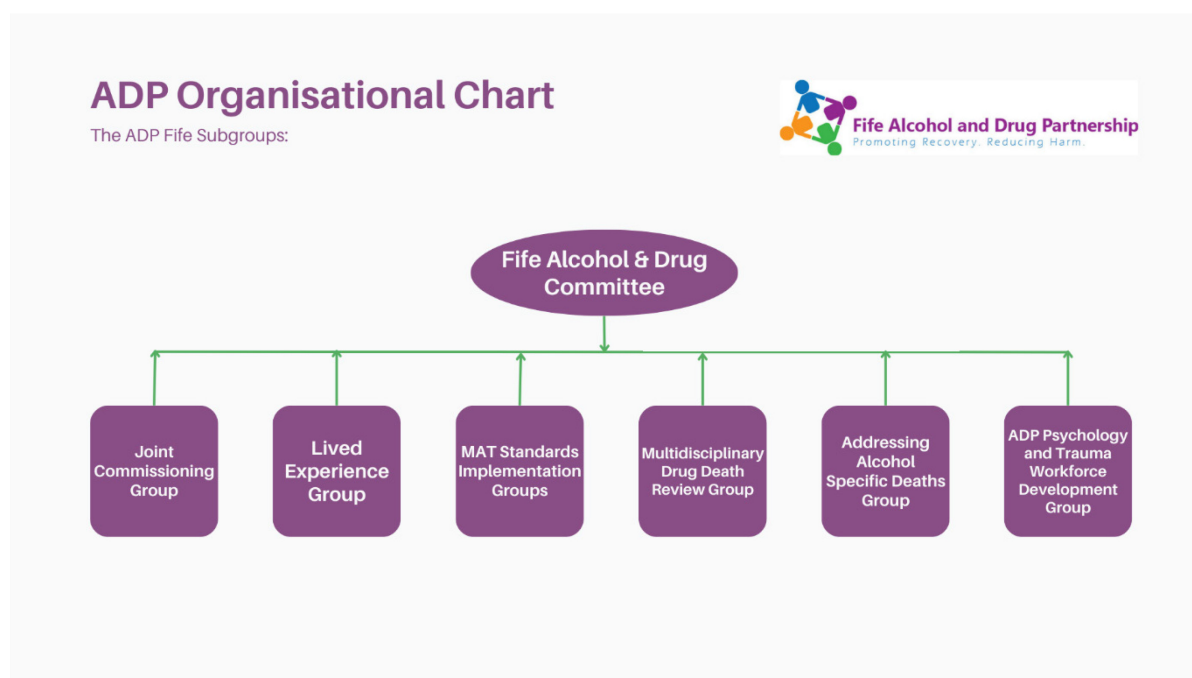
The Fife ADP Annual Report 2022/23 is in two parts.

- A local annual report for the Health and Social Care Partnership, detail on structure, governance, commissioning and improvement work and performance of commissioned and statutory services undertaken in the year to progress towards outcomes within the ADP Strategy 2020 to 2023.
- The second part is a mandatory template provided by the Scottish Government and reflects activity against the five themes indicated in the national strategies, Rights Respect and Recovery 2018 and latterly Drug Mission Priorities 2022 - 26. These are prevention, improvement of the support and treatment system, protecting and supporting families, parity in

delivery for those within the criminal justice system and whole population approaches for alcohol.

ADP Structure and Governance

Following a consultation with the ADP Committee members, services and people with lived and living experience, the ADP reviewed its membership, subgroup membership, purpose and terms of reference to ensure increased governance and performance towards the targets and improvement work set out in the local strategy and guided by national strategy and expectations for the MAT Standards 2021 and Drug Mission Priorities 2022-26. Below is the new structure and governance developed by the ADP:



There are four new sub-groups focused on addressing harm caused by alcohol and drug including prevention of alcohol specific and drug related deaths. These groups work across partnerships and directorates within HSCP, Fife Council and NHS Fife and include relevant representation from the voluntary and independent sectors and lived and living experience. There are clear remits with a focus on analysing and reviewing our current position and assessing options and opportunities to deliver improvements across the entire system, reporting back to the ADP Committee. Below is an outline of each subgroup:

- **Multiple-agency Drug Related Death Review Group** – A Public Health Surveillance Group focused on a full review and real time learning of each suspected drug related death to implement, immediate service to service improvements and highlight systematic gaps applicable to services and systems of care beyond the ADP, thus influencing whole system change. This group also runs meetings in conjunction with the NHS Fife addictions team's cluster review which addresses all those who were open to addiction services at the time of death.
- **Medication Assisted Treatment (MAT) Standards Implementation Group** – To deliver the rights-based trauma informed framework for the safe and effective provision of opiate substitution therapy, psychosocial support, and psychology interventions. This group project manages the implementation of the standards within the ADP system of care and works to influence provision in other interconnected strategy development and service delivery.
- **Addressing Alcohol Specific Deaths Group (AASDG)** – To analyse and review all ASD in 2020 for the purpose of developing a profile of those at risk, identify points at which an earlier intervention could have contributed to prevention. This learning will be forming the basis of recommendations presented to the ADP Committee as part of its improvement-based action plan for policy and service delivery to address alcohol harm and alcohol specific deaths.
- **Medication Assisted Treatment (MAT) Standards 6 & 10** - Psychology based workforce development subgroup delivering a plan compliant with MAT standards to retain people in treatment improve the quality of psychosocial support trauma informed response within the current system of care involving all ADP funded services.

The **Joint Commissioning Group** continues in its role of strategic commissioning, managing performance and overseeing the financial position and reporting of the ADP, including the new commissioning for the Drug Mission Priorities and MAT Standards. The **Lived Experience Panel** (established December 2020) continued in its role of amplifying the voices of people with lived and living experience within the ADP Committee and its structure ensuring the work places the needs of the care group at the heart of strategic planning.

Over 2022/23 Fife ADP has continued to address the national Drug Related Death crisis and has worked closely with the national Drug Death Taskforce and Scottish Government Drug Mission Policy Unit to align provision to the new evidence-based recommendations. This regalanised the approach across Fife to focus on its strategic priorities through the lens of delivering interventions to focus on addressing the drug related deaths crisis. Locally the ADP has adopted a similar commitment to address alcohol specific deaths and related harm and a subgroup specifically

focused on analysing this and developing recommendations for improvement both in and out with the current treatment and support system.

ADP National Strategy:

Rights Respect and Recovery (2018)

The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” was published in November 2018. The strategy reaffirms that individuals’ families and communities have the right to:

- health and life free from the harms of alcohol and drugs.
- be treated with dignity and respect.
- be fully supported within communities to find their own type of recovery.

It is mapped against five key themes followed by the ADP Committee in the development of the Fife ADP Strategy for 2020 to 2023. These themes are:

- **Prevention** of problematic substance use involving work with young people.
- **Early Intervention** to prevent worsening or development of harms which will make recovery less challenging.
- **Recovery and treatment** for those who have developed a physical and psychological dependence on substances.
- **Protection** of children and young people affected by another’s use of substances.
- **Whole Population Approach** with an aim of achieving and maintaining health supporting levels of alcohol consumption.

Progress against these themes is provided in the commissioning and improvement work section of this report.

The Alcohol Framework for Preventing Harm (2018)

The National Strategy for prevention of harm associated with alcohol use focuses on four main impacts:

- Protecting Young People

- Tackling Health Inequality
- Improving National Systems
- Whole Population Approaches

Aspects of this strategy were again mapped against the themes in the ADP Strategy 2020 – 23.

The Drug Mission Priorities (2022 – 26)

The drug mission priorities were announced in January 2021 focused entirely on preventing the drug related deaths in Scotland, these are focused on:

- Whole family support and development of family inclusive practice
- Increase the capacity and access to Residential Rehabilitation for women, veterans, those with dual diagnosis and young people.
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment:
 - People at high risk are proactively identified and offered support.
 - Effective pathways between justice and community services are established.
 - Effective near-fatal overdose pathways are established across Scotland.
 - People are supported to make informed decisions about treatment options.
 - People are supported to remain in treatment for as long as requested.
 - People have the option to start MAT from the same day of presentation.
 - People have access to high standard, evidence based, compassionate and quality assured treatment options.
- Assertive outreach and Non-fatal overdose pathways
- Lived Experience Panel

Progress against these priorities is provided in the commissioning and improvement work section of this report.

Medication Assisted Treatment Standards (2021)

The Medication Assisted Treatment Standards were published in June 2021 by the Scottish Government with an expectation of full implementation in all ADP areas by the end of that financial year. The standards are part of the National Drug Mission

Policy response to address the prominent levels of drug related deaths in Scotland, declared a national public health crisis by the First Minister. In Fife drug related deaths have increased by 86% over the last ten years reaching 65 deaths in 2020 and increasing to 70 deaths in 2021.

Commitment to the implementation of the standards was adopted very early by the ADP and as such the standards aligned with work already underway to improve assertive outreach, harm reduction, advocacy and increasing participation and engagement with people with lived and living experience. They are also strategically aligned with early intervention and whole family support service redevelopment.

The ten standards are simple statements intended to be understood by those who use the system of care and drug and alcohol services and presented with evidence and rationale for their inclusion in the framework. NHS Board, ADP and HSCP responsibilities for each standard are detailed with process, numerical and experiential measures required to be submitted to Public Health Scotland and Scottish Government on an annual basis. The MAT Standards are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people can access evidence-based harm reduction at the point of MAT delivery.
5. All people receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy as well as support for housing, welfare, and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

In August 2022, a programme improvement plan was submitted to Public Health Scotland and the Scottish Government based on feedback from the first year of assessment. This aimed to further enhance the services and system delivery moving Fife close to full implementation of the MAT Standards and to comply with reporting,

benchmarking, and assessment criteria for the end of year assessment. Specific deliverables were identified and agreed by the MAT Standards Implementation subgroup, the ADP Committee and both Chief Executives for the Local Authority and NHS. Fife ADP continued its aim to invest the majority of the funding with the NHS Addiction Service due to the focus of the first five standards on health board provision. Although longer-term funding was not confirmed until July 2022, causing some delay to implementation and recruitment.

An additional £204k from the ADP's drug mission funding was also allocated to the project to increase capacity in the service. This will be sufficient to achieve the "Numbers in opiate replacement treatment target" linked to MAT Standards. This will be measured centrally by PHS and reported and published on a quarterly basis. The target will measure a planned and sustained increase in the numbers of people receiving opiate replacement in the area to improve the prevalence of problematic opiate dependent drug use/ people receiving OST treatment percentage. This is currently an estimation and thus all boards have been given a universal 9% target (154 patients for Fife) increase over the next 2 years.

Fife ADP have monitored and managed progress towards the standards via quarterly reports submitted to the Scottish Government indicating completion of milestone actions and through their risk assessment. These have been shared with all partners and used as a mechanism for assurance and redirection, if necessary, though the ADP has recognised that a more robust performance framework is required for the remaining three years of the implementation plan to measure impact, improvement and progress in year.

In April 2023, Fife ADP was externally assessed by Public Health Scotland on the first five standards by process, numerical and experiential evidence and MAT 6 to 10 on process and experiential evidence as partial implementation was expected. For 2023/24, the ratings for all 10 standards are detailed in the next section with plans for further improvements over 2023/24.

Fife MAT Standards Progress 2022-2023

MAT Standard Descriptor	PHS Assessed Performance for 2021-2022	PHS Assessed Performance for 2022-2023 Progress Description	Implementation Plan for 2023/24
1. Same day prescribing	Amber	Provisional Green ↑ Same day prescribing through rapid access clinics (MAT 1) is available across all the sites and has been maintained at the Methil Community Centre.	To maintain same day prescribing across all sites and to continue to offer this in Methil. To roll out rapid access clinics as part of “One stop Shop” partnership with third sector in Cowdenbeath and Kirkcaldy Locality where harm is highest in Fife
2. Choice of ORT at start and review	Amber	Provisional Green ↑ LAIB (Long-acting injectable buprenorphine) is now available across the full service at initial titration or after medical review and provides additional choice (MAT 2) for those accessing opiate replacement therapy.	To improve on choice of ORT rates at all sites
3. Assertive Outreach & Anticipatory Care	Amber	Amber ↔ Assertive Outreach is	To review outreach pathway third sector provider of Non-Fatal Overdose Project ensuring that more people are risk assessed within the three-

		available in localities with ADAPT clinics, recovery cafes but also in key areas such as prisons, custody suites and hospital wards provided both by commissioned third sector and statutory services providing anticipatory care to people with lived and living experience. The drop-in support at the Methil Community Centre is key service acting as an access point to treatment as too is the living experience group now operating in Dunfermline.	day window.
4. Harm Reduction (Injecting Equipment Provision, THN, Wound Care, BBV testing at the point of MAT delivery)	Amber	Amber ↔ Take Home Naloxone, Wound Care and Blood Borne Virus Testing available in all sites. Further improvements needed to increase coverage of Injecting Equipment	MAT 4 group to continue with implementation plan Third sector will support with a specialist trainer. Adopting a new database will allow NHS Addictions Service to record distribution and develop service-based targets and improvements.
5. Retention in Services	Amber	Amber Rapid access clinics and a third sector retention service (MAT 5) also provide additional support to those at risk of early unplanned discharge	Review current retention practises, recording and policy within services. However, retention has improved as shown in “Numbers in Treatment” target.
6. Psychological interventions throughout the	Not assessed	Amber	To continue with workforce development plan now funded

system of care.		The MAT 6 and 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice including supervision, coaching and group support. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its current implementation plan.	by ADP
7. Primary Care Integration & choice for patients.	Not assessed	Amber embedding a MAT Standards compliant approach with primary care. This is likely to encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest.	Convene MAT 7 implementation and planning group and agree workplan and key deliverables
8. Advocacy, Housing & Welfare.	Not assessed	Amber Independent advocacy service has been commissioned and is in place with people with lived experience as part of the service workforce.	To further embed and promote advocacy, housing, and welfare support into the ADP system of care
9. Integration with Mental Health	Not assessed	Red Review improvement work for MAT Standards 9 aimed at enhancing pathways, protocol, treatment and care for those affected by dual diagnosis and/or other mental	Re-establish MAT 9 planning and implementation group for those affected by emotional wellbeing and mental health needs as well as dual diagnosis

		health difficulties has commenced with the establishment of a dual diagnosis working group. Work is currently underway to develop the 2023/24 plan and performance framework.	
10. ADP System of Care must be trauma informed.	Not assessed	Provisional Amber The MAT 6 and 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice including supervision, coaching and group support. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its current implementation plan.	To continue with improvements (via a separate working group) required within spaces used by services to ensure a broader approach to the development of trauma informed services.

Fife Case Study from the National Benchmarking Report 2022/23 (June 2023) Background

Between 2017 and 2019, 44 people lost their lives in the conurbation of Levenmouth with 26 occurring in the town of Methil. Following extensive analysis, strategic planning and engagement with people with lived and living experience, Fife Alcohol and Drug Partnership agreed a new set of locality based strategic priorities. Central to their planning was to work with all people to save lives in a non-stigmatising way with a focus on a “no wrong door” approach that helps people access a range of services both universal and specialised in a safe, warm and welcoming space.

Impact

In March 2022, the ADAPT- KY8 one stop shop opened its doors. It opens one day a week and offers a range of statutory, third sector and lived experience informed services including:

- Naloxone training and supply of kits
- Blood borne virus (BBV) testing
- Access to harm reduction equipment
- Individual and family support
- Access to Addiction Services and Fife based Recovery Services
- Access to rapid prescribing and mental health support onsite, and
- Housing support, welfare checks and support to attend other services.

They currently welcome on average 30 people per week and offer around 20 Naloxone kits to new and repeat visitors with 30 people having already started treatment from this venue. The atmosphere is informal and relaxed. People attend to have a chat, get a bite to eat and meet with service providers and professionals to learn more about what is available to them. The hub also runs activities such as snooker, bingo and craft sessions to encourage people to engage and reduce isolation and loneliness. Several people also attend other sessions delivered by services they first discovered at the hub.

Learning

The team at the hub soon realised the importance of a protected space for their population to help them feel safe, heard and respected. They understand how anxious people are when they first attend the hub and their support often starts outside the front door, reassuring people that they are welcome, and it is safe to come in. Extensive promotion across the locality is central to the success of the hub.

Top Tips

- Continual consultation where possible with communities and people with lived and living experience is key to success.
- Be prepared to adapt and modify service delivery based on peoples' feedback.

- Identify and collaborate with partners with the same vision and ethos to build a one-stop shop approach for people.

Next Steps

NHS Fife Public Health are conducting an evaluation of the planning involved with this approach to inform future locality-based provision in other areas of Fife where its inclusion is required to address inequalities.

Numbers in Treatment Target

Baseline	Target at the end of financial year 2023-2024	Numbers in receipt of ORT – Q1 2022/23	Numbers in receipt of ORT – Q4 2022/23	Fife Percentage increase from Q1 to Q4	Overall Increase from Baseline
1711	1865	1816	1853	↑ 2.36%	↑ 8.29%

Fife over a two-year period is expected to increase and maintain its numbers in treatment target from baseline by 9% or n=154 patients. After year one, the target has increased by 8.29% to 142 patients receiving opiate replacement therapy in Fife. This demonstrates a success in increasing access and retention within the service.

Commissioning and Improvement Work – Fife ADP Strategy 2020 – 2023

Fife ADP was awarded a £1.3 million per annum across six new priorities and immediately took the view that given the high number of alcohol specific deaths in the area, any additional investment would consider this local priority too. Additional funding for MAT Standards implementation has also been awarded following the development of a project specification plan. Below is a summary of improvement work funded from these additional investments.

Children, Young People, Whole Family and Adult Family Carers Support

- Joint strategic planning and commissioning as part of Children Services Planning to create the Whole Family Support and Young Person's Service. Barnardo's and Clued Up provide whole family support at additional level for all referrers and provision for YP up to the age of 26.
- Adult family support provision across Fife co located with Tier 3 alcohol and drug services but mainly NHS Addictions to provide key working, CRAFT based support and group working to any adult family member affected by another's substance use. The service was commissioned by ADP and is provided by Scottish Families Affected by Alcohol & Drugs and will take a carers'-based approach with an aim of providing support to carers to improve their own wellbeing. A further aim is to improve access to services for the member of the family using alcohol or drugs by providing family members with knowledge, tools, and techniques to improve motivation and support recovery. Take Home Naloxone/overdose awareness training and general harm reduction advice for alcohol are also provided as part of the approach for the prevention of substance use deaths.
- Additional capacity created by ADP funding allocated to Kinship Care Social Work Team for two social work positions to focus on family intervention/support and management and prevention of trauma within the family.

Increase Access to Residential Rehabilitation

- An increased investment in the FIRST service who provide thorough and robust preparation support, placements in any rehabilitation centre within Scotland thus allowing the service user choice of intervention, location, and length of stay. Family support whilst the placement is ongoing and referral into community-based rehabilitation on return. A self-assessment has been completed for Health Improvement Scotland, jointly with FIRST and other partners including people who attend residential rehabilitation. This has improvement pathways for priority groups which includes those who are homeless, or individuals being liberated from prison.
- Fife ADP have additionally been involved in work to develop a national framework for Residential Rehabilitation. The framework will involve providers

of Residential Rehabilitation signing up to a set of standards that are expected from every provider.

Increase of Assertive Outreach, Non-Fatal Overdose Response and Harm Reduction

- **Harm reduction** (injecting equipment provision, take home naloxone, wound care, testing for BBV) provided by services at point of need. The ADP has conducted an audit of Take-Home Naloxone distribution both within its services and its wider partners and concluded that there are further training needs for overdose awareness, take home naloxone training at an individual and training level and support to access the equipment including support to report. From this the ADP has funded a specialist trainer to develop a Fife wide plan to improve distribution and to reduce stigma by promoting take home naloxone as part of a first aid approach given the prevalence of drug related deaths across Scotland. Furthermore, the ADP has supported the development of peer led distribution of Take-Home Naloxone in partnership with We are With You and Scottish Drugs Forum. This involves people with lived and living experienced trained to raise overdose awareness and distribute equipment with people at risk.
- **Hospital Liaison Service** – The ADP will continue to redevelop this in reach and outreach partnership – provided by NHS Fife Addiction Service, We Are With You and ADAPT – to support people whose alcohol and drug use has reached crisis point and who are not getting a service, or the service provided has not yet been beneficial for their recovery. Evaluation measures are required to assess the impact this service is making in preventing the need for A&E attendance and admission to hospital. This work is due to be undertaken next year.
- **Compass Social Work Service** – This project was delayed due to recruitment issues but is now is due to be operational in 2023/24. This is a partnership between Fife Social Work Adults and Fife NHS Addictions Psychology and Therapy Service will provide support to adults affected by alcohol or drug use who have complex, severe additional needs which make it difficult to access and engage in treatment and support and/or be retained in services. This will also provide additionality to people supported through the Hospital Liaison Service whose needs include social care and support and treatment for complex childhood and adult trauma.
- **Increased assertive outreach** approaches for those in custody and in prison, delivering harm reduction and providing active linkage into universal and

specialised alcohol and drug support and treatment in the community. These services are provided by both SACRO and Phoenix Futures.

Lived/Living Experience Panels & Advocacy

- Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. This is a recognised subgroup of the ADP with the same rights and responsibilities as other subgroups to develop policy, strategic direction and contribute to improvements of service delivery. Scottish Recovery Consortium will support the LEP in its next steps of improving the reach of the voice of lived and living experience across all subgroups of the ADP and in other relevant partnerships of the Health and Social Care Partnership. There will be training, support, and development available for the members of the LEP and a plan to embed their experience across the ADP including its subgroups and within relevant settings of the HSCP.
- Establishment of an independent advocacy service, delivered by Circles to work with adults with alcohol and drug problems.
- An independent living experience group in Dunfermline with a management group implementing feedback and improvements.

Locality Planning

- **Methil one stop shop:** Between 2017 and 2019, 44 people lost their lives because of drug related deaths in the Levenmouth area with 26 occurring in the town of Methil. Fife Alcohol and Drug Partnership agreed a new set of localities based strategic priorities following extensive analysis, strategic planning, and engagement with people with lived and living experience. Central to the planning was to collaborate with all people to save lives in a non-stigmatising way with a focus on a 'no wrong door' approach that helps people access a range of services both universal and specialised in a safe, warm, and welcoming space. In March 2022, the KY8 one stop shop opened its doors. It opens one day a week and offers a range of statutory, third sector and lived experience informed services including:

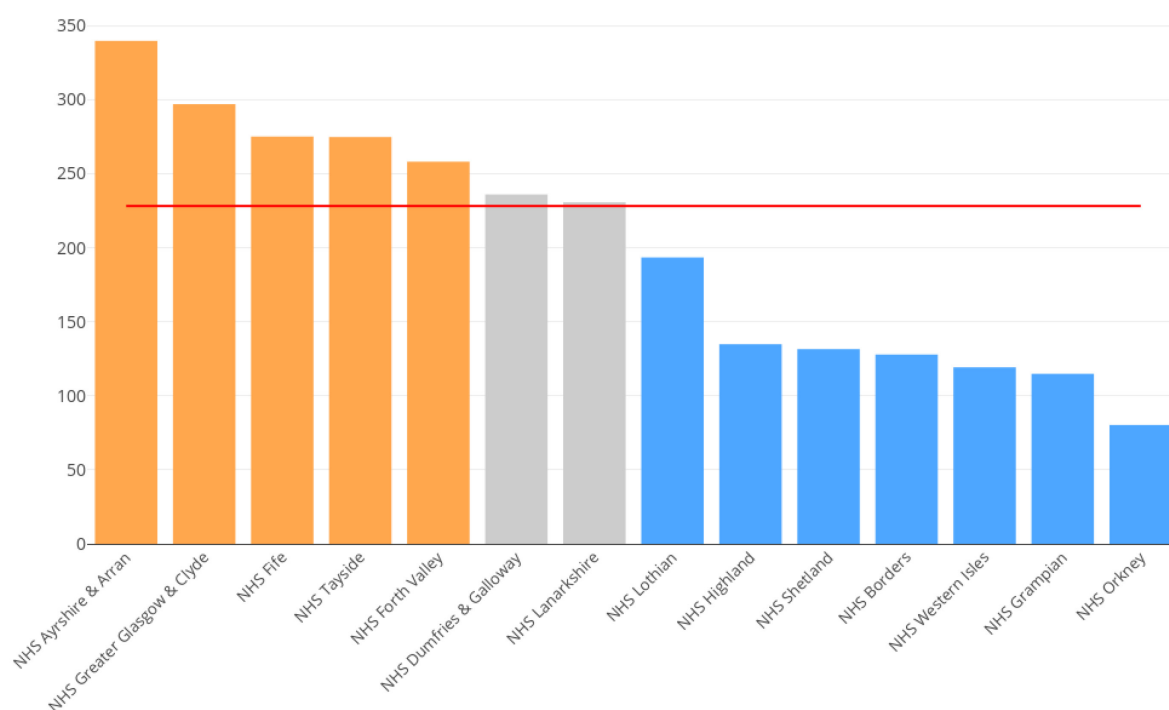
- Hot food on the day, supplies of food and other items to relieve the cost of living crisis.
- Social activities and contact, reducing isolation and promoting connectivity based on a holistic approach.
- Naloxone training and supply of kits and other harm reduction advice and support.
- Access to NHS Addiction Services on site and Fife based Recovery Services with same day prescribing (MAT 1, MAT 2, and MAT 3) also available.
- Blood Borne Virus (BBV) testing.
- Onsite mental health support provided by NHS Addictions and third sector
- Individual and family support provided by a commissioned third sector service.
- Housing support, welfare checks and active linkage to attend other services.

The success of this approach in reaching people not currently in treatment or support has meant a similar co-production process will be followed in the Kirkcaldy and Cowdenbeath areas over 2023/24.

National and Local Response: Context and Performance

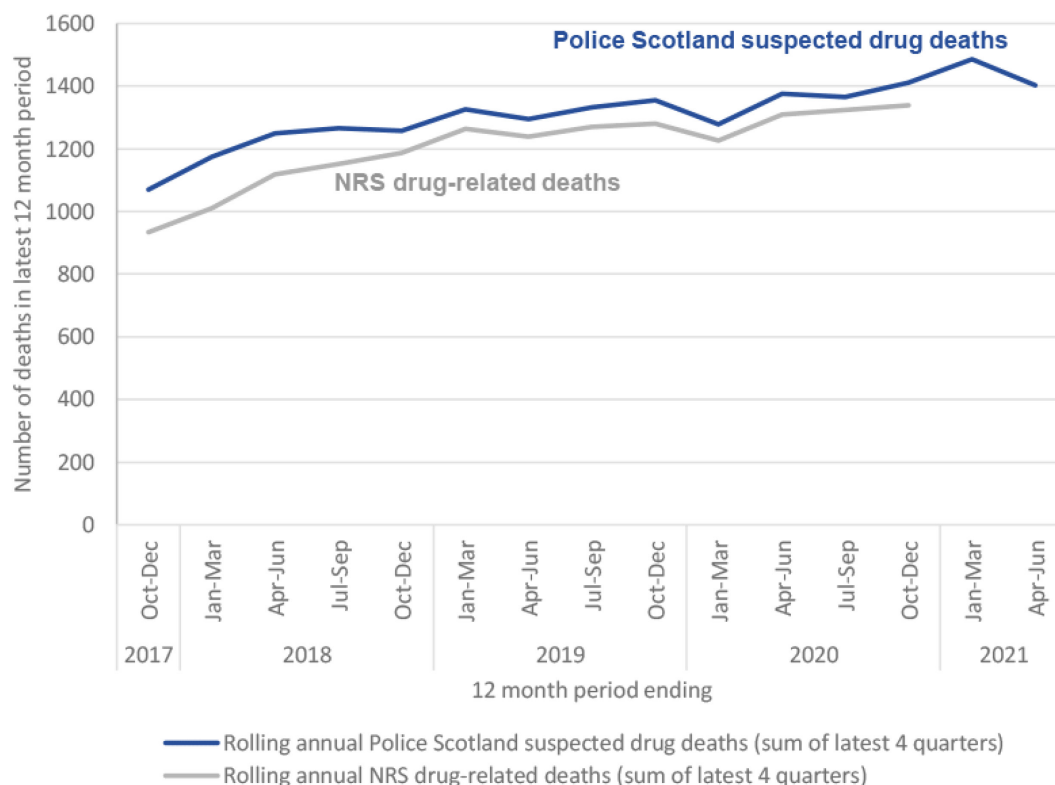
Drug related hospital admissions in Fife: Drug related hospital admissions are defined as general acute inpatient and day case stays with diagnosis of drug misuse in any position. They are measured by a 3-year rolling average number and then age-sex standardised per 100,000 population. The official 2022 figures have yet to be released, however Fife rates over the 2018/2019-2020/2021 period was 288. In the period 2019/2020 to 2021/2022 Fife rates were 275. Compared to Scotland overall, during the period 2019/20 to 21/22 the drug related hospital admissions in Fife were higher than the Scottish average.

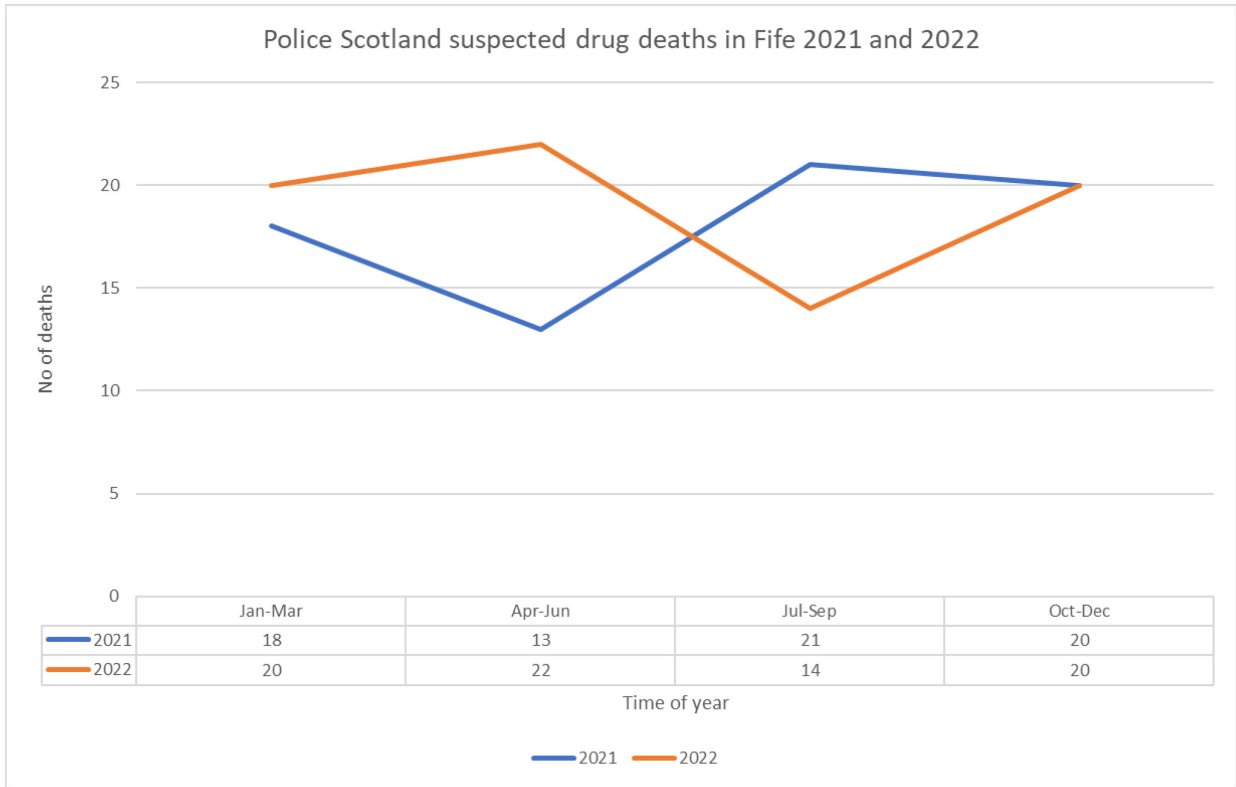
Drug-related hospital admissions
Health boards compared against Scotland - 2019/20-2021/22



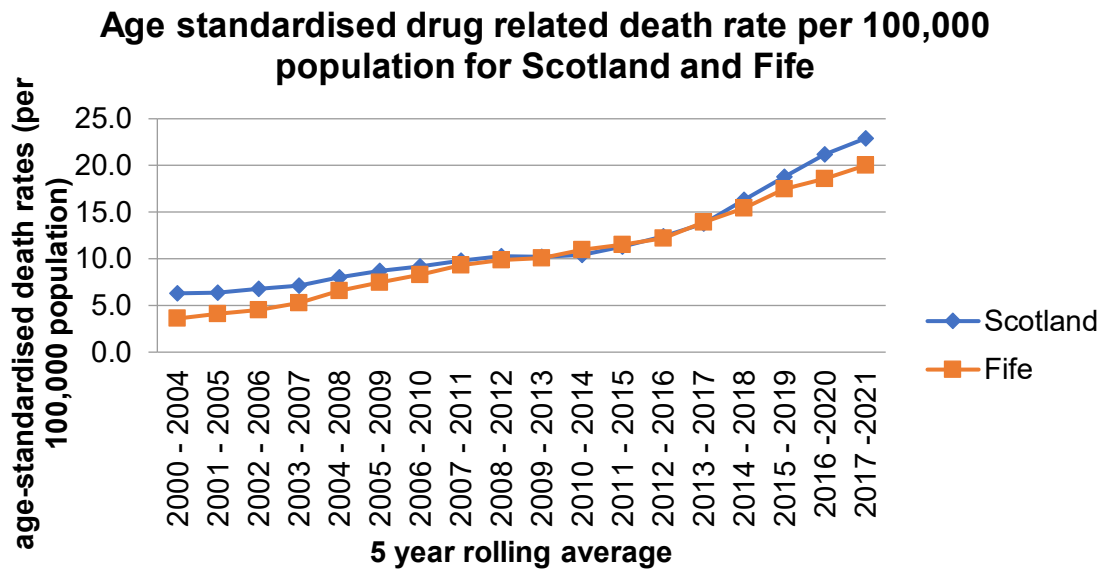
Drug related deaths in Fife: The official 2022 drug related death figures for Scotland have yet to be published by the National Records of Scotland (NRS) however the following is being reported on the **suspected** drug related deaths data gathered by Police Scotland. It provides an indication of current trends in suspected drug deaths in Scotland. This data is sourced from management information from Police Scotland who compile figures on the basis of reports from police officers attending scenes of death. Classification as a suspected drug death is based on an officer’s observations and initial enquiries at the scene of death. Police Scotland suspected drug deaths correlate very closely with the official NRS drug death statistics.

- Drug death rates in Scotland overall have reduced from 1,339 in 2020 to 1,330 in 2021 as previously mentioned the official figures for 2022 are yet to be published.
- The Police Scotland drug deaths report showed 1295 deaths in 2021 and 1092 deaths in 2022 in Scotland overall.
- Fife figures from the Police report showed 72 deaths in 2021 and 76 in 2022.
- Opioid use continues to remain high across Fife’s suspected drug related deaths overall.





The above graph shows the suspected drug-related deaths in Fife for 2021 and 2022 based on each reporting period. The Police total in Fife for 2021 was 72 and in 2022 it was 76. Although it should be noted that this is an estimation and not the official figures reported by National Record Scotland.



The above graph indicates the standardised rates per 100,000 population on a 5-year rolling average of official Drug Related Deaths and presents the challenges still faced in Fife and across Scotland. The ADP will provide an annual report for 2022, once official records are available from National Records Scotland

Take Home Naloxone Performance

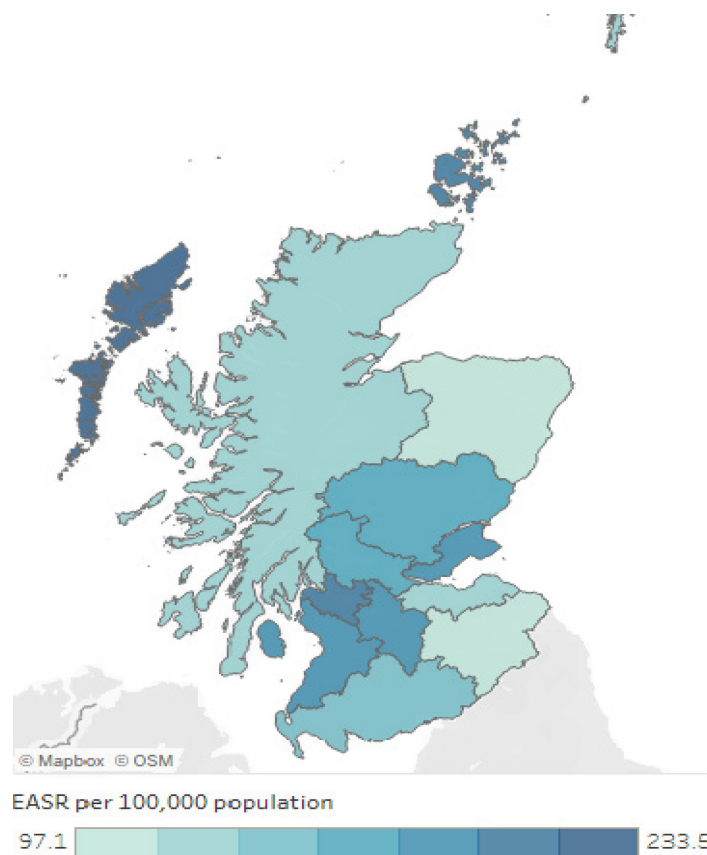
Indicator	Target	2021-2022	2022-2023	Performance Indicator
Take Home Naloxone (THN)	1400	585	1098	↑

Increasing coverage of Take-Home Naloxone (overdose reversal medication) is one of the essential interventions required to prevent drug related deaths. During the year, Fife ADP conducted an audit of its Take-Home Naloxone performance amongst its statutory and commissioned services identifying barriers to distribution and working collegiately on a recovery plan to restore the target of 1400 needed across Fife. In addition, Fife ADP has commissioned a harm reduction trainer within We Are With You, a third sector harm reduction specialist service. This role will ensure that initial and refresher training including overdose awareness are rolled out amongst our services and a plan has been developed to mainstream this training.

with partners working with people at risk and their families. An extremely positive outcome for the ADP over the year is an increase in distribution of 88% moving significantly closer to the local target.

Alcohol Related Hospital Admissions

Fife has had an increase in alcohol related hospital admissions from 204.3 per 100,000 population in 20/21 to 233.8 per 100,000 population in 21/22. For mental and behavioural disorders caused by alcohol Fife were above the Scottish average for new patients and had the 4th highest rate of new patients compared to other NHS boards in Scotland. This was also an increase for Fife from 20/21.



New patients in 2021/22 for mental and behavioural disorders

due to alcohol. EASR per 100,000 of the population.

For new patients for alcohol liver disease, Fife was below the Scottish average for new patients. There was a slight increase from the previous year of 20/21 to 21/22.

ABI Performance

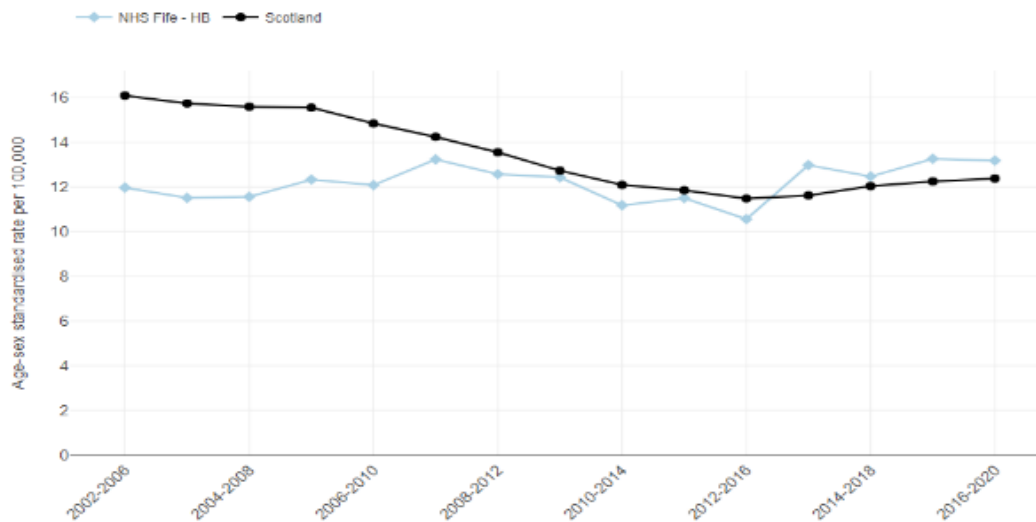
The Scottish Government are currently reviewing the local target for Alcohol Brief Interventions given that this is the first year this information has been collated since the pandemic. Fife's performance is currently lower than the pre pandemic target and clearly some element on the digital delivery of services in the ADP has had some impact though it is less clear in the priority settings. The Joint Commissioning Group of the ADP has asked for a review of the performance and recommendations for improvement over the next year.

Indicator	Target	2021-2022	2022-2023	Performance Indicator
Alcohol Brief Interventions (ABIs)	3141	Not collated	2751	↓ From annual target

Alcohol specific deaths in Fife on a whole have been lower than the Scottish average. The number of women dying from alcohol specific deaths is marginally higher however than the Scottish average.

Alcohol-specific deaths, females

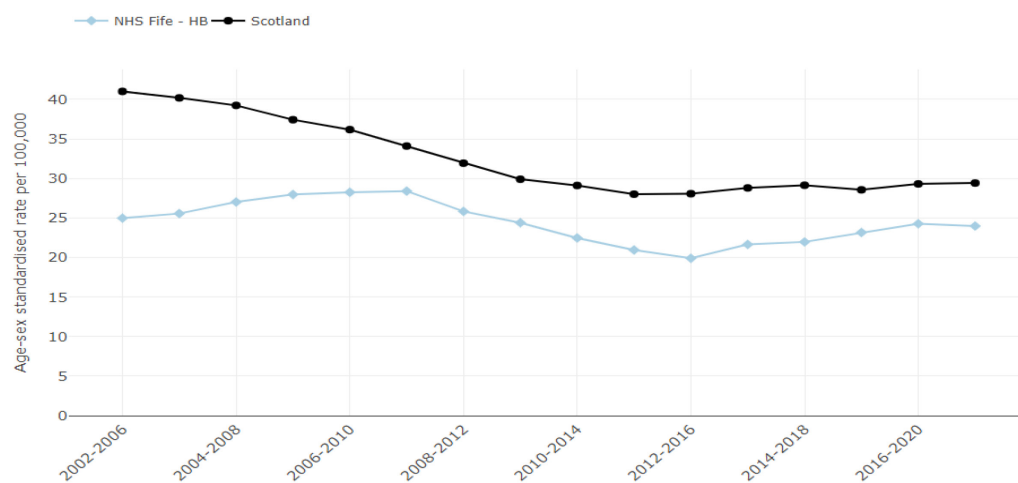
Age-sex standardised rate per 100,000



The number of men dying from alcohol specific deaths is marginally lower than the Scottish average.

Alcohol-specific deaths, males

Age-sex standardised rate per 100,000



The Addressing Alcohol Specific Death Group (AASDG) a subgroup of the ADP focuses on prevention of harm and premature mortality with the ADP strategic aim to reduce alcohol specific deaths and produce a recommendation report back to the ADP Committee indicating improvements required at service and system level to reduce the prevalence of alcohol specific deaths in Fife. The group oversees two research projects, which are:

The two key priorities of the group to achieve these goals are to;

- In partnership with Public Health – a review of alcohol deaths for 2020 by collecting primary and secondary care data, as well as third sector and social work data. A report will then be produced with recommendations from the data gathered and submitted to the ADP for an improvement plan aligned to national standards for improvement of care for people affected by alcohol use.
- In partnership with Scottish Drugs Forum, services and people and families with lived and living experience – A peer research to be carried out by individuals with lived or living experience. This will result in a report with key recommendations that link in with the Alcohol Specific Death report. This work is currently on track and the group will receive the draft report for this work in August 2023.

Local Delivery Plan Drug & Alcohol Waiting Times

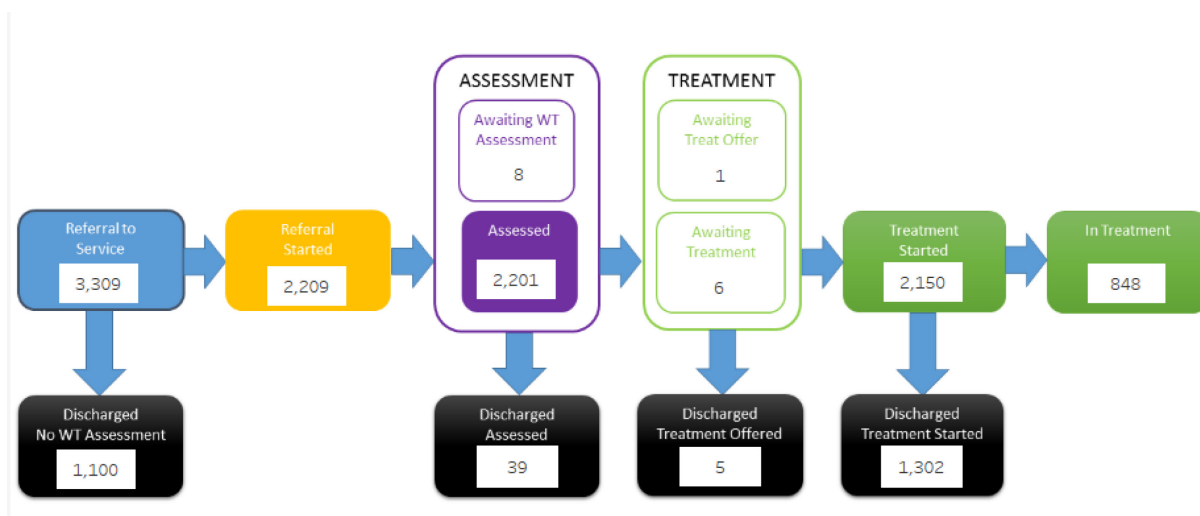
The local delivery plan requires that 90% of people accessing tier 3 support for alcohol and drug issues are seen and assessed within a three-week period. Over the last year Fife ADP has consistently meant the waiting times target for treatment for all four quarters of the year. Though there have been fluctuations these have never been lower than the national target and demonstrate a good level of access to services for people affected by alcohol and drugs in Fife.

Indicator	Target	2021-2022	2022-2023	Performance Indicator
Drug and Alcohol Treatment Waiting Times – Q1	90%	94%	94.1%	↑
Drug and Alcohol Treatment Waiting Times – Q2	90%	89%	95%	↑
Drug and Alcohol Treatment Waiting Times	90%	93%	97%	↑

- Q3				
Drug and Alcohol Treatment Waiting Times - Q4	90%	100%	96%	↓

Service and System Performance

Nationally Reported Fife Tier 3 Performance



From April 2022 - March 2023 Fife Tier 3 adult services received 3,309 referrals. 2,150 of the referrals started treatment and 848 remained in treatment after March 2023.

ADP Contract Reporting – Tier 3 Services

Tier 3 services are defined as services delivering a specialist intervention as part of a recovery/care or treatment plan. They are linked to the improving our recovery system of care theme but do undertake harm reduction and other early intervention and prevention support in the community.

Below is a summary of our tier 3 services and their performance based on reports submitted to the ADP support team:

NHS Addictions Services – The rapid access clinic reported 87 referrals between April 22- September 22 with the highest number of referrals from the Kirkcaldy area and the majority of referrals were male. There were higher numbers of people in treatment for drug use retained in service for longer than those with an alcohol dependency. For those in service due to opioid dependency 48% of those demonstrated a reduction in days the substance was used. There was however an increase in use of crack cocaine and cocaine use for those in treatment.

NHS Psychology - Psychology have submitted a report on targets, which indicates all targets are being met and data was provided for outcomes. 83 individuals received psychological assessment and evidence based psychological therapy. 29 new clients also received emotional resource approach but the funding for this work ceases in July. Psychology obtained funding from the ADP for help implementing MAT6&10, this included extra provision for two psychologists, as well as a training budget.

DAPL - This service provided a comprehensive ADP report return, which showed targets were met for counselling, ABI's, DBI's and provision of out of hours service. This service continues to deliver SMART meetings. There was a slight decline in engagement rate from referral from 59% to 44%. 277 naloxone kits were offered and 31 distributed.

FIRST – The Community Rehabilitation team has exceeded its ADP targets and demonstrated good outcomes for those engaged with the service. The highest referral rate has come from Kirkcaldy area, and 25–40-year age group. The

engagement rate from referral is 62% which is quite standard across services. Two naloxone kits were distributed and 128 ABI's and 151 DBI's were delivered.

FIRST - The Residential Rehabilitation Service received 65 referrals across the year and 17 individuals accessed residential rehabilitation in this period. Positive outcomes were demonstrated for those who accessed residential rehabilitation. Ongoing work continues with Healthcare Improvement Scotland on pathways and access for minority groups.

ADP Contract Reporting – Tier 2 Services

Tier 2 services are defined by the delivery of support on ADP strategic themes around prevention, early intervention, whole family support and a focus on creating parity in service provision by those affected by the criminal justice system. The work offered can often be outreach, sometimes to high volumes of people and brief in nature based on actively linking service users to Tier 3 provision but this has evolved and will change dependent on the needs of the service user.

ADAPT - All targets for this service were met and the report was fully completed. The service had 1117 attend the drop-in clinics and provided counselling to 109 individuals however 203 were referred. ABI (Alcohol Brief Interventions) targets were also met with 227 being delivered, and 293 naloxone kits were distributed. 35% of those working towards abstinence achieved this, whilst 70% made progress towards improvement in physical and psychological health.

ADAPT NFO - This service saw 305 individuals throughout the reporting period. 80% of referrals exited after support 19% still active in service. 50 naloxone kits were also distributed. The main substances which resulted in the referral were heroin, alcohol, and street Valium.

Barnardo's Education Service - A full report was provided from Barnardo's for Education with the majority of pupils/staff fully achieving or making progress of increased knowledge at exit. Due to the ongoing review of the Education service Barnardo's have not recruited to the vacant senior practitioner post and therefore some inputs in Q4 were reduced. Where inputs were reduced, resources were provided to teachers to cover any gaps in provision.

Barnardo's and Clued-Up Whole Family support service – A full report was provided for this service. Referrals were on target for young people provision. Outcomes for young people show positive changes in key areas including reduction in substance use, improved family relationships and improved mental health with very few leaving support having not benefitted in some capacity. For intensive whole family provision, in the reporting year 8 families were supported and some outcomes were recorded for improvement in safety for the families and relationships, parental engagement and improvements in connections to local groups.

Clued-Up Employability Service – This service has been working towards outcomes for young people to gain employment, volunteer, develop positive routines and access further education. 17 males and 11 females developed positive routines, 6 engaged in volunteering opportunities, 14 entered further or higher education and 3 males and 8 females secured employment.

Circles Network - Circles is the new advocacy service and has a responsibility within Medication Assisted Treatment Standards for independent advocacy support. The service has been working on their reporting outcomes and from April 2023 can now report on outcomes for service users and staff. Both positions for advocacy workers were commissioned specifically for individuals with lived experience. 194 cases were seen by Circles within the year with the key issues being housing, finance, and welfare.

Frontline Fife – One to one support was offered to 61 individuals with an engagement rate of 66% from referral. The highest area for engagement was Kirkcaldy which mirrors last year's reporting. All outcomes were clearly demonstrated and 25 ABI's and 34 DBI's were conducted. The team also distributed 7 naloxone kits throughout the year.

Hospital Liaison Service - ADAPT worked with 59 individuals with most referrals from the Leven and Kirkcaldy area. 99% of ADAPT referrals had an alcohol related problem. Whilst Addiction Services had 354 referrals, with 133 open cases within Addiction Services. It was also noted that addiction services received approximately 50 referrals per month. Both services referred onto other services and provided support to the individuals engaged. NHS Pharmacy services are still to recruit to their role due to the temporary nature of the funding and WAWY again highlighted only a small number of referrals are being passed to them.

Phoenix Peer Mentoring - This service has provided Fife ADP annual report showing targets and engagement. All outputs were met for volunteer opportunities, mentee engagement and engagement in wider community. There were 39 referrals

to this service, and 38 people engaged. There was one female referred however they did not engage. 37% of people when exiting the service has a reduction in drug and alcohol use as well as improvement in physical health. 14 naloxone kits were offered, and all were issued. Kirkcaldy remained to be the main area of referrals followed by Glenrothes.

Phoenix Futures Return to Nature - A full report was provided from the service. 27 people completed the RTN programme, with a target of 30 to complete. Targets were met for volunteer opportunities and recovery cultural events which has increased since the last reporting period. 20 naloxone kits were distributed which is a 100% increase from the last reporting period. There was a high engagement rate from referral and of those who did complete the RTN programme, 100% improved in physical and emotional health and increased social networks.

Restoration - This service has reported on targets with 269 active members attending at least one activity per week. The highest area of engagement is the Dunfermline and Levenmouth area with 129 active members. A client survey highlighted self-improvements in isolation, mental and physical health and feeling safe. Outgoing referrals continued to be high with people supported into services that help with transport needs, ongoing community support and foodbanks.

SACRO - This service completed a full report detailing ADP targets. Most targets were met with the service receiving 240 referrals to the service within the year, and 150 service users engaging over a period of 3-12 weeks. This is a 42% increase in referrals from the previous year due to staff recruitment. The target for service users having increased motivation to decrease substance increased to 54, with a target of 40. Staff are now able to issue naloxone kits however only 2 kits were distributed in the reporting period. There was a reduction of 84% in reported criminal activity which exceeded the target of 60%.

SFAD - 105 individuals engaged with this service through a variety of one to one's and group work. Included in this were 22 family members who received bereavement counselling. Family members had positive outcomes from their engagement with SFAD including better physical, emotional, and mental health.

WAWY - A full report was returned, and all annual outputs have been exceeded. 606 naloxone kits were distributed which is above target the peer naloxone champions are responsible for over half of this distribution. As well as this, drop-in clinics and triages were 27% over the target. Brief interventions were over double the annual output. The ADP support team will work with the service to increase annual targets

on the SLA. Levenmouth continues to have the highest referral area, with 41-50 years being the highest age range for referrals.

Next Steps for 2023 - 2024

Moving forward it is essential that the ADP continue to implement its strategy and focus on the key areas in order to prevent, intervene early and provide quality in treatment and support to all people of Fife. The continued implementation of the MAT Standards will be a critical focus for Fife ADP and nationally as we continue to embed the standards within ADP services but also mainstream the approach in universal provision where people with alcohol and drug problems struggle to engage. A complete system approach to the MAT standards is required in primary care, mental health, housing and welfare and advocacy services.

The residential rehabilitation service will continue on its continuous improvement approach in partnership with the ADP support team to continue providing positive outcomes but to also reach priority groups and identify pathways and partnerships to increase the reach of this type of support.

A focus will also be maintained on alcohol related harm and deaths and the complexities of reporting around those as well as the contributing factors involved. Fife ADP will use the information gained from the Addressing Alcohol Specific Death work and the voice of people and their families with lived and living experience to drive improvements in the system of care and other partnerships where prevention and early intervention can improve outcomes. As proposed in the delivery plan, the Addressing Alcohol Specific Death Group will form an implementation group to support wider organisations in utilising the data collated and the overarching themes from their findings.

Much has already been done to engage and ensure participation individuals with lived or living experience within the strategic planning and policy work of the ADP. A dedicated worker has been commissioned through Scottish Recovery Consortium to ensure that people and their families are fully support to co-produce and collaborate and offered development opportunities on a volunteer basis. The aim is to ensure all ADP subgroups are collaborating directly with people with lived and living experience and the voice of lived and living experience is present across the HSCP and other universal service provision where their voice can benefit service improvements, strategic planning and policy development. The ADP continues to value the work of

those with lived and living experience as part of the harm reduction approach including the provision of overdose reversal medication and raising awareness.

The ADP Strategy 2023/26 is currently in development cognisant of the HSCP themes and improvements pertaining to the ADP, aligned to correlated strategies such as mental health, prevention and early intervention and the carers strategy and also aligned to the national strategies. The new strategy will learn from our past experiences, assess, and review current data before looking to the horizon to identify the directions required to improve performance and outcomes for people of Fife affected by substance use.

Further Information

Fife ADP Strategy 2020 – 2023 - [Fife-ADP-Strategy-2020-23.pdf \(fifeadp.org.uk\)](#)

Rights Respect and Recovery 2018 - [Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot \(www.gov.scot\)](#)

Alcohol Framework Preventing Harm 2018 - [Alcohol Framework 2018 - gov.scot \(www.gov.scot\)](#)

National Drug Mission Priorities Plan 2022 – 2026 - [National Drugs Mission Plan: 2022-2026 - gov.scot \(www.gov.scot\)](#)

Medication Assisted Treatment Standards 2021 - [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](#)

Fife ADP Mat Standards Implementation Plan 2022 – 2023 - [Microsoft Word - Fife ADP MAT Standards Improvement Plan 22 -23](#)

Fife ADP Getting Help - [Getting Help | FifeADP](#)

AASDG – Addressing Alcohol Specific Death Group, a subgroup of the ADP

ABI – Alcohol Brief Intervention, a short structured intervention delivered to people at risk of alcohol related harm

ADP – Alcohol and Drug Partnership

DAISY – Drug and Alcohol Information SYstem, a national database for recording waiting times for treatment for Tier 3 services.

DAPL – Drug and Alcohol Psychotherapies Limited

DBI – Drug Brief Intervention, a short, structured intervention delivered to people at risk of drug related harm

FIRST – Fife Intensive Rehabilitation Substance use Team.

JCG – Joint Commissioning Group, a subgroup of the ADP

LEP – Lived Experience Panel, a subgroup of the ADP.

MAT – Medication Assisted Treatment, a framework for the safe, consistent and effective delivery of care for people who can benefit from opiate replacement therapy.

MDDRG – Multi-agency Drug Death Review Group, a subgroup of the ADP

OST/ORT – Opiate Substitute Therapy or Opiate Replacement Therapy

SACRO – Scottish Associate for the Care and Resettlement of Offenders

SFAD – Scottish Families Affected by Alcohol and Drugs

SLA - Service Level Agreement

THN – Take-Home Naloxone, a medication that can reverse the effects of an opioid overdose.

WAWY – We Are With You, the harm reduction service

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Fife ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group/Early Warning System
- None
- Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
(select only one)
[single option]

- Yes
- No
- Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

The ADP is producing a learning and improvement recommendations report based on previous public health surveillance of suspected drug related deaths across the whole system. This will allow for meaningful development of actions across HSCP and LA/NHS.

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)

- [single option]
- Yes
 - No
 - Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.

[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.60
Total vacancies (whole-time equivalent)	1.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

Analytical and performance management support is required and this has been recruited for 2023/24 financial year
--

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)

[single option]

- Yes
- No (please specify who does):
- Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.

[open text, decimal]

Total current staff (whole-time equivalent)	151.00
Total vacancies (whole-time equivalent)	10.00

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
- Flexible working arrangements
- Management of caseload demands
- Provision of support and well-being resources to staff
- Psychological support and wellbeing services
- Staff recognitions schemes
- None
- Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

- Feedback/complaints process
- Questionnaire/survey
- No
- Other (please specify): Since Dec 2020, the ADP have had a Lived Experience Panel in partnership with Scottish Recovery Consortium. In 2022/23, a living experience panel has been established with Scottish Drugs Forum. This feedback is shared with a service managers and ADP group

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used to inform service improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used in assessment and appraisal processes for staff	<input type="checkbox"/>	<input type="checkbox"/>
Feedback is presented at the ADP board level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback is integrated into strategy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure? (select all that apply)

[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Focus group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
 [matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.

[open text – maximum 2000 characters]

In partnership with members of the Fife ADP Lived Experience Panel (established December 2020), the ADP support team reviewed, analysed and developed a new plan for the continual development and sustainability of the panel. This concluded in October 2022 and it was agreed that an independent service with experience of supporting people with lived/living experience to contribution to service development and amplify the voice of lived and living experience throughout the ADP subgroups and the HSCP and other directorates where services are provided to people affected by alcohol and drug use. A new service was commissioned and a participation and engagement plan developed to provide training, support and mentoring to volunteers and to delivery broader engagement.

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?

[open text – maximum 2000 characters]

The Alcohol and Drug Partnership support team review all services' performance at six monthly intervals. Part of this process involves ensuring that services develop and support the voice of lived and living experience in service development and improvement approaches. This monitoring and recording process captures good examples of how this approach has been employed throughout the year. Most services of the ADP conduct surveys, feedback interviews, development days, provide mentoring and volunteering opportunities and employ people with lived and living experience. There are varying degrees of participation from consultation to co-production with people with lived and living experience and their family members.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)

[multiple choice]

- Advocacy
- Peer support
- Provision of technology/materials
- Training and development opportunities
- Travel expenses/compensation
- Wellbeing support
- None
- Other (please specify): Fife ADP commissioned a new Fife wide Family and Carers' Support Service. This is specifically to support people affected by a loved ones' use and provides one to one and group support. The service also advocates for families inclusion in treatment.

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

- Community/recovery cafes
- Job skills support
- Naloxone distribution
- Peer support/mentoring
- Psychosocial counselling
- None
- Other (please specify):

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text – maximum 2000 characters]

None

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

- MAT Implementation Support Team (MIST)
- Scottish Drugs Forum (SDF)
- Scottish Families Affected by Drugs and Alcohol (SFAD)
- Scottish Recovery Consortium (SRC)
- None
- Other (please specify):

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

Yes (please specify which): ADP Strategy 2020 to 2023 and included in the Annual Reports

No

Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

Fife ADP reduce stigma in partnership with people with lived and living experience within commissioned services, across other partnerships and divisions recognising it is a barrier to service access and retention and ultimately recovery. The Lived Experience Panel (a sub group of the ADP) plays a vital role in developing and supporting this voice and to enhance the panel development, the ADP has recently commissioned SRC to support the panel. Addressing stigma is a clear priority for this panel. As it is for the living experience group based in Dunfermline and supported by service workers with lived and living experience. This information is used by the ADP and its services to improve delivery and reducing service approaches viewed as stigmatising.

Fife ADP has commissioned an independent advocacy service, delivered by Circles to work supporting people with alcohol and drug problems to have a voice in the services they access and develop the skills and confidence to self advocate. The service uses a mixed model of employed and volunteer advocates all with lived experience of substance use and recovery. This approach directly challenges the stigma around recovery proving that people can recover but also allows the individual to self challenge with the support of their worker. Furthermore the service works across partnerships supporting people holistically to access the services they need and to reduce the barrier of stigma.

Fife ADP also commissioned a Fife wide locality based adult family support service recognising their status as carers'. This service supports the rights of families to be included in their loved ones's treatment and care but also provides training and other workforce development aimed at increasing inclusion and reducing stigmatising barriers. As the ADP redevelops its Strategy for 2024 - 2027, a coordination and consistent strategic approach will be required to challenge stigma directed towards all people affected by substance use.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)

[multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreters are available and other adaptations can be made
Leaflets/posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The ADP does not produce leaflets and posters about services
Online (e.g. websites, social media, apps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Website meets accessibility criteria
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Overdose awareness and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Parenting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal and social skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Planet Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fife ADP commission Clued Up for a similar early intervention and prevention service with young people.
Pre-natal/pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Reducing stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Seasonal campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Teaching materials for schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Wellbeing services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Youth worker materials/training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol interventions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol screening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Buvidal provision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Detoxification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs screening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychological screening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Harm reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
“Life skills” support or training (e.g. personal/social skills, employability)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy (excluding Buvidal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer-to-peer naloxone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery cafe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recovery community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to alcohol treatment services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Referrals to drug treatment services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)						

Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

32

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

10

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify):

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify): Training is being enhanced across the full ADP workforce for preparatory work for residential rehab. The ADP has commissioned an additional worker for this. There is a lack of bed capacity across the country, additional funding has increased demand.

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds

- Scope to further improve/refine your own pathways
- None
- Other (please specify): We do not have funding specifically ring fenced for MAT 6, 7, 9 & 10 though we do have quality improvement approaches in place.

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**.

[open text – maximum 2000 characters]

Statutory – Intensive and Additional

The Family Support Service within the Children & Families Services adopts a whole family model and works with a range of C&YP who may be using drugs /alcohol.

Third Sector – Intensive, Additional and Universal

Barnardo’s Empowering Change Service commissioned in partnership between Fife ADP and Fife’s Education and Childrens’ Services offer a whole family support services for children 0 to 13 yrs and their families. Recommissioning of this model and integration of the two directorates’ resources allowed for an additional level service to be developed to complement and prevent families needing the intensive service. As such more families are supported prior to crisis through strength-based and asset approach. Kyla and her family would be able to engage at this earlier stage. Furthermore, to ensure a more integrated offer Barnardo’s – through the commissioning of a new service brief – now has a strong operational integrated partnership with Clued Up, a young person, youth friendly and grassroots organisation offering support to young people as part of the model but also in their own right, respecting the need for young people to have their own worker. This service works both with young people at risk of developing problematic relationships with

alcohol and drugs and those affected by parental use on a one-to-one basis and in group work. Their open-door approach (both drop ins and community outreach) ensures that the service is accessible to all young people including those not currently in school. The service covers ages from 12 to 26 and includes an improving employability and reengaging children and young people with their communities.

Through Our Minds Matters mental health counselling framework, DAPL offer counselling support this service is offered throughout Fife from ages 5 to 17

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply)
[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **drugs**.

[open text – maximum 2000 characters]

Fife ADP and commissioned partners do not distinguish between alcohol and drugs when supporting children and young people affected by another's use, their own use or at risk of early problematic use. Thus the answer in Q29b applies here.

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People from minority ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People from religious groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are experiencing homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are LGBTQI+	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are pregnant or peri-natal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who engage in transactional sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with hearing impairments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with learning disabilities and literacy difficulties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with visual impairments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]

- Yes (please provide link here or attach file to email when submitting response):
- No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?

[open text – maximum 2000 characters]

There is local guidance for management of mental illness and guidance on support for patient’s with substance misuse problems.

There is a dual diagnosis group established to oversee implemetation of protocols, procedures and pathways between the two services, encouraging a greater level of integration. However there is also an agreement to establish a MAT 9 group to focus on variances of mental health/emotional wellbeing difficulties (not diagnosed) and substance use (not dependent) services to include third sector colleagues and people with lived experience.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Attendance on the ADP Committee and subgroups providing full collaboration/coproduction on improvement work
Linked in with locality planning work for one stop shops/rapid access to MAT 1 clinics and access to holistic services for people affected by alcohol and drugs.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify):

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent’s or carer’s substance use?** (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)				

Q37a) Do you contribute toward the integrated children’s service plan? (select only one)
[single option]

- Yes
- No
- Don’t know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None
- Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- Yes
- No
- Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

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Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting): 30th July 2023

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]



CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 10 MAY 2023 AT 10.00 AM (TEAMS MEETING)

- Present:** Dave Dempsey (Chair), Fife Council (DD)
Sinead Braiden (Vice Chair), NHS Non-Executive Board Member (SB)
John Kemp, NHS Non-Executive Board Member (JK)
Sam Steele, Fife Council (SSt)
- Attending:** Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP) (NC)
Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)
Vanessa Salmond, Head of Corporate Services (VS)
Shona Slayford, Principal Auditor (NHS Fife) (SS)
Avril Sweeney, Risk Compliance Manager (H&SCP) (AS)
Clare Gibb, External Communications Advisor (Fife H&SCP) (CG)
Amy Hughes, External Auditor (AH)
Gillian McNab, Management Support Officer (Minutes)
- Apologies:** Tony Gaskin, Chief Internal Auditor (NHS Fife)
Chris Brown, External Auditor
Karen Jones External Auditor
Fiona McKay, Head of Strategic Planning, Performance & Commissioning Manager

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
2.	DECLARATION OF INTEREST No declarations of interest were noted.	
3.	MINUTES OF PREVIOUS MEETING AND ACTION LOG OF AUDIT AND RISK COMMITTEE HELD ON 22 MARCH 2023 Minute and Action Log from previous meeting were approved.	
4.	MATTERS ARISING Item 6 - Dave Dempsey noted questions were to be taken back to Finance & Performance Scrutiny Committee (FP&S). Audrey Valente advised that this is what will be presented at FP&C questioned if Dave Dempsey referring to the deeper dive or the Audit & Assurance (A&A) oversight role? Meeting to be held to discuss the Terms of Reference and how best to update these. Dave Dempsey queried why three completed actions from the previous meeting are not marked as such. Audrey Valente advised	

	<p>that although these are effectively completed, further feedback is required and these will remain open until the July meeting.</p> <p>Item 8 – Dave Dempsey queried this completed item, which Avril Sweeney advised was covered on the agenda today.? Following discussion it was agreed that to give assurance and ensure good governance progress updates should be included against each of the actions</p>	AV
<p>5.</p>	<p>ASSURANCE STATEMENTS</p> <p>Vanessa Salmond outlined the three Annual Assurance Statements, explained their purpose and objectives and assured they are meeting the strategic objectives of the Integration Joint Board (IJB). Risks or weaknesses would normally be highlighted in the synopsis but there are none for the previous financial year. The FP&S statement will be presented to that Committee on Friday 12 May 2023 and any updates made.</p> <p>Nicky Connor questioned what the committee should be asking to support assurance to the IJB and given the changes from last year were the statements of the standard and detail expected? It is the role of this Committee to recommend acceptance of the statements to the IJB.</p> <p>Dave Dempsey questioned the attendance record for A&A and this will be updated with Tim Bridle and Brian Howarth of Audit Scotland being removed from the members column. For next year the statements should be more closely aligned to the Committee Terms of Reference.</p> <p>Sinead Braiden supported the revised assurance statement format but is keen to draw out more narrative on how Committees are fulfilling their remit. Quality and Communities Committee (Q&C) looked at this in detail.</p> <p>Audrey Valente noted that a lot of improvement work had been done on the assurance statement via a collective approach. Committees are striving to continuously improve and are setting standards on what they wish to achieve going forward. Better links to the Terms of Reference will assist continuous improvement.</p> <p>Discussion took place around the three assurance statements coming to A&A then onto the IJB. The SBAR for the IJB reflects the discussion at A&A and is the recommendation to the IJB. Vanessa Salmond confirmed the SBAR would be highlighted as draft at FP&S then updated before it was remitted to the IJB.</p> <p>Dave Dempsey confirmed that A&A have reviewed the Annual Assurance Statements and agreed they provide sufficient assurance to the IJB.</p>	
<p>6.</p>	<p>INTERNAL AUDIT PROGRESS REPORT</p> <p>Shona Slayford advised this report updates on progress for the 2021/22 and 2022/23 Audit Plans. Audit 05/22 - Strategic Plan Report has been issued and is awaiting formal management responses before being send to Nicky Connor for feedback and approval.</p> <p>For Audit 06/22 - Clinical Care & Governance, there was a substantial amount of information provided from Fife Council which needs to be incorporated into the report and this will be finalised by June. Two other audits are still progressing - 04/23 from the 22/23 plan - Contract</p>	

	<p>& Marketing Capacity and 05/23 - Workforce.</p> <p>It was noted that there are no relevant reports listed by NHS Fife and questioned whether there should be any. There will be some audits that are just about to be finalised such as the Strategic Plan for NHS Fife which will be relevant to this Committee. Concerns were raised about incomplete reports which have been moved from previous meetings. There may be four reports brought to A&A in June 2023, although this may not be achievable. Discussion took place on the number of reports and the volume of papers being issued. Shona Slayford confirmed that reports will be issued once finalised to give members time to read and ask questions ahead of the next meeting.</p> <p>Sam Steele asked if there was any indication on when or if Fife Council will approve the Information Sharing Protocol. Shona Slayford advised that discussions are still ongoing with Fife Council and the protocol will be agreed after the re-scheduled meeting. Audrey Valente confirmed that there are discussions ongoing and a meeting will be held in the near future.</p> <p>Sinead Braiden asked if the auditors workplan aligns with the committee workplan and could these be synchronised?. This is not always possible as the timing of audits can be challenging, Audrey Valente will discuss with Shona Slayford and Tony Gaskin out with the meeting. Reports should be spread out between Committee meeting to ensure realistic timescales and also ensure there is enough time to discuss fully The Clinical Care & Governance Audit will come to A&A and there is likely to be a role for the Q&C. Shona Slayford confirmed that final reports are issued to other Committees if agreement is given. Nicky Connor asked if for example a report went to clinical governance before it goes to audit committee for NHS Fife or would it go to both at the same time. Shona Slayford clarified it would usually go the relevant committee before it would go to the audit committee.</p> <p>Dave Dempsey raised the question of the timing of the A&A Committee and whether it should meet after FP&S and Q&C in future. Dave Dempsey also questioned when A&A will see the 2023 Audits in the progress report, will it be included in the June report? The Internal Audit Plan has not yet been to committee as the governance statement is produced at the end of the financial year and that informs the Audit for the following year. The risk in this approach is the Audit Plan is developed well into the year on which it refers to and the plan is actually only covering two thirds or half of the year. Shona Slayford will discuss the issues raised with Tony Gaskin.</p> <p>Tony Gaskin is due to retire imminently and this could have a major impact on internal audits ability to complete on time.</p> <p>Dave Dempsey confirmed that members had considered and noted the report and appendices.</p>	<p>AV/TG/SS</p>
<p>7.</p>	<p>RISK APPETITE STATEMENT UPDATE</p> <p>Avril Sweeney provided a summary of the report which had been brought to committee for discussion, comments and question. It was noted that a table appears twice in the report and there was a request that work is not duplicated.</p> <p>John Kemp appreciated the work which has gone into developing this report which is clear and concise.</p>	

Discussion took place on whether there was a need for A&A to undertake a deep dive into Risk Appetite. In terms of the risks we are taking there is also an assurance process around this which is discussed in generalise terms. There is a need for committees to undertake deep dives but A&A must become more definitive at the level of assurance that is either being given or can be received. Is there no assurance, limited, reasonable or substantial assurance being given? Discussion on this has begun but once a deep dive has gone to a committee, what is the level of assurance that A&A is receiving on the back of that. This assurance closes the loop of the deep dive itself being considered at the right committee but the correct level of assurance is needed. Avril Sweeney is hoping to develop performance reporting for this Committee in terms of the risk process and in-depth scrutiny at the appropriate committee and A&AC will assist in measuring and gaining assurance on risk.

The report was felt to be well defined, clear and straight forward. Avril Sweeney was thanked for her work on the report and advised that the report is not ready to be taken to the IJB at present but it should go to all committees for review. Audrey Valente supported this approach.

Dave Dempsey confirmed that the report should be presented to the other governance Committees then at the IJB in July 2023.

8 DEEP DIVE RISK REVIEWS

Avril Sweeney presented this report which had been brought to committee to discuss the draft deep dive review template and provide comments.

It was felt that this is a good report and the template contained relevant questions. The Committee should look at controls as well as questioning if a risk has changed or moved on since last assessed. Finance risks should change every quarter throughout the year. Report would be taken to FP&S on 12 May 2023 for their input.

Audrey Valente updated on the process to be followed at FP&S as part of the test of change. FP&S are being asked to agree the level of assurance provided. Discussion took place around the role of A&A and Avril Sweeney had included some of the questions which will be asked at F&PS on Friday to ensure that A&A has covered this from the template perspective. Has risk appetite and tolerance been considered and seem reasonable, are there other issues which may have been missed which would help balance out the risks?

It was too late to update the SBAR as FP&S papers have been issued. There is a need to define levels of assurance and ensure that whenever a deep dive goes to Committee there is agreement on recommendations to support good governance.

It is unlikely that FP&S will be able to cover the questions in detail but it was suggested that the person preparing the deep dive does this in advance and highlights issues. Audrey Valente and Avril Sweeney will discuss prior to FP&S committee.

Dave Dempsey asked that the question 'will further smart actions bring the risk down to the target level' be changed to 'what further smart action will bring the risk down'. The internal and external risk factors should be amended to ensure clarity. Actions should be SMART, and there is room for improvement in this area and we need to ensure that

AV/AS

	<p>deep dives achieve more.</p> <p>Nicky Connor thanked Audrey Valente and Avril Sweeney for their work on this report. Further work might be required on information from deep dives to ensure that assurance is provided on outcomes.</p> <p>Dave Dempsey confirmed that the committee had provided comments on the report.</p>	
9	<p>AOCB</p> <p>No items were raised.</p>	
10	<p>DATE OF NEXT MEETING</p> <p>Wednesday 28 June 2023 – 10.00 am – 12.00 noon.</p>	



UNCONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE WEDNESDAY 28 JUNE 2023 AT 10.00 AM (TEAMS MEETING)

- Present:** Dave Dempsey (Chair), Fife Council
John Kemp, NHS Non-Executive Board Member
- Attending:** Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)
Audrey Valente, Chief Finance Officer (Fife H&SCP)
Tony Gaskin, Chief Internal Auditor (NHS Fife)
Chris Brown, External Auditor
Shona Slayford, Principal Auditor (NHS Fife)
Avril Sweeney, Risk Compliance Manager (Fife H&SCP)
Isabella Middlemass, Management Support Officer (Note taker)
- Apologies:** Sinead Braiden (Vice Chair), NHS Non-Executive Board Member
Sam Steele, Fife Council
Fiona McKay, Head of Strategic Planning, Performance & Commissioning Manager (Fife H&SCP)
Jennifer Rezendes, Principal Social Work Officer (Fife H&SCP)
Vanessa Salmond, Head of Corporate Services Fife H&SCP)
Roy Lawrence, Principal Lead for Organisational Development and Culture (Fife H&SCP)

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
	DECLARATION OF INTEREST No declarations of interest were noted.	
2	MINUTES OF PREVIOUS MEETING 10 MAY 2023 Minute of previous meeting approved as an accurate record.	
3	ACTION LOG Audrey Valente explained to the committee that Isabel Middlemass will be taking a note of the meeting and are at the moment doing a handover, all Action Logs have been completed which are not reflected in the action note at this time, but this will be displayed at the next meeting. Dave Dempsey stated that we are required to approve that the action note is accurate so with that caveat we need to do that.	
4	INTERNAL ANNUAL REPORT Tony Gaskin stated that this is his last meeting and therefore this will be his	

	<p>last Internal Audit Report . A recommendation has been made that this report goes to all IJB members and is considered at all standing committees. Tony Gaskin read out the following <i>“As Chief Internal Auditor, and based on the work undertaken, I have concluded that reliance can be placed on the IJB’s governance arrangements and systems of internal controls for 2022/23 also, I have not advised management or do I have any concerns around the consistence of the Governance Statement about its format and content or the disclosure of any relevant issues”</i>. The report contains 2 parallel messages the first is that the Fife IJB has done a lot of good work (see paragraph 10) including the delivery of the new Strategic Plan, the second is around risk. There will be difficult choices to make as Scottish Government set out a list of demands and there will be a challenge to break even going forward. The partnership will need to be agile and robust enough to be able to identify risks and solutions and monitor in terms of governance structures.</p> <p>Discussion took place around the report. All agreed it was a fair, reasonable, proportionate report and the recommendations make perfect sense.</p> <p>Recommendation: It was agreed that the report be submitted to the governance committees for consideration and issued to all IJB members for information.</p> <p>Decision is to take a tailored approach to other committees.</p>	
<p>5</p>	<p>INTERNAL AUDIT REPORT STRATEGIC PLANNING</p> <p>Tony Gaskin stated that there is a consistent theme between this report and the annual report. It is a well-constructed positive strategic plan. In future a different approach may have to be taken to ensure unidentified and unmet needs are identified. Given the current service pressures the delivery of this strategic plan and sustainable services are fundamental. There is a need to invest in having the resources that you need for transformation and good governance around planning. This report is a good starting place, but it’s not risk free . Nicky Connor may want to consider taking this to the SPG.</p> <p>Discussion took place and it was agreed that the report focused on all the right areas. It was agreed to bring back a progress report in 6 months.</p> <p>Recommendations: This report was presented to the Committee for assurance.</p>	
<p>6</p>	<p>INTERNAL AUDIT PROGRESS REPORT</p> <p>Tony Gaskin presented this report and assured the committee that Clinical Governance workforce, and Self-Assessment for management will be presented in the September report . Also, in September the annual plan will be delivered.</p> <p>For information - The critical audit recommendation in the Council audit. The Risk Committee is meeting on Friday where this will be resolved.</p> <p>Recommendation: Consider and note the two appendices.</p> <p>Decision: Committee considered the report presented and noted the two appendices.</p>	
<p>7</p>	<p>DRAFT ANNUAL ACCOUNTS & FINANCIAL STATEMENT</p> <p>Audrey Valente stated that the documents presented are both the governance statement and the annual accounts for the IJB. Committee were</p>	

	<p>asked to approve the governance statement which provides the assurance around financial management and the internal controls and should be considered in conjunction with Tony's and Shona's report which we have just been presented with today. The second recommendation requires approval be given to submit the annual audited accounts to external audit . Tracey Hogg gave a presentation and an overview to the committee which explained the accounts process. The annual accounts financial statements are a statutory requirement to be provided each year. 31st March is the annual year end, and we are expecting to pass over to the external audit by 30th June which is a legal requirement. On 1st July the accounts will be made available for public inspection for 15 days. The draft accounts are presented for consideration and agreement to pass over to external audit. At the Audit and Assurance Committee on 25th September the final accounts will be signed off .</p> <p>Discussion took place and it was highlighted that we have turned a moderate underspend into a big deficit which was explained but it was felt that this message must be properly explained whenever we are talking about accounts.</p> <p>Page 76 some of the actions seem to be duplicated. This has been picked up and Tracey Hogg has taken and note of this.</p> <p>Recommendations: Assurance for members information. Discussion to note them. Decision approve/disapprove the annual governance statement and agree/disagree the approval of the submission. Decision to agree the recommendations.</p>	
<p>8</p>	<p>RISK APPETITE STATEMENT</p> <p>Avril Sweeney presented this report for discussion, and for the committee to recommend the draft risk appetite statement for approval to the IJB. This follows on to quite a bit of work carried out by IJB members and SLT since December last year including the work at the Development Session in February this year. This was previously discussed by this Committee at the last meeting on 10th May. The key risk appetite classifications have been applied to key risk impacts for the IJB and the results are set out within the statement at appendix 1. The statement also sets out where risk appetite and risk tolerance sit within the risk process and how the risk tolerance levels are applied to the levels of risk appetite. Once agreed it will be the intention to apply the risk appetite initially to all the IJB's strategic risks. Also, it will be used in relation to decisions being taken by the IJB. An example of this was considered at the last development session when looking at budget proposals. Decisions could include strategy development, budget proposals, setting of priorities etc. AS is looking for the committee to recommend this for approval to the IJB.</p> <p>Discussion took place and the Committee agreed they were happy to approve.</p> <p>There will be an additional process to look at where risk appetite could be applied. This will include amendments to the SBAR and seeking other areas where the process can be continually improved.</p> <p>Recommendations: Recommended the report go to the IJB for formal approval.</p>	

<p>9</p>	<p>DEEP DIVE RISK REVIEW UPDATE</p> <p>Avril Sweeney presented the report for discussion and for the Committee to approve the process and template for the Deep Dive Risk Reviews for use by the relevant governance committees going forward. The purpose of the Deep Dive Review will be for members to gain assurance that risks are being effectively managed within the risk appetite and the agreed tolerance levels. The process and template were considered at the last meeting of this committee on 10th May and it was also taken to the Finance Performance and Scrutiny Committee on 12th May. The feedback from these two meetings have been incorporated into the template and process. The question set is shown at appendix 2 but the process will ensure that the risk owner highlights any key questions when they deliver this report from this question set for the committee to consider.</p> <p>Discussion took place and Committee agreed they were happy to approve the proposed changes. Members highlighted the importance of keeping the process live and it not becoming a paper exercise. It's about everyone in the room being clear about what the risks are and what we are doing about it and what is working and what still needs to be done. There is a mechanism in place to see how this is working through an annual report on Risk Management.</p> <p>Recommendations: Committee agreed the approval of its use.</p>	
<p>10</p>	<p>IJB STRATEGIC RISK REGISTER</p> <p>Avril Sweeney presented the report This sets out the IJB strategic risks. Report is presented to Committee quarterly and was last presented on 22nd March 2023. The risks have been most recently reviewed in May 2023. The finance risk although still a high scoring risk has reduced from 20 to 16 which is reflecting the setting of the balanced budget for the year and greater certainty in the shorter term. All other risks have remained the same score. Appendix 1 shows the risks in the condensed format, it includes all 3 risk scores, the relevant governance committees and also shows the trend of the residual risk score over the last 2 reviews. We are currently sitting with 4 high risks, and they are shown in summary form on the SBAR along with the risk profile as at now, January 2023 and April of last year. The Quality and Communities Committee have a report going this week to their committee with their risks.</p> <p>Discussion took place. Members were supportive of the drop in score for the finance risk.</p> <p>Dave Dempsey stated that he would like to consider a review of the Terms of Reference of this committee as he feels we are coming to the end of certain bits of work. It was felt that this committee had a lot of energy. We have a lot of useful work on this and the risk appetite. Considered future areas of work including MSG Indicators and benchmarking work against other Local Authorities and any learning that can be taken from them.</p> <p>Members were asked to discuss the risk register and whether any further information is required. The risk register was noted.</p>	
<p>11</p>	<p>FIFE HSCP WHISTLEBLOWING STANDARDS PART 8 ASSESSMENT</p> <p>Audrey Valente presented report on behalf of Roy Lawrence. The paper gives assurance to the committee that our employee partners are working with the partnership to ensure we meet the requirements of the</p>	

	<p>Whistleblowing Standards Part 8 specifically aimed at IJB's. A summary of which is in the paper and the full standards are attached as an Appendix. Committee are asked to endorse the proposed reporting schedule to meet Part 8 requirements whilst noting that Fife Council are undertaking a full review of whistleblowing procedures which will report to their Council Executive team in August 2023. The paper sets out the policies, procedures, and specific arrangements to meet whistleblowing standards, training and support for staff. Both NHS and Fife Council have agreed to try and align as much as possible their approaches to support requirements of part 8, where although it's recommended that partners have similar policies etc., they are asked that the 2 partners status does not inhibit the IJB's ability to listen and respond to concerns raised. This paper describes the work being done by both partners to achieve this assurance. The NHS describe in great detail their arrangements in place to meet their responsibilities. The Council are looking to revamp their approach across the corporate system and are in the process of taking the new approach to CET in August, followed by JNCF in September. At this point the Council will update on the new policies and procedures which include proposed annual reports to the IJB and committees which set out any whistleblowing activity linked to the key area of part 8 standards. It should also be noted that the UK government has launched a review of the whistleblowing paper in March and will conclude in Autumn of 2023. The review will gather evidence on the effectiveness of the current approach to enable workers to speak up about wrongdoing and protect those who do so. When this review is concluded both organisations will consider their findings in relation to their existing policies. The partnership will receive reports quarterly to SLT business, local partnership fora and annual reports to the IJB committees, that set out any whistleblowing activities. These reporting schedules will provide opportunity for formal escalation as necessary whilst providing assurance to any issues will be addressed by NHS or Fife Council according to the policies and procedure.</p> <p>Discussions took place and the Committee agreed the proposed approach and for Roy Lawrence to make contact with Kirsty McDonald within the NHS Fife as their whistleblowing champion to connect her into this piece of work. Noted this will also be discussed at the Local Partnership Forum meeting with the Joint Trade Unions for their consideration.</p>	
12	<p>ITEMS FOR HIGHLIGHT TO IJB</p> <p>Dave Dempsey confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 28th July 2023.</p>	
13	<p>AOB</p> <p>Dave Dempsey, Chair of this Committee announced that this was Tony's last meeting at this committee so he would like to record our thanks to Tony for his contribution over the time he has been involved with this committee. The rest of the members echoed Dave's best wishes to Tony.</p>	
13	<p>DATE OF NEXT MEETING</p> <p>Wednesday 13th September 2023 at 10:00 a.m.</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 12TH MAY 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Colin Grieve NHS Non-Executive Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr Graeme Downie
Cllr David Graham

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Lisa Cooper, Head of Primary and Preventative Care Services
Lynn Barker, Associate Director of Nursing
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Vanessa Salmond, Head of Corporate Services

In attendance:

Dr Joanna Bowden
Avril Sweeney, Manager, Risk Compliance
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Rona Laskowski, Head of Critical and Complex Care Services
Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance
Helen Hellewell, Associate Medical Director

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting and extended a welcome to Colin Grieve and Vanessa Salmond who join Committee in the capacity of Non-Executive Board Member NHS Fife and Head of Corporate Services respectively.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p>	

	<p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p> <p>Following the issue of a revised agenda Alastair Grant advised he had made the decision to amend the agenda to allow more time to be spent on the papers now tabled. Those papers not presented today would be carried over to a future meeting.</p>	
2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interests were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 17TH MARCH 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p>	
5.	<p>FIFE SPECIALIST PALLIATIVE CARE SERVICES</p> <p>The Committee considered a report from Lynne Garvey, Head of Service, Community Care Services outlining a proposal of a new delivery model.</p> <p>The report provided an overview of the current model that was developed in response to the COVID pandemic, how the clinical service model of palliative care will be delivered in response to local and national recommendations and the positive impact the model has had on the workforce.</p> <p>The report was brought to Committee to support a decision being made to address the permanent re-provision of palliative care in Fife. The report also sets out a whole system response to enable the IJB to reach a decision so that services can continue to deliver high quality, person centred, best value care to the people of Fife.</p> <p>The discussion was opened up to Committee members and items raised included taxi provision, how patients and families would be given reassurance and support and reassurance that a patient can change their mind at home to hospice care and as a result of the feedback received at the Development session plans have altered what was the feedback and changes made?</p>	

	<p><u>Decision</u></p> <p>The Committee :-</p> <ul style="list-style-type: none"> (1) Noted the contents of the report. (2) Took assurance that the model can deliver improved performance and outcomes within the financial envelope supporting best value. (3) Took assurance that the model is being reviewed from a quality perspective through the Quality and Assurance Committee. (4) Confirmed support to implement the 7-day enhanced community service model, which has been operational since April 2020, delivered through service transformation and within existing resources. (5) Agreed with the model and support the direction going to the IJB for issuing to NHS Fife. <p>It was noted that Cllr Downie intimated that he was not yet comfortable supporting the report recommendations but supported the report going forward to the IJB.</p>	
<p>6.</p>	<p>FINANCE UPDATE</p> <p>Audrey Valente advised that unfortunately she was not yet in a position to provide a provisional outturn which had been fully agreed with both partners.</p> <p>With regards to the reserves position this would be shared with Committee today in the form a slide.</p> <p>Audrey Valente asked Committee if they were comfortable, she would share the finance report next week with the final updates and would appreciate if members could agree its contents via e-mail for onward consideration by the IJB on the 26th May.</p> <p>The Committee considered the report as tabled.</p> <p>The report provided an overview of the financial position (provisional outturn) of the delegated and managed services based on 31st March 2023. The forecast for Fife Health & Social Care Partnership is currently a surplus of £8.463m which is an adverse movement from that reported at December / January. An explanation of the reasons for the movement are explained on pages 17,18,19 of the report, however noted one of the main reasons relates to the treatment of unspent additional funding received from Scottish Government.</p>	

	<p>It was also noted that the close of the financial year 2023 for the IJB is one of the best positions it has been in.</p> <p>Audrey Valente shared the reserves appendix with members and talked through the reserves position.</p> <p>The discussion was opened up to Committee members and items raised included moving budgets, how does a budget become negative and the savings tracker.</p> <p><u>Decision</u></p> <p>The Committee :</p> <ul style="list-style-type: none"> (1) Took assurance that there is robust financial monitoring in place. (2) Agreed onward submission to the IJB for approval of the financial monitoring position as at March 2023 and the use of reserves as at March 2023 subject to the finalised report and figures being received for approval via e-mail. 	
<p>7.</p>	<p>PERFORMANCE REPORT</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning.</p> <p>The report provided an overview of progress and performance in relation to the National Health and Social Care Outcomes; Health and Social Care – Local Management Information and Health and Social Care – Management Information. A number of areas within the report were highlighted for members information.</p> <p>The discussion was opened up to Committee members and items raised included the purpose of the information contained within the report and how to get the best out of the information being provided and the change in trend within CHAMS service as noted on p69 of the report.</p> <p><u>Decision</u></p> <p>The Committee :-</p> <ul style="list-style-type: none"> (1) Took assurance of the Partnerships current position. (2) Examined and considered the implications of areas within the report that require further scrutiny. (3) Agreed onward progression to the IJB. 	

	<p>(4) Development Session on Performance to be arranged for members to provide further information and awareness.</p>	
<p>8.</p>	<p>ANNUAL ASSURANCE STATEMENT</p> <p>The annual statement is required from the Finance, Performance & Scrutiny Committee to provide assurance to the IJB that the financial position is kept under review and performance is monitored against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme.</p> <p><u>Decision</u></p> <p>The Committee :-</p> <p>(1) Agreed submission to the IJB following confirmation with regards to the chair signatory due to the change in chair in the middle of the year and amendment to the attendance table for Dave Dempsey and Graeme Downie to show their attendance from July 2022.</p>	
<p>9.</p>	<p>DEEP DIVE REVIEW REPORT FOR IJB RISK 3 – FINANCE</p> <p>The Committee considered a report from Avril Sweeney, Team Manager, Compliance.</p> <p>The report provided an overview of the risk reporting framework which is currently in development noting that a deep dive on individual high scoring risks would then be taken to the relevant Governance Committee.</p> <p>The purpose of the deep dive review will be for members to gain assurance that risks are being effectively managed within appetite and appropriate tolerance levels.</p> <p>As part of its remit, as set out in the Terms of Reference, the Finance, Performance and Scrutiny Committee will monitor and provide detailed scrutiny on Finance and Performance risks on behalf of the IJB. The Finance, Performance and Scrutiny Committee last received a report on all the IJB Strategic risks assigned to the Committee on 17 March 2023.</p> <p>Audrey Valente provided a presentation giving further detail on the risk noting that this format was a test of change to gauge whether the template is fit for purpose or whether further improvements are required.</p> <p>The discussion was opened up to Committee members and items raised included taking the whole finance risk as one would it be easier if split down into areas, whether the risk score should be amended to reflect a lower risk score and thoughts and comments were provided on the template.</p>	

	<p><u>Decision</u></p> <p>The Committee :-</p> <p>(1) The Committee discussed the draft deep dive review template and provide their comments and suggestions for improvement.</p>	
10	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 26th May 2023.</p>	
11.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
12.	<p>DATE OF NEXT MEETING</p> <p>Thursday 6th July 2023 at 10.00am via MS Teams.</p>	



Fife Health & Social Care Partnership

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UNCONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE THURSDAY 6 JULY 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Colin Grieve NHS Non-Executive Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr David Graham

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Lisa Cooper, Head of Primary and Preventative Care Services
Vanessa Salmond, Head of Corporate Services

In attendance:

Jamie Kirkby, Service Manager, Older People’s Services
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Cllr Graeme Downie
Rona Laskowski, Head of Critical and Complex Care Services
Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance
Helen Hellewell, Associate Medical Director
Lynn Barker, Associate Director of Nursing

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interests were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 12TH MAY 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p> <p>Agreed for future Committees updates should be gathered ahead of the meeting and a progress report included in the action note. Vanessa Salmond action for all Governance Committees.</p>	<p>VS /GM ACTION</p>
5.	<p>FINANCE</p>	
5.1	<p>Finance Update</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 31st May 2023. Noting that the forecast for the Partnership is currently a deficit of £4.751m.</p> <p>It is also noted that the savings position is currently projecting the Partnership is on track to deliver 67% of its savings with a requirement to utilise reserves to fund the remaining 33%. This will require the Partnership to use £7m of reserves against the £10m which has been set aside and approved by the IJB in March. Should the position remain, the Partnership will be returning £3m to reserves taking the balance back to £10m. However, if unable to reduce overspend by the year end reserves will be required to be utilised to offset overspend.</p> <p>The report presented also refers to the next steps to bring a recovery plan back to the next meeting of the Committee. It is essential that this recovery plan brings the budget back in balance to ensure that there is no further depletion of reserves in order to remain at just below the policy minimum of 2%.</p> <p>Audrey Valente also highlighted the report asks for a further £1.5m use of reserves be approved. These are noted and itemised in appendix 2 of the report.</p>	<p>AV ACTION</p>

	<p>Reference was also made to the recent Development Session and noted the pack provided contained a discussion document. This document will be turned into a SBAR which will be taken to the IJB at the end of the month, but to allow for good governance it is proposed to circulate something around members of the Committee following the drop-in sessions to incorporate any views and comments before submission to the IJB.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included earmarked reserves, GP prescribing, allocation of monies from partners, hospital and long-term care line variation, modernising administration services showing amber yet overspend showing £0 and gas and electric forecast.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that there is robust financial monitoring in place. 2. Agreed onward submission to the IJB for approval of the financial monitoring position as at May 2023. 3. Agreed onward submission to the IJB the use of reserves as at May 2023 	<p>AV ACTION</p>
<p>5.2</p>	<p>Funded Establishment Vacancies</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer.</p> <p>The report is brought to Committee following an action to understand more fully the vacancy position within the Partnership. This is the second such report and provides an extract from the monitoring report as at the end of March 2023.</p> <p>The report highlights the complexities in pulling this information together and notes that there are very different approaches taken across the partner organisations to report vacancies with bank and agency one example. Noted the use of turnover allowance is also a contributing factor.</p> <p>In summary there is an indicative 486 vacancies due to the treatment of bank and agency and turnover allowance. Noted 486 vacancies equates to 8% of the current FTE within the Partnership but can be taken down to closer to 5-6% once take into account bank and agency.</p>	

	<p>The discussion was opened up to Committee members and items raised included can we afford to rectify the position to recruit those individuals, clarity sought around having an establishment number that cannot be funded, what do we do next and how in the future can we develop a strategy to use these figures to make good decisions about which posts we prioritise filling?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Fully discussed the report recognising the complexities associated with consolidating the information and noted the approaches to reporting vacancies vary across the two partner organisations. 	
<p>5.3</p>	<p>Risk Appetite Statement</p> <p>The Committee considered a report from Avril Sweeney, Team Manager Compliance and presented by Audrey Valente.</p> <p>This report follows on from the work carried out by IJB members and SLT since December 2022 including the work at the Development Session in February this year.</p> <p>The risk appetite classifications have been applied to the key risk impacts for the IJB and the results are set out within the risk appetite statement in Appendix 1. The risk appetite statement also sets out where risk appetite and risk tolerance sit within the risk process and how the risk tolerance levels are applied to the levels of risk appetite.</p> <p>Once agreed it is the intention to apply the risk appetite initially to all the IJB strategic risks and to use this when considering risks relating to decisions being taken by the IJB. This will include decisions around strategy development, budget proposals and setting of priorities.</p> <p>The discussion was opened up to Committee members and items raised included a query around the number of risk levels as set out in the tables.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Agreed onward submission of the draft risk appetite statement for approval to the IJB with the caveat of updating the report as discussed. 	

6.	PEERFORMANCE	
6.1	<p>Annual Performance Report</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Performance, Planning and Commissioning.</p> <p>The Report is provided to Committee to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance Report) of the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>The main body of the Report focuses on performance during 2022 to 2023 and includes examples and case studies of innovations and improvements completed during this timescale and is structured around both the old and new strategic plan.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included Fife’s population downward trend and any impact this would cause on services.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Agreed onward submission of the Annual Report to the IJB with the amendments highlighted by members. 	
6.2	<p>Fife Alcohol & Drug Partnership Annual Report</p> <p>The Committee considered a report by Elizabeth Butters, Service Manager, Fife Alcohol & Drug Partnership and presented by Fiona McKay.</p> <p>The report provides a background and an update on the work undertaken by the ADP during its second year of service development based on the new funding to meet the Drug Mission Policy and priorities and delivery of the second plan for implementation of the new MAT Standards.</p> <p>Noted the report is presented in two sections with the first being a local report reflecting on progress against the Fife ADP Strategy 2020 - 2023 and the second a template required by the Scottish Government to assess ADP compliance with recommendations attached to the funding.</p>	

	<p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included queries with regards to same day prescribing across all sites, why does the report review alcohol deaths in 2020, whether Committee were being assured this is an accurate report or whether the strategy is right and are happy with the work being undertaken.</p> <p>Query also raised in relation to the 1971 Drug Act and whether seeing a relaxation of some of the barriers that got in the way?</p> <p>Question was also raised in relation to how drug deaths in Fife relate to drug deaths elsewhere in the UK and in areas of comparative deprivation?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Took assurance that the work undertaken by Fife ADP is line with the ADP Strategy 2022 – 2023. 3. Agreed onward submission of the Annual Report to the IJB. <p>ACTION – FMc to look into question raised re how drug deaths in Fife relate to drug deaths elsewhere in the UK and in areas of comparative deprivation?</p>	<p>FMc ACTION</p>
<p>6.3</p>	<p>Transformation & PMO Report</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer.</p> <p>Report is brought to the attention of Committee to provide assurance that programmes and projects within the remit of the HSCP programme management office (PMO) are safely and effectively monitored and delivered.</p> <p>The report provides an update on the six programmes of work currently being progressed and indicates the significant work being progressed to support SLT with the development of business cases which relate to the medium-term financial strategy and closure of the budget gap.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included query in relation to new builds and what this meant and when will the H&SCP Finance Manager develop financial reporting for the Transformation portfolio?</p>	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance of the current position as outlined in the report. 	
<p>7.</p>	<p>STRATEGIES</p>	
<p>7.1</p>	<p>Primary Care Strategy</p> <p>The Committee considered a report from Lisa Cooper, Head of Primary and Preventive Care.</p> <p>The development of the Primary Care Strategy has been jointly commissioned by the Director of Fife Health and Social Care Partnership (and NHS Fife Medical Director to support delivery of high quality accessible and sustainable services for the population of Fife and is a first for Scotland approach.</p> <p>The Strategy is one of the nine key strategies supporting the delivery of the Strategic Plan and also underpins NHS Fife's Population Health and Wellbeing Strategy and the Partnership's collective commitment to the anchor ambitions.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included how will we know if successful in achieving the outcomes and the importance on workforce to be able to deliver the primary care improvement plan and address the budget gap.</p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report. 2. Approved the submission of the Primary Care Strategy to progress to the IJB. 3. Noted that a performance and assurance framework is being developed to monitor implementation and will form the basis of future reports for assurance and decision making. 	
<p>7.2</p>	<p>Home First Strategy</p> <p>The Committee considered a report from Lynne Garvey, Head of Community Care Services.</p> <p>The report introduces the Home First Strategy, as enclosed in Appendix 1, being the strategic direction for the Home First model in Fife and sets out the transformational initiatives relevant to the three critical elements of the strategy: prevention and early intervention, person centred at the heart of all care decisions and a whole systems approach.</p>	

	<p>The Home First Programme is the delivery mechanism for the Home First Strategy and is an action orientated response to the recommendations in the national guidance. The programme approach helps to ensure the activity being undertaken by relevant services is also aligned with local strategic priorities as highlighted in the Home First Strategy.</p> <p>The focus of the transformational programme of works is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise the vision. There will be an emphasis on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/ developed so they are flexible to growing and changing demands, as well as being sustainable.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report and were particularly pleased to note the KPI information is in quantitative SMART objectives and noting the report to be exemplary and very clear in what trying to achieve. It was also noted that as the Primary Care Strategy becomes more developed it would be good to see some of the action plans flowing from there done in the same way. Members also noted again the critical nature of the workforce to deliver this strategy and the financial aspects of that including the financial savings and cost implications.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report. 2. Agreed onward submission of the Home First Strategy in Fife to the IJB. 3. Noted the Home First Standards and Key Performance Indicators which will form the basis for future reports. 4. Took assurance that the Home First Strategy has been developed in line with the Medium-Term Financial Strategy. 	
<p>7.3</p>	<p>Carers Strategy</p> <p>The Committee considered a report presented by Fiona McKay, Head of Strategic Planning Performance and commissioning.</p>	

	<p>The Carers (Scotland) Act 2016 requires the Partnership to review and publishes the local Carers Strategy at least every three years. A draft strategy is presented to Committee for the period 2023 – 2026. This combines the strategies for adult carers and young carers in a single strategy document.</p> <p>The new strategy reports on progress to date and what further work requires to be undertaken and has been developed by adult and young carers, partners in the third sector and colleagues from across the Partnership and has been approved for presentation to Committee by the Carers Strategy Group.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included the scoring in the risk register and whether the risk levels were correct?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the report presented. 2. Approved the submission of the Carers Strategy 2022 to 2023 to the IJB. 	
8.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 28th July 2023.</p>	
9.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
10.	<p>DATE OF NEXT MEETING</p> <p>Friday 15th September 2023 at 10.00am via MS Teams.</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE WEDNESDAY 03 MAY 2023, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Graeme Downie
Councillor Lynn Mowatt
Ian Dall, Service User Rep, Chair of the PEN (ID)
Morna Fleming, Carer's Representative (MF)
Paul Dundas, Independent Sector Lead (PD)
Kenny Murphy, Third Sector Representative (KM)
- Attending:** Dr Helen Hellewell, Deputy Medical Director (HH)
Nicky Connor, Director of Health & Social Care (NC)
Lynn Barker, Director of Nursing (LB)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning (FMcK)
Lynne Garvey, Head of Community Care Services (LG)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)
Simon Fevre, Staff Side Representative (SF)
Nicola Harkins, Acting Snr Manager, Clinical Learning Disabilities (NH)
Vanessa Salmond, Head of Corporate Services (VS)
Jo Bowden, Consultant Palliative Care (JB)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Councillor Sam Steele
Councillor Margaret Kennedy
Dr Chris McKenna, Medical Director
Ben Hannan, Director of Pharmacy and Medicines
Roy Lawrence, Principal Lead for Organisational Development & Culture
Rona Laskowski, Head of Complex and Critical Care Services
Christine Moir, Head of Education and Children's Services (Children and Families/CJSW and CSWO)

No	Item	Action
1	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>The Chair welcomed everyone to the HSCP Quality & Communities Committee. SB extended her sincere thanks to all HSCP staff who continue to work above and beyond in what continues to be an extremely challenging working environment.</p>	
2	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>No declarations of interest were received.</p>	
3	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 18 JANUARY 2023 AND 10 MARCH 2023</p> <p>SB advised, there are two sets of minutes for approval - the Minutes of the meetings held on 18 January and 10 March 2023.</p> <p>As the meeting on 10 March was not quorate, the minutes from 18 January 2023 could not be approved. It was noted, however, no changes were requested at the meeting.</p> <p>The previous minutes from the Q&CC meeting on 10 March 2023 were reviewed and no alternations or corrections were requested.</p> <p>Both sets of minutes were taken as an accurate record of the meetings.</p>	
5	<p>ACTION LOG</p> <p>NT gave an update relating to the MH Services report specifically looking at benchmarking. She explained, this is an exercise involving all NHS Boards in Scotland, through the MH Leads Network. Potentially helpful models have been identified. She also advised of a HSCP benchmarking family which has been identified with a wider partnership, including several regions. Aim is to provide a report to Committee.</p> <p>Cllr Liewald queried if there was an update re Cllr Steele's query re men who had not completed the Calendonian Programme. SB will follow up with HB for an update.</p>	S Braiden
6	<p>GOVERNANCE</p>	
	<p>6.1 Palliative Care Transformation</p> <p>The report is presented by Lynne Garvey who is joined by Dr Jo Bowden and Karen Wright to support. The paper is brought to Committee for Discussion and Agreement.</p> <p>The Committee are asked to consider and discuss the proposal and take assurance that the model supports quality clinical care in a local setting and has been informed through performance and</p>	

engagement with staff, people and families in palliative care and the wider public.

LG advised of the route to the meeting the paper had taken - SLT, Executive Directors Group and IJB Development Session. She wanted to give some facts around Palliative care. Currently 80% of Fife Specialist Palliative Care Service budget is allocated to specialist in-patient palliative care, just 4% of Fife population die there. She advised HSCP wanted to look at the Service and commissioned an independent evaluation of palliative care which was prompted by new national and local strategic focus, focusing on palliative care to all, understanding care delivery was inequitable with significant unmet need.

LG stated, in April 2020, Fife Palliative Care Collaborative was established with an integrated forum with representation across all sectors. The main focus was to lead improvement work in response to the independent review.

LG advised, the paper will describe how the clinical service model of palliative care is being delivered in response to local and national recommendations. Also, supports a decision being made to address the permanent re-provision of palliative care in Fife and to enable the IJB to reach a decision so services can continue to deliver high quality, person centred, best value care to the people in Fife.

LG referred to the impact of Covid where resources had to be reconfigured very quickly – a prof-prof line was offered, and the public expressing a preference for home-based, rather than the in-patient care, which resulted in a very underutilised hospice. From a strategic perspective, the new model is closely aligned to the Health & Wellbeing Strategy, the Carer's Strategy, Scottish Government Palliative and End of Life Strategy, currently in development.

LG felt it was important to state, having had the chance to deliver the enhanced model for the past 3 years, she was bringing it today with confidence and evidence it is absolutely the correct thing to do for the people of Fife. LG highlighted several key facts and figures from the paper, including hospice beds not being utilised, fewer admissions to hospital and significantly fewer days in hospital beds, where treatments are being delivered at home.

LG read out positive quotes from carers and patients, however, assured the service is clinically led and referred to assurance from Executive Directors of Medicine and Nursing, also the Director of Psychology. In terms of workforce, there has been Staff-Side support introducing the new way of working. Financially, best-value is evidenced, as well as better quality of care.

Patient choice and the various options made available to the people of Fife with specialist support was outlined. LG stated it is not financially sustainable to delivery both models of palliative care and

it is evidenced, if there were two hospices, there would be many empty beds.

LG referred to the EQIA, robust communication, engagement and consultation and feedback indicating the new model is wanted by the people of Fife. She stated, with every change of delivery comes a degree of risk, however, she felt the model offers high assurance the model is right and referred to evidence within the paper.

Dr Bowden added, figures this week indicate, non-cancer support is one in three, a year-on-year increase which is important when talking about equity. Questions were invited.

Cllr Liewald fully supported the work and felt it was impressive the degree of research and engagement with the community. She was very pleased to see the Service is being delivered across the whole of Fife and told of feedback she has personally received from community members.

Cllr Downie thanked LG for the presentation, he voiced concerns and did not feel assured by the quotes referred to. He stated his biggest concern with the paper was too many times he was hearing, "early stages, things will be worked up by the time they go to IJB, we are waiting on Scottish Government Strategy, assuming we will be in line with that, it's not about money" he did not feel assured in a number of ways. He agreed choice should be offered to people to die closer to home. He felt the model is not quite ready to go to IJB, a lot of work and consultation still to be done. He advised he will attend one of the Q&A drop-in sessions which have been arranged.

S Fevre commented on the robust staff engagement with the workforce, he stated the number of people coming to the staff engagement events is becoming less and less which he felt indicates there are less and less issues and questions from the workforce. He queried Appendix 1, where there are 'dedicated general palliative care beds' in St Andrews and the Adamson, however, they are not described the same in other hospital, he queried the difference in terminology.

Ian Dall was very supportive. Morna Fleming was also supportive and very impressed by what has been taking place and was reassured it was a test of change involving the whole system. She was concerned the removal of the hospice is seen as a negative rather than this is replacing a hospital situation to an at home situation. She advised there is a huge communication job to be carried out with the public as, she felt, they will only see the hospice is closing.

Paul Dundas gave his support for the paper and the team. He was keen to keep the role and purpose of care homes alive in thought, in terms of what HSCP will be looking to do for those living in a care home at such a time.

Nicky Connor acknowledged the different perspectives being heard, the support and the concerns, as outlined by Cllr Downie. She recognised Cllr Downie would be attending an IJB drop-in Q&A session which will be used to go into further detail. She advised there was no financial saving being made with the model and stated the paper will also go to the Finance, Performance & Scrutiny Committee. Balance of the resource has been looked at and noted, the vast majority goes to in-patient settings where only 4% of people die. She referred to the model being clinically led and championing by senior clinical staff advising the service needs to change. NC advised she is on the National Group re the Palliative Care National Strategy. She answered the reference to a positive slant being placed on feedback – lots and lots of questions have been asked over a prolonged length of time.

NC referred to ambulance and volunteers and gave assurance transport is available and will be enhanced further. She felt through listening to feedback, the Service can be made even better. Re Communication, there is close work with the comms team around press releases and the website people are being directed to.

NC stated, in different hospitals in different parts of Fife, HSCP deliver services for the whole of Fife, addressing concerns the hospice in Kirkcaldy will be for the whole of Fife, this is the case for specialist services which are delivered in different hospitals within different part of Fife. She was very happy to answer any other questions.

Dr Bowden was grateful for all the supportive comments but also acknowledged there were concerns. She advised she knew 18 months ago there would need to be wide canvassing for feedback, all district nurses and GPs in the Fife were surveyed and very useful feedback was received. Equity of delivery was demonstrated, working with PH List analysts to look at objective data which demonstrate this. She referred to research involving families dealing with bereavement and felt it was incredibly important to let public into decision making, all about caring for the population. She told of members of public who have come to Q&A sessions with real concerns which have been satisfied and stated there has been overwhelming support.

SB asked Cllr Downie if he was reassured at all. Cllr Downie appreciated all the work which has gone into the model, he was concerned around the process which brought us to this point, he queried the consultation and engagement, could not get to a place he was comfortable. He will attend a Q&A drop in session.

Ian Dall told of a personal experience where close friends had died during the past 18 months and benefitted from the new model of care. He advised the families of the people who died, had given very positive feedback. He hoped his story would alleviate some of Cllr Downie's concerns.

Cllr Downie thanked Ian for sharing his experience and spoke of the subject of choice and the possibility of people changing their preferences.

Dr Bowden responded to Cllr Downie's concerns regarding people changing their preferences as their illness progresses, she advised rolling conversations take place to understand what is important for the patient. She advised it is very common for a patient's preference to evolve/change in late stages.

LG wanted to add she was happy Cllr Downie would be attending a Drop-In session as concerns can be fully addressed there. She answered SF's query re names on Appex 1, NE Fife beds are GP beds, not part of a community hospital MOE based model, however, both same quality of service. SF queried how this is operationalised and accessibility. Dr Bowden advised there is now great clarity around who looks after which beds and explained fully.

SB rounded off by saying she felt it was an excellent example of transformational change, person centred and tailored to meet the people of Fife. She stated the Committee, as a whole, were happy to recommend the paper to the IJB, noting the concerns of Cllr Downie which have been minuted. She asked if the Committee were happy with this proposal, it was agreed they were.

6.2 HSCP Locality Planning 2022/23

FMcK was very pleased to introduce the report on the Locality progress which she felt is close to people's hearts working in the community and she stated, the SLT have embraced the work which has been taken forward through the Localities. She advised the report was taken to the 7 Area Committees, with a lot of positive feedback received.

FMcK spoke of the SLWGs which are supporting people in a preventative way and referred to the 2 case studies which give feedback from the work taking place at The Well and Link Life Fife. She recognises The Well is taking up a lot of numbers, despite it being only an 18hr/week service.

FMcK commented positive feedback has been concise but she also recognised there are also negative impacts, mainly around resources. She told of stumbling blocks re DPIAs and ensuring data is secure, which has taken a bit of time. A regular report will come to Committee giving an update around Localities. Questions were invited.

Cllr Liewald was delighted to see the increase in work throughout Localities. She commented some pieces of work which were trialled are now being emulated throughout Fife. NC asked if a timeline has been committed to bringing back updates from

	<p>Localities. FMcK was keen to bring news from the Area Committees, approximately every 6 months or more often should there be significant pieces of work to share. NC agreed this was suitable. The Committee were content to recommend the report to IJB which was presented for assurance and discussion.</p>	<p>F McKay</p>
<p>6.3</p>	<p>Commissioning Strategy 2023 – 2026 incl Market Facilitation and Delivery Plan 2023-26</p> <p>FMcK introduced the report and asked the Committee to understand there are legal requirements for commissioning contracting. The paper comes from the Strategic Plan and sets out how the work will be taken forward. Technically, HSCP must ensure all of their contracts are covered, incl National Care Home Contract, Care at Home Contract, all areas which are contracted and all the areas which HSCP fund through a Service Level Agreement, which is predominantly Third Sector Organisations.</p> <p>FMcK told of work which has taken place to technically ensure this is correct, engage with people whom HSCP current contract with and have Service Level Agreements with, she felt confident the work which has been brought forward to ensure this is correct and people understand the technicalities. This will be part of the return to Scottish Government as a facilitation and commissioning strategy which links to the Strategic Plan. Questions were invited.</p> <p>Paul Dundas wanted to thank Fiona and her Team for the paper and the Strategy itself. He wanted to draw upon the focus the team have placed on relationships which he felt was key. He spoke of the excellent engagement work which has taken place. FMcK wished to raise for awareness, the National Care Home Contract has not been agreed by COSLA or Scottish Care and is currently in dispute around funding. There is an interim position in place where an increase has been made to the National Care Home Rate, this is to cover the National Living wage. She advised, COSLA are still in negotiations with the care home providers. If a position cannot be reached, a local arrangement will be made which HSCP have taken legal advice on. She stated, this is not something we wish to do, which she explained.</p> <p>The paper was discussed and feedback was taken from the Committee. The Committee were happy to recommend the paper to the IJB</p>	
<p>6.4</p>	<p>Advocacy Strategy</p> <p>FMcK stated the report brought to Committee is a renewal of the Advocacy Strategy. She advised, there is a contractual position under the Advocacy Strategy, where under the Mental Welfare Commission Act, there must be independent advocacy. A contract for this goes out for tender every 3 years. FMcK told of a range of independent advocacy organisations which have been</p>	

consulted with around the new Advocacy Strategy, throughout the process People First have worked to get views, supporting the work. FMcK referred to the detail in the report which outlines the work requirements. The strategy also covers children, which is required for children in the Health services and also Education and Children and Families. Update NHS' advocacy report, HSCP and Acute, so all signed up to the same process, a lot of detail within the report. Questions were invited.

Cllr Liewald was delighted to see the report and commented on the depth of detail. She queried translations and cultural awareness, and asked what support and feed in is available. FMcK advised HSCP link in with Fife quality groups who are fully supportive, also link with Fife Islamic Centre and Asian organisations through work to support EQiA, thus ensuring the correct format is used. A translator can be made available or Apps used to translate using a mobile phone. Circles network is used for formal advocacy. No questions were asked.

The Committee were content to recommend the paper to the IJB.

6.5 Collaborative Support for Care Homes

LB introduced the report to Committee for assurance and discussion. She advised, following guidance from the Cabinet Secretary for Health and Sport in May 2020, all Health & Social Care Partnerships were directed to provide “Enhanced Clinical Professional and Care Oversight” to Adult Care Homes. This included responsibility and oversight/assurance of the Care Homes management during the CoVID19 pandemic.

LB stated, the report gives an update on the current work and continuing support provided to Care Homes in Fife, considering key national documents and policies which underpin the work streams and direction of the Care Home Liaison Team (CHLT). The report also provides information from Contracts and Commissioning around the monitoring of performance and quality of all care homes in Fife.

LB advised, the guidance set out 2020 was viewed under a differently focused lens and updated guidance was Issued by Scottish Government December 2022, providing NHS Boards with a vision and recommendations for future ways of working with the Care Home Sector. LB outlined the various recommendations.

LB advised, Head of Nursing, Shona Adam, is working with FMcK and PD across Fife to implement the recent framework and told of close contacts to the National Group and she felt confident Fife are at the forefront of this work.

FMcK told of close working with the care homes and was supportive of bringing the report to Committee for assurance. PD

	<p>wanted to take the opportunity to thank Lynn, Fiona and their Teams for how oversight has been managed in Fife and how this has been very successful, including the move through the transition.</p> <p>He welcomed the good use of language in the report around a 'collaborative improvement approach'. He felt there was a risk in the letter from Scottish Government asking for a 'continuous improvement approach' be employed which would give risk to confusion to the role of the Regulator and also where the continuous improvement agenda of the Care Inspectorate will sit. He felt there was a risk around the lack of funding Nationally and availability to pay locally is a risk to the ongoing relationship of trust, should the pressure be ongoing with care homes, through the voluntary way of working, at a time when financial sustainability is at risk. He spoke of the problems around the National Care Home Contract.</p> <p>PD told of meetings with all provider organisations to strengthen relationships through collaborative working. He felt it would be helpful to see the fullness of the spend locally. Also the SLWG models of care for care homes, he asked LB if he could discuss re-establishing this with her. LB will take offline.</p> <p>SF stated he could not see within the report 'allied health professional' he asked if this is not part of it. LB will take on board and will be included in the report.</p> <p>Support and assurance taken from the work and quality around care homes. Report to come back to Committee after review.</p>	<p>L Barker</p> <p>L Barker</p>
	<p>6.5 Q&CC Annual Statement of Assurance</p> <p>SB introduced the Q&CC Annual Statement of Assurance. She handed over to NC who advised the Paper is part of the assurance process to Committee. She highlighted, this year's report refers to the establishment of the Quality & Communities Committee. She recommended the date of when this happened should be added to the report (05.07.22), to explain when the Committees transitioned from one into the other and to explain the variance in attendance.</p> <p>NC explained, in the report there is not only a list of agenda items, but also narrative to draw out the areas the committee has discussed. Going forward, NC recommended this is themed, so it is clear what the discussions relate to, ie carers, delayed discharge, etc highlighted in bold, to make it very clear at a glance, the range of items which have been discussed and when/if items are to come back to committee. As a commitment to ongoing quality improvement, NC felt there is further work which can take place for next year's Assurance Statement, both regarding the workplan, the agenda items being covered and how this has been implemented and referenced within the assurance statement.</p>	

	<p>NC asked the Committee, if the Assurance Statement reflects what was discussed last year and does the committee feel, on the basis of this, can SB, on behalf of the committee, sign off the Assurance in terms of the work carried out, recognising there has been a change mid-year and we continue to embed the new Quality & Communities Committee. NC asked to highlight one of the main benefits of the change of Committee was a wider membership of the IJB being and the value received from this.</p> <p>There were no questions asked. The Committee was happy to approve.</p> <p>NC advised the Paper will now go to Audit and Assurance to give assurance to IJB for delivery of governance.</p>	
	<p>6.5 H&SCP Operational Assurance and Clinical Care Governance Framework</p> <p>NC wanted to highlight the key matter to doc at the meeting is the development of the Clinical & Care Governance Framework, which this committee will be commissioning, on behalf of the discussion today.</p> <p>LB introduced the report. She asked the Committee to recommend there are established operational governance and assurance mechanisms in place within HSCP with mechanisms for reporting the governance arrangements of IJB, NHS Fife and Fife Council and robust professional reporting lines to the Medical Director, Nurse Director and Chief Social Work Officer. Also, wide range of clinical and care governance matters were considered through the Clinically and Professionally led QMAG in 2022/23. The further development of the Q&CC work plan will strengthen the forward planning or reporting arrangements. An annual report will come to Committee to enable oversight of these arrangements.</p> <p>LB also stated work is being progressed to develop a clinical and care governance framework in line with the Integration Scheme which will further strengthen governance and reporting to the Q&CC. This report will come to Committee in November 2023 for approval to the IJB. No questions were asked.</p> <p>The Committee took assurance from the paper.</p>	
<p>7.0</p>	<p>ITEMS FOR ESCALATION</p> <p>No items for escalation.</p>	
<p>8.0</p>	<p>AOCB</p> <p>No further business raised.</p>	
<p>9.0</p>	<p>DATE OF NEXT MEETING – Friday 30th June 2023, 1000hrs MS Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 30 JUNE 2023, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
Councillor Lynn Mowatt
Ian Dall, Service User Rep, Chair of the PEN (ID)
Morna Fleming, Carer's Representative (MF)
Kenny Murphy, Third Sector Representative (KM)
Paul Dundas, Independent Sector Lead (PD)
- Attending:** Dr Helen Hellewell, Deputy Medical Director (HH)
Nicky Connor, Director of Health & Social Care (NC)
Lynn Barker, Director of Nursing (LB)
Lynne Garvey, Head of Community Care Services (LG)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Rona Laskowski, Head of Complex and Critical Care Services (RL)
Jennifer Rezendes, Principal Social Work Officer (JR)
Simon Fevre, Staff Side Representative (SF)
Scott McCallum, Service Manager, Corporate Parenting (SMcC)
Alan Adamson, Service Manager, Quality Assurance (AA)
Avril Sweeney, Manager, Risk Compliance (AS)
Heather Bett, Senior Manager, Children Services, Sexual Health & BBV and Rheumatology (HB)
Lesley Gauld, Team Manager, Strategic Planning (LGal)
Ruth Bennett, Health Promotion Manager (RB)
Tracy Harley, Service Manager Participation and Engagement (TH)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Councillor Sam Steele
Councillor Margaret Kennedy
Cllr Graeme Downie
Alistair Grant
Dr Chris McKenna, Medical Director
Ben Hannan, Director of Pharmacy and Medicines
Roy Lawrence, Principal Lead for Organisational Development & Culture
Christine Moir, Head of Education and Children's Services (Children and Families/CJSW and CSWO)
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)

No	Item	Action
1.0	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>The Chair welcomed everyone to the HSCP Quality & Communities Committee. SB extended her sincere thanks to all HSCP staff who continue to work above and beyond in what continues to be an extremely challenging working environment.</p>	
2.0	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>No declarations of interest were received.</p>	
3.0	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4.0	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 16 MAY 2023</p> <p>The previous minutes from the Q&CC meeting on 16 May 2023 were reviewed and no alternations or corrections were requested.</p> <p>The minutes were taken as an accurate record of the meeting.</p>	
5.0	<p>ACTION LOG</p> <p>Action log was agreed as correct with no further updates.</p>	
6.0	<p>GOVERNANCE</p>	
	<p>6.1 Lived Experience – Methilhaven Care Village</p> <p>The slideshow of photographs showing the Methilhaven Care Village as it evolved was presented by Nicky Connor. NC, who has spent time at the Village, the first of its' kind in Scotland, described the excellent facilities which comprise a care home, sheltered housing, supported living and a nursery, all on one site. NC spoke very highly of the enthusiastic and forward-thinking staff who are working within the facility. All IJB Members will be invited to the formal opening taking place in September '23. The presentation was brought to Committee for Information.</p> <p>SB thanked NC for the presentations and hoped the news of the ground-breaking project would be shared widely. Cllr Liewald seconded SB's comments.</p>	
	<p>6.2 Quality Matters Assurance</p> <p>LB introduced the Quality Matters Assurance Paper, brought to Committee for Assurance.</p>	

	<p>LB advised QMAG meets minimally six times per year and is clinical and professionally led by herself with support from the Deputy Medical Director and Chief Social Work Officer. The purpose of the group is to seek assurance from each portfolio that clinical and care governance is discharged effectively within the Partnership, whilst meeting the statutory duty for the quality of care.</p> <p>LB stated, the matters discussed at Fife HSCP QMAG on 21st April are summarised and these items were brought to the Group for learning, advice, assurance, review of risks and escalation.</p> <p>KM queried where legal responsibility lies. NC confirmed responsibility sits with the Chief Executives of FC and NHS Fife re statutory duties they hold for the quality of services delivered. She stated, the IJB is required to have a level of oversight and advised, by November 2023, a Clinical & Care Governance Framework with strengthened performance reporting will be in place. Currently, an overview of the work taking place is being brought, to show how the work connects with both Partners and how it supports responsibilities held by the IJB. KM would like the documentation to be made available to give confidence progression is being made. LC felt confident HH, LB and JR will take this on board and will achieve the correct balance through the Framework.</p>	
	<p>6.3 External Inspection Report – deferred to later meeting</p>	
	<p>6.4 Adult and Child Protection IJB Risk 10 Assurance</p> <p>JR introduced the report which is seeking Assurance around the NHS overarching governance for Adult Support and Protection. She advised, the content of the paper gives in- depth detail of the governance and she talked through the various tiers and the branches coming from each.</p> <p>The report has come through QMAG and is brought to Q&CC for Assurance.</p> <p>SB ask if Committee can take assurance a multi-agency response is being used. JR advised the report gives assurance there are systems in place to enable this. ASPC Improvement Plan and ASPC Conveners Report, which come to IJB annually, giving assurance.</p> <p>The Committee confirmed they were assured the correct governance structures are in place for Adult and Child Protection.</p>	

6.5 Home First Strategy

LG brought the Home First Strategy for **discussion** and **decision to progress to IJB**. LB outlined the route the Strategy has taken thus far, and where it will progress to following Q&CC.

LB advised the Strategy outlines the strategic direction for the Home First model and sets out the transformational initiatives which are relevant to the three elements of the Strategy. These are prevention and early intervention, person centred at the heart of all care decisions, and a whole systems approach. She spoke of feedback received around early intervention and prevention, featured at the start of the Strategy, and the changes made as a result of the feedback.

LG highlighted the main aims of the Strategy, includes the vision to enable everyone in Fife to live longer, healthier lives at home or in a homely setting. The sub-groups which enable the programme were detailed.

Cllr Liewald was very supportive of the Strategy and reported the very good feedback she has received. MF felt the Strategy is well-written and she had various questions which she will email separately to LG. She did wish to raise the subject of Carers in this context, as she felt, they may be willing to take on more responsibility than is necessarily good for them.

She spoke of IT – Fife Council and NHS systems having difficulty speaking to one another and the resulting problems.

LG welcomed all comments and advised there has been a huge amount of consultation which has included Carers, and has not been drawn through into SBAR, she will ensure this is corrected.

ID felt the Strategy begins well, however, too much emphasis is placed on preventing hospital admission and releasing from hospital quickly, he felt more balance is required. ID referred to the diagram on eligibility criteria and asked at what stage intervention is made. He also queried KPIs, reference to Mental Health and the Risk Register.

It was agreed, LG will pick up these points directly with ID offline as it was felt he may not have the most recent version of the Strategy.

KM was happy to see the Strategy has a good level of detail. He also queried the KPIs. LG explained how the KPIs are calculated and the relevance of noting, future reports which come back will be performance related. LG will pick up out with the meeting.

PD thanked LG for the Strategy which he is fully supportive of and felt to be comprehensive with considerable detail. He raised the subject of Care@Home and staff currently being unable to administer medications at level 3. He felt, to meet the early intervention/prevention aim, this is imperative. He spoke of a

	<p>special interest group looking at this and felt it should be included on the Risk Register. He would welcome off-line conversation. LG agreed.</p> <p>SB asked if the Home First Strategy was specifically for Older People. LG advised the majority of Service Users will be over 65yo, although does include all adults, not children and/or young people. Where mental health fits in and decision making around release from hospital was discussed.</p> <p>ID raised concerns around lack of evidence re early intervention. LG assured steps have been taken since previous feedback from ID. She advised interface care and supporting people within the community will be more strongly detailed within the report.</p>	
	<p>6.6 Care Inspection, Care at Home Fife</p> <p>LG advised, the report comes to Committee for Noting. She stated the Care at Home Service has been inspected and the report highlights the rates awarded, the recommendations and the action plan to meet the recommendations. She advised, the Care at Home Service was previously inspected in Jan 2020, when all 3 parts were graded with 4's. She was delighted to say, despite the Pandemic having a significant impact, particularly within Workforce, a grade of 4 has been maintained. LG personally met with the Inspectors and she was told Fife is one of the few Care at Home Services which has received grades of 4. Lots of different actions were recommended and an action plan has been agreed.</p> <p>PD thanked LG for the report and spoke of the difficult period which had been experienced throughout the Pandemic, particularly with a high turnover of staff. He felt it was an encouraging report to read.</p>	
	<p>6.7 Carer's Strategy 2023-2026</p> <p>NC presented the report for consideration and support to progress to IJB. She advised the Strategy looks at HSCP's responsibilities to the Carer's Scotland Act and requirement to publish a Local Carer's Strategy at least every 3 years. Extensive engagement and consultation took place at the end of 2022/early 2023. NC detailed the various means of engaging with Carers and Carers' organisations. A Strategic needs assessment underpins the Strategy and NC gave detail. Progress investments made were outlined along with forward planning for the next two years explained.</p> <p>NC advised the Strategy is aligned to both National and Local Strategies and spoke of workforce development and recognising the critical importance of supporting Carers. She highlighted the main points from the SBAR and advised the Strategy has been endorsed by the Joint Carer's Strategy Group. NC welcomed any comments, particularly from MF.</p>	

MF advised she has points she will discuss off-line. However, wanted to say, reaching out to unpaid Carers who are not yet identified is important work. She added, given that Carer's Strategy Funding has gone into providing additional Social Worker Assistant posts, specifically to produce adult carer support plans and young people statements, she wants to see a measurable outcome. NC will feed back to FMcK and ensure all points are taken forward.

SB queried some of the figures, they are stated as 'doubling', but no further detail. NC will feedback.

ID felt communication is the key to identifying more Carers and should be given high priority. Cllr Liewald was happy to see the very good work carried out at The Wells reported, with drop-ins increasing. She suggested The Wells could offer a good opportunity for conversations to take place, helping to identify Carers. There was discussion around advertising of the support available. TH spoke of the work the PA Team are doing around chemists, GP surgeries and on the street.

6.8 Fife Primary Care Strategy

LC introduced the Primary Care Strategy, which was commissioned jointly by the Director of HSCP and NHS Fife Medical Director. The Strategy focusses on medium to long term plans to support high quality accessible care to the population of Fife for PC Services. She advised, this is one of the 9 key enabling Strategies, underpinning the Partnerships Strategic Plan to support the vision for people of Fife to live independent, healthier lives.

LC gave an overview of the Services provided and outlined the main themes within the Strategy. The five priorities and principles within the Strategy were described. LC spoke of the significant participation and engagement work carried out to shape the Strategy ensuring the focus is on what matters to the population of Fife.

LC advised, the governance structure in place will give oversight, once there is a move to implementation, and formal reporting will come forward to give assurance of the Implementation Plan and Delivery Plan achieving the ambition of the Strategy.

MF felt the document was very readable and queried the reason for Dental Service child registrations dropping. Also, she believed some big chains are blocking new Community Pharmacies being opened and queried the reason.

LC welcomed feedback advised the meeting a Summary version of the Report is to be released for easier reading. She stated she is aware of child registration reduction and gave assurance work will be targeted to look at this. She spoke of re-establishing the

	<p>oral health improvement programmes, one of which is the Childsmile programme, ensuring an early intervention approach.</p> <p>LC spoke of the complexities of Pharmacy registration which is directed through National legislation structures. She advised a Pharmacy Application Committee has convened within Fife to manage Pharmacy applications</p> <p>There was discussion around the legislation relating to Community Dentistry and Pharmacy. In particular, ID felt legislation to be flawed. NC advised of work being carried out through LC's Team in partnership with NHS Fife and Ben Hannan and Alistair Grant, looking at internal processes around PPC. NC gave assurance being looked at despite challenges around legislation.</p> <p>LC agreed, Dentistry access is very challenging and stated her Team are looking at novel and new approaches to support and improve work with independent Contractors and Dentists.</p> <p>KM felt the participation and engagement results showed poor engagement from people of Fife. He suggested new methods of engagement should be considered, encouraging greater involvement. He commented he felt the Strategy, in places, appeared to cross over to operational plans for implementation.</p> <p>NC wished to clarify the method of participation and engagement which included a higher number of individuals and explained the background. She spoke of the 9 underpinning Strategies of the Partnership's Strategic Plan and work which will take place to ensure these are connecting as intended with an annual delivery plan which connects the key priorities, informing performance reporting each year.</p> <p>SB thanked everyone for their comments. She acknowledged concerns around Dentistry and Pharmacy. Information regarding public engagement work should be corrected to reflect the true engagement which took place.</p> <p>SB advised the committee were content to progress the Primary Care Strategy to the IJB.</p>	
	<p>6.9 Child Protection Annual Report 2022/2023</p> <p>HB introduced the report which she advised, ties in with the presentation given by JR around IJB Risk 10. The report covers the period 2022/23 and gives assurance appropriate child protection arrangements are in place.</p> <p>HB described the teams and the work being undertaken. She stated the report gives assurance the children of Fife are protected from harm and any concerns relating to their welfare are identified and addressed in a timely manner. The key drivers, leadership, accountability and governance arrangements and</p>	

	<p>processes were outlined. Also, activities taking place throughout 2022/23, including successes and challenges.</p> <p>HB spoke of progressing into 2023/24 and the work planned, she mentioned the Child Protection Guidance published in 2021, which is to be implement by April 2024. She outlined the work carried out by the small team across a range of areas and the development, education and training within the team. She advised the Team are looking to expand to include a Learning & Development Officer and a Clinical Effectiveness Co-ordinator from the beginning of August. HB outlined the role of the new team members.</p> <p>Cllr Liewald thanked HB for a detailed report and welcomed the Team expanding and felt there is now a much improved service available. SB agreed with Cllr Liewald’s comments.</p>	
	<p>6.10 Participation & Engagement Strategy / Updated Planning with People Guidance 2023</p> <p>TH introduced the report on behalf of Fiona McKay for Assurance. The P&E Strategy, which is based on the Scottish Government Planning with People Guidance 2021, was endorsed by the IJB at the end of 2021. This Guidance has since been reviewed to support a Human Rights based approach and to align with the care improvements and recommendations of the Independent Review of Adult Social Care.</p> <p>The P&E Strategy is brought back to Committee to give assurance it continues to be in alignment with the Planning with People Guidance. TH advised work is ongoing and the Strategy is live. She spoke of the Carers Forum which is currently being built upon.</p> <p>KM was supportive of the Strategy, although felt there was a lot of demand placed on the Team and asked how to proactively engage more people and gave examples of poor engagement. This question was discussed at some length. Virtual engagement and face-face within the Community is taking place and stated the goal of the Strategy is to engage more members of the population. Fully compliant with the Health Improvement Scotland Quality Framework and is expected to develop and grow.</p> <p>ID stated himself and MF have been fully involved, with some way to go. He felt additional funding would be beneficial. Cllr Liewald encouraged the P&E Team to utilise Councillors to promote P&E work where appropriate.</p>	
	<p>6.11 Corporate Parenting Board – 6 Month Update</p> <p>SMcC introduced the report on behalf of C Moir. The 6 Month Update was brought to Committee for Assurance. He advised the Board meets quarterly and is attended by a wide range of Senior Officers across the Partnership.</p>	

	<p>SMcC outlined the remit of the Board which is to improve outcomes and life chances for children and young people with Care Experience. Four priority areas which have been further developed during the previous 6 months, include 'Belonging to Fife' which SMcC explained, improving school attendance, supporting and improving young people's mental health and developing lived experience groups. SMcC gave details relating to the work.</p> <p>Cllr Liewald spoke highly of the work taking place. ID reiterated Cllr Liewald's comments and spoke of a positive experience story and thanked SMcC for the work he and the Team are carrying out.</p>	
	<p>6.12 Annual Performance Report 2022-2023</p> <p>AA presented the report on behalf of Fiona McKay, brought for consideration and recommendation for progression to IJB. AA highlighted the main points from the report. He advised further detail will come to the Strategic Planning Group in July and will then be progressed to IJB.</p> <p>AA stated, the Annual Report must be published by the end of July and to ensure the report goes through the Committee process in a timely basis to seek approval, indicators have not been provided. He advised, indicators will be provided by 4th July and will be included when the report goes to the IJB.</p> <p>MF thanked AA for the report which she felt was very readable. She asked if abbreviations could be more clearly explained.</p> <p>The Committee were content to recommend the report for progression to IJB.</p>	
	<p>6.13 Quality & Communities Strategic Risk Register</p> <p>AS presented the Strategic Risk Register on behalf of Audrey Valente for awareness and discussion. The Register sets out the IJB Strategic Risks which may pose a threat to the Partnership in achieving its objectives in relation to quality & care governance and quality of care. AS advised, the Register was last presented to Committee in November 2022 and is scheduled to come to Committee on a 6-monthly basis.</p> <p>AS advised the Risks continue to be managed by the Risk owners and were last reviewed in May '23. The Risks are presented in order of residual risk score, this takes into account the current level of management actions and internal controls in place.</p> <p>AS highlighted the risks which have a high residual risk score and advised there are a number of risks at an operational level which are monitored at the QMAG meeting and managed by Service Managers. If a risk raises concern, it will be escalated to SLT and</p>	

	<p>to a strategic level if necessary. She spoke of work ongoing developing a deep dive review process for Strategic Risks, piloted by Finance, Performance & Scrutiny and agreed at Audit & Assurance Committee. These deep dive review reports will be brought back to Q&CC moving forward.</p> <p>The Committee were assured quality & communities risks are being managed.</p>	
	<p>6.14 Risk Appetite Statement</p> <p>AS again brought the report for discussion and recommendation to the IJB. She advised this follows on from work which took place Dec '22 and at the IJB Development Sessions in Feb '23. The report has been previously recommended to IJB at Audit & Assurance and will go to Finance, Performance & Scrutiny w/c 03.07.</p> <p>AS gave an overview of the report and explained the risk process, including how tolerance levels are applied. It is the intention to apply the risk appetite to all IJB Strategic Risks and to use it when considering risks related to decisions being taken by the IJB around Strategy, development, budget, etc.</p> <p>Cllr Liewald commented the Development Session was very enlightening and gave good understanding of the process.</p> <p>The Committee were content to approve the Risk Appetite Statement to progress to IJB.</p>	
	<p>6.12 Health Promotion Service Annual Report 2022/23</p> <p>LC welcomed Ruth Bennett to present the report to Committee.</p> <p>RB introduced the report which had been requested by the Public Health & Wellbeing Committee for information. RB outlined the main topics of the report which included the role of the Service, key National and Local strategic drivers, commitment to early intervention and prevention with a focus on up-stream determinants of health. The report sets out the range of the work undertaken and the Services provided with examples to illustrate how the Health Promotion Service works to achieve this. The report also provides examples to illustrate the response made to recover and remobilisation from the Pandemic. Examples show how the team have contributed to working across H&SC portfolio.</p> <p>MF felt specific reference to Carers is missing, particularly in relation to recovery from the Pandemic where Carers took on extra responsibility as people did not want others coming into their homes, this has not always changed due to various reasons. MF would like to see in Equality & Diversity para 335, specific mention of Carers and the effect on them during and post Pandemic. RB thanked MF for her comments.</p>	

	<p>Clr Liewald thanked LC and RB for the report and stated she was particularly pleased with Food for Fife Strategy. She mentioned a community growing project which is developing community orchards where members of the community grow their own produce. In the Cowdenbeath area, this is expanding with plots of land being identified for use. She asked if this work can be included within the report. She spoke of the many benefits of the work, including improved mental health. RB will ensure comments are fed back.</p> <p>LC welcomed the feedback and she referred to MF's comments around Carers. LC wanted to give assurance, as the Service moves forward, in the development of the prevention and early intervention Strategy, Carers and what matters to Carers, will be threaded through the Strategy.</p>	
7.0	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>7.1 Quality Matters Assurance Group Confirmed Minute from 21.04.23 No comments.</p>	
	<p>7.2 Strategic Planning Group Unconfirmed Minute from 17.05.23 No comments.</p>	
	<p>7.3 Clinical Governance Oversight Group Confirmed Minute from 18.04.23 No comments.</p>	
	<p>7.4 Equality & Human Rights Strategy Group No new minute available.</p>	
	<p>7.5 Fife Drugs and Therapeutics Committee Confirmed Minute from 26.04.23 No comments.</p>	
8.0	ITEMS FOR NOTING No comments.	
9.0	ITEMS FOR ESCALATION The Committee would like to escalate the presentation of the Methilhaven Care Village development.	
10.0	AOCB No further business raised.	
11.0	DATE OF NEXT MEETING Thursday 07 September 2023 – 1400-1700hrs	



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM TUESDAY 23 MAY 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Eleanor Haggett, Staff Side Representative
Debbie Fyfe, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Billy Nixon, Health & Safety, NHS Fife
Cara Forrester, Communications Adviser, H&SC
Chris Conroy, Clinical Services Manager (for Lisa Cooper)
Daffyd McIntosh, OC&D Specialist, H&SC
Diane Roth, OC&D Specialist, H&SC
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Jennifer Rezendes, Principal Social Work Officer, H&SC
Jimmy Ramsay, Estates Compliance Manager, NHS Fife
Karen Cassie, HR Adviser, Fife Council (for Elaine Jordan)
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Morag Stenhouse, H&S Adviser, Fife Council
Paul Hayter, NHS Fife
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Yvonne Batehup, UNISON Welfare Representative
Vanessa Salmond, Head of Corporate Services, H&SC
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Hazel Williamson, Communications Adviser, H&SC
Helen Hellewell, Deputy Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Kenny McCallum, UNISON
Lisa Cooper, Head of Primary & Preventative Care Services
Sharon Adamson, RCN
Susan Robertson, UNITE
Vicki Bennett, British Dietetic Association Representative

NO HEADING

ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 29 March 2023

Susan Young requested two amendments to the draft Minute and there was an error to be corrected. Once these have been done the Minute from the meeting held on 29 March 2023 will be considered an accurate record of the meeting.

2.2 Action Log from 29 March 2023

The Action Log from the meeting held on 29 March 2023 was approved as accurate.

3 JOINT CHAIRS UPDATE

Joint Chairs Update

Nicky Connor updated on the Integration Leadership Team event held in Rothes Halls on 18 May 2023 which approximately 190 people attended including HSCP staff and people from 3rd and Independent sector. This group will now be known as the Integrated Leadership Team and participants were updated on the journey to integration so far and Mission 25. The feedback from the session has been phenomenal and it is envisaged that similar events will take place a couple of times a year in future. LPF members are invited to be part of this and updates will be brought to a future LPF meeting. Simon Fevre agreed it was a great afternoon which gave teams the chance to showcase what they did and for participants to network with colleagues and the presentation was inspirational providing insight into the experience of a family member who is a carer.

NC/RLaw

4 iMATTER IMPROVEMENT PLAN

Roy Lawrence presented this paper which outlined the actions in place to improve the uptake of employees completing the iMatter survey and the results this year. A pack will be issued to Managers to assist with this and the work on confirming teams has begun. A series of drop-ins will be arranged. The survey will be issued in July 2023. The LPF acknowledged the significant work that is ongoing to support update of the iMatter survey.

5 MISSION25 SOCIAL MEDIA RECRUITMENT CAMPAIGN

Roy Lawrence presented this report which highlighted ongoing work with the social media recruitment campaign. The campaign uses current employees experience to help recruit new employees. A new recruitment landing page has been set up which links the partnership, Fife Council, NHS, 3rd and Independent sectors.

A recruitment event has been set up for Thursday 25 May 2023 at the St Brycedale Campus, Kirkcaldy. Simon Fevre asked if consideration could be given to trade unions being invited to future events. The next event is likely to be September or October 2023.

NO	HEADING	ACTION
6	HSCP CARE ACADEMY MODEL (CONT)	RLas
	<p>Roy Lawrence advised that this paper gave assurance on the activities being undertaken regarding recruitment. The Academy is a model rather than a physical place and encompasses the partnership, Fife Council, NHS, 3rd and Independent sectors and Fife College, who are providing a number of free learning credits for staff who do not qualify for funding and courses cover all levels of qualification.</p> <p>Foundation Apprenticeships continue to grow with up to 90 on offer this year (previously 70 pa).</p> <p>Discussion took place around developing our own staff, career pathways and whether or not staff were guaranteed a job eg at the end of an apprenticeship. Daffyd confirmed that due to the number of vacancies currently, staff are retained following training.</p> <p>Eleanor Haggett asked that feedback be provided to the LPF every six months on this to allow progress to be monitored (next report due at 21 November LPF).</p>	
	7 HEALTH & WELLBEING	
	Attendance Information	
	<p>Susan Young advised that the NHS sickness absence rate for April 2023 is 6.20%. The figure is almost a percent higher than the same month last year, however it is the lowest sickness absence figure since September 2022.</p> <p>Susan confirmed that Review and Improvement Panels continue to take place across the Partnership and a review of these is underway. Attendance management training has been refreshed with an increased focus on triggers and targets and supportive management of mental health related absences. A Turas LEARN Attendance Policy module is available and can be accessed at any time.</p> <p>Karen Cassie advised that for Fife Council partnership staff the absence rate was 12.2% in March 2023. It is noted the absence rate in 2023 has reduced on a month-by-month basis in comparison to 2021 and 2022, it is recognised absence remains high and work continues to effectively manage absence and support the wellbeing of employees.</p> <p>Attendance Review and Improvement Panels are held regularly within Fife Council and at present there are some delays receiving information from Occupational Health which is being followed up. Debbie Fyfe advised that feedback from staff regarding contact from the Wellbeing team is appreciated.</p> <p>Full details on absence for both NHS Fife and Fife Council are contained within the report.</p>	
	Staff Health & Wellbeing	
	<p>Susan Young had provided a written update on this from an NHS perspective and this was circulated with the papers for the meeting.</p>	

NO	HEADING	ACTION
7	<p>HEALTH & WELLBEING (CONT)</p> <p>Staff Health & Wellbeing (Cont)</p> <p>Karen Cassie advised that a full day Mentally Healthy Workplace training course was now available and staff should be encouraged to sign up to this.</p> <p>Following discussions on promoting mentally healthy workplaces, Nicky Connor suggested that Roy Lawrence invite Ruth Bennett, Health Promotion Manager to attend the Wellbeing Group to see what could be put in place to encourage staff to practice self-care both at work and outwith.</p>	RLaw
8	<p>HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)</p> <p>Jimmy Ramsay was welcomed to the LPF and he provided an update on Fire Safety. Jimmy advised that his team were going to be running an awareness campaign on Fire Safety to increase compliance with mandatory training figures. An updated video on Fire Safety would be uploaded to TURAS in the coming weeks.</p> <p>Scottish Fire & Rescue, with effect from July 2023, will no longer provide an automatic response to fire alarms in non-domestic, non-residential properties until they have been advised that there is a fire on the premises. This means that those undertaking Fire Warden duties, in addition to sweeping/evacuating buildings, will be asked to interrogate the fire alarm panel and if safe to do so, investigate the source of the alarm. If no fire is found the panel can be silenced and people returned to the building. Discussion took place around what happens in empty premises overnight, further guidance is needed from the Scottish Fire Service, the potential for upgrading fire alarm systems in buildings and concerns around staff safety and training requirements.</p> <p>Trade Unions expressed their concerns about the decision of Scottish Fire and Rescue. Concerns were also raised about whether staff should be going back into a building that may be on fire. It was also stated that the Fire Warden role is a voluntary role and not part of anyone's Job Description.</p> <p>Simon thanked Jimmy for attending the LPF and raising awareness of the upcoming changes.</p> <p>Billy Nixon advised that the NHS Health & Safety Committee is being reconvened. New Manual Handling trainers have been recruited and since they took up post there have been four training sessions held with more to follow.</p> <p>Morag Stenhouse advised the Fife Council Health and Safety team are finalising the Health & Safety Framework which should be completed soon. There are a number of vacancies in their team, particularly H&S Advisers which are being recruited to.</p> <p>Mandatory Training Update</p> <p>Rona Laskowski gave a short presentation on Mandatory Training which showed a weekly overview in place since January 2023 covering 22 NHS and 24 Fife Council courses. These are monitored and the numbers are improving</p>	

NO	HEADING	ACTION
8	HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP (CONT))	
	Mandatory Training Update	
	gradually. A monthly dashboard is being developed to show trajectory and evidence continued progress towards full compliance. Target of 90% compliance has been set across all mandatory training (accepting levels of workforce turnover and long-term sickness).	
	Discussion took place around protected time to allow staff to undertake training, compliance rates and venues for manual handling courses and the need to ensure client/patient/staff safety.	RLas/WA
	Rona Laskowski agreed to circulate a copy of the weekly dashboard to LPF members.	NC/RLas
	Nicky Connor asked Rona Laskowski to bring a written Action Plan to the July LPF meeting.	RLas/YB
	Yvonne Batehup raised again the method of gathering figures in NHS and accuracy. Yvonne and Rona Laskowski to meet up to discuss.	
9	FINANCE UPDATE / BUDGET	
	Audrey Valente advised that the forecast for Fife Health & Social Care Partnership is currently a surplus of £8.463m at the end of the financial year. This will be carried forward as earmarked reserves. Reserves are currently sitting at £37m, £16m of which is committed to specific priorities including the Alcohol & Drug Partnership, Action 15 and Primary Care. The remaining £21m will allow the partnership to move forward with transformation plans. Recent covid-19 spend of £1m will be reclaimed from Scottish Government.	
	Following the agreement of the budget in March 2023 work has started on drafting business cases and the Senior Leadership Team are subjecting these to robust scrutiny. Trade union and staff side representatives will be involved in this work.	
	Offline discussion to take place to agree holding special session or a series of drop ins to allow LPF sight of business cases the July IJB meeting.	NC/SF / EH/DF/ AV
10	SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19	
	System Pressures	
	Lynne Garvey updated on the significant work ongoing in her portfolio and progress being made towards recruitment to vacancies.	
	On behalf of Lisa Cooper, Lynne advised that regular GP practice huddles are taking place with multi-disciplinary team working in place to ensure practices are safe to start. The Out of Hours service is more stable with GP cover in place and no major concerns.	
	Simon Fevre advised that he had met with Wendy McConville to discuss staffing at Stratheden, an action plan has been drawn up and the recruitment process continues.	

Update on Industrial Action

Rona Laskowski updated that there was a 4-6 week reprieve before any potential industrial action by junior doctors. A pay offer has been made and members will be balloted on this. Weekly planning continues, there may be restrictions on new annual leave bookings and decisions will be taken on clinic appointments to reduce the impact if industrial action happens.

Chu Lim advised that voting would take place over the next two weeks.

LiquidLogic Update

Fiona McKay had provided an update which had been circulated with the papers for the meeting. The new system went live on 3 April 2023 for Health & Social Care, Children & Families and Criminal Justice. Debbie Fyfe advised that she had received contact from a number of staff raising concerns with the new system. Fiona advised that staff support and training will be available up to the end of June 2023 and to date 14 face to face sessions have been set up to assist this. There is an information hub and guides are available.

11 PALLIATIVE CARE REDESIGN

Lynne Garvey presented this paper which has been discussed in a number of other meetings and development sessions.

Simon Fevre advised that very few staff concerns have been raised about the new model which is supported by clinicians. There is a robust case for taking forward this transformational change.

This paper will be brought to the Integration Joint Board on Friday 26 May 2023 for approval.

The LPF were assured that this model has been developed in partnership with the staff involve, had considered from a quality perspective through the Quality & Assurance Committee and would be delivered within the financial envelope supporting best value.

They also supported the implementation of the 7-day enhanced community service model, which has been operational since April 2020, delivered through service transformation and within existing resources with a positive on staff.

12 BANK/AGENCY STAFF

Lynn Barker gave detail on supplementary staffing 2021-2022 and as part of this £16m was spent on Bank and Agency staff. Bank staff will always be needed to cover absences such as annual, maternity and study leave.

After 1 June 2023 the partnership can no longer use off contract / framework agency staff. There has been a lot of activity both nationally and locally to address this. The recruitment event on Thursday 25 May 2023 at the St Brycedale Campus, Kirkcaldy will assist this.

Significant work is ongoing to reduce current surge capacity with twice weekly meetings being held.

NO	HEADING	ACTION								
12	BANK/AGENCY STAFF (CONT)									
	Lynn will bring a written report to the July LPF meeting, with this item being earlier in the agenda to allow more time for discussion.	LB								
13	LPF ANNUAL REPORT 2022-2023									
	Simon Fevre will provide feedback as he is still awaiting some contributions from LPF members. Draft report should be available in early June. Timeline for presentation to the IJB may need to be revised.	SF								
14	ITEMS FOR BRIEFING STAFF									
	<table border="0"> <tr> <td>Mandatory Training Update</td> <td>Fire Safety</td> </tr> <tr> <td>iMatter Improvement Pan</td> <td>HSCP Care Academy Model</td> </tr> <tr> <td>Mission 25 Social Media Recruitment Campaign</td> <td>Liquid Logic</td> </tr> <tr> <td>Palliative Care</td> <td>Bank /Agency Staff</td> </tr> </table>	Mandatory Training Update	Fire Safety	iMatter Improvement Pan	HSCP Care Academy Model	Mission 25 Social Media Recruitment Campaign	Liquid Logic	Palliative Care	Bank /Agency Staff	CF
Mandatory Training Update	Fire Safety									
iMatter Improvement Pan	HSCP Care Academy Model									
Mission 25 Social Media Recruitment Campaign	Liquid Logic									
Palliative Care	Bank /Agency Staff									
15	AOCB									
	Nothing was raised under this item.									
16	DATE OF NEXT MEETING									
	Wednesday 26 July 2023 – 9.00 am – 11.00 am									



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED

**MINUTE OF THE STRATEGIC PLANNING GROUP
HELD VIRTUALLY ON WEDNESDAY 17TH MAY AT 9.30 AM**

<p>Present:</p>	<p>Cllr David Graham (Chair) Cllr Rosemary Liewald Cllr Dave Dempsey Cllr Sam Steele Fiona McKay, Head of Strategic Planning, Performance & Commissioning Lesley Gauld, Team Manager, Strategic Planning Jacquie Stringer, Locality Planning Co-ordinator Morna Fleming, Carer Representative Tracy Harley, Service Manager, Participation & Engagement Ian Dall, Service User Representative William Penrice, Service Manager, Performance Management & Quality Assurance Lynne Garvey, Head of Community Care Services Jennifer Rezendes, Professional Lead for Social Work Vanessa Salmond, Head of IJB Corporate Services Kenny Murphy, Third Sector Representative Paul Dundas, Independent Sector Representative Audrey Valente, Chief Finance Officer Nicky Connor, Director of Health & Social Care Fay Richmond, Executive Officer to Chief Executive & Board</p>
<p>Apologies for Absence:</p>	<p>Simon Fevre, Staff Representative, NHS Fife Paul Short, Service Manager, Housing Services Ben Hannan, Director of Pharmacy and Medicines Lisa Cooper, Head of Primary & Preventative Care Helen Hellewell, Associate Medical Director Vicki Birrell, Team Manager, Strategic Planning Rona Laskowski, Head of Complex & Critical Care Dr Rishma Maini, Consultant in Public Health Claire Dobson, Director of Acute Services Lynn Barker, Associate Director of Nursing Catherine Jeffrey Chudleigh, Consultant in Public Health</p>
<p>In Attendance:</p>	<p>Gillian Muir, Management Support Officer (Minutes) Anca Wilson, Programme Manager Alan Adamson, Service Manager, Quality Assurance Nicola Broad, Team Manager, Strategic Planning Eileen Duncan, Digital Programme Manager Kay Samson, Health Improvement Programme Manager</p>

NO.	TITLE	ACTION
1.	<p>WELCOME AND INTRODUCTIONS</p> <p>David Graham welcomed everyone to the meeting and apologies were noted as above.</p> <p>David Graham extended a welcome to Nicola Broad, Team Manager – Strategic Planning, Jennifer Rezendes - Principal Lead for Social Work and Vanessa Salmond – Head of IJB Corporate Services.</p>	
2.	<p>MINUTE OF LAST MEETING – 1ST MARCH 2023</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>Amendment to be made to item 4a – Carers Strategy to correct spelling of Morna Fleming’s name.</p> <p>Actions noted within the minute have been progressed and are complete.</p>	GM
3.	<p>STRATEGIES FOR REVIEW</p> <p>Fiona McKay advised the three strategies being presented were draft strategies, but as they had now been through the Governance Committees were now ready for onward submission to the IJB as full strategies pending any comments received today.</p> <p>a. Home First Strategy (Draft Strategy)</p> <p>Lynne Garvey provided an overview of the Strategy and SBAR.</p> <p>The Report introduces the Home First Strategy, as enclosed in Appendix 1, being the strategic direction for the Home First model in Fife and sets out the transformational initiatives relevant to the three critical elements of the strategy: early intervention and prevention, person centred at the heart of all care decisions and a whole systems approach.</p> <p>Direction was received in 2018 from the Scottish Government Joint Improvement Team which provided guidance to local authorities with ten actions to transform discharge from hospital. The Home First Strategy outlines Fife’s commitment to transform the discharge process, by integrating health and social care and maximising the collaborative working that exists in Fife. The Home First Programme is the delivery mechanism for the Home First Strategy and is an action orientated response to the recommendations within the national guidance.</p> <p>The focus of this transformational programme of works is to develop the future model of community care in an integrated manner, with a focus on prevention, anticipation and supported self-management to realise this vision. There will be an emphasis on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/ developed so they are flexible to growing and changing demands, as well as being sustainable.</p> <p>The Report is brought for discussion, and agreement that I the Home First Strategy in Fife should progress through Committees and to the IJB.</p>	

NO.	TITLE	ACTION
3.	<p data-bbox="252 197 794 230">STRATEGIES FOR REVIEW (continued)</p> <p data-bbox="164 264 603 297">a. <i>Home First (draft Strategy)</i></p> <p data-bbox="252 331 1369 566">Discussion was opened up to members of the Group and items raised included staffing resource and to what extent the success of the Home First Strategy was predicated on that and what confidence there was that this would change; priority 1 how do we get fewer admissions by improvising discharge process; gaps within Housing Occupational Therapy staffing resource and if these would halt any progress to this work; challenges of IT systems within the NHS and Partnership which could also potentially hold this back.</p> <p data-bbox="252 600 1345 768">There was also discussion around the priorities of the Strategy, early intervention, and the focus on getting people out of hospital. It was felt that the report did not include sufficient detail regarding how we stop people even having to need social care. Officers thanked members for their comments and observations which will be taken on board.</p> <p data-bbox="252 801 1353 936">Feedback was also provided on the format of the report particularly the pictures / images within the report, and it was suggested that the risk register should be more explicit, and set out plainer to show where a priority is aligned to a particular standard.</p> <p data-bbox="252 969 1289 1070">David Graham thanked Officers for the thought-provoking report. The Strategic Planning Group agreed that the Home First Strategy should progress through Governance Committees to the IJB with the comments and suggestions made.</p> <p data-bbox="164 1126 715 1160">b. <i>Advocacy Strategy (Draft Strategy)</i></p> <p data-bbox="252 1193 1066 1227">Fiona McKay provided an overview of the strategy and SBAR.</p> <p data-bbox="252 1261 1369 1317">Report presented to the Strategic Planning Group for discussion and feedback on the work of the Advocacy Strategy, and for agreement to proceed to the IJB.</p> <p data-bbox="252 1350 1345 1552">In Fife, it is the responsibility of the Health and Social Care Partnership to commission the advocacy services required to meet statutory responsibilities. The Advocacy Strategy 2023 to 2026 reflects the achievements of the Partnership since the last Advocacy Strategy 2018 to 2021 and sets out its five priorities to enable achievement of both local and national outcomes and to deliver on our statutory obligations in respect of advocacy provision in Fife.</p> <p data-bbox="252 1585 1281 1653">The Strategy has been worked though with the Advocacy Forum which are the organisations which make up all our Advocacy Organisations across Fife.</p> <p data-bbox="252 1686 1361 1821">Discussion was opened up to members of the Group and items raised included what conversations are ongoing with these organisations to make sure that they are matching up with the strategy document; do we have the capacity to meet the overall demand; how far down the line hope do we hope to be by 2026?</p> <p data-bbox="252 1854 1369 2022">Feedback and comments were also given on the content of the report including comment with regards to the survey and that there doesn't appear to be an opportunity in the questions or the survey for people to be able to say what they think is missing from the strategy. Officers thanked members for their comments and feedback will be taken on board.</p>	

NO.	TITLE	ACTION
<p>3.</p> <p>b.</p> <p>c.</p>	<p>STRATEGIES FOR REVIEW (continued)</p> <p><i>Advocacy Strategy (Draft Strategy)</i></p> <p>It was noted that the Advocacy Strategy and supporting papers were tabled at the Finance, Performance & Scrutiny Committee on 12th May 2023, but were deferred and not discussed.</p> <p>Fiona McKay advised that the paper had been tabled and fully discussed at the Qualities and Communities Committee on 3rd May and would be progressed to the IJB. The Chair had felt that there had been good discussion at that Qualities and Communities Committee and anything on performance would come back to Finance & Performance Committee to discuss.</p> <p><u>Commissioning Strategy (Draft Strategy)</u></p> <p>Alan Adamson provided an overview of the strategy and SBAR.</p> <p>Report is presented to the Strategic Planning Group for discussion and feedback on the work of the Commissioning Strategy.</p> <p>The Commissioning Strategy 2023 – 2026 builds on the commissioning foundations established in the Commissioning Strategy 2021 - 2023. The document sets out the context in which the Partnership will develop its approach to commissioning and takes account of its vision and strategic priorities in the newly published Strategic Plan 2023 – 2026.</p> <p>The Commissioning Strategy 2023 – 2026 and associated Market Facilitation and Delivery Plan 2023 – 2026 sets out the Partnerships commissioning vision, principles, priorities, Partnership behaviours and expectations that it has of its providers. It sets out how it will work collaboratively with its partners to develop and deliver ethical, sustainable and innovative social care services that will ultimately improve the outcomes for the people of Fife.</p> <p>The Commissioning strategy is an enabling strategy and will impact across the rest of the strategies, has its own delivery plan and activity plan which will develop and evolve as other strategies are updated which may identify other commissioning intentions or areas of work.</p> <p>Discussion was opened up to members of the group and comments and items raised included whether there is a system in place of bulk buying for all of the partners we have in the private sector as well as the Partnership’s care homes and whether there was use of the services of NHS NSS the Scottish buying group?</p> <p>Feedback and comments were also given on the content of the report.</p> <p>It was noted that the Commissioning strategy and supporting papers were tabled at Finance, Performance & Scrutiny Committee on 12th May 2023 , but was deferred and not discussed.</p>	
<p>4.</p>	<p>STRATEGY FLASH REPORTS</p> <p>Fiona McKay introduced the strategies. These had been brought to the meeting to provide an update on their progress with a flash report submitted for each.</p>	

NO.	TITLE	ACTION
4.	<p data-bbox="252 232 826 264">STRATEGY FLASH REPORTS (continued)</p> <p data-bbox="252 315 1358 414">Query was raised with regards how often flash reports would be received and an ask for those reports that are being submitted for a second or third time for the author to emphasis the difference from the last report presented.</p> <p data-bbox="165 434 459 465">a. <u>Carers Strategy</u></p> <p data-bbox="252 501 1310 566">Fiona McKay provided an overview of the flash report submitted noting this is the second update report to be provided to the Strategic Planning Group.</p> <p data-bbox="252 602 1321 667">Ian Dall queried how far along the review of the carers journey was when was this expected to be complete?</p> <p data-bbox="252 703 1366 835">Fiona McKay advised that the carers journey was the work that has been progressing behind the strategy to look at what people are telling us around, work is in progress . Work is underway to produce a newsletter to go out to carers. We will continue to involve Morna Fleming in discussions.</p> <p data-bbox="165 882 453 913">b. <u>Digital Strategy</u></p> <p data-bbox="252 949 1321 1014">Eileen Duncan provided an overview of the flash report submitted and progress to date on the first Digital Strategy for the Partnership.</p> <p data-bbox="252 1050 1370 1149">Rosemary Liewald queried with regards to the public consultation, which groups of people would this be aimed at and which localities and if social work teams were also being consulted?</p> <p data-bbox="252 1184 1334 1283">Elaine Duncan advised that conversations were still active but proposing to use the Partnerships Facebook page to seek feedback from the public as well as engaging with people in hospitals and via the Wells with face-to-face consultation.</p> <p data-bbox="252 1319 1310 1384">The strategy team is working very closely with the Participation and Engagement Team who are providing guidance as to who we need to engage with.</p> <p data-bbox="165 1420 560 1451">c. <u>Local Housing Strategy</u></p> <p data-bbox="252 1487 1318 1585">Agreed as members have already had sight of the paper any questions should be directed to Paul Short in the first instance. Paper to be tabled on next meeting agenda for full discussion.</p> <p data-bbox="165 1621 555 1653">d. <u>Mental Health Strategy</u></p> <p data-bbox="252 1688 842 1720">An overview of the flash report was provided.</p> <p data-bbox="252 1756 1362 1854">Noted the refresh of this strategy is in the very early stages as we await launch of the Scottish Governments national strategy. First meeting held to draw up Terms Of Reference etc to shape digital priorities.</p> <p data-bbox="252 1890 1326 1989">Nicky Connor highlighted the update provided at a recent Development Session of the IJB, although whilst talked about Estates work also spoke about the models of care, those priorities are also key and underpin this strategy.</p>	

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<p>4.</p> <p>d.</p> <p>e.</p>	<p>STRATEGY FLASH REPORTS (continued)</p> <p><u>Mental Health Strategy</u></p> <p>Rosemary Liewald queried the timeframe of how long this is going to take to come forward and there was any detail as to what was causing the delays on this?</p> <p>Fiona McKay advised that the work to take forward the refresh of Fife’s mental health strategy had to mirror some of the strategy coming from Government and ensured that Officers were linked into the national picture also.</p> <p>Nicky Connor advised that one of the key things we are looking to do with the strategy is to bring forward an outcomes framework nationally which will help to inform the data reported locally, so whilst delayed this does not prevent us progressing work.</p> <p>Agreed further update to be brought to September meeting.</p> <p><u>Prevention and Early Intervention Strategy</u></p> <p>Lisa Cooper provided an overview of the flash report submitted noting this is the second update report provided to the Strategic Planning Group.</p> <p>David Graham queried how well do the two strategies (Home First and Prevention and Early Intervention) integrate to allow that work to happen and how will we know it’s making a difference?</p> <p>Nicky Connor explained that when discussing Home First we are talking about the prevention of admission and early intervention to enable people to live well at home. When considering this strategy we are talking about across the whole life course, about the Partnerships commitment to NHS Children’s Services through to what means getting into broader issues.</p> <p>Ian Dall queried whether it would be more sensible to change the language used at the start of the Home First strategy so that it is clear the Home First Strategy is part of the overarching Prevention Strategy.</p> <p>Officers thanked members for the comments and feedback which will be taken on board.</p>	
<p>5.</p> <p>i.</p> <p>ii.</p>	<p>ANY OTHER BUSINESS</p> <p><u>Strategic Planning Group Development Session</u></p> <p>A face-to-face Development Session to be arranged to bring people together to look at the Strategic Plan, all strategies and the Annual Report.</p> <p>Suitable date to be sought.</p> <p><u>Additional Strategic planning Group Meeting – July</u></p> <p>Additional Strategic Planning Group to be arranged in July to review the Annual Performance Report.</p>	

NO.	TITLE	ACTION
5	<p>ANY OTHER BUSINESS (continued)</p> <p>Fiona McKay requested if the session could include discussion on Carers Strategy and the Primary Care Strategy.</p> <p>Agreed items would be added to the agenda.</p> <p>iii. <u>Board Papers</u></p> <p>Morna Fleming raised an issue concerning receipt of printed copies of Board papers the lateness of them being delivered or otherwise, the volume, and the unrealistic expectation that these can be fully considered in a shortened timescale prior to the meeting.</p> <p>Noted that Terms of Reference state that papers will be issued seven days prior to meeting.</p> <p>Officers took on board comments made and will look at the current process in place for papers being issued by mail. Fiona McKay agreed to raise at SLT for further discussion.</p> <p>Vanessa Salmond confirmed that this was something which was on the IJB workplan to be looked at for the totality of the IJB structure, Governance Committees and associated processes.</p>	
6.	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • 11th July 2023 (Annual Performance Report only) • 5th September 2023 (Standard Agenda) 	