



Fife Health & Social Care Partnership

Supporting the people of Fife together

AGENDA

**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
FRIDAY 28 JANUARY 2022 AT 10.00 AM**

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

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

	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME / OPENING REMARKS	Christina Cooper	
2	CONFIRMATION OF ATTENDANCE / APOLOGIES	Christina Cooper	
3	DECLARATION OF MEMBERS' INTERESTS	Christina Cooper	
4	CHIEF OFFICERS REPORT	Nicky Connor	
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8	PERFORMANCE REPORT – EXECUTIVE SUMMARY	Fiona McKay	29-43
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10	FIFE ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2020/21 AND DRUG RELATED DEATH ANNUAL REPORT 2020	Fiona McKay	64-141
11	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED		142-168

	Clinical & Care Governance Confirmed Minute from 12 December 2021 Finance & Performance Committee Unconfirmed Minute from 14 January 2022 Audit & Risk Committee Unconfirmed Minute from 13 January 2022 Local Partnership Forum Confirmed Minute from 14 December 2021	Tim Brett David Graham Dave Dempsey Simon Fevre / Nicky Connor	
12	AOCB	ALL	
13	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION - Friday 25 FEBRUARY 2022 – 10.00 am IJB BOARD MEETING 25 MARCH 2022		
MEMBERS ARE REMINDED THAT QUERIES ON THE DETAIL OF A REPORT SHOULD BE ADDRESSED BY CONTACTING THE REPORT AUTHORS IN ADVANCE OF THE MEETING			

Nicky Connor
Director of Health & Social Care
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Copies of papers are available in alternative formats on request from Norma Aitken, Head of Corporate Services, 4th Floor, Fife House – e:mail Norma.aitken-nhs@fife.gov.uk



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 26 NOVEMBER 2021 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) Rosemary Liewald (RLi) (Vice-Chair) Fife Council – David Alexander (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FM), David J Ross (DJR), Jan Wincott (JW) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Sinead Braiden (SB), Alistair Morris (AM), Arlene Wood (AW) Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Ian Dall (ID), Service User Representative Morna Fleming (MF), Carer Representative Simon Fevre (SF), Staff Representative, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associate Medical Director
Attending	Bryan Davies (B), Head of Primary & Preventative Care Services Rona Laskowski (RLas), Head of Complex & Critical Care Services Lynne Garvey (LG), Head of Community Care Services Joy Tomlinson (JT), Director of Public Health Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO HEADING

ACTION

1 CHAIRPERSON'S HANDOVER

Rosemary Liewald welcomed everyone to the meeting and thanked those present for their support over the past three years whilst she has been Chair of the partnership. It has been a privilege to serve as Chair over this time and this has been helped by the commitment and professionalism of our staff who are our most valuable asset. The partnership is on a good footing to continue to improve the lives of Fife residents. Rosemary also thanked Nicky Connor and the Senior Leadership Team and was assured the Board are on the correct path to carry out the vast amount of work to be taken forward. She then handed the meeting over to the new Chair, Christina Cooper.

2 CHAIRPERSON'S WELCOME

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board (IJB). She looked forward to working with the Board and partnership staff, finding balanced ways of working and looking forward to the challenges of the new Strategic Plan and the National Care Service.

Members were reminded of the protocol for the meeting which had been circulated previously.

The Chair advised those present that the British Dietetic Association Awards event was held online on 4 November 2021 and Scotland won four awards. Fife's Media Group won the **Social Media Influencer Award**. Congratulations to the whole team.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking.

3 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Chris McKenna, Paul Dundas, Eleanor Haggett, Kenny Murphy, Lynn Barker, Katherine Paramore and Kathy Henwood.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 CHIEF OFFICERS REPORT

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

Nicky began by expressing her thanks to Rosemary Liewald for her support and commitment during her time as Chair and looked forward to working with Christina Cooper as Chair.

Nicky then acknowledged achievements made by the partnership over the last three years which included refreshing the Strategic Plan and Mental Health Strategy, a new Dementia Strategy, Primary Care Improvements, ongoing Care Home Replacements and the introduction of new technology. The Senior Leadership Team has been refreshed with three new Heads of Service and two professional leads being introduced. Considerable work has been undertaken on the governance of the Board as well as improved ways of working with the independent and voluntary sectors. Fife was recently commended following an Adult Support and Protection Inspection. Work continues to balance needs between hospital discharge and care at home provision.

There will be an opportunity for Board members to meet Jane Brown, Principal Social Work Officer and Roy Lawrence, Principal Lead Organisation Development and Culture at the upcoming Development Session on Friday 10 December 2021.

An update on covid and remobilisation had been circulated to Board members prior to the IJB meeting.

5 CHIEF OFFICERS REPORT (Cont)

Nicky Connor handed over to Janette Owens who provided an update on the current situation which is an improving one. It has been possible to free up some bed capacity within Victoria Hospital and Community Hospitals, which should help support demand. Vaccine uptake in Fife is high. . Work continues on the new Elective Orthopaedic Centre and Fife Health Charity have provided funds to enhance the environment within the Centre for patients and staff.

Staffing remains challenging with significant vacancies. Interviews are being held in the coming weeks for non-registered workers on Band 2/3 posts. Band 4 posts are being introduced in the near future.

Discussion took place around staffing issues and maintaining safe staffing which is critical. This is being constantly assessed and monitored via the Gold and Silver command structure and Safety Huddles. Seven-day working should support the discharge of patients over the weekend, which in turn will create more capacity. Recruitment continues locally, nationally and internationally to increase staff numbers.

Currently nursing staff vacancies are sitting at approx 8% when it would normally sit around 6%. Updates are provided regularly to the NHS Fife Staff Governance Committee.

At the IJB Development Session on Friday 10 December 2021 there will be an update on Workforce Planning as this Strategy is being refreshed.

The Chair thanked Nicky and Janette for their updates and was assured that work was continuing to ensure patient safety was paramount and workforce issues were being addressed.

6 MINUTES OF PREVIOUS MEETING 22 OCTOBER 2021

The Minute of the meeting held on Friday 22 October 2021 was approved.

7 MATTERS ARISING – ACTION NOTE 22 OCTOBER 2021

The Action Note from the meeting held on 22 October 2021 was approved.

8 FIFE INTEGRATION JOINT BOARD 2020/2021 ANNUAL AUDIT REPORT

This report was discussed at the Audit & Risk (A&R) Committee on Friday 19 November 2021. The Chair introduced Audrey Valente who presented the report. The draft Accounts were presented to the A&R Committee in July 2021 and these had been reviewed by Tim Bridle, Audit Scotland. The Board was being asked to approve the accounts for signature.

Brian Howarth from Audit Scotland advised that there had been adjustments to the accounts since the A&R Committee in July 2021 and this had resulted in the issues of a clean audit certificate. Brian commented on the achievement of a surplus, due to Covid-19 and

8 FIFE INTEGRATION JOINT BOARD 2020/2021 ANNUAL AUDIT REPORT (Cont)

continuing overspend pressures this year. Good progress has been made on governance, Best Value and Transformation. If the Board approved the accounts, they would be signed off via electronic signature later in the day.

Discussion took place around the wording of one section of the accounts and it was agreed to make a change prior to the accounts being signed off.

AV

The Chair then invited Dave Dempsey, Chair of A&R to comment on discussions at the Committee. Dave had no issues to raise and advised that the Committee were content that the Board sign off the Accounts as presented.

Arlene Wood raised the issue of recommendations from 2019-2020 report and how these were being dealt with. Audrey advised that going forward the revised SLT Business and Assurance meetings would consider audit actions in detail on a quarterly basis. Several of the outstanding actions require to wait until the Integration Scheme has been signed off by Scottish Government before they can be actioned.

Audrey advised that the Medium-Term Financial Strategy is being refreshed and will reflect inflationary pressures, Covid-19 funding, financial planning, the potential budget gap for the next three years and the requirement for further savings. This will be brought back to the Board in due course.

The Board agreed to approve the annual accounts for signature once the revision to wording had been done.

9 FINANCE UPDATE

This report was discussed at the Finance & Performance (F&P) Committee on Wednesday 10 November 2021. The Chair introduced Audrey Valente who presented this report, which detailed the financial position based on 30 September 2021 financial information. The forecast deficit is £4.179m and it is expected that the costs of Covid-19 will be met in full through the use of Reserves and further Scottish Government funding. It has been confirmed that Scottish Government will provide support to IJBs to deliver break event on a non-repayable basis, providing there is appropriate review and control in place.

Covid-19 spend to date is £12.596m and is projected to be £32.476 by year end. Reserves of £15m will be used in the first instance to offset these costs.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David confirmed that F&P members had scrutinised the report and had no issues to raise.

NO HEADING**ACTION****9 FINANCE UPDATE (Cont)**

Discussion took place around potential uses of uncommitted reserves and Audrey advised there was an element of flexibility to use these to help with longer term financial sustainability.

The Board examined and considered the key actions/next steps, approved the financial monitoring position as at September 2021 and approved the use of Reserves as at September 2021.

10 FINANCIAL RECOVERY PLAN

This report was discussed at the Finance & Performance (F&P) Committee on Wednesday 10 November 2021. The Chair introduced Audrey Valente who presented this report. The report updated on current progress on recovery actions in the medium and longer term. The Medium-Term Financial Strategy would be an important part of this work. This will be brought back to the Board in due course.

Four main areas of spending are under review:-

- Review and refine costs to ensure expenditure is coded correctly to Covid.
- Reduce in-year non-essential spend.
- Impact on core services of Scottish Government additional funding.
- Improved projected outturn position.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David confirmed this had been discussed in length at F&P and there were no issues the Committee wished to raise.

Tim Brett asked about how the partnership would use their share of the £300m Scottish Government funding. Audrey advised that the funding letter had been clear that this funding was to be used to cover winter 2021-2022. SLT are working on detailed proposals for this funding.

The Board charged the Director of H&SC and Senior Officers to bring budgets back in line in-year as reasonably possible, discussed and agreed the actions to control costs as outlined in the Recovery Plan for 2021-22 and agreed to continue to focus on implementing effective financial management and good governance in to deliver a balanced budget moving forward. A direction will be issued to NHS Fife and Fife Council on that basis.

11 FIFE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT

This report was discussed at both the Finance & Performance (F&P) Committee on 10 November 2021 and the Clinical & Care Governance (C&GC) Committee on 12 November 2021 both of whom accepted the

NO HEADING**ACTION****11 FIFE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT (Cont)**

recommendations within the report and acknowledged the significant work undertaken within the partnership.. The Chair introduced Fiona McKay who presented this report.

Fiona thanked Morna Fleming who had proof- read the document.

Fiona McKay advised that the content of the report was as a result of Scottish Government guidance and once approved by the IJB the Annual Performance Report would be submitted to Scottish Government. It would then be published on the partnership website.

The Chair then invited Tim Brett, Chair of C&CG and David Graham, Chair of F&P to comment on discussions at these Committees before questions from Board Members.

Tim Brett congratulated Fiona McKay and her team for the sheer volume of work which had gone into producing what is the bests Annual Performance Report to date.

David Graham advised that F&P discussed the report at length and agreed the last 18 months had been challenging and the committee were grateful for the work undertaken by partnership staff.

Discussion took place around The Wells, which had unfortunately been closed for most of the pandemic. The Well in Kirkcaldy has now opened in the Mercat Shopping Centre. . The Fife Council Contact Centre can now refer people virtually to Wells as part of a joint project.

It was agreed that the report provided a good insight into the scope and range of services offered by the partnership. Some sections of the final report were light on detail and this will be looked at for future reports.

FM

During 2022 the Annual Performance Report will have to be finalised by the end of June (rather than November) and will be brought to a Development Session for further discussion.

The Chair advised that this was an excellent, well balanced report which highlights partnership working in all sectors. The Board approved the report.

12 DELAYS, WINTER AND COMMUNITY CARE

This report was discussed at both the Finance & Performance (F&P) Committee on 10 November 2021 and the Clinical & Care Governance (C&GC) Committee on 12 November 2021, both of whom endorsed the proposals and plan. The Chair introduced Lynne Garvey who presented this report which was seeking IJB support on the actions which were proposed as part of the winter planning arrangements.

Scottish Government recently approved £300m of funding for Local Authorities and Health Boards to allow them to put in place robust winter planning arrangements. For Fife the key areas will be Care at Home, Interim Care, Multi-Disciplinary Teams and Adult Social Care Winter

12 DELAYS, WINTER AND COMMUNITY CARE (Cont)

Preparedness. The report outlined the challenges, the investment required and the improvement trajectory.

The Board discussed aspects of the report including Care at Home, START beds, the creation of a peripatetic team to help cover staff shortages and investment in technology enabled care. Investment is being made in multi-disciplinary teams to support GP and Dental practices. With investment comes potential risk, both financial and reputational, but these are being mitigated where possible.

The Chair then invited Tim Brett, Chair of C&CG and David Graham, Chair of F&P to comment on discussions at these Committees before questions from Board Members.

Tim Brett advised C&CG welcomed the additional funding but had raised concerns around recruitment challenges. They agreed with all proposed uses of the funding.

David Graham was unable to comment as he was not in the meeting at this point.

It was agreed that the report was detailed and thorough. Recruitment challenges, particularly with external providers, had been highlighted in local media and this was being addressed in a variety of ways. Recent internal recruitment had led to a growth in staff numbers in Care at Home with 55 new recruits and 40 leavers in the last month or two. Absence has reduced slightly during this period.

Discussion took place around staffing of surge beds, which have been opened to cope with winter pressures. Substantive recruitment to cover surge beds is in the pipeline.

Work is ongoing with 45 foundation apprenticeships being undertaken by 5th and 6th year pupils and another 40 pupils are currently doing their second year. There are 44 Modern Apprentices employed by the partnership. Twelve-week work placements are being offered to people aged 16-24 to encourage them to take up care as a career.

The Board had been asked to examine and consider the report.

13 PRIMARY CARE IMPROVEMENT PLAN MOU2 UPDATE

This report was discussed at the Clinical & Care Governance Committee on 12 November 2021. The Chair introduced Bryan Davies who presented this report which was brought to the IJB to update on the risks associated with the 2018 GMS Contract Implementation Memorandum of Understanding 2 (MOU2) published on 30 July 2021.

The report updated on progress against various workstreams, pharmacotherapy, workforce challenges, financial aspects of the plan and transitional arrangements. A further report will be brought to the Finance & Performance Committee on 14 January 2022.

The Chair then invited Tim Brett, Chair of C&CG to comment on discussions at the Committee before questions from Board Members. The

13 PRIMARY CARE IMPROVEMENT PLAN MOU2 UPDATE(Cont)

Committee agreed it was important that the public understood proposed changes.

It was agreed that the two key themes going forward would be recruitment challenges and good communications. It was important to ensure that the public are kept up to date with changes in service provision as these happen.

The Board considered and discussed the implications of this report and the following recommendations:-

- Assurance is sought from the finance meeting with Scottish Government. Once this is obtained, it is recommended that the required posts in order to deliver CTAC and YTP and pharmacotherapy be recruited to on a permanent basis.
- PCIF funding reserves should be utilised in order to implement MOU2 Phase 2 for the next two years.
- The financial consequences and associated risks from full PCIP implementation be further explored with partners once transitional payment details are received.

Further update reports will be provided in future.

14 STATEMENT OF INTENT FOR SUPPORT FOR UNPAID CARERS

This Statement was previously discussed at the Integration Joint Board meeting on Friday 22 October 2021. The Chair introduced Fiona McKay who presented this item which has now been discussed fully with the Carers Strategy Group. Going forward this statement will be monitored and managed.

The Board are considered the statement and endorsed the intent outlined therein.

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

Nicky Connor asked the Chairs of the Governance Committees and Local Partnership Forum that they wished to escalate to the IJB.

Tim Brett – Clinical & Care Governance Committee (C&CG) – 1 October 2021 (Confirmed)

Items from this minute had been dealt with at the IJB meeting on 22 October 2012.

David Graham – Finance & Performance Committees (F&P) – 10 November 2021 (Unconfirmed)

No items to escalate from this meeting.

NO HEADING

ACTION

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

Dave Dempsey – Audit & Risk Committee (A&R) – 19 November 2021 (Verbal Update)

No items to escalate from this meeting.

Nicky Connor - Local Partnership Forum (LPF) – 3 November 2021 (Unconfirmed)

Nicky highlighted the excellent response rate to the NHS iMatter survey – the partnership had a 61% response rate, their highest ever. This has been discussed at SLT, ELT and the LPF. Teams are now preparing Action Plans based on the returns.

16 AOCB

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

17 DATES OF NEXT MEETINGS

IJB Development Session – Friday 10 December 2020 at 9.30 am

IJB Meeting – Friday 28 January 2022 at 10.00 am

IJB Development Session – Friday 25 February 2022 at 9.30 am



ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 26 NOVEMBER 2021

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

COMPLETED ACTIONS

<p>Finance Update- a further discussion on Alcohol and Drug Partnership funding would be brought back to a future IJB meeting</p>	<p>Audrey Valente / Fiona McKay / Kathy Henwood</p>	<p>26 November 2021</p>	<p>Report to F&P 14/01/22 then to IJB 28/01/22</p>
<p>Minutes of Previous Meeting – 23/04/21 - Item 9 – Performance Report – Executive Summary - Tim Brett asked if an update report on recruitment challenges be brought to the IJB.</p>	<p>Fiona McKay / Paul Dundas</p>	<p>26 November 2021</p>	<p>Report to F&P 14/01/22 then to IJB 28/01/22</p>
<p>Finance Update - more work required around the table in the Report which shows committed and allocated funding to provide clarity.</p>	<p>Audrey Valente</p>	<p>Presented to F&P Committee on 10/11/21</p>	<p>Complete</p>
<p>Discussion at Future Development Sessions –</p> <ul style="list-style-type: none"> • Additional Funding Allocation (£300m) • Public Sector Climate Change Duties • Direct Payments 	<p>Nicky Connor / Rosemary Liewald / Christina Cooper</p>	<p>TBA</p>	<p>Complete - added to the plan for future Development Session</p>
<p>Statement of Intent for Unpaid Carers - agreed to find out if there was a deadline for submitting the Statement to Scottish Government, then agree if statement would come back to IJB on 26 November 2021 for final approval. If the deadline was prior to that date a decision would be taken on the way forward in consultation with Board members.</p>	<p>Nicky Connor/ Alan Adamson</p>	<p>26 November 2021</p>	<p>Complete - on agenda for IJB on 26 November 2021</p>



Meeting Title:	Integration Joint Board
Meeting Date:	28 January 2022
Agenda Item No:	7
Report Title:	Finance Update
Responsible Officer:	Nicky Connor, Director of Health & Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Awareness
- Decision

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

- 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 Priority:

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- NHS Fife Finance Team.
- Fife Council Finance Team.
- HSCP Finance & Performance Committee – 14 January 2022 – at this Committee the following was discussed:-
 - The CFO verbally updated that a further £2.1m of funding is to be received from SG in relation to fully funding the cost of the Real Living Wage (RLW) uplift from £9.30 to £9.50 which was applied in April 2021. It was agreed that Finance should update the November position provided at F&P

Committee to reflect this additional funding.

- There was discussion around the unallocated amount for ADP and it was confirmed that this was funding which although showing as unallocated in table 1, unallocated means in technical terms that budget has not been transferred from a central code and the funding may already be fully committed.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 30 November 2021 financial information. The report has been updated to reflect the additional funding for RLW. The forecast surplus is £0.566m. It is expected that the costs of Covid-19 will be met in full through use of Reserves and further funding from Scottish Government.

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

At 30 November 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £0.566m.

The key variances are in the following areas –

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

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

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

3.3.1 Quality/ Customer Care

There are no Quality/Customer Care implications for this report

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

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

3.3.4 Risk/Legal/Management

The risk that the additional costs of Covid-19 will not be fully funded by the Scottish Government (SG) is mitigated due to further information received. Any expenditure associated with Covid-19 will continue to be recorded in the Local Mobilisation Plan, however SG have confirmed that whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place.

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

None

3.3.7 Communication, Involvement, Engagement and Consultation.

- Not applicable.

3.4 Recommendation

It is recommended that the Integration Joint Board discuss the contents of this report and its appendices and approve the financial monitoring position and approve the use of the reserves as at November 2021.

- **Awareness** – examine and consider the key actions/next steps.
- **Decision** – approve the financial monitoring position as at November 2021.
- **Decision** – approve the use of the reserves as at November 2021.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report November 2021

Appendix 2 – Fife H&SCP Reserves

Appendix 3 – Tracking Approved 2020-21 Savings Tracker

5 Implications for Fife Council

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

6 Implications for NHS Fife

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

7 Implications for Third Sector

This report reflects payments made to Third Sector providers.

8 Implications for Independent Sector

This report reflects payments made to Independent Sector providers.

9 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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**Fife Health
& Social Care
Partnership**



Finance Report as at 30 November 2021

January 2022



Supporting the people of Fife together



FINANCIAL MONITORING

FINANCIAL POSITION AS AT NOVEMBER 2021

1. Introduction

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

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

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

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

2. Financial Reporting

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

3. Additional Budget Allocations for Year

Additional Budget allocations are awarded in year through Partners. The total budget for the delegated and managed services has increased by £34.199m since April 2021, through additional allocations for specific projects. As the year progresses there is scope for a further £8.644m to be allocated. The breakdown of the allocations are as follows:

Additional Allocations	Allocated	To be Allocated
	£m	£m
Alcohol and Drug Partnership	0.920	1.322
Integration Fund		0.160
District Nurses	0.181	
Mental Health Recovery	2.223	2.223
Action 15 Mental Health Strategy	0.206	0.000
Ventilation Improvement Allowance	0.341	0.000
Mental Health Support for those hospitalised with Covid 19	0.095	0.095
Support for development of hospital at home	0.207	0.000
Emergency Covid Funding for Eating Disorders	0.303	0.303
Workforce Wellbeing	0.272	0.272

Primary Care Development Fund	0.030	0.030
Electric Speed Adjusting Hand Pieces	0.511	0.000
CAMHS Improvement	0.703	0.703
FHS Noncash limited	14.409	
Other Health Boards/Council etc	2.508	
Redesign of Urgent Care	0.681	
Maternity & Neonatal Psychological Interventions/ Perinatal & Infant Mental Health	0.800	
Uplift outcomes Framework & Shingles	0.245	
Primary Care Out of Hours Transformation	0.341	
Pay Award (Agenda for Change)	3.794	
Primary Medical Services	2.354	
Covid and extended Flu vaccination	1.840	1.839
Buvidal (drugs)	0.273	0.273
Remobilisation of NHS Dental Services	0.320	0.32
ADP Frontline Services	0.443	
Psychological Therapies	0.264	0.264
GP Premises Improvement	0.238	0.238
Care Homes	0.480	
Dementia Post	0.238	0.238
FNP	0.149	0.149
District Nurses	0.142	0.142
Other (Covid Offsets/Budget movements/Income excluded/Earmarked reserve)	-3.825	0.073
Total of Additional Allocations to contributions from NHS	31.686	8.644
Real Living Wage	2.116	
Transfer to Cleaning	-0.003	
Additional funding from Housing for Adaptations backlog	0.400	
Total Additional Allocations to contributions from FC	2.513	
Total Budget Movement for HSCP from April - November	34.199	

* Other includes Budget Movements, Income, Earmarked Reserve, School Nurses, Increments for Consultants, Wait List, Vitamins for Pregnant Women, Breast Feeding Projects, Auchtermuchty Medical Practice, Covid 19 PPE, Contribution to Pharmacy Global Sum, Child Healthy Weight, Sexual Assault Referral Centre, School Nurse Tranche 2, PMS Telephony Services, Expansion of PC Estates, CLW

4. Directions

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

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

5. Financial Performance Analysis as at November 2021

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn underspend of £0.566m as below.

Fife Health & Social Care Partnership									
As at 30 November	2021/22								
Objective Summary	Budget April	Budget Sept	Budget Nov		Forecast Outturn Sept	Forecast Outturn Nov	Variance as at Sept	Variance as at Nov	Movement
	£m	£m	£m		£m	£m	£m	£m	£m
Community Services		107.047	110.842		102.232	105.309	-4.815	-5.533	-0.718
Hospitals and Long Term Care		55.835	55.925		56.345	56.390	0.510	0.465	-0.045
GP Prescribing		74.587	74.587		74.587	74.587	0.000	0.000	0.000
Family Health Services		107.418	107.606		107.918	107.956	0.500	0.350	-0.150
Children's Services		18.731	18.653		18.131	18.053	-0.600	-0.600	0.000
Resource transfer & other payment	385.844	49.725	49.917		51.892	52.084	2.167	2.167	0.000
Older People Residential and Day Care	14.640	14.590	14.533		14.921	14.513	0.331	-0.020	-0.351
Older People Nursing and Residential	35.663	35.664	35.471		35.612	35.420	-0.052	-0.051	0.001
Homecare Services	30.447	30.447	31.273		31.681	31.416	1.234	0.142	-1.091
Adults Fife Wide	4.743	4.779	4.735		4.585	4.567	-0.194	-0.168	0.026
Social Care Other	1.404	1.404	1.443		1.544	1.394	0.140	-0.049	-0.189
Adult Placements	43.947	43.947	45.490		49.716	49.155	5.769	3.665	-2.104
Adult Supported Living	20.798	20.796	20.796		20.672	20.446	-0.124	-0.350	-0.226
Social Care Fieldwork Teams	16.745	16.757	16.759		16.070	16.174	-0.687	-0.585	0.102
Housing	1.529	1.929	1.929		1.929	1.929	0.000	0.000	0.000
Total Health & Social Care	555.760	583.656	589.959		587.835	589.393	4.179	-0.566	-4.745
Revised Outturn figure					587.835	588.893	4.179	-0.566	-4.745

The main areas of variances are as follows:

5.1 Community Services underspend £5.533m, favourable movement of £0.718m

Community Services is forecasting an underspend outturn of £5.533m which is a further increase to the September forecast outturn of £0.718m. The main reason for the underspend is difficulties in recruiting to vacant posts.

The movement of £0.718m is attributable to both ongoing vacancies and also the delay in the decommissioning of Levendale Ward. This resulting in vacant posts now being projected to continue until closure of the ward is completed.

5.2 Hospital and Long-Term Care overspend £0.465m, favourable movement of £0.045m

Hospital & Long-Term Care is forecasting an overspend of £0.465m. The overspend is due to Community hospital inpatient services spend on bank & agency nursing to cover vacancies, sickness and increased patient supervision. There has also been an increase in bank nursing spend within Learning Disabilities and Mental Health Services to cover staff absence.

5.3 Family Health Services £0.350m overspend, favourable movement of £0.150m

The overspend of £0.350m is mainly due to practices being handed back to the board and also to the additional costs associated with covering for staff absences. The additional workload involved in the back scanning exercise to create more premises space is also a factor.

The overspend has reduced from the September position from £0.500m to £0.350m due to additional funding for premises being received.

5.4 Children's Services £0.600m underspend, no movement

The underspend position is forecast to be £0.600m. The underspend is due to vacancies throughout Children's services - vacancies currently sit at around 8% on average. Retention and recruitment continues to be difficult as children's services roles are highly specialist and therefore hard to fill. Vacancies are being experienced in Health Visiting, School Nursing and Children and Young People's District Nursing service.

5.5 Resource Transfer £2.167m overspend, no movement

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

5.6 Older People Residential and Day Care £0.020m underspend, favourable movement of £0.351m

The movement of £0.351m from an overspend to an underspend position is due to Direct payments and cleaning charges. Given the commitment to continually review expenditure these costs have been charged to the Local Mobilisation Plan (LMP) instead of core budget.

5.7 Homecare Services £0.143m overspend, favourable movement of £1.091m

Older People care packages are expected to overspend by £0.143m, mainly due to an overspend on staff travel and investigations are ongoing to determine whether these costs relate to Covid-19 and should therefore be coded to LMP.

The movement of £1.091m is due to the financial recovery plan being implemented and additional income of £0.573m being received from SG to fully fund the Real Living Wage uplift to external providers.

5.8 Adult Placements £3.665m overspend, favourable movement of £2.104m

The overspend is mainly due to packages which have been commissioned in excess of the budget and for savings of £0.935m which are no longer expected to be achieved. Work is ongoing to identify any packages which are additional due to Covid-19, for inclusion in the Local Mobilisation Plan.

The favourable movement is due to additional budget from SG of £1.543m to fully fund the Real Living Wage uplift paid to external providers. Backdated income of £0.383m was also received which was not included in the projection and payments for alternatives to day care of £0.319m have been transferred to the LMP as these are

additional costs that have been incurred due to day care services being closed throughout the pandemic.

5.9 Adults Supported Living £0.349m underspend, favourable movement £0.225m

The underspend of £0.349m is due to the Community Support Service being closed due to the pandemic, the staff from this service are currently providing cover for holidays and sickness within the Group Homes reducing the need for relief staff or additional hours to be worked. There are also some held vacancies within the Community Support Services that will not be filled until the future design of the service is established. The favourable movement is due to the services projecting to remain closed for longer than anticipated.

5.10 Social Care Fieldwork Teams £0.584m underspend, adverse movement of £0.103m

The £0.584m underspend is due to projects not running from the start of the financial year. There are also projected underspends on staff vacancies and agency staff are to be used to increase capacity. The movement is due to an increased spend on respite and day care, further investigation is required to determine whether the increased use of respite and day care budgets are related to Covid-19.

6. Savings

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

Previously approved savings which were unmet as at 31 March 2021 require to be made in 2021-22 to balance the budget, these total £5.484m and £2.934m (53.5%) is currently projected to be achievable, a reduction of £0.570m in savings projected to be achieved from the September position due to the continued effects of the pandemic.

7. Covid-19 and the Local Mobilisation Plan

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

Quarter 2 projected a full year cost for Covid-19 related additional expenditure of £32.476m. Reserves for Covid-19 brought forward from 2020-21 are to be used in the first instance to meet this expense. Covid-19 Reserves' total £13.719m, therefore further funding will be required.

Note that Covid-19 Reserves were previously recorded as totalling £15.108m, this total has been reduced as amounts for Care Homes and Urgent Care were included in the LMP in 2019-20, however these areas were removed from 2020-21 LMP submissions, the amounts have instead been earmarked for these projects as shown in Appendix 2.

Work is ongoing for the Quarter 3 LMP submission due to be submitted in January and an updated forecast expenditure table will be provided in the next report.

9. Reserves

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

Appendix 2 shows commitments of £1.532m with the balance of £5.356m remaining uncommitted as at November 2021. Work continues to refine the commitments and will be updated in future reports as required.

10. Risks and Mitigation

10.1 Covid-19

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

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

The Scottish Government have confirmed that whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. It is important that Integration Authorities take appropriate action to reduce this request for support as far as possible. This is vitally important given the uncertainty on the overall funding envelope for 2022-23, however actions should not impact on planned activity or patient safety.

10.2 Savings

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

The senior leadership have committed to keep savings under continual review and develop delivery plans that provide clarity in terms of delivery timescales.

10.3 Forward Planning

The impact on future year budgets and the requirement to review the recurring pressures which will result from the remobilisation of services is required and will be reported at a future committee meeting.

11. Key Actions / Next Steps

As per the agreed Integration Scheme where there is a forecast overspend, the Director of Health and Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife Director of Finance must agree a recovery plan to balance the total budget. A recovery plan of actions totalling £1.429m was agreed and subsequently implemented. Additional income of £2.116m is to be received which means an underspend is now projected.

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

We will continue to refine our projected outturn position to ensure that all costs are appropriately coded against Covid-19 and reflected in the LMP for submission in Quarter 3. The recurring costs included within the LMP will require to be factored into the budget model as areas of pressure for 2022-23 when it is projected that Scottish Government funding is likely to cease.

The fragility of the Care at Home market is an area of concern as is our delayed discharge position. Funding of £300m was recently announced by the Scottish Government to help alleviate these pressures. The Senior Leadership Team is working proactively to plan how to best utilise the funding available for the people of Fife.

Audrey Valente
Chief Finance Officer
17 January 2021

Fife H&SCP – Reserves

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

Earmarked Reserves	Total Held at March 21	Allocated at November 21	Balance to be utilised
	£m	£m	£m
PCIF	2.524	1.011	1.513
Action 15	1.349		1.349
District Nurses	0.030		0.030
Fluenz	0.018		0.018
Alcohol and Drugs Partnerships	0.315		0.315
Community Living Change Plan	1.339		1.339
Free Style Libre/ Other	2.000	2.000	0.000
Urgent Care	0.935	0.408	0.527
Care Homes	0.526	0.082	0.444
Covid-19	13.719	12.596	1.123
Total Earmarked	22.755	16.097	6.658

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

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

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

Grant	£m
Self Directed Support	0.683

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

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

Previously Approved Savings

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

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

Rag Status Key:-

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

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

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

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

73%



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	28 January 2022
Agenda Item No:	8
Report Title:	Performance Report – Executive Summary
Responsible Officer:	Nicky Connor Director of Health & Social Care Partnership
Report Author:	Fiona McKay Head of Strategic Planning, Performance & Commissioning

1 Purpose

This Report is presented to the Board for:

- Awareness

This Report relates to which of the following National Health and Wellbeing Outcome(s):

- 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 Priority(ies):

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

2 Route to the Meeting

The Performance report was presented to the Finance and Performance Committee on 14th January 2022 the committee discussed a range of services included in the detailed report.

3 Report Summary

3.1 Situation

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

3.2 Background

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

3.3 Assessment

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

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

3.3.1 Quality/ Customer Care

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

3.3.2 Workforce

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

3.3.3 Financial

No financial impact to report.

3.3.4 Risk/Legal/Management

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

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

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

3.3.7 Communication, Involvement, Engagement and Consultation

No consultation is required.

3.4 Recommendation

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

4 List of Appendices

The following appendices are included with this report:

Appendix 1 - IJB Executive Summary – January 2022

5 Implications for Fife Council

None

6 Implications for NHS Fife

None

7 Implications for Third Sector

None

8 Implications for Independent Sector

None

9 Directions Required to Fife Council, NHS Fife or Both

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

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Fife Health & Social Care Partnership



Performance Report Executive Summary

January 2022

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Executive Summary

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

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

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

The number of people entering long term care, remains at similar level to previous month, which is due to a number of factors such as care homes being closed due to covid and therefore people being accommodated in other services. Ongoing review and monitoring of this area will identify the future use of care home capacity.

From October to November, there has been a significant reduction in the average length of stay for those placed within a STAR Bed. This reduction has been achieved by some people who were in long-standing placements moving onto other services. However, the data indicates an increase in the average length of stay for those people placed within an Assessment Bed. Moving people onto their care home of choice has been, and remains, a challenge due to the care home's of choice being closed due to COVID, or where no vacancies within the preferred care home.

Fiona McKay

Head of Strategic Planning, Performance and Commissioning

Performance Matrix & Information

National Health & Social Care Outcomes

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

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

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

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

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

MSG Indicator	MSG Description	Latest Available Month	Previous Rolling Year	Fife Previous Rolling Year Total	Fife Current Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	Sep-21	Sep-20	39,551	40,562	↑ 1,011	2.56%
1b.1	Emergency Admissions from A&E	Sep-21	Sep-20	20,211	20,105	↓ 106	-0.52%
1b.2	A&E Conversion Rate (%)	Sep-21	Sep-20	24.70%	26.20%	↑ 1.50%	1.50%
2a.1	Unscheduled hospital bed days	Aug-21	Aug-20	238,093	220,555	↓ 17,538	-7.37%
2b.1	Unscheduled hospital bed days - GLS	Aug-21	Aug-20	10,677	9,931	↓ 746	-6.99%
2b.2	Unscheduled hospital bed days - Mental Health	Aug-21	Aug-20	87,012	80,663	↓ 6,349	-7.30%
3a	A&E Attendances	Sep-21	Sep-20	81,834	76,744	↓ 5,090	-6.22%
3b	A&E % seen within 4 hours	Sep-21	Sep-20	93.22%	88.27%	↓ 4.95%	-4.95%
4.1	Delayed discharge bed days: All reasons	Oct-21	Oct-20	33,980	43,620	↑ 9,640	28.37%
4.2	Delayed discharge bed days: Code 9	Oct-21	Oct-20	11,523	14,904	↑ 3,381	29.34%
4.3	Delayed discharge bed days: Health and Social Care Reasons	Oct-21	Oct-20	22,224	28,357	↑ 6,133	27.60%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons	Oct-21	Oct-20	233	359	↑ 126	54.08%
5a.1	Percentage of last six months of life: Community	Dec-21	Dec-20	93.11%	94.30%	↑ 1.19%	1.19%
6.1	Percentage of population in community or institutional settings (65+)	2019/20	2018/19	92.89%	93.02%	↑ 0.13%	0.13%

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

Improvement / Spread & Sustainability

Indicator 1:

Work continues with the localities, working closely with GP clusters and private and voluntary sector organisations to further support local people in the community. Work on reducing Emergency Admissions will be developed in conjunction with acute colleagues.

Indicator 2:

In recognition of the Scottish Government Delivery Plan we will aim to reduce unscheduled bed days in hospital care by up to 10%. The Partnership also plan to develop our new models which originally supported delay in hospital to further roll out into the community given the evidence of success so far. Further work is required in collaboration with NHS Fife to consider appropriate interventions to reduce the number of unscheduled hospital bed days.

Indicator 3:

We are currently developing a plan to implement the recommendations of the National Out of Hours Review (Ritchie Report), which will include innovative ways of supporting people at home. The acute service continues to support a successful frailty model which will be further supported across the Partnership.

Indicator 4:

Work continues within Fife to reduce both the number of delays and the number of bed days lost to them. A range of programmes and projects has incorporated many of the models of care designed by the Partnership. The Home First model and strategy in Fife continues to be developed so that people are able to return to their own home, or a homely setting, and receive the right care at the right time, and in the right place.

Indicator 5:

The Scottish Government Health and Social Care delivery plan includes an action to ensure that everyone who needs palliative care will get hospice, palliative or end of life care. The partnership continues working with the palliative and end of life services and external care providers to target people who wish to die at home or in a setting of their choice.

Indicator 6:

Work is being undertaken in the Partnership to shift the balance of care from an institutional setting to community resources which will support people at home or in a homely setting

Local Performance Scorecard

Indicator	Target 2021/22	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
	*Target to be decided/developed		Nov-20	45	Oct-21	46	Nov-21	74	
Assessment Unit Beds	42 Days	Monthly	Nov-20	45	Oct-21	46	Nov-21	74	28
Short Term Assessment and Reablement (STAR) Beds	42 Days	Monthly	Nov-20	72	Oct-21	170	Nov-21	100	-70
START (Short Term Assessment and Review Team)	42 Days	Monthly	Nov-20	70	Oct-21	107	Nov-21	129	22
Nursing & Residential Care Population	*	Monthly	Nov-20	2,525	Oct-21	2,414	Nov-21	2,413	↓
Demand for New Care at Home Services – No of Service Users	*	Monthly	Nov-20	245	Oct-21	379	Nov-21	382	↑
Demand for New Care at Home Services – Hours per week	*	Monthly	Nov-20	2,214	Oct-21	3,060	Nov-21	2,935	↓
Weekly Hours of Care at Home – Externally Commissioned Services	*	Monthly	Nov-20	17,541	Oct-21	16,683	Nov-21	16,325	↓
Weekly Hours of Care at Home – Internal Services	*	Monthly	Nov-20	12,806	Oct-21	11,504	Nov-21	11,888	↓
Adult Packages of Care – Externally Commissioned	*	Monthly	Dec-18	771	Oct-21	1,167	Nov-21	1,178	↑
Technology Enabled Care – Total Provision	*	Monthly	Nov-20	8,746	Oct-21	8,710	Nov-21	8,706	↓
Technology Enabled Care – New Provision	*	Monthly	Nov-20	322	Oct-21	191	Nov-21	135	↓

LDP Standards Scorecard




Indicator Summary


Performance	
meets / exceeds the required Standard / on schedule to meet its annual Target	
behind (but within 5% of) the Standard / Delivery Trajectory	
more than 5% behind the Standard / Delivery Trajectory	


Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current			Trend
Operational Performance	Delayed Discharge (% Bed Days Lost)	5%	Month	Oct-20	5.2%	Sep-21	10.9%	Oct-21	10.4%	↑	
	Smoking Cessation	473	YTD	Aug-20	45.7%	Jul-21	59.5%	Aug-21	52.8%	↓	
	CAMHS Waiting Times	90%	Month	Oct-20	76.5%	Sep-21	82.1%	Oct-21	76.0%	↓	
	Psychological Therapies Waiting Times	90%	Month	Oct-20	64.7%	Sep-21	84.5%	Oct-21	82.3%	↓	


Management Information Scorecard


Indicator	Target 2021/22	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Health & Social Care Absence Rolling 12-month absence % for employees of the Health and Social Care Partnership	NHS Target 4.0% FC Target 5.87%	Monthly	Dec-18	6.60%	Oct-21 (NHS Only) FC Oct-20	NHS – 6.05% FC – 8.70%	Nov-21 (NHS only) FC Oct-20	NHS – 6.10% FC – 8.70%	N/A
Complaints and Compliments	80% of Complaints responded to within statutory timescales	Monthly	Sep-20	59%	Sep-21	75%	Oct-21	73%	↓
Information requests	80% of requests responded to within statutory timescales	Monthly	Q1-19	75%	Nov-21	79%	Dec-21	96%	↑


	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Local Performance Indicators				
Assessment Unit - Assessment Beds	42 Days	Sep-21	74 days	Nov-21 
This model supports people to leave hospital and finalise their assessment within a Care Home. Currently nine care homes offer 58 Assessment Beds in Fife.				
<p>Average Length of Stay on Discharge for individuals at week ending the 30th November 2021 was 74 days. This is above the service expectation, which is that an individuals' stay in an assessment unit on discharge does not exceed 42 days. During the month of November there were 5 admissions and 9 discharges. Of those 9 discharges 44% were below or met the service expectation of 42 days. Of those over the service expectation the highest length of stay at discharge was 102 days. The average length of stay over the previous 4 months has been decreasing closer to the target figure. The overall average continues to fluctuate, this is mainly due to a number of individual's first choice care home not having capacity to admit, resulting on a wait on this becoming available.</p> <p>It is always the intention to provide an individual's first choice care home as part of a person-centred approach. This will respectively impact on the average number days on discharge being higher than the expected performance level. The average length of stay in Assessment beds has increased since March 2020 due to the Covid-19 pandemic and the result of residents not moving care home to care home.</p>				
Short Term Re-ablement (STAR) beds	42 Days	Sep-21	100 days	Nov-21 
These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home				
Average Length of Stay on discharge at 30th November was recorded at 100 days, which is above the target. There were 3 admissions and 2 discharges during the month of November 2021.				
These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.				
START (Short Term Assessment & Review Team)	42 Days	Aug-18	129 days	Nov-21 
The START service is delivered by Fife Health & Social Care partnership Home Care service. The data is measured on the number of individuals whose service has stopped in the month and the average of days calculated for all.				
<p>In November 2021, START recorded 129 days for an average period of support to individuals who finished their involvement with the service. This is above the service expectation level of 42 days.</p> <p>In November 2021 there were 62 new services started and 25 discharges, compared to the previous month which had 48 starts and 25 discharges.</p> <p>As illustrated in the chart below the overall trend is that the length of stay in the service has been increasing over the past 2 years and although still above the Service Expectation, the average days supported had been falling in the 5 month period between April and August before increasing again during the period September to November.</p>				

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
LDP Standards				
Smoking Cessation	473	N/a	250	Aug-21 
In 2021/22, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife				
CURRENT CHALLENGES				
Remobilising face to face delivery in a variety of settings due to venue availability and capacity Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting Potential for slower recovery for services as they may require to rebuild trust in the brand Re-establishment of outreach work				
Action 1 - Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans. Early discussions with 2 GP practices to restart in second week of January; remobilisation plan to go to remobilisation committee on 9th December.				

Delayed Discharge (% of Bed Days Lost)	5%	Jan-21	10.40%	Oct-21 
Reduce the hospital bed days lost due to patients in delay, excluding code 9, to 5% of the overall beds occupied				
CURRENT CHALLENGES				
Capacity in the community – demand for complex packages of care has increased significantly Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision				
Action 1 - Progress HomeFirst model - The Oversight “Home First” group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Seven subgroups are taking forward the operational actions to bring together the “Home First” strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.				

CAHMS Waiting Time	90%	Feb-20	76.00%	Oct-21	
At least 90% of clients will wait no longer than 18 weeks from referral to treatment					
CURRENT CHALLENGES					
<p>Implementation of additional resources to meet demand</p> <p>Development of workforce to meet National CAMHS Service Specification</p> <p>Impact of COVID-19 relaxation on referrals</p> <p>Change to delivery 'models' to reflect social distancing</p>					
<p>Action 1 - Build CAMHS Urgent Response Team (CURT) - The CURT model is in place - full implementation will be delivered on the successful recruitment of an additional Senior Nurse and support worker. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Activity has been significantly higher than anticipated with 60% increase in presentations to Emergency department due to self harm/suicidal ideation. This has resulted in all of the available capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Review of activity and effectiveness of the model is ongoing with a full review of the original proposed model once staffing is at optimum level.</p>					
<p>Action 2 - Recruitment of Additional Workforce - Recruitment is ongoing. To address immediate capacity issues, 7 of the 8 allocated posts have been appointed with 6 of these staff now in position and 2 temporary staff due to take up post in February to work on longest waits. Vacant posts continue to be advertised and review of banding is underway. All staff recruited have no CAMHS experience therefore induction/training period will be extended before active clinical caseloads can be allocated. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment is with HSCP SLT for approval. Additional workspace and re-design of East and West CAMHS geographical boundaries has started.</p>					
<p>Action 3 - Workforce Development -Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS.</p>					

Psychological Therapies Waiting Times	90%	Feb-20	82.30%	Oct-21	
At least 90% of clients will wait no longer than 18 weeks from referral to treatment					
CURRENT CHALLENGES					
<p>Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource</p> <p>Recruitment of staff required to achieve the above at a time of national workforce pressures</p> <p>Progressing vision for PTs within the timeframe required to sustain improved performance</p>					
<p>Action 1 - Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service -A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. It has not yet been possible however, to evaluate the impact on waiting times within the general medical service due to staff changes and vacancy. This will be completed into next year.</p>					
<p>Action 2 - Recruit new staff as per Psychological Therapies Recovery Plan -Recruitment is on-going for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion. A national issue with workforce availability has impacted anticipated timelines around recruitment. The psychology service has therefore progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.</p>					

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Management Performance Indicators				
Complaints and Compliments	80% *	Mar-21	73%	Oct-21 
* 80% of Complaints responded to within statutory timescales				
<p>During January to October 2021 the Partnership closed 339 complaints. This included 154 complaints closed by Social Care, 184 closed by NHS Fife, and one complaint closed by the IJB. Of these, 235 (69%) were identified as Stage 1 complaints, and 104 (31%) were classified as Stage 2 complaints. Over this period, on average 78% of Stage 1 complaints, and 41% of Stage 2 complaints, were responded to within the statutory timescales. In August there was a significant increase in the number of complaints that were fully upheld. 17 complaints were fully upheld in August compared to 6 complaints fully upheld in July. During August we received 25 Social Care enquires, this is above the average number of enquiries usually received each month (the average is 14 enquiries received each month)</p>				
<p>During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.</p>				
<p>Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.</p>				



Meeting Title:	Integration Joint Board
Meeting Date:	28 January 2022
Agenda Item No:	9
Report Title:	IJB Strategic Risk Register Review
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:

- Discussion
- Decision

This Report relates to which of the following National Health and Wellbeing Outcome(s):

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

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

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

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

2 Route to the Meeting

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

- Senior Leadership Team
- Audit and Risk Committee – 13 January 2022. Following discussion and consideration, Audit and Risk Committee are recommending approval of the risk register by the IJB.

3 Report Summary

3.1 Situation

As required by the Integration Scheme and set out in the IJB Risk Management Policy and Strategy (RMPS), the IJB has in place a strategic risk register which highlights the key risks to delivery of the Strategic Plan. The risks on the IJB Strategic Risk register are managed by the Senior Leadership Team (SLT). A full review of the IJB Strategic Risk Register has just been undertaken.

3.2 Background

The IJB Strategic Risk Register was last presented to Audit and Risk Committee at its meeting of 9 July 2021. Previously, discussions have been ongoing at Audit and Risk Committee around the role of the Committee in scrutiny of risk management processes and the extent to which these are in place and effective. Additionally, the review of the Integration Scheme and the ongoing development work with IJB Members and members of SLT has helped to clarify understanding of the roles and functions of the IJB and the risk management arrangements that are needed to support these roles and functions. Although the revised Integration Scheme has not yet received ministerial approval and a subsequent review of the IJB Risk

Management Policy and Strategy will be required, actions have been taken now to improve the quality of the IJB Strategic Risk Register and reporting of relevant risks to Committee.

3.3 Assessment

The risks on the IJB Strategic Risk Register have been reviewed by the Senior Leadership Team, who met on several occasions to question and challenge the risks as stated.

As reported to Audit and Risk Committee in September the review considered the following elements

- Clarity of the risks to be included on the IJB Strategic Risk register
- More formalised links to performance and the Performance Framework for the IJB Strategic Risks
- Setting SMART management actions to mitigate the IJB Strategic risks

It is important that the IJB focus on the key strategic risks to delivery of the Strategic Plan as set out in the Integration Scheme. Some of the more operational risks are recommended for removal from the IJB Strategic Risk Register but high-level operational risks will continue to be reported to the IJB and relevant committees as necessary. This process is still under consideration and will form part of the review of the Risk Management Policy and Strategy

Performance measures will continue to be added as appropriate and the review has sought to ensure that the IJB Strategic risks include SMART actions. Key internal controls, meaning controls that are already in place and help to support management of the risk, such as policies, plans, governance arrangements etc, are also highlighted. As always, the risk register can only be shown as a snapshot in time and will continue to be refined and updated going forward. There is still some consideration to be given to risk ownership where risks cut across areas of responsibility.

The risks are currently shown using the previous format to aid comparisons for Committee, however, the plan is to move to a different style of report going forward.

The current high-level risks are as follows:

Risk	Residual risk Score
Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	HR (16)
Contractual /Market Capacity There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures	HR (16)

<p>Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.</p>	HR (16)
<p>Whole System Capacity - There is a risk that there may be insufficient capacity across Fife's Health and Social Care system to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/flow. This could lead to an increased delay position, sub-optimum use of beds and impact on admissions. This in turn may impact on person centred care, delivery of Strategic Plan outcomes and potentially presents reputational exposure.</p>	HR (16)
<p>Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of Covid</p>	HR (15)

The risk register previously presented to Audit and Risk Committee on 9 July is appended at Appendix 1 with a column (14) highlighting the review results and the recommendations. The full revised risk register is shown at Appendix 2, in order of residual risk score. This is the risk score taking into account the current management actions. The risk matrix is shown at Appendix 3.

3.3.1 Quality/ Customer Care

The existence of an IJB Strategic Risk Register 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 register is not directly relevant to equality issues.

3.3.6 Other Impact

There are no direct environmental or climate change impacts.

3.3.7 Communication, Involvement, Engagement and Consultation

Consultation has taken place with members of the Health and Social Care Partnership Senior Leadership Team

3.4 Recommendation

- **Discussion and Decision** – Members are asked to discuss the risk register and whether any further information is required. Members are also asked to approve the Risk Register. Audit and Risk Committee are recommending the approval of the risk register.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – IJB Strategic Risk Register as at July 2021

Appendix 2 – IJB Strategic Risk Register Review January 2022

Appendix 3 – Risk Assessment Matrix

5 Implications for Fife Council

High level operational risks will continue to be reported to the IJB and its relevant committee's in addition to being considered through the governance routes of Fife Council.

6 Implications for NHS Fife

High level operational risks will continue to be reported to the IJB and its relevant committee's in addition to being considered through the governance routes of NHS Fife.

7 Implications for Third Sector

Work with the Third Sector will be ongoing to develop SMART Actions and Internal Controls for relevant risks.

8 Implications for Independent Sector

Work with the Independent Sector will be ongoing to develop SMART Actions and Internal Control for relevant risks.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact

Author Name
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Risk Register

IJB Strategic Risk Register - as at 01.07.21

														Risk Ownership		
Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Action	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Review Results				
1	2	3	4	5	6	7	8	9	10	11	12	14				
3	IJB Strategic Risk Register	May-15	<p>Finance: There is a risk that the financial resources and associated infrastructure may not be sufficient to deliver the integrated services as planned</p> <p>There is a risk that funding assumptions do not provide adequate resource to the service to continue to deliver.</p>	Almost certain (5)	Extreme(5)	HR (25)	<p>Partnership tripartite meeting with partners to discuss funding and implications of funding assumptions including inflation pressures.</p> <p>Balanced budget set in March 2020.</p> <p>Medium Term Financial strategy currently being refreshed and will be submitted to IJB in March 2021 .</p> <p>Transformation Plan to be developed in more detail aligned to the Medium Term Financial Strategy and the Strategic Plan.</p> <p>Budget Holders, as part of their role, are required to manage within the budget envelopes provided</p> <p>Financial Control processes and regular monitoring are in place to support the DGM's and Senior Leadership team to manage resources available. The Financial Monitoring Oversight Board was suspended due to Covid but discussions continued with the Chief Officer and Chief Finance Officer. SLT to continue to deliver savings but there is a risk of non-delivery/delays as a result of Covid.</p> <p>Financial Regulations and Scheme of Delegation will be reviewed following review of the Integration Scheme and alongside an internal audit of the Financial Regulations.</p> <p>Regular Reports to both Finance and Performance Committee and IJB.</p> <p>Will also need to take account of the Covid 19 mobilisation and remobilisation plans going forward. Funding of these is currently uncertain. £869M funding for 2021/22 has been announced by Scottish Government. We will need to produce Local Mobilisation Plans and submit to Scottish Government on a regular basis.</p> <p>The Cabinet Secretary instructed 3.3% increase in respect of the Living Wage but this has now been fully funded. As this is an annual cost, there will be an impact on the longer term position which is being factored in as part of the budget planning process.</p> <p>Cross reference to HSCP Silver risks 7 and 8.</p> <p>Funding letter from Scottish Government in February 2021 announced full funding of local mobilisation plans including non-achieved savings for 2020/21. This means the IJB budget will break even (or potentially a surplus) this year</p>	HR (20)	MR (10)	Director of Health & Social Care	Chief Finance Officer	Agreed this is a strategic risk and should be retained. Risk wording amended to reflect the risk more specifically to the IJB				
21	IJB Strategic Risk Register	Oct-17	<p>Contractual /Market Capacity</p> <p>There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures</p>	Likely (4)	Major (4)	HR (16)	<p>Robust market and relationship management with the 3rd and independent sector and their representative groups.</p> <p>Market facilitation programme and contract monitoring process.</p> <p>Creation of capacity and capability to manage and facilitate the market.</p> <p>Development of provider forums to support relationship and market management</p> <p>SG funding toward the Living Wage and Fair Working Practices have been agreed and applied by the IJB.</p> <p>Use of internal services are still considered and maximised where necessary.</p> <p>Two events, facilitated by Scottish Care, have recently been held for providers. Following these events, Scottish Care will produce a report with recommendations to widen and support the market. These will include actions to address workforce concerns, including development of incentives, such as employee benefits and saving schemes. A new provider has recently come on board and staff are working to support providers who are facing challenges.</p> <p>Close working with independent partners throughout the Covid outbreak</p> <p>Cross reference with HSCP Silver risk 9 - Independent and Voluntary sector support</p> <p>Feb 2021</p> <p>The Commissioning Strategy is currently being reviewed.</p> <p>"Reimagining the Voluntary Sector" programme is about to commence. Recruitment is underway for a Planning Co-Ordinator to support this work.</p> <p>A model is being developed for the independent Care at Home providers to support the START Process</p>	HR (16)	MR (9)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Agreed this is a strategic risk and should be retained				
26	New Risk	Jan-20	<p>Primary Care Improvement Programme (PCIP)</p> <p>There is a risk that, due to lack of a common understanding with all relevant stakeholders, delays in decision making around funding and delays in recruitment of essential staff, PCIP may not be delivered within the anticipated timescales leading to poor reputation, disengagement with relevant stakeholders, reduced ability to deliver quality services and negative impact on the Strategic Plan.</p>	Likely (4)	Major (4)	HR (16)	<p>The Primary Care Improvement Plan is co-produced annually, requires Fife GP Sub Committee sign off, is approved via the IJB governance process and is shared via the NHS Fife Board governance process.</p> <p>Programme work streams and governance groups include a wide range of stakeholder representatives. We are considering how best to engage with patients.</p> <p>Various programme update reports in the form of SBARs have been shared with SLT, EDG, CCG, FPC and wider NHS Fife, particularly around funding and workforce availability risks.</p> <p>August 2020 - The pace of work around the PCIP has now been re-energised following the remobilisation plan work. Work is ongoing to ensure models of care maintain the correct direction of travel, taking into account the learning gained during the pandemic.</p> <p>Feb 21 - Following receipt of the joint letter from the Cabinet Secretary and the BMA in Dec 2020, meetings have taken place with all the workstreams to review the implementation and recruitment plans given the amended timescales. Report will be submitted to C&CG and then IJB to provide a detailed update.</p> <p>Report to NHS Staff Governance committee in Jan 2021 to look at a whole system approach to recruitment.</p>	HR (16)	See Comments	Director of Health & Social Care	Associate Medical Director	Agreed this is strategic and is retained and reworded to reflect the wider position for sustainability of Primary Care services and link to the Strategic Plan				

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Action	Residual Risk Grade	Risk Ownership			Review Results
									Target Risk Grade	Accountable Officer	Managed by	
1	2	3	4	5	6	7	8	9	10	11	12	14
23	IJB Strategic Risk Register	Feb-18	Finance/Primary Care Prescribing: There is a risk that cost pressures and medicine shortages relating to primary care prescribing will impact adversely on the available budget resulting in an unpredictable overspend. Additionally, there is a concern that the Scottish Government commitment to a Single National Formulary may mean the NHS Fife Formulary will have additional choices and will result in wider, and potentially more costly, prescribing	Almost certain (5)	Major (4)	HR (20)	Medicine shortages continue to be managed according to national best practice standards as outlined in the Policy for Managing Medicines Shortages in Primary and Secondary Care. - See Datix Risk 1621 Also, cross ref to risk 522 Prescribing & Medicines Management Risk Register which is discussed at Fife Drug & Therapeutics Committee. 14/04/21 - The GP prescribing budget is overspent in-year by £830k with a forecast overspend of £1m, on an annual budget of £70.7m. A return to Scottish Government has been submitted detailing the increased expenditure from sertraline 100mg and paracetamol; the two medicines that Public Health Scotland experts advise have likely contributed to material overspends as a result of COVID-19 on GP Prescribing budgets. Costs for sertraline 100mg and paracetamol have been recharged to COVID funds. Work underway to identify and acquire funding allocation for COVID costs in other GP prescribing drugs. Hospital prescribing budget is overspent by £617k, on an annual budget of £33.5m.	HR (16)	HR (16)	Director of Health & Social Care	Director of Pharmacy & Medicines	This risk is operational in nature and is managed by Pharmacy Services. Strategic aspects in relation to Finance and Primary Care are encompassed in those strategic risks for the IJB - Risks 3 and 26. Recommend this risk is removed from the IJB Strategic Risk Register
13	IJB Strategic Risk Register	Feb-16	Delayed Discharge: - There is a risk the national 72 hr target for delayed discharge is not met leading to negative health impacts on individuals, increased care costs, acute hospitals capacity issues and reputational damage.	Almost Certain (5)	Major (4)	HR (20)	The launch of a comprehensive whole system capacity and modelling tool across the Acute and HSCP system is enabling the identification of capacity and providing early intelligence where action can be taken to mitigate capacity risks. Daily huddles take place where people who are in delay and waiting to go home or to a homely setting are discussed and appropriate actions undertaken. The focus on home first and prevention through H@H, ICASS and High Health Gains to include a wider focus on frailty has ensured more people are being kept out of hospital and being looked after at home. In terms of performance The number of people in delay has reduced on average by 40 patients from December census data comparing this winter to last winter and the associated bed days lost is on average 200 days less than this time last year. We are continuing to see a reduction and our delay position is now at 5.4% of occupied bed days lost as a result of delay. This is the lowest we have seen since July 2020. Fife ranks 5th nationally in rate per 100k for delay performance (Feb 21)	HR (16)	MR (8)	Director of Health & Social Care	Divisional General Manager (West)	This risk, as worded, is operational in nature. However, the significance of the delayed discharge position and flow through the whole system warrants a separate strategic risk for the IJB. A new risk for Whole system capacity has been drafted.
9	IJB Strategic Risk Register	May-15	Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of Covid	Possible (3)	Extreme (5)	HR (15)	Ensure that the implementation of the agreed actions is taken forward, and clear information from tests of change and evaluation are presented to support good decision making by IJB. Robust plans are in place to manage and monitor Winter Planning and Delayed Discharges. Ensure that all efficiencies are identified and implemented to maximise capacity within the community. Ensure public involvement at all stages to maximise community assets and support for change. The Strategic Plan 2019-2022 was approved by the IJB in August 2019. Locality plans exist in all areas and these are being driven forward by locality groups. Further work is beginning on strengthening the promotion of the Strategic Plan to front-line staff. A redesign of the Strategic Planning Group, with support from Fife Voluntary Action is currently ongoing. August 2020 The Annual report is due in August but additional time has been agreed due to the impact of Covid. The Strategic Plan will need to be reviewed to take account of Covid Feb 2021 The Commissioning Strategy is being reviewed. This will be done in conjunction with the review of the Strategic Plan, which will reflect on the impact of Covid and the recovery and remobilisation processes.	HR (15)	MR (8)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Agreed this is a strategic risk and should be retained
24	IJB Strategic Risk Register	Jul-18	Governance: There is a risk that the governance arrangements for the Health and Social Care partnership are not clearly defined and understood and therefore unable to support delivery of the Strategic Plan. This risk is compounded by the need to manage Covid implications and mobilise as required.	Likely (4)	Major (4)	HR (16)	A Group comprising representatives from NHS Fife, Fife Council and the HSCP has been set up to review the Integration Scheme and other governance arrangements. This will take into account the actions from the Ministerial Strategic Group report and the Model Scheme for Integration from the Scottish Government. The review is in progress with agreed timescales. A development session for IJB members, focussing on governance was held in Nov 2019. This was facilitated by the Director of Delivery for Health and Social Care Integration at the Scottish Government, who has been working with the Senior Leadership Team. Following this review, a further review of the Governance Framework and structures will take place. Cross reference risk to HSCP Silver Governance risk 3. The Covid structure is currently suspended but ready to mobilise again if necessary Feb 2021 - Progress has been made with the Integration Scheme review with one outstanding issue to be addressed. IJB development sessions have continued throughout the year with discussion and input from the Chief Executive's of NHS Fife and Fife Council	MR (12)	MR (8)	Director of Health & Social Care	Director of Health & Social Care	This is strategic but links very specifically to the Integration Scheme. A reworded overarching governance risk has been drafted which can support a sub set of operational risks which may be of specific interest for the IJB, for example, health and safety, failure to meet targets, complaints, information governance etc

												Risk Ownership	
Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Action	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by	Review Results	
1	2	3	4	5	6	7	8	9	10	11	12	14	
22	IJB Strategic Risk Register	Oct-17	GP / Business Continuity The HSCP may experience a local GMS practice unable to fulfil its contractual obligations. This has the potential to happen at short notice and would require intervention and support to continue to provide GP services to service users.	Possible (3)	Major (4)	MR (12)	In light of Covid we are working with Communications colleagues to highlight the new ways of working. The Clinical Director and the Primary Care Manager continue to have close liaison with GP Practices to identify and mitigate any early concerns.	MR (12)	MR (8)	Director of Health & Social Care	Associate Medical Director	This risk is operational and it is recommended this sits elsewhere within Primary and Preventative Care Services	
18	Performance Report / LDP Target	Oct-17	Smoking / LDP There is a risk that the smoking population in the most deprived areas of Fife are unable to access appropriate and timeous smoking cessation help and support. There is a risk that the HSCP will not be able to deliver the care outcomes outlined in the LDP target :	Possible (3)	Major (4)	MR (12)	A review of current non-pharmacy clinics has been completed and gaps in provision identified. Non-pharmacy clinic activity has been re-orientated to target high prevalence SIMD 1 and 2 communities. Additional staff have been recruited to increase capacity. The competency framework has been updated to ensure it is fit for purpose. The introduction of a mobile unit for in-reach work to SIMD 1 and 2 communities has recently been expanded. Additional provision has begun in a number of areas. A new mobile stop smoking app developed in conjunction with St Andrews University, "mapmysmoke", was launched at the VHK in August. Planning is underway for No Smoking Day in March. Planning is underway to support a cohort of pharmacies to build confidence in the use of Varenicline PGD. Working with under performing pharmacies to help them to contribute to the target Additional management actions include: Formulary review of stop smoking products Provision of training to community pharmacies. Feedback to community pharmacies re quit attempts and reduce numbers lost to follow up. Feb 2021 - This work has been significantly impacted by the prioritisation of Test and Protect and the Covid Vaccination programmes. With much of the workforce seconded to support these critical programmes, work on smoking cessation has been inevitably reduced and/or delayed.	MR (12)	LR (6)	Director of Health & Social Care	Divisional General Manager (Fife Wide)	This risk is operational and it is recommended this sits elsewhere within Primary and Preventative Care Services and links to the Governance risk	
7	IJB Strategic Risk Register	Jan-19	Workforce: There is a risk that we do not have sufficient trained, skilled and experienced staff in the right place at the right time to deliver health and social care outcomes for the people of Fife. This risk may arise as a result of; the ageing workforce profile; difficulties in recruitment and retention of particular staff groups; the potential impacts of a no-deal Brexit; high levels of staff absences and inability to embed cultural change. Impacts of this risk will include reduced levels of service, increased costs, poor staff morale and an inability to deliver the objectives of the Strategic Plan.	Likely (4)	Major (4)	HR (16)	The HSCP Workforce OD group, chaired by the Director of Health and Social Care will take forward the roll out of the Workforce Strategy 2019- 2022, including development of the supporting action plan. The Workforce Strategy was agreed by the IJB in December 2018 and the action plan supporting it in Feb 2019. The Workforce and Organisation Development Group are monitoring delivery of the action plan on a quarterly basis. This group will review and scrutinise any actions that are not meeting timescales and engage with Services to provide support. As we are now 1 year into the plan the group will also look at a refresh of the strategy to take into consideration the recently launched Scottish Government, Health and Social Care Integrated Workforce Plan. This will inform the priorities for year 2. August 2020 - A significant focus has been placed on developing skills as part of our resilience and readiness plans to respond to Covid. This has enabled staff to mobilise and continue to deliver critical services. We now need to look at supporting staff through remobilisation Feb 2021 - Over the last year we have had systems in place to deliver services in line with mobilisation and remobilisation plans and Scottish Government guidance. We are now considering the learning from Covid and developing a refreshed workforce plan within the HSCP. As part of the foundation for that, an Extended Leadership Team has been established and has been meeting on a regular basis since September 2020. This work has supported the development of success statements and identification of operational objectives which will have a key connection to workforce delivery plans. A workforce hub has been established to support prioritisation of services. In order to address workforce pressures, the Local Partnership Forum has met monthly. This enables discussions on workforce issues through SLT, HR and staff side/Trade Unions. This has been an effective forum in supporting responsiveness over this time.	MR (12)	MR (8)	Director of Health & Social Care	SLT	This risk has been reworded to reflect the position with the partner bodies and the risks to delivery of the joint workforce strategy	
19	HSCP Annual Report 2016-17	Oct-17	Demography There is a risk that we will not be able to respond or not be able to fund the impact of demographic changes on service provision e.g. projection of 91% increase in over 75s in Fife over 22 years	Likely (4)	Major (4)	HR (16)	The Strategic Plan 2019-2022 was approved by the IJB in August 2019. The demographic context is set out clearly within the plan and the challenges, including alcohol and drug use, homelessness, delayed discharge and dental health are highlighted. We have set out a Medium Term Financial Strategy and change plans taking demographic needs into account as part of our Transformational Change Programme. We are working within localities to achieve the aims set out within the Strategic Plan and also the Plan 4 Fife and Clinical Strategy which recognise the problem. Covid has impacted on our ability to progress Transformational Change and this is currently being actively reviewed, reporting to Finance and Performance Committee.	MR (12)	MR (8)	Director of Health & Social Care	Director of Health and Social Care	This risk is strategic and has been reworded and widened to reflect the broader changing landscape of Health and Social Care	
11	IJB Strategic Risk Register	May-15	Clinical and Care Governance Arrangements - Assurance: There is a risk that the care and clinical governance arrangements will be insufficient which will impact on the ability to provide assurance to the IJB and NHS Fife Board on all aspects of governance.	Possible (3)	Major (4)	MR (12)	A Governance framework is in place within Localities and Divisions. Systems and processes are in place at all levels to provide assurance reports at Divisional and IJB level on regular basis. The Clinical and Care Governance Committee provides oversight of activity in all aspects of governance. Governance arrangements in Primary Care are being strengthened and co-ordinated. Feb 2021 - Divisional meetings have been reduced during Covid, however, data collection for areas included within the quality report is still ongoing. Covid risks were captured, and continue to be captured, and escalated on a regular basis to the Associate Medical Director and the Associate Nursing Director	MR (12)	LR (6)	Director of Health & Social Care	Associate Medical Director	This risk is strategic and has been reworded to reflect the risk more specifically to the IJB	

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1	2	3	4	5	6	7	8	9	10	11	12	14
20	HSCP Annual Report 2016-17	Oct-17	Transformation / Change There is a risk that the transformation programmes do not meet the desired timescales or achieve the required clinical outcomes within the savings required	Possible (3)	Major (4)	MR (12)	August 2020 - Priority has been given to the Covid response and recovery and this has impacted on progress with Transformational change. The Integrated Transformation Board is currently being reviewed and is meeting in September. The plan is to regroup and refresh the process, taking account of continued priorities with Covid remobilisation and winter planning. Feb 2021 - priority continues to be given to support the Covid response. As part of the recovery following this current wave, SLT are aiming to bring Transformation proposals back on track and will continue to update Finance and Performance Committee. It should be noted that there are areas of transformation that have progressed, including the redesign of Urgent Care and Capital work supporting the Mental Health strategy. The increased use of digital technology, i.e. Near Me, throughout the pandemic offers the potential to transform how care is delivered in the future.	MR (12)	LR (4)	Director of Health & Social Care	Director of Health & Social Care	This risk is strategic and has been reworded to reflect the potential impacts on sustainability and quality of services to the needs of the population
12	IJB Strategic Risk Register	May-15	Resilience - Service Disruption: There is a risk that following an emergency or disruption to resources supporting service delivery we will be unable to maintain critical HSCP services and provide support to the wider Fife Community.	Unlikely (2)	Extreme (5)	MR (10)	All services have contingency plans in place and these are reviewed and exercised on a scheduled basis. The Senior Leadership Team are aware of the NHS and Council Civil contingency plans and ensure compliance where required. The HSCP participate in national exercises and/or responses to adverse events where required. The Partnership has a Resilience Group chaired by the Director of Health and Social Care. The Resilience Group has finalised an HSCP Resilience Policy and Strategy and an HSCP Response and Recovery Plan; An action plan is in place for the development of a training programme in conjunction with Fife Council and NHS Fife. Resilience training for senior management is scheduled for June 2020. In conjunction with Fife Council, work continues to lead and develop the Fife Care for People Team and response arrangements as part of the Fife Local Resilience Partnership arrangements. A Multi-Agency Care for People workshop took place on 4 June 2019. This will inform development of the Care for people arrangements and an exercise is anticipated later this year. Resilience arrangements have been tested in the response to Covid. There has been integrated working with NHS Fife and Fife Council resilience arrangements. Initial lessons learned are being gathered together to enhance future responses. Training programmes were initially suspended, however, virtual training is in development Feb 21 - Additional support given to external providers to improve resilience throughout the coronavirus outbreak	MR (10)	MR (8)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Although this risk, as worded, is operational in nature, it was felt that a risk reflecting the IJB's statutory role as a Category 1 responder under the Civil Contingencies Act 200 is required and therefore the risk has been reworded to reflect this position
10	IJB Strategic Risk Register	May-15	Governance Arrangements - Protection of Adults, who may be vulnerable, and Children: There is a risk that the care and clinical governance arrangements will be insufficient to ensure that adults, who may be more vulnerable than others, and children are protected from harm.	Possible (3)	Extreme (5)	HR (15)	Systems, processes, single agency and interagency guidance are in place at all levels to ensure full compliance. Participation in established protection committees and groups, including Adult Protection Committee, Child Protection Committee, and Multi Agency Public Protection Arrangements (MAPPA) Group ensures ongoing monitoring, self evaluation as a Partnership and appropriate action. The Clinical and Care Governance Committee provides oversight of activity in all aspects of governance including Protection of adults, who may be vulnerable, and children. Three Divisional Clinical and Care Governance groups report to this committee. The Significant Case Review processes provide opportunities for staff to learn and develop and help prevent recurrence. An annual audit and self evaluation programme is in place to scrutinise activity and learn lessons. This is carried out within Social Work services and also at a Multi Agency level. There are Social Work learning programmes and Interagency training programmes in place. The Care Programme Approach (CPA) is a joint approach with Health for complex mental health issues Cross reference this risk with HSCP Silver Risk 17 - Adult and Child Protection Apr 21 - An Adult Support and Protection Audit is currently underway by the Care Inspectorate, Health Improvement Scotland and the Scottish Government. A supporting structure and action plans are in place and a risk register has been developed	MR (10)	LR (5)	Director of Health & Social Care	Divisional General Manager (Fife Wide)	This risk is strategic and has been reworded to reflect the risk more specifically to the IJB
8	IJB Strategic Risk Register	May-15	Health & Safety: There is a risk that health and safety systems and processes are not fully embedded which will result in our failure to protect the health and safety of our staff and those persons who are affected by our activities	Possible (3)	Extreme (5)	HR (15)	Whilst responsibility for Health and Safety still sits with the individual partner bodies, NHS Fife and Fife Council, the HSCP has developed a Health and Safety Vision and Terms of Reference for the HSCP Health and Safety Forum. The HSCP services continue to adhere to the policies and procedures of the partner bodies, combining and sharing information and learning as appropriate. Governance arrangements include Divisional health and safety groups and inclusion in staff side agenda. Regular Health and Safety reports are provided to the IJB as part of the Governance reporting system. The Health and Safety Forum, Chaired by the Director of Health and Social Care, is now working to an agreed programme of work. Priorities have been set as a result of the baseline Health and Safety assessment carried out in Oct 17. A risk based approach is being taken to in depth reviews of health and safety matters across the HSCP, allowing access to subject experts across the partner bodies. The first two topics are Violence and Aggression and Stress and Mental Well being. Work is ongoing to improve scrutiny both in terms of horizon scanning of the external environment and national agendas and updates and Internal performance management to help drive improvement. Covid has impacted on Health and Safety risks and work has been ongoing with colleagues in NHS Fife and Fife Council to ensure safety of staff, patients and service users.	MR (10)	LR (5)	Director of Health & Social Care	Associate Nurse Director	This risk is operational and it is recommended this sits elsewhere within the HSCP and links to the governance risk

												Risk Ownership	
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1	2	3	4	5	6	7	8	9	10	11	12	14	
1	IJB Strategic Risk Register	May-15	Information Governance: There is a risk that inadequate management arrangements for security, quality, accuracy and accessibility of information will result in poor decision making and/or service failure e.g. failure to comply with GDPR, data breaches, unsatisfactory patient/staff experience, financial penalties, reputational damage and legal challenge.	Possible (3)	Moderate (3)	MR (9)	The IJB Records Management Plan (RMP) was approved by the Keeper of National Records Scotland (NRS) in September 2019. This sets out the Information Governance structure for the IJB to manage records and information collected, created and held by the IJB, including policies and procedures that are created and maintained by the partner bodies. For example, Information Security policies and record disposal procedures. A three year Improvement Plan (to Dec 2022) forms part of the RMP. This plan combines recommendations from the Internal Audit of Information Governance for the IJB (IJB5), recommendations relevant to the IJB/HSCP from the NHS Fife Information Governance and e-health internal audit (B31&32/19) and the assessment from the National Records of Scotland. The 3 year plan was submitted to C&CG Committee in Dec 2019 and reviewed by the IJB in Feb 2020. As part of the action plan, a training gap analysis has been developed and will be issued to all HSCP staff early in 2021. Training on Information Governance (Records Management, Data Protection and Freedom of Information) was provided to IJB members at the development session in Jan 2020. All IJB records are currently being migrated to a centralised store. Whilst Covid legislation allowed an extension to information requests response time, this has now been withdrawn. Feb 2021 - Records Management Annual Report will be submitted to C&CG Committee on 26 March 2021. This includes the Progress Update Report sent to the National Records of Scotland in December 2020.	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	It is recommended this risk is combined with risk 2 and reworded to reflect the IJB arrangements with partner bodies and links to the digital transformation agenda	
2	IJB Strategic Risk Register	May-15	Information Management & Technology (IM&T): There is a risk that the information technology applications required to ensure effective information sharing across the partnership are not available and prevent delivery of new integrated models of care	Likely (4)	Moderate (3)	MR (12)	NHS staff remote access to SWIFT via Discharge Hub. The SWIFT access policy has been reviewed and updated to streamline the process for NHS staff to access. Remote desk top access to each others systems being progressed. Continue to be part of national work on this topic. Regular update reports to IJB. A review of the Portal is currently on hold. Following development of the overarching ISA, a further ISA for the Source Data Set has been agreed. Any further ISA's will be developed as required, A Data Protection Agreement is in place where FC is the Data Controller and NHS Fife is the Data Processor. Work is ongoing for the Data Protection Agreement where NHS Fife is the Data Controller and FC is the Data Processor. Work instructions and related guidance for practitioners will be developed. A test/training site has been set up in SharePoint for the IJB and supporting Committees to support collaborative working within the Partnership. Data sharing agreements between the IJB as data controller and the partner bodies as data processors have been completed. Work on some data sharing projects has been impacted due to programme and technology developments within the partner bodies e.g. Windows 10, Office 365 and SharePoint. A training gap analysis has been developed and will be issued to HSCP staff early in 2021. NHS Fife have purchased AxlR8, a system which deals with information requests. This system is currently in use within Fife Council. This has streamlined the process for Freedom of Information and Subject Access requests. A web hosted SharePoint site has been developed for the HSC. This has the potential to improve collaboration between partners. The first HSC Teams will go live on 24 March 2021 with full roll-out over the next few months. The use of MS Teams during the Covid outbreak has improved collaboration and data sharing. Feb 2021 Fife HSCP is to participate in a government pilot for "Near Me" We are now working with LiquidLogic on the replacement of SWIFT	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	It is recommended this risk is combined with risk 1 and reworded to reflect the IJB arrangements with partner bodies and links to the digital transformation agenda	
14	IJB Strategic Risk Register	Mar-16	Complaints System: There is a risk that failure to agree, implement and adhere to a consistent complaints process will reduce the opportunity to benefit from lessons learned and improve service delivery across the HSCP and may lead to poor experience for complainants/breach of statutory duty/reputation loss	Possible (3)	Moderate (3)	MR (9)	Links with national guidance in relation to the legal requirements of each organisation. In November 2017 the SPSO approved the IJB's complaints handling procedure. In March 2018 a new process for managing Social Care complaints in Lagan went live. This includes aligning the Social Care themes with those of Health. In August 2018, the performance reporting process was aligned to use complaint close date across the HSCP. In Jan 2019, Social Care and IJB enquiries began to be recorded in Lagan which has improved monitoring. A joint enquiries procedure has been developed between IJB, Fife Council and NHS Fife. This has improved consistency of response. Power BI is being considered to improve complaints reporting. Currently work is ongoing to move to a consistent reporting format based on month and division. It is hoped this will streamline complaints reporting. Covid has had an initial impact on complaints response times along with an increase in numbers of complaints but this is now improving. Unlike FOI there was no statutory provision for extension to complaints response timescales. The SPSO has updated its complaints guidance and this will be implemented from 1 April 2021. This includes new templates and some procedural changes for Social Care and IJB complaints. In addition, changes to the Fife direct website (due to go live in April 2021) have required some technical changes to online complaints forms.	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	This risk is operational and it is recommended this sits elsewhere within the HSCP and links to the governance risk	
15	IJB Strategic Risk Register	Oct-17	Participation and Engagement: There is a risk that there is a lack of community representation on the Participation and Engagement Network across Fife leading to reduced engagement with the Public.	Possible (3)	Moderate (3)	MR (9)	Work is ongoing with the Participation and Engagement Group to develop the network in the 7 localities. Work is underway to confirm arrangements to provide support for the further development of the Participation and Engagement Network. Sept 18 - An additional staff resource has been appointed to provide support. The recent review has led to a report to Clinical and Care Governance Committee outlining the next steps and how these will be taken forward. Further work is ongoing, in conjunction with Fife Voluntary action, to consider how we can strengthen the Group and develop the relationship with the HSCP. August 2020 A participation and engagement return has recently been submitted to Scottish Government. The Participation and Engagement Strategy is to be reviewed. Feb 2021 Recruitment is underway for 3 Public engagement officers to support the review and implementation of the P&E Strategy	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	This is strategic but the risk has been reworded to reflect the risk more specifically to the IJB	

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Action	Residual Risk Grade	Target Risk Grade	Risk Ownership		Review Results
										Accountable Officer	Managed by	
1	2	3	4	5	6	7	8	9	10	11	12	14
16	Performance Report / LDP Target	Oct-17	<p>CAMHS waiting times.</p> <p>There is a risk that the HSCP will be unable to meet the client / care demand to access specialist child and adolescent mental health services and fail to achieve the LDP target:</p> <p>"At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services"</p>	Possible (3)	Moderate (3)	MR (9)	<p>Service reconfiguration to minimise the impact of absence and improve range of skills.</p> <p>New referral process launched in Sept 2017 with online referral, single point of referral and threshold statement for referrers. A new screening tool has been developed to assist clinicians to screen equitably and consistently in accordance with threshold.</p> <p>SCI referral form for GP's in place to ensure consistency across agencies.</p> <p>New administrative processes have been implemented to minimise the impact of CNA's and rearranged appointments. Additional staffing resource has been provided to specifically target the longest waiting children and young people.</p> <p>CAMHS Primary Mental Health Workers service was established in April 2017. This places specialist CAMHS staff within universal and additional support areas and is a core component of 'Our Minds Matter' joint framework for emotional wellbeing.</p> <p>Work ongoing with the Mental Health Access Improvement Support Team (MHAIST) and Scottish Government new CAMH advisor to review staffing capacity in CAHMS. SBAR to be presented to Director of Health and Social Care/NHS Fife Chief Executive in January 2020.</p> <p>Feb 2021</p> <p>Since Jan 2020 there has been further refinement of the capacity to meet the increasing demand which has been supported and prioritised by Fife Health & Social Care Partnership. A detailed improvement plan has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit to identify the staffing resource required to meet the national target as outlined in Fife's Annual Operating Plan and prioritised in Fife's Mental Health Strategy 2020-2024. The plan builds on current improvement work and sets out a trajectory to meet the national RTT access target and ensure timely ongoing support where this is indicated over a 2-year period. The plan will be considered as part of the IJB financial plan for 2021/22.</p>	MR (9)	LR (6)	Director of Health & Social Care	Divisional General Manager (Fife Wide)	This risk is operational and it is recommended this sits elsewhere within Complex and Critical Care Services and links to the Governance risk
17	Performance Report / LDP Target	Oct-17	<p>Psychological Therapies Waiting Times</p> <p>There is a risk that the HSCP will be unable to meet the client / care demand to access Psychological Therapies and fail to achieve the LDP target:</p> <p>"At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies"</p>	Likely (4)	Moderate (3)	MR (12)	<p>Recruitment of additional staff with SG funding - Targeted waiting list initiatives to reduce queue-Staff in post by 04/17.</p> <p>Additional SG funded clinical associate post to support ongoing improvement from January 2018.</p> <p>Service development and redesign to increase access and options in primary care (e.g. new group programmes; new referral & self-referral pathways for PTs). SG team assisting with this work- Offer early interventions matched to patients' needs; Reduce pressure on specialist services - 1st tranche of development complete by 03/18</p> <p>CMHTs across Fife to be operational by March 2018 enabling optimal use of highly specialist PTs</p> <p>Launch of Access Therapies Fife website in Dec 2018.</p> <p>Psychological therapies strategy currently being developed .</p> <p>Increase efficiency of referral, triage and assessment process.</p> <p>Increase choice of both brief and long term therapies.</p> <p>Promote self management where appropriate.</p> <p>New PT's advisor to the Scottish Government will work with Fife to scrutinise demand and capacity in 2020.</p> <p>Regular reporting on performance continues via NHS Fife and HSCP governance arrangements. Performance in context is fully considered.</p> <p>August 2020 - In light of impact on demand due to Covid, EDG paper developed to seek additional staffing capacity to help manage the impact on staff and patients.</p> <p>Feb 2021</p> <p>A detailed improvement plan has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit to identify the staffing resource required to meet the national target as outlined in Fife's Annual Operating Plan and prioritised in Fife's Mental Health Strategy 2020-2024. The plan builds on current improvement work and sets out a trajectory to meet the national RTT access target and ensure timely ongoing support where this is indicated over a 2-year period. The plan will be considered as part of the IJB financial plan for 2021/22.</p>	MR (9)	LR (6)	Director of Health & Social Care	Divisional General Manager (Fife Wide)	This risk is operational and it is recommended this sits elsewhere within Complex and Critical Care Services and links to the Governance risk

Risk Register

IJB Strategic Risk Register - as at 6/01/2022

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Risk Ownership				Date last reviewed	Risk Status	Relevant Performance Information		
							Internal Controls	SMART Actions	Residual Risk Grade	Target Risk Grade	Accountable Officer	Managed by				Next Review Date	Review Results
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
3	IJB Strategic Risk Register	May-15	Finance - There is a risk that the financial resources available to the IJB may not be sufficient to deliver the integrated services as set out in the Strategic Plan	Almost certain (5)	Extreme(5)	HR (25)	Regular Tripartite Meetings with Partners to discuss funding and implications of funding assumptions including inflation pressures. Balanced budget, including savings plan set March 2021. Medium Term Financial Strategy in place Regular budget monitoring in place Regular financial reports to Finance and Performance Committee and IJB. Financial Recovery Plan required in an overspend position	Set up of Project Management Office (PMO) by March 2022. Detailed Transformation change programme to be developed by March 2022 Financial Regulations and Scheme of Delegation to be reviewed following completion of the Integration Scheme review. This is anticipated to be complete by March 2022. Annual refresh of MTFS by March 2022 Establishment of Financial Governance Group by March 2022 Preparation of the Financial Recovery plan has begun and the first iteration was presented to F&P in November 2021. Recovery actions will continue to be sought and reflected in the projected outturn to 31 March 2022	HR (16)	MR (10)	Director of Health & Social Care	Chief Finance Officer	Mar-22		Jan-22	Active	Over/Under spend monitoring Act v Budget Balanced Budget
21	IJB Strategic Risk Register	Oct-17	Contractual /Market Capacity There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures	Likely (4)	Major (4)	HR (16)	Ongoing robust market and relationship management with the 3rd and independent sector and their representative groups. Market facilitation programme and contract monitoring process. Continued creation of capacity and capability to manage and facilitate the market Provider Forums to support relationship and market management. SG funding toward the Living wage agreed and applied. Maximisation of internal services as necessary Commissioning Strategy approved Strategic Planning Group	Reimagining the Voluntary sector programme is due to commence. This is scheduled for completion by 12/12/22. A model is being developed for the independent Care at Home providers to support discharge from interim care beds. This is due to be in place by 31/01/22 Work underway to support private sector to develop using a range of opportunities. This is a programme of work which will be developed over the next year - Dec 2022 Following the organisational restructure and review of the IS, the Strategic Planning Group will be redesigned. This will be complete by 31/01/22	HR (16)	MR (9)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Mar-22		Jan-22	Active	Hours delivered by external providers
26	New Risk	Jan-20	Primary Care Services There is a risk that the funding and resourcing of the Primary Care services is insufficient to provide a sustainable service and ensure delivery of quality services and the outcomes of the Strategic Plan.	Likely (4)	Major (4)	HR (16)	Primary Care Improvement Plan - regular monitoring and reporting to GMS Board, C&CG, IJB and Scottish Government	Review of models of care incorporating the learning from the pandemic. To be completed by March 2022 Remodelling and recruitment of workforce action plan resulting from earlier Committee report to be complete by March 2022 MOU2 - (Pharmacotherapy, CTAC and Vaccine programme) action plan to deliver by March 2022	HR (16)	MR (8)	Director of Health & Social Care	Head of Primary and Preventative Care	Mar-22		Jan-22	Active	Programme timeline - monitoring of progress

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Residual Risk Grade	Target Risk Grade	Risk Ownership		Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information
							Internal Controls	SMART Actions			Accountable Officer	Managed by					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
New 27	IJB Strategic Risk Register	Dec-21	Whole System Capacity - There is a risk that there may be insufficient capacity across Fife's Health and Social Care system to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/flow. This could lead to an increased delay position, sub-optimum use of beds and impact on admissions. This in turn may impact on person centred care, delivery of Strategic Plan outcomes and potentially presents reputational exposure.	Likely (4)	Major (4)	HR (16)	<p>Whole system capacity and modelling tool across the Acute and HSCP system is enabling the identification of capacity and providing early intelligence where action can be taken to mitigate capacity risks.</p> <p>Ongoing daily interrogation of the official delay position</p> <p>Daily H&SC capacity and flow huddle.</p> <p>Weekly MDT/whole system verification meeting</p> <p>Timely social work assessments to expedite discharge to interim placements.</p> <p>Ongoing recruitment to Care at Home Service.</p> <p>Pathfinder site - "Planned date of discharge".</p> <p>Ongoing messaging to staff - "Discharge planning from admission"</p> <p>Consistent approach to implementing the "Moving On" guidance and choices.</p> <p>Daily Bronze Control meetings.</p> <p>Daily Workforce hub huddles.</p> <p>Daily Updates to Chief Officer</p> <p>Attendance/absence management.</p> <p>Additional staff recruitment</p>	<p>Home First and Prevention models are being developed and these will be in place by 31/12/22</p> <p>Review of all Care Packages to support capacity in the system - due to complete by June 2022.</p> <p>Interim processes to support Care at Home for the period to 31/10/22 include:</p> <p>Internal and external recruitment campaigns for Care at Home.</p> <p>Work is being undertaken to attract volunteers to the service</p> <p>Working with external partners and Scottish Care to support their ability to grow the sector</p> <p>A dedicated Home Care Manager and Social Worker are working to accelerate interim moves from hospital to a care home, where appropriate</p>	HR (16)	MR (8)	Director of Health & Social Care	Head of Community Care Services	Mar-22		Jan-22		<p>Number of people in delay</p> <p>Associated bed days lost.</p> <p>Delay performance rate per 100K population</p> <p>Weekly return to SG</p>
9	IJB Strategic Risk Register	May-15	Strategic Plan- ability to deliver service change and reinvestment: There is a risk that the effect of our strategic plan will be limited by capacity, engagement and decision making which will impact on our ability to achieve change. This will be compounded, both financially and operationally, by the impacts of Covid	Possible (3)	Extreme (5)	HR (15)	<p>Current Strategic Plan 2019-2022 is in place and actions are monitored through the Performance Report</p> <p>Annual Report completed each year to highlight progress made with the Strategic Plan</p> <p>Commissioning strategy approved.</p> <p>Strategic Planning Group</p> <p>Participation and Engagement Team in place</p> <p>Senior Leadership Team reporting to Quality and Communities Group</p>	<p>Review of the Strategic Plan will be completed by July 2022</p> <p>Redesign of the Strategic Planning group is being undertaken. This is expected to be complete by 31/01/22.</p> <p>Annual report review with feedback from external and internal auditors to support transparency and accesibility of information by July 2022</p>	HR (15)	MR (8)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Mar-22		Jan-22	Active	Performance Report

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
24	IJB Strategic Risk Register	Jul-18	Governance - There is a risk that the Governance arrangements, for the IJB and partner bodies, including the issuing and carrying out of Directions, are not clearly defined and collectively understood and may not produce sufficient assurance in terms of operational delivery, meeting key targets, and the aligning of services to strategic intentions, leading to concerns over delivery of the Strategic Plan outcomes, governance breaches, non-compliance issues and impact on the reputation of the IJB	Likely (4)	Major (4)	HR (16)	Integration Scheme in place Public Consultation of review of Integration Scheme complete Programme of Development sessions for IJB members is ongoing	Integration Scheme review completed the governance processes for NHS Fife and Fife Council by end of Sept 2021 and has been submitted for Ministerial approval. This is anticipated by March 2022 Monitoring of Ministerial Strategic Group Actions and other relevant audit actions due for completion by March 2022. Further review of all Governance documentation to be completed once Integration Scheme review is agreed. Due to complete by 31/03/22	MR (12)	MR (8)	Director of Health & Social Care	Chief Finance Officer	Mar-22		Jan-22	Active	Management, Internal and External audits
7	IJB Strategic Risk Register	Jan-19	Workforce - There is a risk that the delegated bodies and partners across the system are unable to deliver the Workforce Strategy & Action Plan 2022 - 25. This risk may arise as a result of a wide range of factors; the challenge of retaining and recruiting staff across the system; the impact of a changing age demographic on the people of Fife and our workforce; the impact of the increased pressure across the workforce on mental health and wellbeing; challenges around leadership capability and impact on organisational culture. The impact of this risk may be an inability to deliver the objectives of the Strategic Plan due to reduced levels and quality of service, low staff morale and impact on our financial strategy.	Likely (4)	Major (4)	HR (16)	Workforce Strategy 2019-2022. Workforce Action Plan 2022-2025. NHS Workforce Planning Team system / Fife Council Workforce Planning system. Regular Workforce Strategy Group meetings - ensuring all key stakeholders are involved in the Strategy & Plan design. Ensure connection with the Scottish Government's Workforce Strategy and NHS Recovery Plan. Regular reporting to SLT Assurance meetings. Senior & Extended Leadership Team Development sessions.	Workforce Strategy Group to co-design Workforce Strategy & Action Plan by July 2022. Sub Actions Content holders to deliver draft inputs Draft / outline Strategy for consideration by the Group Draft / outline to IJB Development Session Monthly meetings of Workforce Strategy Group through early 2022 to finalise content and deal with issues in real time, Jan - Jul '22. Sign off of the Workforce Strategy & Action Plan by IJB July 2022. Published on website and submitted to Scottish Government by July 31st '22	MR (12)	MR (8)	Director of Health & Social Care	Principal Lead for Organisational Development and Culture	Mar-22		Jan-22	Active	Action Plan monitoring

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
19	HSCP Annual Report 2016-17	Oct-17	Demographic/Changing Landscape Impacts - There is a risk that the IJB will not be able to deliver the outcomes of the Strategic Plan due to the impact of demographic changes, population growth, financial pressures and the changing landscape of Health and Social Care	Likely (4)	Major (4)	HR (16)	Current Strategic Plan 2019-2022 is in place and actions are monitored through the Performance Report Annual Report completed each year to highlight progress made with the Strategic Plan Medium Term Financial Strategy aligned to Strategic Plan	Transformational Change Programme - Time line to March 2024	MR (12)	MR (8)	Director of Health & Social Care	Chief Finance Officer Head of Strategic Planning, Performance and Commissioning	Mar-22		Jan-22	Active	Performance Report Transitions from Children to Adults
11	IJB Strategic Risk Register	May-15	Clinical and Care Governance - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for C&CG, leading to negative impacts on the delivery of care to individuals, the Strategic Plan and damage to the reputation of the partner organisations and the IJB.	Possible (3)	Major (4)	MR (12)	Governance framework is in place Systems and processes in place at all levels to provide assurance reports on a regular basis Clinical and Care Governance Committee provides oversight of all activity Quality Matters Assurance Group to enable the assurance and reassurance or escalation of C&CG matters to the IJB or partner bodies. Weekly quality huddle looking at a dashboard of information. Leadership walkabouts in place	Governance arrangements in Primary Care are being strengthened. This is due for completion by 31/03/22 Refreshing the C&CG Governance arrangements and Strategic Framework following conclusion of the IS by 31 March 2022	MR (12)	LR (6)	Director of Health & Social Care	Associate Medical Director Associate Nurse Director Principal Social Work lead	Mar-22		Jan-22	Active	Quality and Performance Report
20	HSCP Annual Report 2016-17	Oct-17	Transformation / Change There is a risk that the transformation change programmes do not meet the desired timescales or achieve the required outcomes which may impact on the quality and sustainability of services to meet the needs of the people of Fife	Possible (3)	Major (4)	MR (12)	Chief Finance Officer is named Transformation Lead Development of a Programme Management Office (PMO) and Team. Standard documentation and templates Alignment to Strategic Plan and Medium Term Financial Strategy	Transformational Change Programme - Time line to March 2024 Transformation Board to be established by 31 Jan 2022. Refresh of transformation priorities and creation of a project dossier that defines change, redesign and transformation by 31/03/2022	MR (12)	LR (4)	Director of Health & Social Care	Chief Finance Officer	Mar-22		Jan-22	Active	Benefits realisation. Risk registers Quality and financial outcomes

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Residual Risk Grade	Target Risk Grade	Risk Ownership		Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
12	IJB Strategic Risk Register	May-15	Resilience - There is a risk that the IJB is unable to fulfill its statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and link appropriately with partner bodies and multi-agency partners to ensure the ability to maintain critical HSCP services and provide support to the wider Fife Community	Unlikely (2)	Extreme (5)	MR (10)	IJB's are Category 1 responders and are therefore included in Local, and National Resilience arrangements Collaborative working with Fife Council and NHS Fife Resilience Teams Monitoring and regular updating of BC plans for partner bodies. HSCP Resilience Policy and Strategy HSCP Response and Recovery Plan Regular training and exercising of plans with partners	Review of resilience arrangements to incorporate learning from Covid to be completed by 30/04/22 Creation of Action plan to ensure IJB is able to meet its new Statutory Responsibilities under the Civil Contingencies Act by 31/03/2022	MR (10)	MR (8)	Director of Health & Social Care	To be determined	Mar-22		Jan-22	Active	BC Assurance. Annual Report - planning, responses and lessons learned Incident mgt
10	IJB Strategic Risk Register	May-15	Adult and Child Protection - There is a risk that the IJB does not receive sufficient assurance to enable it to fulfill its statutory duty for Adult and Child protection, leading to negative impacts for individuals and for multi-agency working and damage to the reputation of the partner organisations and the IJB.	Possible (3)	Extreme (5)	HR (15)	Chief Officer attends the Chief Officers Public Safety Group Identified SLT leads for Adult and Child Protection. Participate in multi-agency working. Lines of professional accountability to the AMD, AND and CSWO. Established quality improvement processes and learning culture in relation to adverse events and near misses. Established reporting to IJB committees on Adult and Child protection. Recent positive Adult Protection audit	Deliver the improvements in the Adult Protection Audit Plan by 31/03/2022. Annual report to IJB in Sept 2022	MR (10)	LR (5)	Director of Health & Social Care	Principal Social Work Lead Associate Director of Nursing	Mar-22		Jan-22	Active	Audits Self assessments
1	IJB Strategic Risk Register	May-15	Information Governance and Digital Transformation - There is a risk the information governance systems and arrangements of the IJB and partner bodies are inadequate which may lead to a negative impact on the pace of the digital transformation change agenda and information governance	Possible (3)	Moderate (3)	MR (9)	The IJB Records Management Plan (RMP) was approved by the Keeper of National Records Scotland (NRS) in September 2019. This sets out the Information Governance structure for the IJB to manage records and information collected, created and held by the IJB, including policies and procedures that are created and maintained by the partner bodies. For example, Information Security policies and record disposal procedures. Training on Information Governance (Records Management, Data Protection and Freedom of Information) was provided to IJB members at development sessions Information Sharing Agreements and Data processing agreements are in place with the partner bodies	Development of the IJB's digital strategic framework by 31/07/22 (Aligned to timescales for workforce strategy) IJB Records Management Plan - 3 year improvement plan actions to be delivered by Dec 2022 All IJB records are currently being migrated to a centralised sharepoint site by 31/01/2022	MR (9)	LR (6)	Director of Health & Social Care	Chief Finance Officer	Mar-22		Jan-22	Active	Monitoring of the IJB Records Management Plan

Ref.	Source	Date Added	Risk	Likelihood	Consequence	Risk Grade	Management Actions		Residual Risk Grade	Target Risk Grade	Risk Ownership		Next Review Date	Review Results	Date last reviewed	Risk Status	Relevant Performance Information
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
15	IJB Strategic Risk Register	Oct-17	Participation and Engagement - There is a risk that the IJB may not effectively communicate and engage with key stakeholders in developing the vision and plan for Health and Social Care Services in line with the values of the IJB, leading to the inability to influence models of care and inappropriate use of limited resources	Possible (3)	Moderate (3)	MR (9)	Localities Group is place with action plans. Participation and Engagement (P&E) team has been expanded Sub-group of IJB actively involved SBAR Template sets out clear participation questions. Qualities and Communities Committee (Established within the new Integration Scheme arrangements) will have a focus on P&E and membership will include non-voting members of the IJB.	The Participation and Engagement Strategy is to be reviewed. It is anticipated this will be complete by Jan 2022 Refresh of Carers Strategy Group by Jan 2022. Refresh of P&E network by 31/05/2022	MR (9)	LR (6)	Director of Health & Social Care	Head of Strategic Planning Performance and Commissioning	Mar-22		Jan-22	Active	Level of consultation responses

Risk Assessment Matrix

Figure 1

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)

In terms of grading risks, the following grades have been assigned within the matrix.

■	Very Low Risk (VLR)	(1) - (3)
■	Low Risk (LR)	(4) - (6)
■	Moderate Risk (MR)	(8) - (12)
■	High Risk (HR)	(15) - (25)

Likelihood of Recurrence Ratings

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence Ratings

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim

Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	28 January 2022
Agenda Item No:	10
Report Title:	Fife Alcohol and Drug Partnership Annual Report 2020/21 and Drug Related Death Annual Report 2020
Responsible Officer:	Nicky Connor, Director of Health and Social Care
Report Author:	Kathy Henwood, ADP Chair, Head of Education and Children's Services (Children and Families/CJSW and CSWO)

1 Purpose)

This Report is presented to the Board for:

- Discussion
- Approval.

This Report relates to which of the following National Health and Wellbeing Outcome(s) (*delete as appropriate*):

- 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 use health and social care services are safe from harm.

- 7 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 Priority(ies) (delete as appropriate):

- Working with local people and communities to address inequalities and improve health and wellbeing across Fife.
- Promoting mental health and wellbeing.
- Working with communities, partners and our workforce to effectively transform, integrate and improve our services.

All H&SC standards are relevant in relation to the ADP Annual Report 2020/2021 and the Drug Related Death Report 2020. The ADP and its services also work towards the Quality Principles “Standard Expectations in Care & Support for Alcohol and Drug Services 2014” as required by the Scottish Government and work has commenced on the Medical Assisted Treatment Standards 2021.

C&CG Strategic Objectives:

The ADP Annual Report and Drug Related Death Report reflects the vision, mission statement and the values incorporated in the Health & Social Care Strategic Plan. Its production also incorporates the governance, accountability and evaluation and monitoring elements of the work of the C&CGC.

2 Route to the Meeting

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

- Clinical & Care Governance Committee – 7 January 2022.

3 Report Summary

3.1 Situation

Fife Alcohol and Drug Partnership (ADP) is a strategic partner of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic 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, Third Sector Alcohol and Drugs, and Elected Member representation.

ADPs are required to report 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 2020 (Appendix 1) is in the format required by the Scottish Government with additional detail included to reflect performance against the five key themes indicated in the Rights Respect & Recovery

National Strategy 2018. For this year, this includes the response of the ADP Committee and its operational services to the pandemic and lockdown and provides detail of service development and recommissioning occurring in the year to align with the Medication Assisted Treatment Standards and the Drug Mission Priorities as highlighted by the announcement by the Scottish Government in the last quarter of the year.

In addition, the ADP Committee is required to produce a Drug Related Death Annual Report each year, attached to this document in appendix 2. This details analysed data, trends and work undertaken both at a strategic and operational level to reverse the national and local trend of drug related deaths. It provide a rich intelligence indicating to all concerned where efforts and activity must be concentrated in the following years.

3.2 Background

The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” was launched 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

The Drug Mission priorities were announced in January 2021 focused entirely on reducing the number of 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
- Non-Fatal Overdose Pathways
- Lived Experience Panel

The Annual Report records progress toward both the National Strategy and local ADP strategy and the drug mission priorities for the prevention of drug related deaths and key highlights over the year are:

Early Intervention and Supporting Families

- Recommissioning in partnership with Children Services for a whole family support and young person's service to work with more families affected by alcohol and drug use earlier before crises and to increase provision of support to young people at risk up to the age of 26
- Development of a teacher toolkit to provide education for alcohol and drug use whilst schools were locked down and access was not available from the drug and alcohol education team

Improving the Recovery Orientated System of Care and Prevention Drug and Alcohol Related Deaths

- Increased investment in Residential Rehabilitation with an additional 8 people attending a placement of their choice
- Continuation of the non-fatal overdose assertive outreach provision reaching 357 individuals, supplying THN to 41 and providing harm reduction advice to over 227 people. The service triaged 22 individuals into the current system of care
- Planning for a test of change rapid access clinic in Kirkcaldy to support quicker access to opiate replacement therapy for people at risk of overdose and death.
- Funding awarded for an independent peer to peer lived experience advocacy service
- Reconfiguration of the hospital liaison service to offer support in wards remotely. In 2020/21, 373 patients were assessed and offered support into the ADP system of care, 44% of these required help for alcohol use, 55% for opiate related issues and 1% for dual use.
- During COVID, there was a blended service delivery for all services. Third sector services offered telephone, zoom and TEAMS appointments and contact through WhatsApp and other social media platforms. Services actively encouraged self-referrals from individuals and families and friends and accepted referrals from new routes. Almost all services offered food and medications deliveries, equipment provision and doorstep support to their service users to prevent early unplanned discharge and prevent lapses/relapses and deterioration in emotional wellbeing caused by isolation.
- Increase of Take Home Naloxone to 1550 people all receiving ORT from NHS Addiction Services
- Improvements in time to treat with most people new to services receiving a prescription within 10 days of referral
- Psychology based workforce development plan compliant with MAT standards to retain people in treatment improve the quality of psychosocial support and increase the trauma informed delivery and treatment. Three teams have been trained including NHS Addiction Services.

Creating Parity of Support to those in the Criminal Justice System

- Set up of navigator project from Kirkcaldy Custody Suite into long term support for people with alcohol and drug problems
- Increased investment for peer prison mentoring project ensuring Take Home Naloxone and other harm prevention support is available in addition to access support for universal services including housing

- Continuation of buvidal prescribing for early release prisoners and provision of a mobile phone to continue contact and access
- Peer to peer qualitative evaluation of women's experience of alcohol and drug services particularly women in the criminal justice system

The Drug Related Death Annual Report 2020 provides detail and analysis of the circumstances of people who sadly lost their lives in Fife as a result of a drug related death. The key findings are listed below:

- In 2020, there were 65 drug-related deaths registered for Fife. This was a decrease of 20% since the previous year when 81 deaths were recorded. This occurred in a year when there was a national increase of 5%.
- Drug-related deaths in Fife have increased by 86% over the last 10 years, a trend also seen nationally.
- Males accounted for 82% (53 deaths) of Fife's drug-related deaths in 2020
- Female drug deaths dropped by 59% since 2019 (29 deaths) to account for 18% of total drug-related deaths in 2020 (12 deaths).
- Most drug deaths occurred in the 35-44yo age group and average age of death in Fife was 38 years of age.
- Less than 5% of deaths had only one substance present in toxicology.
- Fife had a higher percentage of any prescribed/illicit opioid, benzodiazepine, and gabapentinoids present in toxicologies than the national average.
- The presence of cocaine in 2020 toxicologies increased to 29% from 19% in 2019.
- 68% of drug-related deaths were not in treatment at time of death.

The report also details improvement work undertaken in the last year and planned for 2021 to continue the reduction in Drug Related Deaths seen in Fife over the last year. This includes:

- Tailoring strategy and service provision to community needs where we know there are high levels of NFO and Drug Related Death or access to services and supports is more difficult.
- Increase of THN coverage on a rolling programme basis for training staff and service users in areas where there are gaps
- Providing very thorough assertive outreach services in custody suites, prisons, homeless services, hostels, hospital wards and A&E where there are people who are at risk
- Increasing harm reduction support via the community pharmacy network in Fife including IEP, THN and wound care. This also include a phone and delivery service provided by WAWY and NHS Fife.
- Increasing family support for whole families and individual members recognising their role in preventing drug related deaths
- Proving access and offer of ORT on the same day as presentation at the prescribing service preventing disengagement and quicker access to this and recovery support
- Rapid re-engagement provision for those at risk of unplanned discharge including an assertive outreach third sector retention service closely linked to NHS Addiction Services.

3.3 Assessment

Fife ADP activity is aligned with the evidence informed Scottish Government

Rights Respect Recovery Strategy 2019. The Fife Needs Assessment undertaken in 2018 and the subsequent Public Health Synthesis of Policy Recommendations 2019 informs current improvement activity. As does the recent publications from the Scottish Government Drug Death Taskforce including the six emergency strategies for the prevention of Drug Related Deaths (January 2020) and the Medication Assisted Treatments (June 2021).

3.3.1 Quality/ Customer Care

The ADP Annual Report and Drug Related Death Report allows the ADP Committee to understand the range of the quality of care provided to those affected by alcohol and drugs in Fife.

The ADP Drug Related Death Reports allows the ADP Committee to assess what has worked to prevent drug related deaths but more importantly to plan and direct resources, to areas where there is a higher risk, or into services where significant improvements or increases in investment to support additional capacity might be required. This included analysis of gaps in provision that increase the vulnerability or risk levels of people who might die as a result of a drug related death.

Currently the ADP has had a significant increase of its core funding provision from the Scottish Government to meet the priorities of the Drug Mission outlined in the background section of this report. Careful auditing, planning and analysis is underway to ensure how this spend can:

- improve the reach and capacity of services to those not yet in treatment particularly for underrepresented groups and those with additional vulnerabilities
- orientate and improve the quality the system of care to be more trauma responsive and to treat trauma thus increasing access and retention in services
- support families in their own right and recognise their role as equal partners in care
- facilitate and hear the voices of those with lived experience
- work beyond the current system to reduce stigma and increase access to universal provision for people affected by alcohol and drug use
- work with people and families earlier to prevent adverse childhood and adult experiences
- implement the MAT Standards across the full system of care to ensure the resources make the most impact on our priorities

3.3.2 Workforce

The production of the ADP annual report and the Drug Related Death Report does not have a direct impact on the workforce of the ADP support team or the commissioned services. However, making the quality improvements required, increasing the capacity of provision and providing additional support to at risk groups, their families and their communities does, particularly as this requires additional operational investment.

3.3.3 Financial

The annual report details the investment of Scottish Government funds into the provision of services for those affected by alcohol and drugs. This investment from core funding was £3,297,789 in 20/21, the HSCP provides an additional £711,092. An additional sum of £1,156,983 is short term funding provided by the Scottish Government for specific improvement work. Other monies from the Drug Death Taskforce have recently been made available during 2020 via a bid process. The ADP was successful in this bid and was awarded £146,520 for a period of two years and a further sum of £90,000 was made available for an advocacy service.

The ADP was awarded emergency monies by the Scottish Government in March 2020, this amount was ringfenced for residential rehabilitation provision, assertive outreach and retention in services. All spend including contributions from the Health Board and the Local Authority is outlined in the ADP Annual Report detailed in Appendix 1.

3.3.4 Risk/Legal/Management

The production of the Annual Report and ADP Drug Related Death Report does not require a risk assessment or analysis of legal implications. The ADP risk register is reflective of projects outlined within the strategy and their capability to meet the requirement of their SLA making a contribution to the ADP's higher strategic aims.

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 production of both reports reflects the work undertaken over the year. An equality impact assessment is not required to record previous activity and outcomes.

3.3.6 Other Impact

N/A.

3.3.7 Communication, Involvement, Engagement and Consultation

Both the ADP Annual Report and the DRD were produced in collaboration with ADP operational services and in consultation with the ADP Chair and ADP Committee members.

3.4 Recommendation

It is recommended that the Integration Joint Board discuss the contents of this report and its appendices and approve the 2020/21 Annual Report and Fife Drug Related Death Report 2020.

- **Discussion** – examine and consider the implications of a matter
- **Approve** – Members are asked to approve the submission to Government.

4 List of Appendices

The following appendices are included with this report:

- Appendix 1 – ADP Annual Report 2020-21
- Appendix 2 – Drug Related Death Report 2020

Glossary of Terms

- ADP - Alcohol and Drug Partnership
- MAT – Medication Assisted Treatment
- DRD – Drug Related Deaths
- NFO – Non-fatal overdose
- THN – Take home naloxone
- ORT – Opiate Replacement Therapy

5 Implications for Fife Council

Services identified are supported via Council services

6 Implications for NHS Fife

services identified are delivered by NHS Fife.

7 Implications for Third Sector

Services are commissioned by the third sector

8 Implications for Independent Sector

None

9 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

Elizabeth Butters
Alcohol and Drug Partnership Coordinator for Fife
Elizabeth.butters@fife.gov.uk

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission 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.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to: drugsmissondeliveryteam@gov.scot

NAME OF ADP: Fife

Key contact:

Name: Elizabeth Butters

Job title: ADP Coordinator

Contact email: Elizabeth.butters@fife.gov.uk

I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair:

Kathy Henwood

Head of Education and Children's Services (Children and Families/CJSW and CSWO)

:

Representation

The public sector:

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input checked="" type="checkbox"/>
Alcohol and drug services	<input checked="" type="checkbox"/>
NHS Board strategic planning	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input type="checkbox"/>
Children's services	<input checked="" type="checkbox"/>
Children and families social work	<input checked="" type="checkbox"/>
Housing	<input checked="" type="checkbox"/>
Employability	<input type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> Please provide details.....

Chair of the Lived and Living Experience Panel (a subgroup of the ADP Committee)

Addition Psychology Lead Consultant

The third sector:

Commissioned alcohol and drug services	<input checked="" type="checkbox"/>
Third sector representative organisation	<input checked="" type="checkbox"/>
Other third sector organisations	<input type="checkbox"/> Please provide details.....

People with lived / living experience	<input checked="" type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....

1.3 Are the following details about the ADP publicly available (e.g. on a website)?

Membership
Papers and minutes of meetings
Annual reports/reviews
Strategic plan <http://www.fifeadp.org.uk/>
The ADP Support Team has reviewed its website during 2020/21 as a means of keeping the public informed of service provision changes during the pandemic and lockdown and to share performance and planning reports. We now include the Fife ADP Strategy 2020/23, the ADP Annual Report 2019 and the DRD Annual Report 2019.

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?
8 times plus one development day. The ADP normally meets quarterly but additional shorter meetings were scheduled to allow for a coordinated response for planning service provision during the three lockdowns and also to plan and allocate additional emergency spend provided by SG in March 2021.

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. ADP Coordinator	WTE
2. Policy Officer	WTE
3. Policy Officer	WTE
4. ADP Databased Support Coordinator	WTE

Total WTE = 4

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?
Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input type="checkbox"/>
Fife ADP Facebook page and Fife ADP Twitter, daily updates provided during the first lockdown	
Accessible formats (e.g. in different languages)	<input checked="" type="checkbox"/>
Please provide details.....	
Other	<input type="checkbox"/>

In partnership with the Adult Support and Protection Team, the ADP funded a “Support and Help Booklet” during Christmas and New Year to offer advice and support to people with alcohol and drug problems and associated difficulties. This provides information about opening times of key services including those funded by the ADP and others such as benefits agency, housing and food banks. Advice

and guidance were of a general nature with a focus on maintaining people's recovery, managing mental wellbeing and physical health during a difficult time of year when face to face help and support is often not as available. Last year there was more specific advice aimed at family members and friends of those at risk of alcohol and drug related death which was available on the both the ADP and ASP Team's website as well as in print form to be distributed by the ADP and other services. In addition to this We Are With You provide an online webtool chat function accessible on Christmas and New Year's Day for anyone in crisis and needing support.

2.2 Please provide details of any specific communications campaigns or activities carried out during 20/21 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

Due to the pandemic and lockdown our usual campaigns during Alcohol Awareness Week and National Overdose Awareness Day did not occur physically. However, the ADP social media and those of our partners featured advice and guidance for those affected by these issues.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 20/21 specifically around drugs and alcohol (max 300 words)

Due to the national directives regarding the spread of coronavirus, the Barnardos education team – funded by the ADP - ceased to deliver sessions during the first lockdown. This also happened again, at short notice as a result of lockdown 2.

During the first lockdown, the Barnardo's education team refreshed their resources and completed a substantial development task (via remote working) of building a 'web based' teachers toolkit. This toolkit work took the bulk of the term to complete and was piloted with teaching staff.

Plans were also made to support 'blended learning' approaches upon schools' return but these were no longer required as schools returned full time.

The team also worked on developing a service resumption route map and developed an associated supporting risk assessment. This was based upon the information at the time that suggested the forward format would be part-time blended learning. The team had also started working up concepts and content for 'home working lesson plans' to continue delivering a service should another full school closure occur.

2.4 Please provide details of where these measures / services / projects were delivered

Formal setting such as schools	<input checked="" type="checkbox"/>
Youth Groups	<input checked="" type="checkbox"/>
Community Learning and Development	<input checked="" type="checkbox"/>
Other – please provide details	<input type="checkbox"/>

2.5 Please detail how much was spend on Education / Prevention activities in the different settings above

Formal setting such as schools
Youth Groups
Community Learning and Development
Other – please provide details

In 2020/21, the budget was £128,250 provided to Barnardos for delivering universal educational and prevention support for P7, S2 and S3 pupils across Fife. Delivery is primarily in schools but can reach into

other settings as required to ensure all pupils in these years receive an input. Clued Up provided a young people's service and are partly funded by the ADP and Education & Children's Services and this included prevention and support work to young people using and at risk of using substances. This is an outreach and drop in service and engages with young people in schools, youth groups and in their communities and homes.

Clued-Up is further funded by the ADP of offer an education and employability service to support young people – some in recovery from alcohol and drug use - into education, employment or training depending on the needs of the young person. The project aims to intervene as early as possible with young people creating opportunities for more positive life trajectories for young people by forging good relationships with other employability partners and reducing stigma for the care group. Of 111 young people discharged from this service over the year, 32 had made applications for jobs and 36 had attended group work programmes improving their employability.

2.6 Was the ADP represented at the alcohol Licensing Forum?

Yes
No

Please provide details (max 300 words)

The ADP policy officer attended a number of meetings. Paul Madill, Consultant in Public Health (who sits on the ADP) represented NHS Fife when available, but exceptional health protection workload meant that this was less frequent than in previous years. In previous years Paul and Rebecca have worked together to ensure that alcohol related harm was properly addressed by the forum, although this collaboration was necessarily reduced this year due to lack of capacity.

Expert advice was however given to the forum at a number of meetings, including on impact and monitoring of minimum unit pricing legislation, the rationale behind SG policies on COVID-19 management as they affect the licensing trade, and the primacy of population health as a consideration when deliberating on issues relating to alcohol licensing.

2.7 Do Public Health review and advise the Board on license applications?

All
Most
Some
None

Please provide details (max 300 words)

In previous years Public Health has reviewed all license applications, objecting when we judged, according to specific criteria, that approval of the application was inconsistent with the public health licensing objective. As the COVID-19 pandemic has required all public health staff to prioritise health protection work for the whole of this year, we have not had the capacity to review licensing applications. We keep this situation under regular review and are currently considering how we might return to this role in a proportionate way. At the moment in Fife there is not an Overprovision Policy, but there is a continued commitment both from Public Health and the ADP to continue to provide evidence to support its introduction.

3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes

No

In development

Please give details of developments (max 300 words)

During the course of the last financial year, the ADP support team with a third sector provider and Scottish Ambulance Service have continued to develop Non Fatal Overdose response team to meet the short term and longer-term needs of people who are using drugs in Fife. Evidence has proved that those who experience a non-fatal overdose are at greater risk of a Drug Related Death and that interventions such as psychosocial support, medical assisted treatment (methadone, buprenorphine) and support to address their broader needs such as housing can be a protective and preventative factor. During 2020/21, the project had engaged with approximately 357 individuals from supplying THN to 41 and providing harm reduction advice to over 227 people. The service triaged 22 individuals into the current system of care and a further 34 from this year and last continued to receive support in the community. During the most severe lockdown restrictions, the service continued to outreach via telephoned and assertive outreach into people's doorsteps and homes (using PPE) to ensure that people were afforded an opportunity to start their recovery and for the prevention of further harm and drug related deaths. The success of the project rests largely with the information sharing protocol and communication between the teams and an immediate assertive outreach element, responding within 48 hours of the non-fatal overdose. Below are further examples of the type of support the service has offered or helped the service user access over the last 12 months:

- Harm reduction advice and safer injecting including Injecting Equipment Provision (IEP) and assistance to access wound care
- Sexual health advice and referral
- Naloxone and Overdose Prevention Training
- Blood Borne Virus (BBV) referral and support to rapid anti body test and referrals
- Alcohol Brief Interventions and Drug Brief Interventions
- Access and support to Medication Assisted Treatment (MAT)
- Access and support to Housing and homelessness

This continuation of this assertive outreach service and support from its partners within the current ADP system of care has potentially contributed to the 20% reduction in DRDs in Fife from 2019 (81) to 2020 (65).

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

During the pandemic, all ADP services remained open to existing and new people accessing support. Operational teams led the way in maintaining support and provision to existing service users' whilst finding suitable ways to take referrals and keep the system of care working. Almost all services remained open in some capacity and creative ways were employed to maintain recovery communities. Prescriptions and food parcels deliveries were managed within the existing workforce, IT equipment and phones were provided by services and the ADP. In the initial first quarter

Fife ADP third sector services each vary in how they offer rapid re-engagement to their services. During the last year, service altered their discharge policies and engaged clients and patients were not discharged for disengagement reasons., Below are some examples of the work involved in reengagement:

- Assertive outreach to service users and their families to reengage to prevent early unplanned closure
- Allowing self-referral back to the service at any time
- Reopening their file within a short time frame and thus avoiding the reassessment process
- Offering triages at point of first contact, thus avoiding onward referral and support directly back into treatment if required
- Highlighting those most at risk such as experience of a non-fatal overdose and employing a system of prioritisation

The Non-Fatal Overdose project works out of hours in an attempt to re-engage service users back into the system of care. The ADP harm reduction service due to the nature of the work is anonymous but will telephone service users – if appropriate - if they have not been seen recently or make enquiries within communities.

Clued Up exhaust all options in attempting to engage young people who have not attended appointment and young people can reengage very easily through social media or at a community drop in.

Fife ADP Psychology Service, through thorough assessment and risk management are able to tailor their response to lapses or relapses. Through risk assessment and a shared plan, the service is able to place therapy on hold or to discharge to the initial referrer for onward support with a view to re referral in the future.

During the pandemic and lockdown, the NHS Addiction Services adopted a no discharge policy for unplanned discharges and if a patient had not been able to comply with standards of safe prescribing and/or risk has increased, a review was offered immediately. Prior to lockdown, this would normally be face to face in a clinical setting, but in the year a virtual approach as adopted by the service, via telephone, use of Near Me, or home/doorstep visit if OFT testing was required to support this. It is estimated that a third of patients received home visits in order to support their retention in the service. Furthermore, in order to retain patients in the services, all were reviewed on a case by case basis at four-weekly intervals based on patient need, requests and safety. This involved varying medication, dosage, dispensing arrangements and frequency. For patients isolating and for shielders, the service developed protocols for home delivery of medication.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

- | | |
|------------------------------------------------|-----------------------------------------------------------------|
| Same day prescribing of OST | <input type="checkbox"/> |
| Methadone | <input checked="" type="checkbox"/> |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/> |
| Buprenorphine sublingual | <input checked="" type="checkbox"/> |
| Buprenorphine depot | <input checked="" type="checkbox"/> |
| Diamorphine | <input type="checkbox"/> |
| Naloxone | <input checked="" type="checkbox"/> |
| BBV Screening | <input checked="" type="checkbox"/> |
| Access to crisis support | <input checked="" type="checkbox"/> |
| Access to detox from opiates/benzos – rehab | <input checked="" type="checkbox"/> |
| Other non-opioid based treatment options | <input checked="" type="checkbox"/> Please provide details..... |

In December 2020, NHS Addictions Service added Buprenorphine to the prescribing formulary and 16 people – during the final quarter of the year - had commenced or transferred from existing medication and other people liberated from prisons and returning to Fife were also continued on these prescriptions in the community as per normal protocol.

The service provides detoxifications from benzodiazepines and this continued during lockdown with a small majority of these on a slow detox having transferred from primary care.

Access to crisis support is available but not on a routine basis and is typically available to people fleeing domestic violence. The service offered food parcels and mobile phones specifically to those leaving prison and to anyone who did not have access to one, as did other services.

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 20/21 (max 300 words).

Home visits performed routinely as standard by most Tier 3 services including NHS Addiction Services who needed to maintain people on their prescriptions and Barnardos, offering support to families and children.

Blended service delivery for all services. Third sector services offered telephone, zoom and TEAMS appointments and contact through WhatsApp and other social media platforms. Services actively encouraged self-referrals from individuals and families and friends and accepted referrals from new routes. Almost all services offered food and medication deliveries, equipment provision and doorstep support to their service users to prevent early unplanned discharge and prevent lapses/relapses and deterioration in emotional wellbeing caused by isolation.

Due to COVID restrictions in hospital sites, the REACH (hospital liaison) service model was redeveloped over the year to focus on alternative referral pathways as ADP staff could not be situated in nor attend wards. This remote access model featured a third sector organisation with NHS teams offering support and advice remotely and proved to be successful in inpatient wards especially for those with alcohol problems.

In 2020/21, 373 patients were assessed and offered support into the ADP system of care, 44% of these required help for alcohol use, 55% for opiate related issues and 1% for dual use.

New patients of the NHS Addiction Services, were given telephone appointments and attended a virtual drop in clinic using Near Me and discussed with medics and a home visit of OFT was completed at the home/doorstep, all prescribers were also available to complete home visits. As a result of this, time to prescriptions dramatically reduced to 10 working days with some parts of the service achieving 5 days towards the end of the year. This service provided over 50 telephone to early release prisoners and other high-risk individuals who did not have a phone. This ensured improved access and continuity of service.

During the first quarter of the year and working closely with pharmacy colleagues NHS Addictions distributed Take Home Naloxone Kits to every patient receiving ORT an approximate 1,550 patients. A team of staff from other services (ADAPT, FASS, ADP support team, Barnardos, Clued Up, FIRST, Restoration and Phoenix Futures) volunteered every afternoon to deliver prescriptions and THN kits to pharmacies throughout Fife for the first two quarters of the year, with a Fife council service taking over in September.

We Are With You set up a helpline and delivery number phone number injecting equipment, take home naloxone and harm reduction advice and this was delivered to home addresses often with food parcels. This approach ensured that 229 take home naloxone kits were delivered to those at high risk over the year. This was a partnership approach between We are with you staff and NHS Sexual Health and BBV Team and included mobile unit provision

In 2020/21, Frontline Fife became a delivery partner with the national programme for digital inclusion for homelessness services – Connect 100. As part of this development, Frontline Fife are now engaging with a cohort of clients to support them accessing Near Me and other digital support. Client outcomes from this service aim to increase and sustain engagement and include access to mobile phones, laptops and top up cards, and dedicated support to increase skills for digital inclusion thereby increase the client's choice to engagement. This work will be further developed in the next financial year.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

- Fibro scanning
- Alcohol related cognitive screening (e.g. for ARBD)
- Community alcohol detox
- Inpatient alcohol detox
- Alcohol hospital liaison x
- Access to alcohol medication (Antabuse, Acamprase etc.)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangements of the delivery of ABIs in non-priority settings
- Other – Please provide details

NHS Addictions patients requiring support for alcohol use, were also offered home and doorstep visits. Community alcohol detoxification reduced during the most severe lockdown measures (as daily visits to manage the detox would not have been possible) but recommenced when restrictions eased. Alternative support was based on managing risk including prescribing acamprosate to reduce cravings. Inpatient detoxification (Fife NHS uses beds in Tayside) was closed but patients' referrals were still received and patients supported with advice and psychosocial support. Again, alternative medication was prescribed as the team reviewed their guidance to support patients. Alcohol hospital liaison support was offered to staff on wards through the hospital sites including prescribing guidance.

ABI delivery in primary care, A&E and maternity services greatly reduced due to a lack of face to face opportunities but delivered over the telephone and in person when restrictions would allow.

People engage in effective high-quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services? (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

The NHS Addiction Service has quarterly clinical governance meetings in place with an emphasis on the application of the nine pillars of clinical governance across the full service. This includes adherence to mandatory training, case file audits, registration and risk assessments. Programme Case File audits are completed based on learning from internal drug death cluster reviews supported by prescribing audits and overdose risk assessment reviews. Clinical meetings are provided for all staff on a weekly basis to review high risk co-morbid patients. Managerial supervision and case load supervision are regularly conducted as part of the service delivery model.

All third sector organisations report on a six monthly and annual basis to the ADP and the Fife Council and Contract Monitoring team on their performance on activity, outputs and outcomes as part of their SLA commitments. Statutory provision in the last two years has also been required to follow this process. Third Sector organisations conduct performance and evaluation reviews on a routine basis as part of their commitment to continual improvement and outcomes and impact of this is reported to the ADP. Most of these reviews place the experiences of the service user at the centre of the process.

3.7 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)

Below are examples of type of external validation ongoing within services in Fife.

FIRST and Frontline Fife are both registered and inspected by the Care Inspectorate. The latter's workers are registered with SSSC and formal observations of practice are carried out in line with CI/SSSC standards

FASS and DAPL are both members of counselling governing bodies, COSCA (Counselling and Psychotherapy in Scotland) and BACP (British Association for Counselling and Psychotherapy) and these counselling services including those provided by ADAPT are audited/assessed annually by COSCA's Recognition Scheme for Counselling Services. The scheme addresses organisational standards and practices including recruitment and training, Continuous Professional Development and Practice/Clinical Supervision, and systems for appropriate referral, record keeping and feedback from service users.

The ADP Psychology Services' psychologists are governed by the standards and the ethical guidelines of the Health & Care Professional Council.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes
No

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

Fife's FIRST service has delivered a successful service since 2014 and this has been highlighted in the Dundee Drug Commission Report. This has been largely due to four features of the model

(a) robust assessment
(b) extensive preparatory work
(c) ongoing liaison with the client in rehab and their family for the duration of their stay
(d) immediate support from the community rehabilitation service linking the clients into recovery supports on discharge from the residential unit. The Family Support element has proved to be of huge benefit to the client and their family members as a whole.

In more detail, FIRST's Residential Rehabilitation programme is for individuals with substance issues and is funded to provide assessment, preparatory work and ongoing support. Referrals can be made through attending the Fife-wide triage drop-in clinics or through other appropriate services. Those applying for residential rehabilitation are required to meet the referral criteria and be prepared to engage in a structured and intense programme of preparatory work. To meet the criteria for this service a client must have:

- Had a drug and/or alcohol issue for a considerable period of time (years rather than months).
- Previously tried and exhausted drug and alcohol services in the community.
- Not benefitted from previous formal community-based detoxification.
- Evidence of willingness to change and to see change as a personal responsibility.

- A commitment to engage in a structured and intense programme of preparatory work prior to detoxification followed by residential rehabilitation.
- A willingness and understanding of the need to continue to engage with services after returning to the community.
- Been assessed as capable of achieving abstinence and is prepared to do so.

There are three elements to the service:

- 1) Assessment and preparatory stage where FIRST will look at current and historic drug and alcohol use, criminal activity, housing issues, social circumstances, family networks and support, involvement with other services and assess motivation for change. Inpatient residential detoxification for six weeks followed by a twenty-week residential rehabilitation programme with places purchased from one of four external providers selected on the particular needs of the individual.
- 2) Structured community-based rehabilitation with suitable housing and housing support as key components as well as a comprehensive package of aftercare services and continuing follow up for a sustained period of time will follow after this twenty-six-week period.
- 3) On completion of the programme the client will receive ongoing support from one of FIRST's Rehabilitation Workers and have access to a range of aftercare both from FIRST and provided by other services in the system of care.

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)

19 people went into rehab (14 males and 5 females)

15 clients fully completed the programme (10 males and 5 females with 4 males partially completing the programme)

This FIRST service was provided with 65% of the emergency funding allocated to ADPs in March 2021 but due to the lateness of the allocation, they were not able to purchase residential rehabilitation places in that year. These funds will be used in this financial year.

People with lived and living experience will be involved in service design, development and delivery

3.10 Please indicate which of the following approaches services used to involve lived / living experience / family members (mark all that apply).

For people with lived experience:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Please provide details.....

Please provide additional information (optional)

During the initial lockdown, DAPL - a counselling service funded by the ADP offering support to young people, adults, families and those affected by someone else's substance use – regularly surveyed their full client caseload about their experience of the lockdown service and adapted their delivery on a weekly basis. The results have formed the basis of their new blended delivery approach, as face to face appointments return whilst allowing a preference for online and telephone-based service delivery models for those who need it. Frontline Fife have also conducted services, to ensure any upcoming needs for support can be considered and to allow for forward planning of service resources.

Generally services have discovered that telephone and online support has increased attendance in the early stages of engagement and reduced the attrition rate, therefore a blended model includes offering different types of appointments to service users during their time with the service and being adaptable enough to respond to changes in cases of child care issues ensures that engagement is longer, more meaningful and prevents unplanned discharge. It has in some regards, provided a more convenient service for those in remote areas of Fife too.

Both DAPL and FIRST have board members with lived experience. Clued Up's young people service have a Young Persons' Gathering (YPG) group, which feeds into the Board of Directors. This group is an evolving and integral part of service delivery and evaluation as young people move on with their lives, others are encouraged to become involved.

During the summer of 2020, Fife ADP commissioned Scottish Drugs Forum to conduct independent peer to peer analysis of service provision during lockdown. This will inform future strategy and service delivery ensuring that innovative and creative aspects of delivery liked by service users is maintained post lockdown. (see 3.14 for more details)

For family members:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Please provide details.....

Please provide additional information (optional)

The Lived Experience Panel (a subgroup of the ADP) currently has core attendance of 10 individuals, some of which have family lived experience of substance use.

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

- Improved
- Stayed the same
- Scaled back
- No longer in place

Please give details of any changes (max 300 words)

Yes, improved LEP set up in December 2020. Fife ADP has had a lived experience panel since the end of last year and it is a subgroup of the ADP. It is chaired by an SRC staff member (who attends the ADP Committee meetings to represent the views of the panel) and supported by an ADP Policy Officer. It has met several times and has a core group attendance of about 10 individuals. The ADP support team required a direct reach to and independent relationship with people with lived and living experience to foster a co-productive approach in strategy, policy development and commissioning. In the last quarter of the year, the panel has been involved in a few projects, mainly on how to invest the emergency funding allocated by SG in February 2021 and the development of a peer to peer advocacy service.

3.12 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

- Yes
- No

Please give details below (max 300 words)

During 2020/21, the Addiction Worker Training Programme was funded for two positions in Fife during the year though both learning and placements occurred remotely. The DAPL service and NHS Addiction Service provides placements locally.

FIRST (community and residential rehabilitation service) have a Peer Leader and Volunteer programme so clients can transfer seamlessly across the service after being successfully closed as a client of FIRST and become a Peer Support Worker. FIRST also has three members of staff with lived experience from a staff team of 16. Current clients can, if they wish become part of the peer leader programme following discharge from the service and can undertake the volunteer training programme.

Restoration (recovery communities service) continued to offer employment opportunities to those with lived experience of substance use and have a team of staff and sessional workers who are involved in the development and growth of the recovery communities in Fife.

WAWY has a well-developed Community Engagement policy that provides a process for service users to engage in volunteering opportunities and a structure to move through this process and onto employment in many instances. WAWY in Fife has a history of providing volunteering opportunities that have developed into sessional and then salaried positions. Currently 40% of operational staff in Fife have gone through this process.

Phoenix Futures is commissioned to deliver a lived experience peer mentoring service both in the community and in prisons. During the year, they recruited and supported 22 people as mentors sharing their experience of recovery with over 50 mentees receiving support.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? (mark all that apply)

<i>Setting:</i>	<i>Supply Naloxone</i>	<i>Hep C Testing</i>	<i>IEP Provision</i>	<i>Wound care</i>
Drug services Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug services 3rd Sector	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	x	<input type="checkbox"/>	x	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	x	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	x	x	x	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that there aren't Council drug services.

NHS Addictions are provided with details from hospital wards regarding patients with SAB and offer follow up support including wound care. They are also pursuing a PGD for antibiotic prescribing to provide seamless continuation of treatment to patients from hospital into the community.

During 2020/21, NHS Pharmacy Services delivered an enhanced IEP and Take-Home Naloxone service across Fife. An additional five community pharmacies commenced IEP in key high-risk areas identified by DRD and NFO data. For Take-Home Naloxone, there was an increase from 8 pharmacies providing kits and advice to 37, with the specific objectives of increasing coverage in remote areas, increasing times that THN is available and creating a direct and local access point for families, friends and members of the community to access this life saving medication. There are plans to consider further roll out of this provision with opportunities to increase wound care and Hep C testing from community pharmacy sites.

A person-centred approach is developed

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

- Fully embedded
- Partially embedded x
- Not embedded

Please provide details (max 300 words)

For several years, the ADP has used the Quality Principles Standard Expectation in Care and Support (2014) as its benchmark for assessing implementation of the principles of a Recovery Orientated Systems of Care within and between services. This is monitored via the Service Level Agreements in place with Fife Council's Contract Team. To supplement this, Fife ADP commissioned Scottish Drugs Forum to conduct a peer research service user questionnaire. The survey interviewed 37 people who used or using services in Fife during 2019/20. This concluded that services are of a good quality and areas of good practise were: Some key areas of good practice were:

- 3 week waiting times are mostly being met from referral time to being seen by the service
- Good worker relationship - being treated fairly, respectfully and with dignity
- Majority of workers are using a person-centred approach
- Recovery goals and plans were effective
- Service users being aware that a family member can be involved in their recovery plan upon the service users request.

During the COVID 19 pandemic an independent, lived experience led, service user evaluation was conducted by the Scottish Drug Forum requested by the ADP to ascertain if the above findings were still the case during the pandemic/lockdown. A further aim was to ascertain how innovative and creative ways of working might be developed and maintained in a blended model delivery ensuring we maintain our ROSC. Below are the main recommendations:

- A blended approach to support from drug and alcohol services going forward with both face to face and phone/ zoom appointments being made available to service users would be of benefit to increase engagement.
- Maintaining changes to OST provision, including less frequent daily pickups, where desired by clients and is appropriate would be beneficial to consider.
- Communications with service users should be maintained and further increased about changes to prescribing and/or service delivery and the rationale for these changes.
- Targeted messaging and interventions for covid-19 prevention for people using substances would be beneficial

These findings have been shared with services where appropriate and will be adopted and inform quality improvement work

3.15 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes

No

Please provide details (max 300 words)

During 2020/21 NHS Addiction Services and Mental Health Services have revised and developed new protocols. The work is guided by a Framework based on supporting the patients' full needs and limiting occurrences of these being unmet within a "no wrong door" approach. This has evolved into specific pathways for at risk population groups overseen by four short life working groups with a focus on pathways between learning disabilities, CAMHS, inpatient and community mental health and primary care. This work will encompass all forms of drug use and not focused on those who are just dependent and will be inclusive of the third sector organisations offering support to those affected by dual diagnosis. This work is based on learning from NHS Addiction Services drug death cluster reviews and is compliant with the MAT standards.

Is staff training provided (dual diagnosis)?

Yes
No

Please provide details (max 300 words)

Within the NHS, workforce development and training have defined roles more clearly and indicated where work can be merged and where specialisms and dual working are required. A model of nurse liaison is in place with the unscheduled care team so people in crisis do not fall through gaps. This model can be extended to mental health and primary care.

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes
No

Forensic mental health team have also requested training and supply of kits.

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes
No

3.17 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes
No

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

Restoration provides community-based activities and low threshold support in Fife for those affected by alcohol and drug use. Activities during the year included:

- regular online meetings and workshops;
- exercise focused outdoor (face to face) groups;
- employability and educational pathways;
- door to door deliveries / interventions;
- referrals to NHS, 3rd sector services, fellowships and community groups.

The organisation sought and was awarded funding to provide technology and support continued online involvement with recovery activities for their members. When restrictions would allow and recognising the needs of their service users, IT training was provided to build confidence and prevent further isolation. Until December 2020, Phoenix Futures offered a Recovery Café in Lochgelly twice a week and an outdoor Recovery Café twice a week in Kirkcaldy, now based within the YMCA. From August 2020, Phoenix Futures commenced a recovery/support café in James Bank Hostel in Dunfermline, offering mentoring and lived experience support to residents with active linkage employed to engage people in Tier 3 support and treatment and links for people to the community based projects offered from the Recovery Through Nature programme.

A trauma-informed approach is developed

3.19 During 2020/21 have services adopted a [trauma-informed approach](#)?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

Fife ADP has supported the Addiction Psychology Services' development of a workforce delivery plan focused on improving the whole system approach to trauma and aligning our recovery orientated system of care with the MAT standards in particular 6 (upskilling for tier 1 and 2 psychosocial interventions) and Tier 10 (creating a fully informed system of care). The overall aim is to have a fully trauma informed and psychologically responsive system of care that recognises the difficulties of the care group to engage and be retained in services and minimising the impact of stigma on delivery.

In 2020/21, the Addiction Psychology Service conducted a training needs assessment across the full partnership's workforce. From this a competence framework has been developed detailing interventions, training, coaching and mentoring including group and individual supervision to increase sustainability over the longer term. In the last year, NHS Addiction Services engaged with programme of activity including trauma informed practises, training, supervision, formulation training and group supervision and coaching and mentoring to improve delivery of psychosocial support. Training included, formulation, safety and stabilisation, managing disclosures, boundaries and endings. FIRST (community and residential rehab service) with the support of NHS Psychology Services have undertaken intensive work in this area with all staff completed trauma informed training, core skills, formulation and motivational interviewing training. All frontline staff participate in monthly Coaching Sessions to further enhance their practice when working with client and as a result staff are very clear on what their role and remit is when working with clients, and when a client should be managed by an addictions psychologist and not by a FIRST member of staff. FIRST also deliver emotional resources groups in conjunction with NHS Fife Addictions Psychological Therapies Service (APTS) to clients as part of their care package with FIRST.

Over the next three years, it is expected that all ADP services will be fully involved and committed to this shared workforce delivery plan.

Services are aware of the impact of trauma on the care group and have undertook their own awareness and skill development training. Counselling and therapeutic services (DAPL and FASS) are delivered in Fife and are involved in offering direct trauma support to people affected by traumatic experiences in childhood and adulthood.

An intelligence-led approach future-proofs delivery

3.30 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group
- Other Please provide details.....

As indicated in the Fife ADP Strategy 2020-23, the ADP subgroups were reviewed, and new groups established to focus on current priorities. In February 2021, the Multiple Drug Death Review Group (MDDRG) commenced – chaired by Public Health - to review and analyse suspected drug related deaths

in year to support learning and improvements within the ADP System of Care and in other services and directorates. This provides a more dynamic and urgent response to trends.

The group is attended by representatives from ADP Support Team, Fife NHS Addiction Service, Public Health, A&E department, Criminal Justice Social Work, Police Scotland Fife Division, Pharmacy, Adult Support and Protection and Third Sector organisations (WAWY and ADAPT) involved in harm reduction and access support provision.

In December 2020, the Lived Experience Panel was established based on fully including people with lived and living experience during the development of the strategy. The ADP support team required a direct and independent relationship with people with lived and living experience to foster a co-productive approach in strategy, policy development and commissioning. It is chaired by a Scottish Recovery Consortium staff member (who attends the ADP Committee meetings to represent the view of the panel) and supported by an ADP Policy Officer. It has met monthly and has a core group attendance of 10 people with both lived experience of substance use and recovery as an individual and part of a family and community. Individual support is offered to each member of the group to sustain their engagement.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

The ADP also supported the introduction of an Addressing Alcohol Specific Death Group, though this did not commence last year due to delays in completing the planned alcohol specific deaths research and an inability to access current alcohol specific deaths data. The group has, however, commenced in 2021/22 and Public Health have offered their full support to complete research on last year's alcohol specific deaths. This should support learning, service quality improvement and interservice communication and planning. NHS Addictions Service also planned for an alcohol death cluster review group but this did not commence due to operational pressures caused by the pandemic and lockdown

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

In addition to information provided in 3.30, in its first six months, the MDDRG has completed 32 in depth and reviews on suspected drug related deaths. Any findings pertinent to ADP organisations or partners are shared immediately and improvements are supported.

However, due to the breadth of the information gathered as part of each review, some of the learning is applicable to services and systems of care beyond alcohol and drug services and thus has a potential relevance for statutory organisations and voluntary and independent sector. Learning has been categorised into key areas to aid understanding and highlight significant quality improvement developments. These could have an impact on how universal services are planned, adapted and delivered for those who are most at risk of harm due to substance use. There are seven learning and improvement categories:

- 1) Access to services
- 2) Lack of Communication and information sharing across multiple agencies
- 3) Lack of Case Management approach and additional support during high risk times
- 4) Potential Adult protection concerns
- 5) Lack of overdose awareness within services and families
- 6) COVID Affecting service response/engagement

A summary report of the learning has been produced to be shared with Fife's Chief Officers Group.

4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes

No

Please give details (E.g. type of support offered and target age groups)

Fife ADP commissions a young person's outreach service provided by Clued Up. This service provides a comprehensive "youth friendly" substance use support and information service for young people under-25 in the Fife area, also providing active linkage to other services including mental health/housing/primary care to improve successful engagement and resolutions of problems. The project provides education, prevention, early intervention and diversion for young people affected by their own or someone else's substance use. Over the year Clued Up supported

DAPL provides counselling and therapeutic engagement to children and young people with substance use problems in either their school or alternative environment. This work is linked with mental health and wellbeing of school children throughout Fife as part of the Our Mind's Matter initiative.

NHS Addiction Service does provide support and treatment to young people under the age of 25 but there were no referrals for anyone under the age of 16 during 2020/21. All other ADP services provide person centred support to 16 – 25-year olds as part of their current delivery.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes

No

Please give details (E.g. type of support offered and target age groups)

In addition to the service provided by Clued Up see 4.1, the ADP commissions a CAPSU (Children Affected by Parental Substance Use) service provided by Barnardos. The service is a whole family support provision delivered throughout Fife to families, children and young people affected by parental substance use. The service has evolved to respond to the needs of local families and is featured on the Fife's Children's Wellbeing Pathway at the intensive level.

The CAPSU service works with parents and children 0-12 and any older siblings within the family who are affected by parental substance use. This service provides intensive support to families and focuses on reducing the impact of the parental substance use, improving parent confidence, resilience and health, improved family relationships increased resilience in the children and family has access to support services. The support offered is very practical as well as more therapeutic 1:1 sessions with children and parents to address the various issues impacting on family life. The service focuses on individual sessions with parents which explore their adult attachment strategies around their lived experiences and how that informs their parenting styles with their children. During the lockdown this service continued to visit families in their home and provided extensive support.

The CAPSU service also provide group work for the children engaged with their service.

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes

No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The Chair, Children and Families Service Manager and the HSCP Partnership representative on the ADP also attends the Child Protection Committee and updates are provided from the ADP. Third Sector services commissioned by the ADP have representatives involved in the Children's Services Partnership structure e.g Child Protection Committee and the Children's Services Partnership group and feedback is given by the third sector representative on the ADP Committee.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

Services did not change albeit the adapted delivery models as a result of the pandemic and lockdown. Please see 4.1 & 4.2 for more detail.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

In May 2020 – as part of a wider review - a mapping exercise of commissioned services took place across Education and Children's Services and all related partnerships and directorates. During this process two Alcohol and Drug Partnership funded services, Barnardo's CAPSU (Children Affected by Parental Substance Use) service and Clued Up Young People's Outreach and Support service were identified due to a shared responsibility – between the ADP and Education and Children's Services – of improving outcomes for children and young people and their families. This process and the ADP intention to redevelop their service briefs presented a clear opportunity to strategically and operationally revise in partnership the service model, activities and outcomes required for a whole family support service working across Fife.

Between October and December 2020, a new brief was developed, and a grant application process was undertaken with support of Fife Voluntary Action.

A more formalised partnership model now exists between Barnardos and Clued Up to bring together their specialisms and create a more joined up approach in supporting families, children and young people affected by substance use. The new model features:

- More support at the additional level of need, working earlier with families to prevent crisis and harm
- Offering support to Young People's families as a means of improving their experiences of family life whilst still respecting their rights for a discrete service
- Increasing the age range of support to all young people up to the age of 26

- Better active linkage between whole family support and adult alcohol and drug treatment services
- Links to the specialism of therapeutic engagement for parents, children, young people and families offered by DAPL

This will be closely monitored over the next to ensure its compliance with the Scottish Government Framework for Whole Family Support and Family Inclusive Practice.

4.6 Did the ADP have specific support services for adult family members?

Yes

No

Please provide details (max 300 words)

Family support is offered as part of the counselling and therapeutic service delivered by DAPL and FASS and will have changed to online and telephone support during the last financial year. This is support offered to family members to sustain them in their caring role. In addition, almost all services offered family inclusive support when opportunities arose though this would have been on an opportunistic basis rather than specifically targeted and planned, largely due to most service delivery occurring online or on the telephone and not in person appointments where a family member would be likely to attend.

4.7 Did services for adult family members change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

NHS Addiction Services in partnership with Scottish Families Affected by Alcohol and Drugs applied for some emergency funding at the end of year to establish a CRAFT based family support worker embedded within this service to offer direct support to family members over the age of 16. This service did not commence until 2021/22 but was planned and supported within this year. ADP in partnership with Education and Children's Services recommissioned provision for whole family support including CAPSM, Young people and support to adults in the family not using substances. This has included an additional as well as intensive level of support ensuring that families – including adult members – are offered support earlier avoiding crisis, potential family breakdown and sustaining the adults within the family unit to continue in their supportive and caring role. Secondly, combining of ADP and ECS resources, has also enabled an increase in capacity meaning more families will be offered support if they are affected by substance use and its associated issues. This service commenced in 2021/22.

OOr Space an independent grass roots community group based in the East Neuk of Fife offering support both to those affected by their own use and family members were offered training and workforce development from Phoenix Futures on naloxone and overdose prevention and educational support from ADAPT.

DAPL provided online family support via the SMART Families group work delivered online, this is the first time this support has been offered in Fife.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice?
(mark all that apply)

Services:	<i>Family member in treatment</i>	<i>Family member not in treatment</i>
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	x
Personal Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other <i>(Please detail below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

All ADP services would offer family support and there are carer's services and advocacy services commissioned by Fife Health & Social Care Partnership in the area to offer support to any family member affected by the substance use within their family.

5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Upon release, is access available to non-fatal overdose pathways?
- Other Please provide details

Please provide details (max 300 words)

The ADP reinvested in its Prison Peer Mentoring Service provided by Phoenix Futures to actively link to those liberated from prison and provide intensive support during the first 72 hours of release. This work reaches into prisons, to establish early relationships with people intended to be liberated and offers support on immediate and post release. In particular, offering housing support, access to primary care and welfare/benefits. In addition to this offering access to community/recovery café, facilitating the re-establishment of support and social networks for individuals and access to the alcohol and drug system of care if required. In the year, the service has worked with 28 individuals referred from HMP Perth, Glenochil, Huntly, Polmont and Edinburgh. As restrictions eased, gate picks ups recommenced ensuring that people made it back to their communities safely and with support.

The NHS Addictions Service has well established links, processes and agreements in place for the continuation of treatment once a person is released from prison and returns to Fife. This supports the continued care and recovery of individuals. Over lockdown, this was adapted to respond to the number of early release prisoners returning to Fife prescribed Buprenorphine.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities

Joint funding of activities
Other Please provide details

Please provide details (max 300 words)

Fife ADP is an active member and contributes fully to the Community Justice Outcome Improvement plan and recorded activity and outcomes relevant for the "Local Area Annual Return 2020-21". This contribution has led to joint collaboration to develop and fund a 12-month pilot with Violence Reduction Unit based in one of Fife's custody suites the project will follow a navigator model delivered by SACRO to engage with people who have both alcohol and drug problems which have led to their arrest and continual re-arrest. The project aims to divert service users from future contact with the criminal justice system by connecting to various services within Fife to help meet their needs and improve their individual outcomes and have a wider impact on community safety objectives.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

As indicated in 5.3, a new arrest navigation project was due to commence in 2020/21 funded by the Violence Reduction Unit and delivered by SACRO. Details of this service include:

- Workers based in Kirkcaldy Police Custody Suite able to engage with people directly who experience alcohol and drug problems
- Intensive, frequent and motivational work aimed at diverting people from the criminal justice system
- Overall the service expects to engage with 80 individuals per annum with up to 10 individuals per worker for a 12-week period (although this may vary depending on service user need)
- Streamline triage assessments to engage those requiring Tier 3 support quickly.
- The project workers will also be trained in Take Home Naloxone (THN) and overdose prevention which will further reduce the risk of drug related death for people who are in police custody suites.

In December 2020, the service commenced but was met with various difficulties including recruitment and access to the custody suites given the lockdown restrictions. The service adapted with the use of technology and changed the model to respond to people after release rather than attendance at the custody suites. This was executed swiftly enough to still meet the objectives of the service provision, though the service did not commence formally until April 2021.

b) Upon release from prison

Fife NHS Addictions Service have a well-established pathway and protocols in place with all prisons where those who are liberated might return to Fife and their care and treatment needs to continue in the community. The service responded quickly to support the needs of early release prisoners. See 5.2 for a fuller answer on third sector involvement.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:
6.1 Older people (<i>please note that C&YP is asked separately in section 4 above</i>) Use of home visits. Family members / carers attending appointments online and in person to offer additional support.
6.2 People with physical disabilities Use of Near Me and online and telephone support
6.3 People with sensory impairments Hearing loop used by some services,
6.4 People with learning difficulties / cognitive impairments. Fife ADP services are compliant with EQIA assessment and this is ensured annually by the Fife Council Contract and Monitoring Process. Use of home visits. Family members / carers attending appointments. Front Line Fife's continued to offer bespoke approaches to those with autism, who are at much greater risk of homelessness and the root causes of homelessness e.g. addictions, poverty. One of the roles of the psychology service involves carrying out neuropsychological assessment to identify cognitive impairment/assist with diagnosis of ARBD to aid identification of barriers to change and/or engage with treatment. The service offers support to services regarding ways of adapting materials/communication for service users with identified cognitive impairments
6.5 LGBTQ+ communities Fife ADP services are normally involved with Fife Pride, this has not been possible due to the pandemic and lockdown.
6.6 Minority ethnic communities Fife ADP services are compliant with EQIA assessment and this is ensured annually by the Fife Council Contract and Monitoring Process.
6.7 Religious communities Fife ADP services are compliant with EQIA assessment and this is ensured annually by the Fife Council Contract and Monitoring Process.
6.8 Women and girls (including pregnancy and maternity) In response to the sharp rise (93%) increase in Drug Related Deaths of women in partnership with Fife Violence Against Women Partnership and Criminal Justice Service for Women, Fife ADP have planned an evaluation of women's experiences of alcohol and drug service. This will be qualitative research conducted by Scottish Drug's Forum using peer researchers with lived and living experience engaging with women currently receiving support and those who have attempted to receive support. The focus is to explore access and retention in treatment and support for women to uncover improvements needed either to the existing system of care and/or its services to ensure an equity of service provision for women in Fife. As part of the Vulnerable pregnancy service, Fife NHS provides specialist midwifery support to women affected by alcohol and drug use. There are close links with this team and the NHS Addiction Service and the Barnardos' intensive CAPSM service.

II. FINANCIAL FRAMEWORK 2020/21

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	3,297,789
2020/21 Programme for Government Funding	1,159,099
Additional funding from Integration Authority	711,092
Funding from Local Authority	1,149,642
Funding from NHS Board	2,800,429
Total funding from other sources not detailed above	317,247
Carry forwards	0
Other	0
Total	9,435,298

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	1,068,802
Community based treatment and recovery services for adults	6,592,796
Inpatient detox services	0
Residential rehabilitation services	110,792
Recovery community initiatives	204,779
Advocacy Services	66,942
Services for families affected by alcohol and drug use	255,575
Alcohol and drug services specifically for children and young people	611,125
Community treatment and support services specifically for people in the justice system	81,000
Other	257,347
Total	9,249,158

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2020/21 Programme for Government Funding

Yes

No

Please provide details (max 300 words)

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes

No

Please provide details (max 300 words)



**Fife Alcohol &
Drug Partnership
Drug-related Deaths 2020**

A note on this report

This report is intended to be used by members of the Fife ADP Executive Committee and its subgroups to develop policies and strategies to reduce the occurrence of drug-related deaths and near-fatal overdose in Fife.

Furthermore, this report is intended to provide an overview of drug-related deaths within Fife by examining trends and themes which may be used to influence strategic decision making. It does not replace any internal or external reports completed by any national or local partner organisations.

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Executive summary

- In 2020, there were 65 drug-related deaths registered for Fife. This was a decrease of 20% since the previous year when 81 deaths were recorded. This occurred in a year when there was a national increase of 5%.
- Drug-related deaths in Fife have increased by 86% over the last 10 years, a trend also seen nationally.
- Males accounted for 82% (53 deaths) of Fife's drug-related deaths in 2020.
- Female drug deaths dropped by 59% since 2019 (29 deaths) to account for 18% of total drug-related deaths in 2020 (12 deaths).
- Most drug deaths occurred in the 35-44yo age group.
- Average age of death in Fife was 38yo.
- The majority of Fife's drug-related deaths occur in areas of high deprivation.
- Heroin, benzodiazepines and gabapentinoids remain the drugs of highest prevalence in drug-related death toxicologies.
- 97% of deaths had an opioid present in toxicology.
- 78% had a benzodiazepine present in toxicology.
- Less than 5% of deaths had only one substance present in toxicology.
- Average number of substances present in toxicology was 6.
- Fife had a higher percentage of any prescribed/illicit opioid, benzodiazepine, and gabapentinoids present in toxicologies than the national average.
- The presence of cocaine in 2020 toxicologies increased to 29% from 19% in 2019.
- 68% of drug-related deaths were not in treatment at time of death.

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Introduction

In Fife, there were 65 drug-related deaths recorded for the year 2020. This is a decrease of 20% from 2019 when there were 81 deaths recorded. However, there have been significant year-on-year fluctuations which mean that annual numbers are a poor predictor of future trends. Drug-related deaths across Scotland continue to rise, culminating in 1339 deaths in 2020. This is the largest number of deaths ever recorded in Scotland and accounts for a national increase of 5% over the 2019 figures.

Most of Fife ADPs work closely follows the Drug Death Taskforce six emergency themes published in January 2020:

- Targeted distribution of naloxone
- Implement immediate response pathway for non-fatal overdose
- Optimise the use of medication-assisted treatment
- Target the people most at risk
- Optimise Public Health surveillance
- Ensure equivalence of support for people in the criminal justice system

These are the universally recognised milestone indicators for reducing the acceleration rate and the number of drug-related deaths occurring across the country and are linked very closely to the new Medication Assisted Treatment Framework published in June 2021.

The ADP Support Team's approach has been to implement all the evidence-based improvements and guidance and trust that significant stepped improvements will occur. Year 1 (2020) of this approach has proved to be successful with DRDs decreasing by 20%, however it is not possible to

distinguish which initiatives or combination has contributed the greatest or the least to this outcome. Early success suggests we are on the right path and the approach is to continue to follow every element of the evidence base to the fullest including implementation of the new MAT standards.

The full DDTF document outlining the emergency response can be accessed online:

<https://www.gov.scot/publications/drug-deaths-taskforce-emergency-response-january-2020/>

A note on the definition of drug-related death used in this report

This report uses the same definition for drug-related deaths as used by National Records of Scotland. This definition was introduced in 2001 to determine a baseline figure for the UK Drug Strategy. More information on the definition can be found in the appendix and online:

<https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/20/drug-related-deaths-20-annex-a.pdf>

Drug-related deaths in Fife

There were 65 drug-related deaths in Fife in 2020. This is a reduction of 20% on the previous year.

Whilst it is encouraging that deaths in Fife have reduced, 2020 figures remain

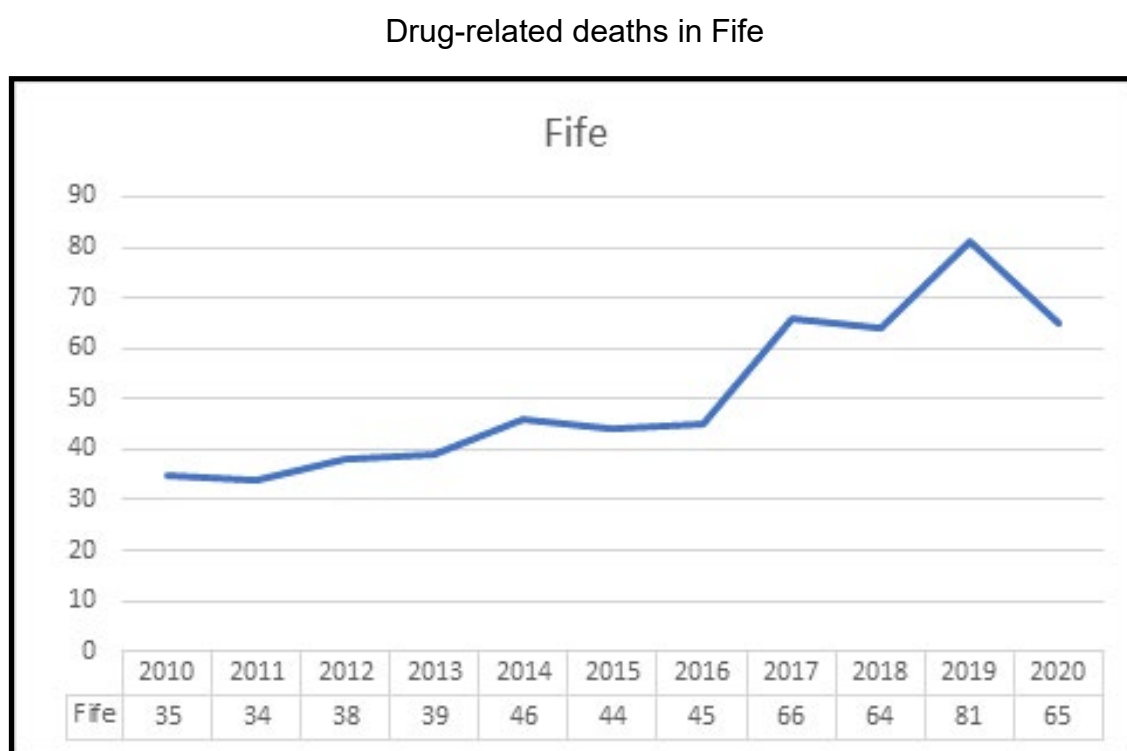


Fig 1.

similar to 2017-18 levels and are overall 86% higher than 2010.

Caution must be applied in the interpretation of the reduction in drug-deaths in 2020 as the beginning of yearly continued reductions. Particularly, as 3 year rolling averages (*Fig 1a*) show more of a levelling off, especially when compared to the national figures (*Fig 1b*) which maintains an upward trajectory. This is due to an apparent spike of deaths in 2019 which were described in the ADP Drug-related Deaths 2019 report and can be accessed online:

Drug-related deaths 3 yr rolling average - FIFE

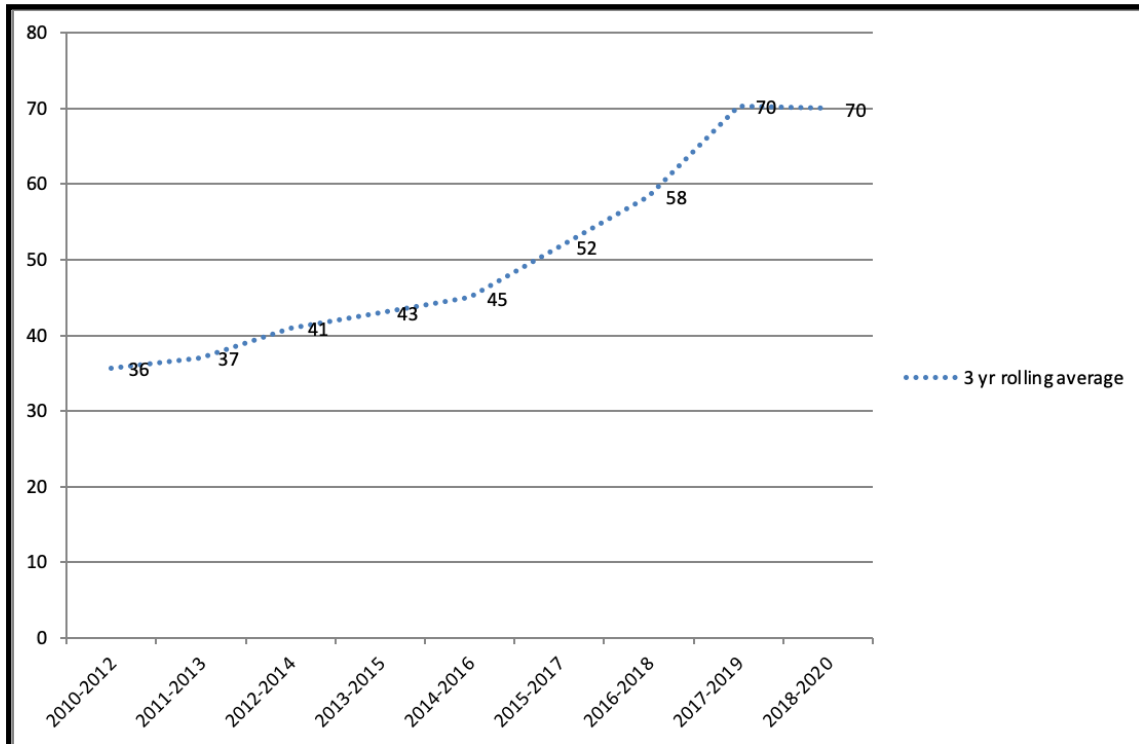


Fig 1a

Drug-related deaths 3 yr rolling average - SCOTLAND

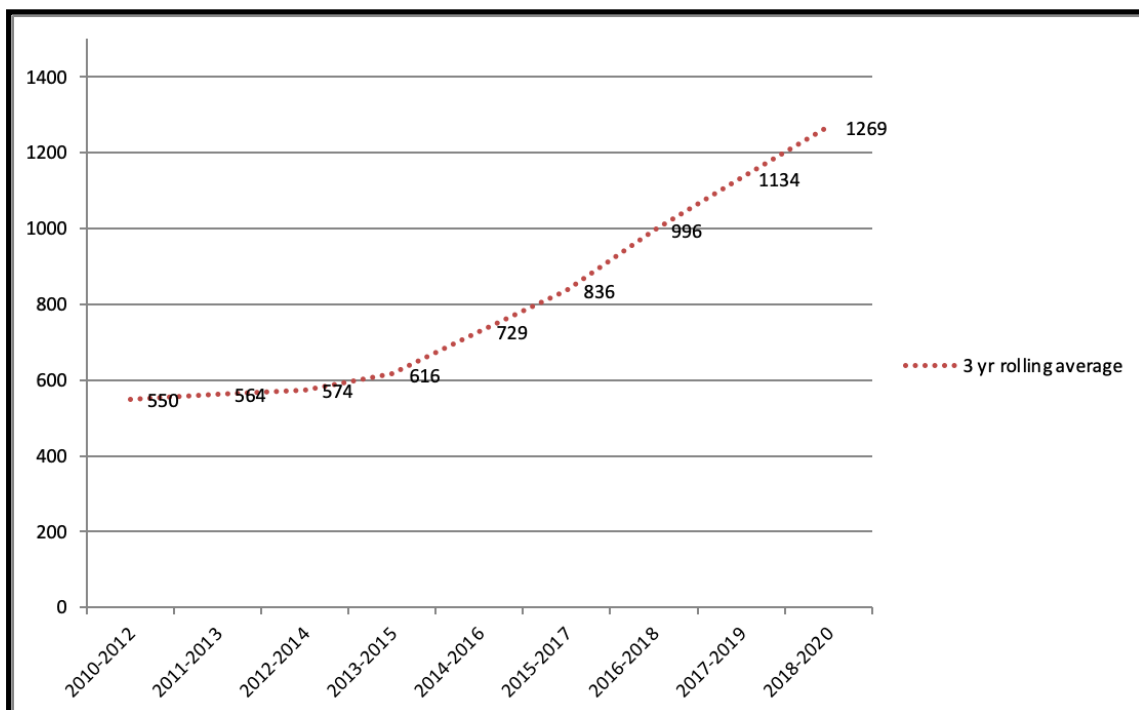
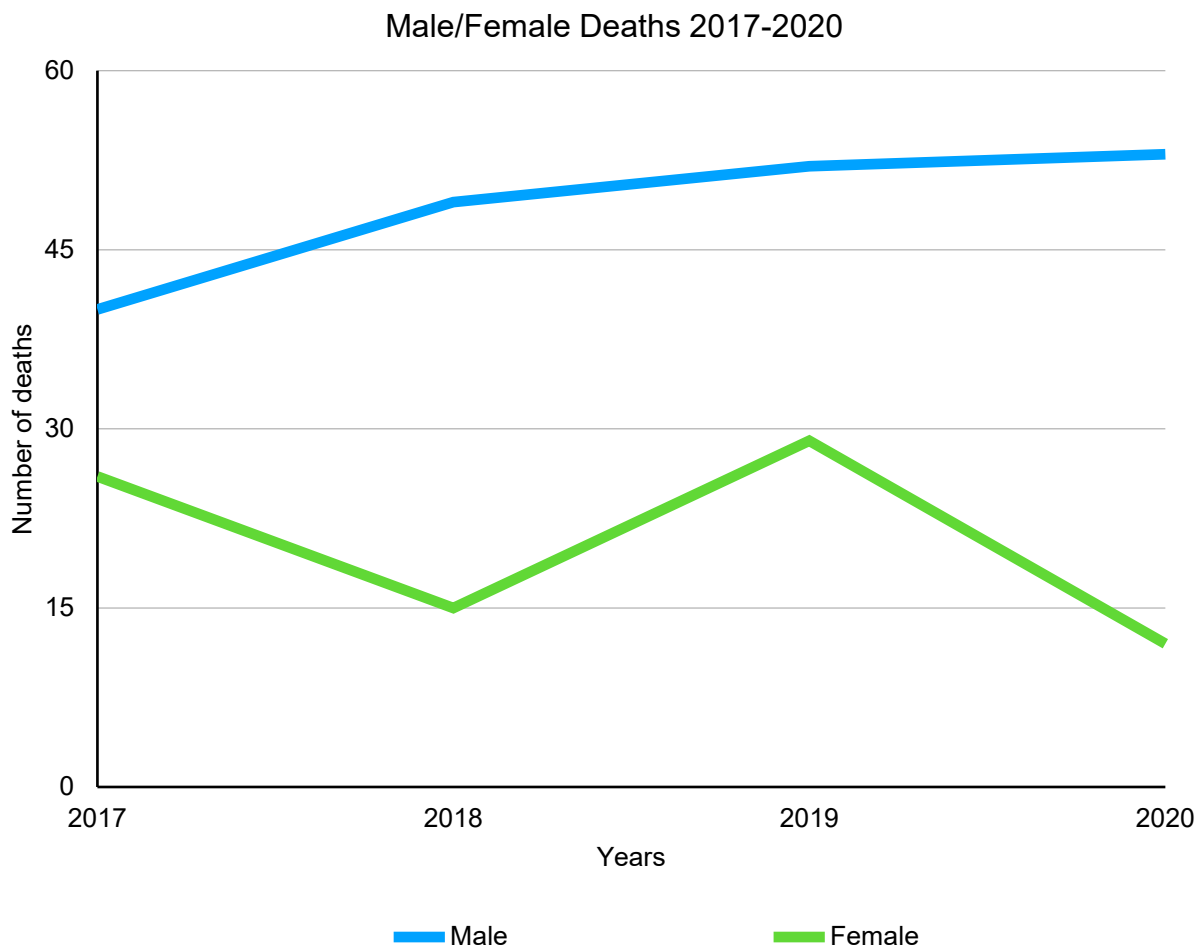


Fig 1b

Drug-related deaths by sex

Drug-related deaths in Fife males have increased by 32% since 2017 over a consistent and gradual rise each year accounting for 82% of all deaths during 2020. Nationally, males accounted for 73% of total drug-related deaths.



	2017	2018	2019	2020
Male	40	49	52	53
Female	26	15	29	12

Fig 2

Since 2017, the rate of female deaths rises and falls much more dramatically as can be seen in *Fig 2*. 2020 had the least number of female deaths over the

previous 3 years and following a spike in 2019, female drug deaths fell by 59% in 2020. This is similar to the path illustrated by the graph for 2017 to 2018 also.

Age-sex standardised rate per 100,000

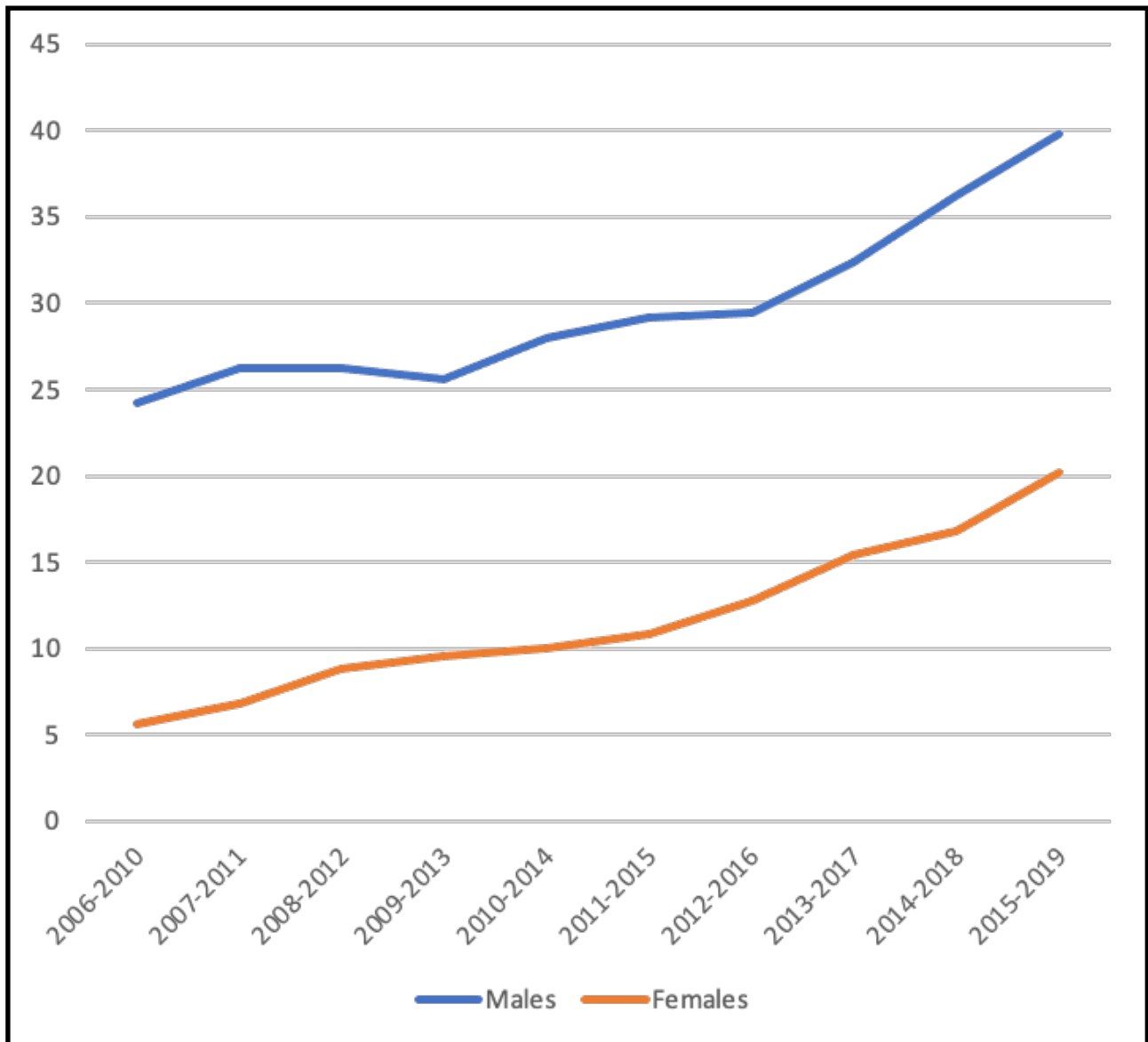


Fig 2a

However, if we consider the age-standardised deaths in Fife since 2006 (Fig 2a), we see a much more useful picture which shows an overall increase in female drug-related deaths which tracks the male deaths. It is important to note that these are 5 year aggregated standardised-rates, which is one of the

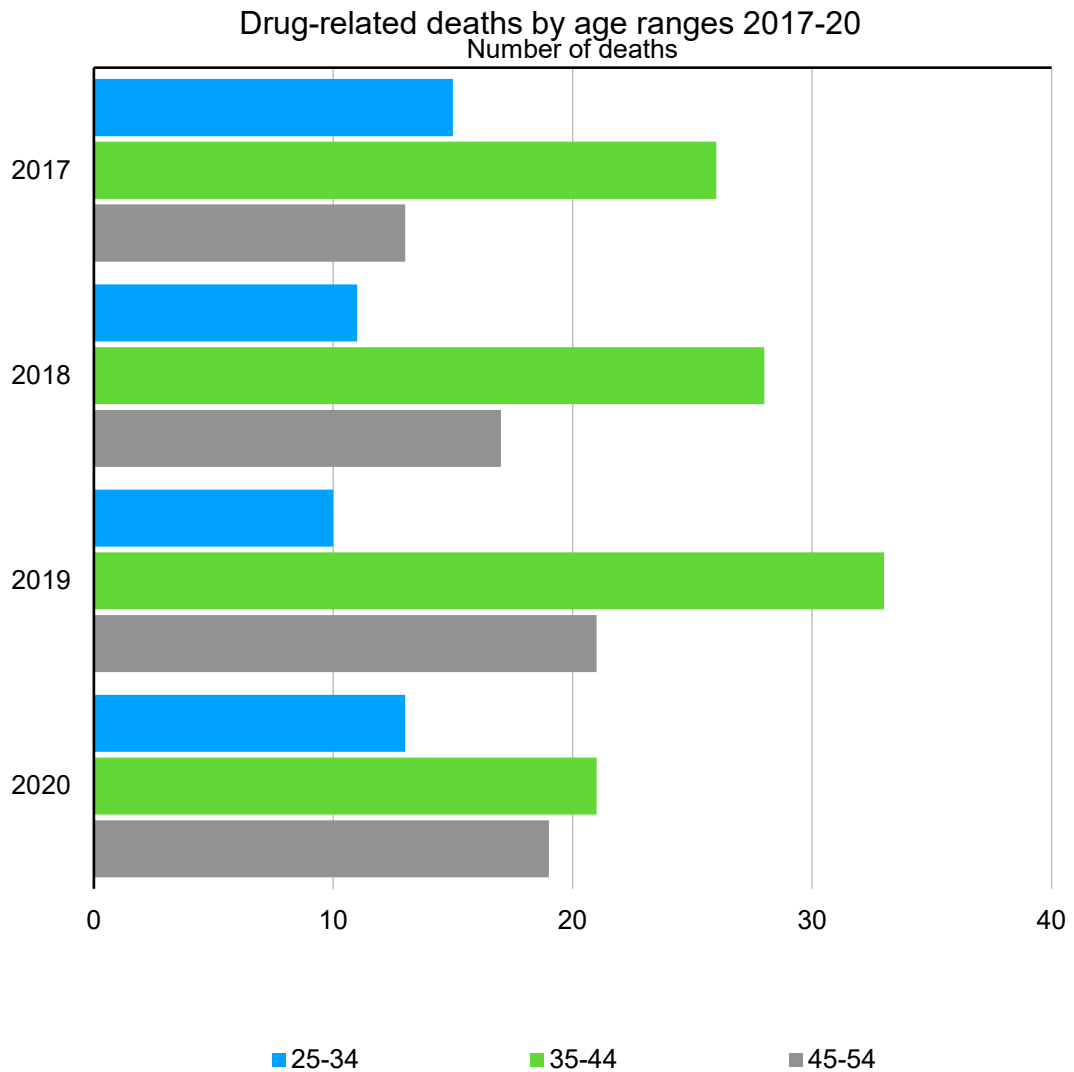
reasons for the smoothing of the graphs. A limitation of this is that relatively rapid increases or decreases will be masked by historic data.

Service-based information suggests that there may be barrier with access and retention in service occurring for women in Fife. In partnership with Fife's Violence Against Women's Group and Scottish Drugs Forum, Fife ADP has commenced some qualitative evaluation of women's lived and living experience to explore the frequency and nature of potential barriers with the aim of improving access and quality of service delivery for women given that their circumstances may be very different to their male counterparts. This evaluation will be independent, seek to speak to women who are not currently in the system or care and use a peer-to-peer approach..

Drug-related deaths by age

The average age of drug-related deaths across Scotland has increased with an average age of 43 in 2020. From the data shown in *Fig 3*, it is evident that since 2017, the most at risk group in Fife is the 35-44 age range followed by the 45-54 age range. It should be noted that in 2020, these two groups are almost identical with 21 and 19 of the total deaths respectively with a slight increase in the 25-34 cohort over the previous year.

This would indicate that Fife's deaths are following a similar trend as those nationally however, the average age of a drug-related death in Fife was 38 in 2020, 5 years younger than the national average. There is also a small increase in the number of deaths amongst the 15-24 age group but it is important to note that no deaths occurred in those under 18 years old.



Age Range	2017	2018	2019	2020
15-24	<5	<5	7	9
25-34	15	11	10	13
35-44	26	28	33	21
45-54	13	17	21	19
55-74	7	<5	10	<5

Fig 3

If we consider how the age range cohorts appear annually as a percentage (*Fig 4*), it is evident that since 2017, the combined 35-54 groups are

consistently higher than the other age groupings

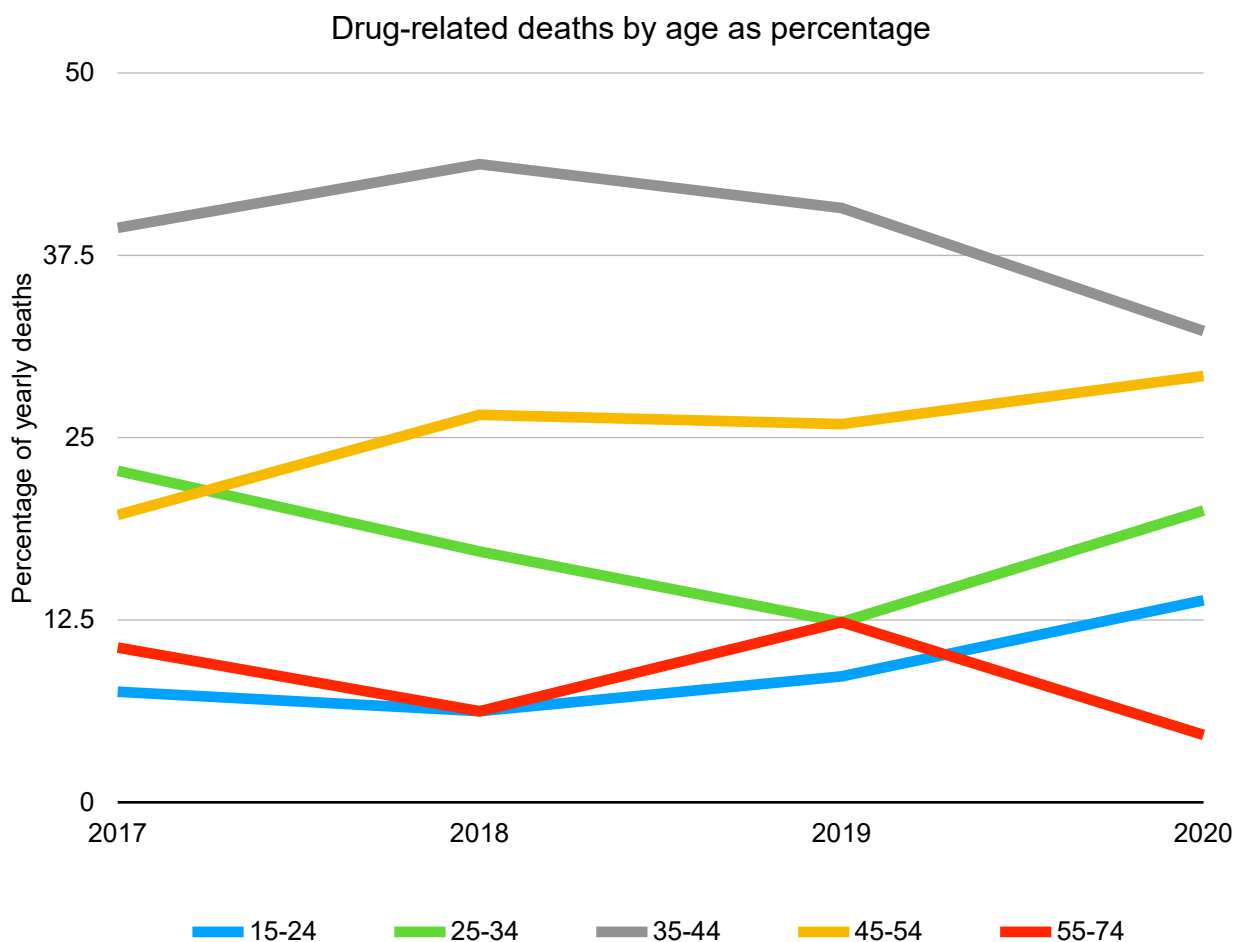


Fig 4

There are a number of theories relating to the increased mortality rate amongst older drug users. Scottish Drugs Forum (SDF), European Monitoring Centre for Drugs and Drug Addiction, and the Scottish and UK Government amongst other organisations have all published online regarding this issue.

Of primary note when considering the rising age of drug mortality is the effect of a combination of age-related illnesses such as heart disease and respiratory problems associated with a person who may find engagement with universal service provision too challenging to gain sustainable benefit in general physical health. This combined with polysubstance use of central nervous system depressants such as opioids, benzodiazepines and alcohol which further

impact on a person's ability to breathe and can lead to both fatal and near-fatal overdoses. It is therefore important to not just offer universal healthcare provision but to adapt and to be flexible to how, where and when that is offered to support this care groups' rights to engage. This should address all health related, psychosocial, holistic and community-based interventions which allow people to access meaningful community engagement and emotional wellbeing and deliver effective partnership work across primary and secondary care services. Treatment, care and support systems across the statutory and third sector need to be cognisant of this care group and consider how to meet their unique needs.

Near-fatal overdoses

It is a known feature that people who go on to have a drug-related death are likely to have experienced at least one previous near-fatal overdose. With this in mind, Fife ADP developed a near-fatal overdose (NFO) response in partnership with Scottish Ambulance Service (SAS) and ADAPT which went live in 2018 and has since engaged with over 460 people providing a range of interventions including treatment assessment, naloxone kits, and testing for blood borne viruses such as Hepatitis C and HIV.

It has been identified that the NFO service could increase its reach if referral points are widened beyond the Scottish Ambulance Service to include other sources such as family, friends, housing, and hostels. Subsequently, planning and implementation work has commenced with the homeless sector and specific hostels throughout Fife. The ADAPT service has been awarded short term funding from the Scottish Government to extend their assertive outreach model to this sector.

In addition, the ADP Support Team has been working in partnership with Phoenix Futures to develop a drop-in service in James Bank Hostel since January 2021 which offers lived experience mentoring and support to residents as well as strengthening links and educational training opportunities with staff teams.

The assertive outreach model which the NFO team uses has proven to be effective in reaching those who have too many enduring, serious and complex needs to voluntarily engage with the system of care on offer in Fife and this approach, coupled with a locality focus, features in other strands of ADP work to retain people in treatment prior to unplanned discharge and as part of the work in the Methil area of Levenmouth where drug-related deaths are high.

Naloxone

Naloxone is an opioid antagonist, it reverses opioid overdose and can prevent death. Typically, it comes in the form of a secure injectable kit which is intended to be administered intra-muscularly to someone who has overdosed on opioid drugs.

Fife ADP has a three year Naloxone Strategy (2019 – 2022) developed with partners by the Overdose Prevention and Drug Death Monitoring Group. This sets out the approach for Take Home Naloxone coverage in community and prison settings, staff development, training and includes a protected budget to support supply. Separate to this budget the ADP has invested in pharmacy services to deliver harm reduction equipment including injection equipment provision and other equipment through community pharmacies. Pharmacies are embedded in communities and are an easy access point in remote

communities, they are open during evenings and weekends and can reach family members.

Naloxone training is available to anyone in Scotland and can be delivered online and face-to-face. Participants can be trained according to their own need and whether they are intending to train others or use the kit in an emergency overdose situation.

The levels of naloxone training are:

1. **Naloxone awareness.** The participant can use naloxone in an emergency.
2. **Training for trainers:** The participant can train others to use the kit in an emergency.
3. **Master trainer:** The participant can train staff teams or groups of people to training for trainer level.

During the pandemic, the majority of naloxone training for Fife was delivered online by SDF. The main benefit to this was that it provided a route by which the training could continue during lockdown and allowed for a flexibility of delivery.

Post-lockdown, the ADP Support Team intend to move the focus back to face-to-face training whilst maintaining the option for people to access online training if preferred depending on their individual circumstance or need. To this end, The ADP Support Team are working with SDF to train three staff members from across the Fife statutory and third sectors to Master level and develop a Fife-wide training programme which will be available to appropriate staff teams across Fife.

A number of services in Fife across the third sector and Fife HSCP are already equipped to distribute naloxone to people who are likely to witness or be involved in an opioid overdose. Fife ADP support team is responsible for coordinating training of staff and procurement of kits in addition to working with the Scottish Drug Death Taskforce (DDTF) to find new ways to ensure kits are accessible at times of need.

To further the reach of naloxone, a test of change is being developed alongside the DDTF and the University of Stirling which will be targeted at several areas of highest need across three Local Authorities. Fife ADP Support Team has been involved in the development of this ToC since the beginning and will be included in the implementation. Naloxone kits in the form of nasal sprays (Nyxoid) will be made freely available 24 hours a day in areas of high drug mortality, using an approach similar to public access defibrillator stations. A Nyxoid kit will be kept within an accessible box and any usage will be monitored by a third sector partner organisation. Replenishment of supply will also be undertaken by the same organisation. A bid has been submitted to the Scottish Government for this project.

Generally, the use of nasal naloxone is a recent introduction in Fife and has a number of advantages in some situations, especially when working with family and friends or people who are uncomfortable with the traditional needle and syringe mechanism of standard naloxone kits or when the dispensing situation makes it inappropriate. It is hoped that by introducing this as an alternative delivery system, distribution paths can be widened and more people will feel comfortable to use a kit in an emergency.

During the initial COVID19 lockdown in early 2020, the ability to provide kits to people was severely compromised due to lockdown restrictions on face to face meetings. In light of this, Fife ADP Support Team re-evaluated existing

plans to increase naloxone distribution and worked with partners to develop a new approach which took the new restrictions into consideration. In May 2020, NHS Fife Pharmacy, Addiction Services, and third sector worked in partnership to distribute approximately 1550 naloxone kits across Fife to people who were prescribed opioid substitution therapy (OST) such as methadone and buprenorphine. Naloxone kits were given to people alongside their usual prescribed medication at a cost of £34,000. This method of distribution was unique to Fife and may have contributed to the reduction in drug related deaths.

During 2020/21, Fife ADP invested in pharmacy services to increase the number of pharmacies providing harm reduction advice, injecting equipment and naloxone kits in key areas of Fife where injecting drug use, NFO and drug related deaths are highly prevalent. During 2020/21, 5 new pharmacies, adding to 19 existing pharmacies, were identified and agreed to become Injecting Equipment Provision (IEP) sites. This is key to preventing the transmission of blood borne viruses indicated as a factor in the increased risk of drug related death for the care group. In addition, 37 sites are able to supply naloxone to their communities, an increase from 8 pharmacies prior to lockdown. This is the beginning of ensuring a level of coverage in every community across Fife with a focus on family and friends as well as those who may experience an overdose themselves. There are further plans to increase this provision with continued roll out of naloxone, IEP delivery, wound care and Hepatitis C testing, all interventions which protect and lower the risk of harm and overdose.

In 2021, Ethypharm donated 10,000 naloxone kits to the DDTF which are to be distributed to each ADP area quarterly based on estimated need. Fife ADP will be receiving 150 of these kits each quarter to be used for new projects only. Currently, this would include the new Peer Naloxone project in partnership with We Are With You (WAWY) and non-drug treatment services.

At the beginning of the pandemic, the Lord Advocate allowed for the inclusion of agencies who were not primarily concerned with drug treatment to distribute naloxone to those who may benefit. This enabled the ADP Support Team to extend the offer of naloxone training to non-drug treatment services across Fife. During 2019, there was an increase in female drug deaths so training was arranged for the Fife Council Women's Justice Team and Restoration who have specialised groups and support for women and were involved with NHS Fife Sexual Health Team's smears campaign. These teams are now equipped to distribute naloxone to the people who access their service. It was also noted that people who are released from custody are also at high risk of overdose so training was arranged for the new Custody Suite Navigators Project. Community organisations in the East Neuk were also able to be trained as whilst the number of deaths in that area is relatively low compared to other areas in Fife, they have a marked impact upon the community and the reach of the naloxone programme in these areas had previously been traditionally low. Housing and homeless accommodation provision are also an area of risk so training was also provided to Frontline Fife.

People with lived and living experience (PWLLE) distributing and training others in take-home naloxone is a recent development. There is a partnership between the ADP support team, We Are With You (WAWY) and SDF to identify individuals, to provide training and support to volunteers and to distribute kits and training in high risk locality areas in Fife. This is based upon a model developed by SDF in Glasgow and underway in the Borders, also in partnership with WAWY.

Utilising peers in this way has proven to be very effective in Glasgow and it is a feature of the Fife ADP naloxone strategy to introduce this model in Fife. People who have recent lived experience of drug use, as well as those who

are currently using drugs, will be trained to distribute naloxone and overdose education overdose to their peers, some of whom services struggle to reach. People who rarely engage with services can be considered more at risk as opportunities to access naloxone kits may be reduced. Peers often have existing relationships with the target population and can often engage more easily. The project is currently at the recruitment phase and is being monitored by a steering group consisting of SDF's Drug Death Strategy Coordinator, Fife ADP Support Team, and WAVY Service Manager.

Drug-related deaths by location

The majority of Fife's drug related deaths happen in areas of high deprivation. Below is a heat map of drug related deaths for 2020 (Fig 5).

Drug-related deaths 2020

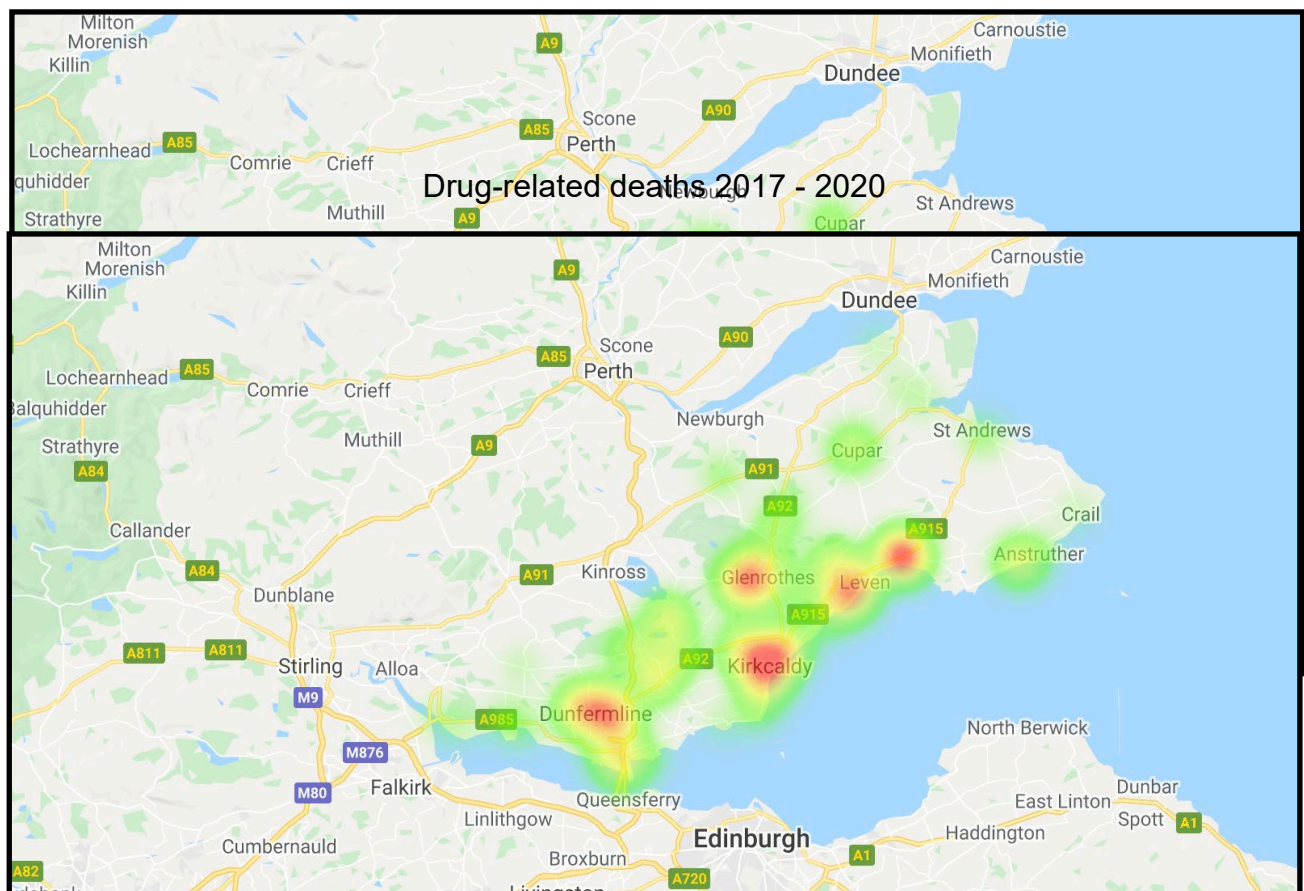


Fig 6

Since 2017, the areas of Fife's highest drug deaths has not changed significantly and this affects not only those who unfortunately die, but families, friends, children, and whole communities. *Fig 6* shows a heat map of drug-related deaths in Fife from 2017 to 2020. Note the deaths occur in the same areas year after year.

The Fife ADP Strategy 2020-2023 highlights the need to work with a focussed, locality based approach in order to ensure equity of support for those at risk of drug-related death and harm and afford communities an opportunity to offer their support and embed support/recovery into other initiatives and approaches ongoing in the area. Particularly those that address poverty, service deprivation and poor access to support.

One such example of this is the work currently planned in the Levenmouth area to address the high levels of drug-related deaths which occur there. As a test of change, Fife ADP Support Team has commenced work with the Levenmouth locality. Recent data has shown a high level of drug related deaths in this area compared to other part of Fife and a more intensive bespoke approach might be required. Whilst this work is complex and complicated, as it involves working the community and community based services not familiar with alcohol and drug treatment care system, it taps in to the assets and the strengths of that community and works towards a more sustainable model due to its participation and co-production approach. As such, the outcomes could ultimately change how our ADP services work in the area, where they are based, the referral pathways and models of care and who are their partners, leading to a more responsive and barrier-less approach to the issue.

The East Neuk area of Fife has also been developed by working with members of the organisation Oor Space. Fife ADP Support Team provided Oor Space advice, encouragement, training and helped them to build relationships with existing ADP services so they could establish themselves as an important asset within their community and work as an access point into treatment for this locality. ADAPT and DAPL are now running clinics in this area connected to Oor Space.

Additionally, the East Neuk First Responder organisation has now been fully trained in the use of naloxone and their members are able to administer the medicine to people they may attend in an emergency call-out situation.

Levenmouth project

The Levenmouth area of Fife, and specifically the Methil, Methilhill, Kirkland areas consistently experience high rates of drug-related death.

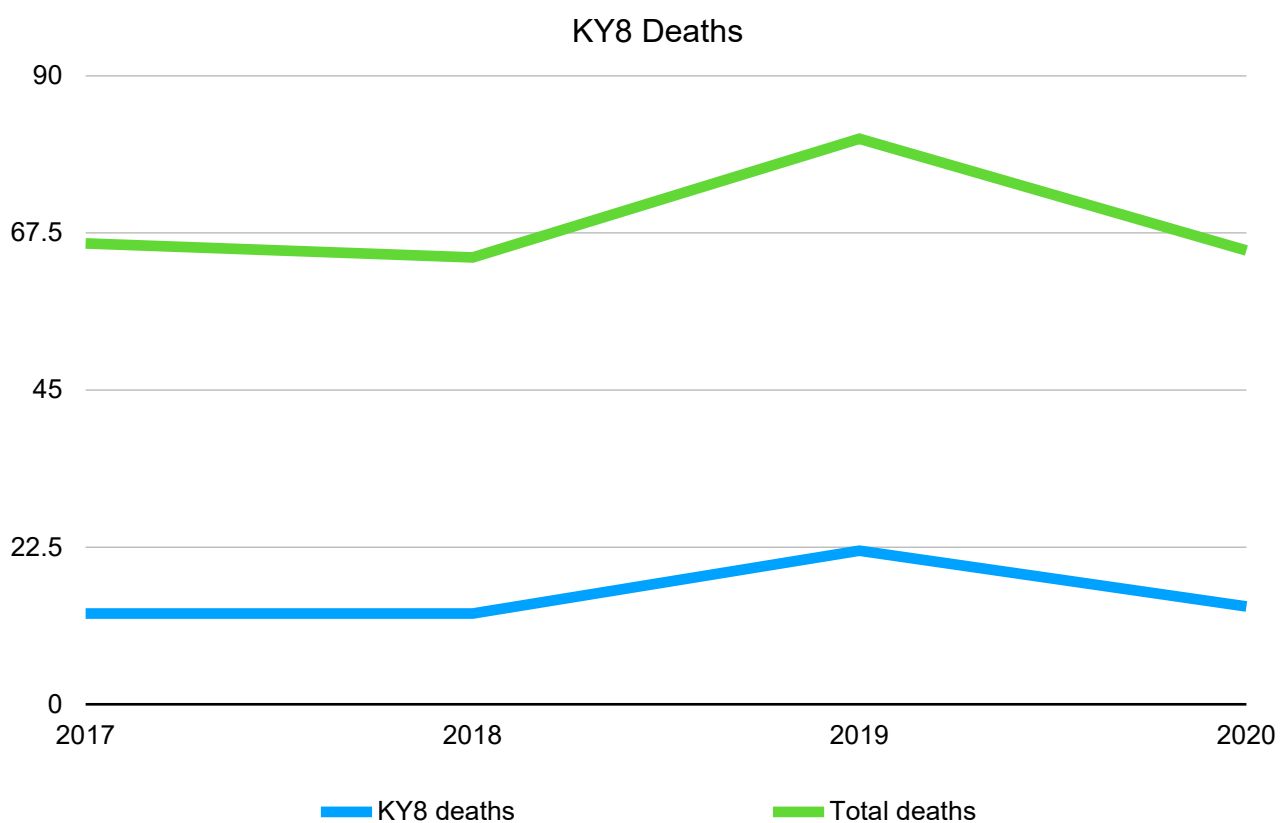


Fig 7

Since 2017, deaths in the KY8 postcode area account for between 20% - 27% of annual drug-related deaths in Fife. *Fig 7* shows the total number of individual deaths per year compared to the deaths in KY8.

The majority of the deaths in the KY8 area are clustered around the aforementioned communities. The ADP support team has raised the issue of a high number of drug-related deaths occurring in the Levenmouth area and is working with the members of the HSCP Locality Board, NHS Fife, local elected members, local GPs, NHS Pharmacy, police, third sector partners, HSCP Community Managers and community based services to develop an action plan for a concentration of support to be delivered in the area. In-depth analysis of these deaths has concluded that there will be a focus on:

- *Increasing the presence of drug services embedded within the community.*
- *Educational opportunities on harm reduction and overdose to individuals, families and friends, and key local professionals.*
- *Highlighting the existence of key local services to the community.*
- *More support for family members.*
- *Wide availability of injectable and nasal naloxone and injecting equipment.*
- *Reduction of stigma associated with problem drug use which prevents users and their family from accessing services and harm reduction messages and equipment.*
- *Faster access to Medication Assisted Treatment (MAT) such as methadone and buprenorphine.*

This list is not exhaustive and the Levenmouth approach is dynamic in nature, responding to the community and its partners which is owned and updated by key stakeholders identified and coordinated by the ADP Support Team. Updates on the progress of work in the Levenmouth locality are reported into the Levenmouth People MDT and Fife ADP by the ADP Support team who are coordinating the work. A copy of the workplan template is included in the appendices to this report.

In addition, Fife ADP has developed and supported a one stop shop initiative planned with partners WAWY and NHS Fife Addiction Services. This will offer harm reduction support, treatment and psychosocial and recovery support to people in this area. A bid has been submitted to the Scottish Government improvement fund for this project.

Implicated drugs and toxicology

The overwhelming majority of Fife's drug-related deaths involve poly-substance use. In 2020, less than 5% of deaths had just one substance present

in their toxicology results and the average number of substances present was 6. Fife also recorded a higher percentage of opioids, benzodiazepines and

Key trends in drug types 2017-2020 - FIFE

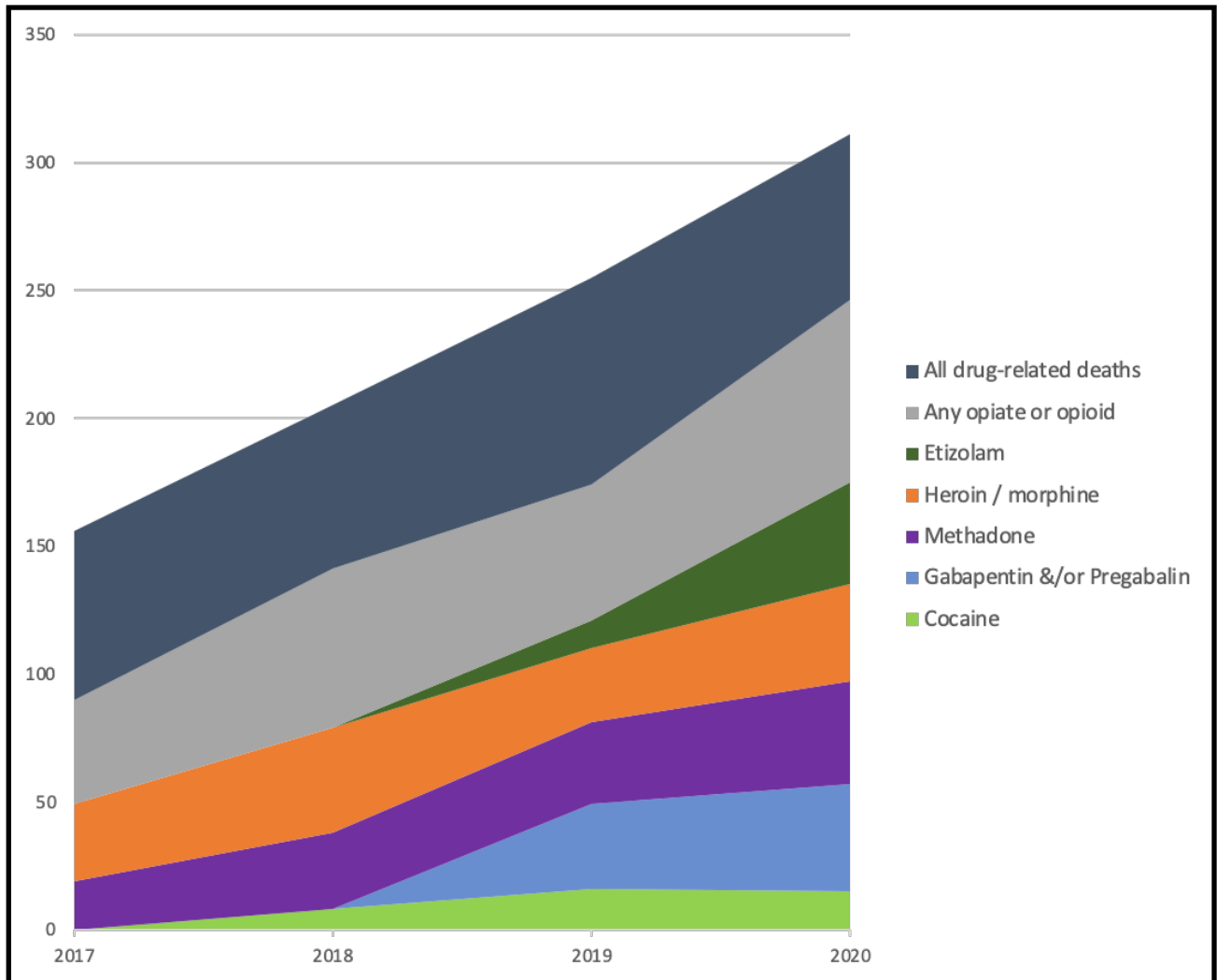


Fig 8

gabapentinoids in drug-death toxicologies than the national average.

Toxicology reports generally include a reference for the “therapeutic” and “fatal” ranges of a substance, based on existing literature available to the toxicologist. However, these are often based on relatively small sample sizes, and do not consider the possibility of poly-drug use.

An individual's own tolerance to a substance should also be considered when interpreting toxic substance levels as this will vary depending on the history of illicit drug use in any particular individual.

The actual amounts of the drugs observed in drug deaths fatalities in Fife are often lower than the published fatal and even therapeutic ranges of any given drug. This highlights the importance of the cocktail effect, and the above values continue to raise questions about the clinical utility of the designated 'fatal' and 'therapeutic' levels. Furthermore, as the age of individuals who die of a drugs death is increasing, personal underlying pathology may make the individual more susceptible to death at a lower level of substance exposure.

Trends within drug availability and use largely reflect the national picture and localised evidence of an increase in stimulant use in some areas of Fife, along with availability of non-traditional benzodiazepines can also be seen across Scotland.

Opioids and opiates, benzodiazepines, and gabapentinoids remain the primary drugs of concern in Fife when analysing 2020 drug-related deaths. *Fig 9* illustrates the presence of heroin and methadone in deaths since 2017.

As can be seen, the presence of methadone is increasing and in 2020, increased by 9% since the previous year, however there were no deaths recorded with methadone being the sole substance. The presence of opioids was recorded in 98% of all drug-related deaths in Fife which is 9% higher than the national average.

It is noted that Public Health Scotland are currently engaged in analysis of drug-related deaths across Scotland amongst patients receiving opioid substitution therapy such as methadone to determine if there are significant increases and

Opioids/opiates present in Fife drug-related deaths as a percentage

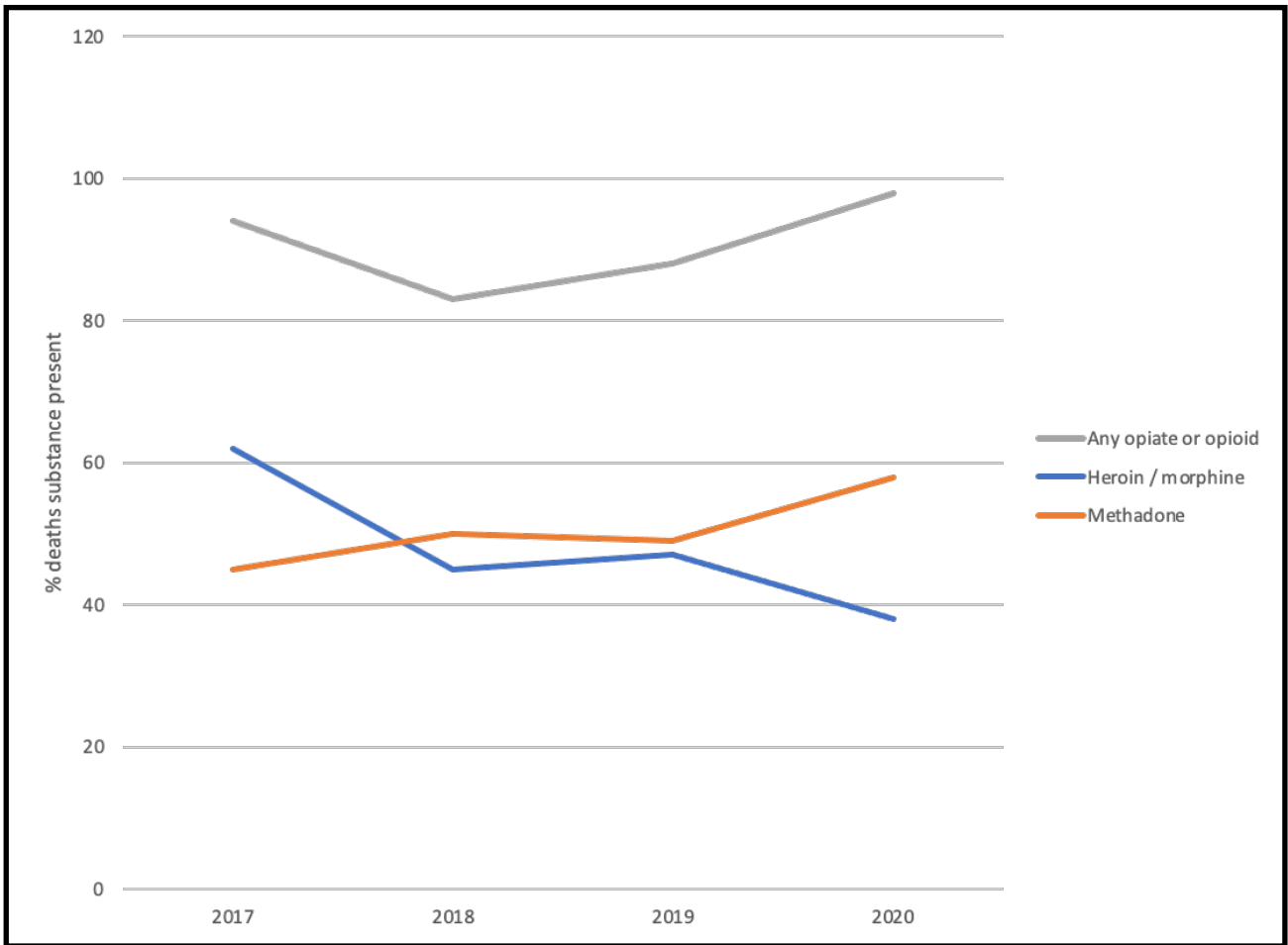


Fig 9

whether this has associated implications or learning which need to be taken under consideration. Certainly, health boards across Scotland have been provided with additional funding and encouragement to increase the access and prescribing of other treatment in particular Buvidal, slow release buprenorphine.

As in previous years, benzodiazepines, including those which can be, and are, prescribed as well as non-traditional types, or “street valium”, are present in a significant number of drug-related death toxicologies.

In 2020, the presence of benzodiazepines in Fife’s drug-related deaths increased by 11% over the previous year to 78% of deaths. This is 5% higher than the national average. 71% of deaths included a non-traditional benzodiazepine such as etizolam or alprazolam. New variants and preparations of this type of street benzodiazepine are being reported regularly with increased potency and unknown quality control. *Fig 10* illustrates the percentage presence of benzodiazepines in Fife toxicologies since 2017.

Benzodiazepines present in Fife drug-related deaths as a percentage

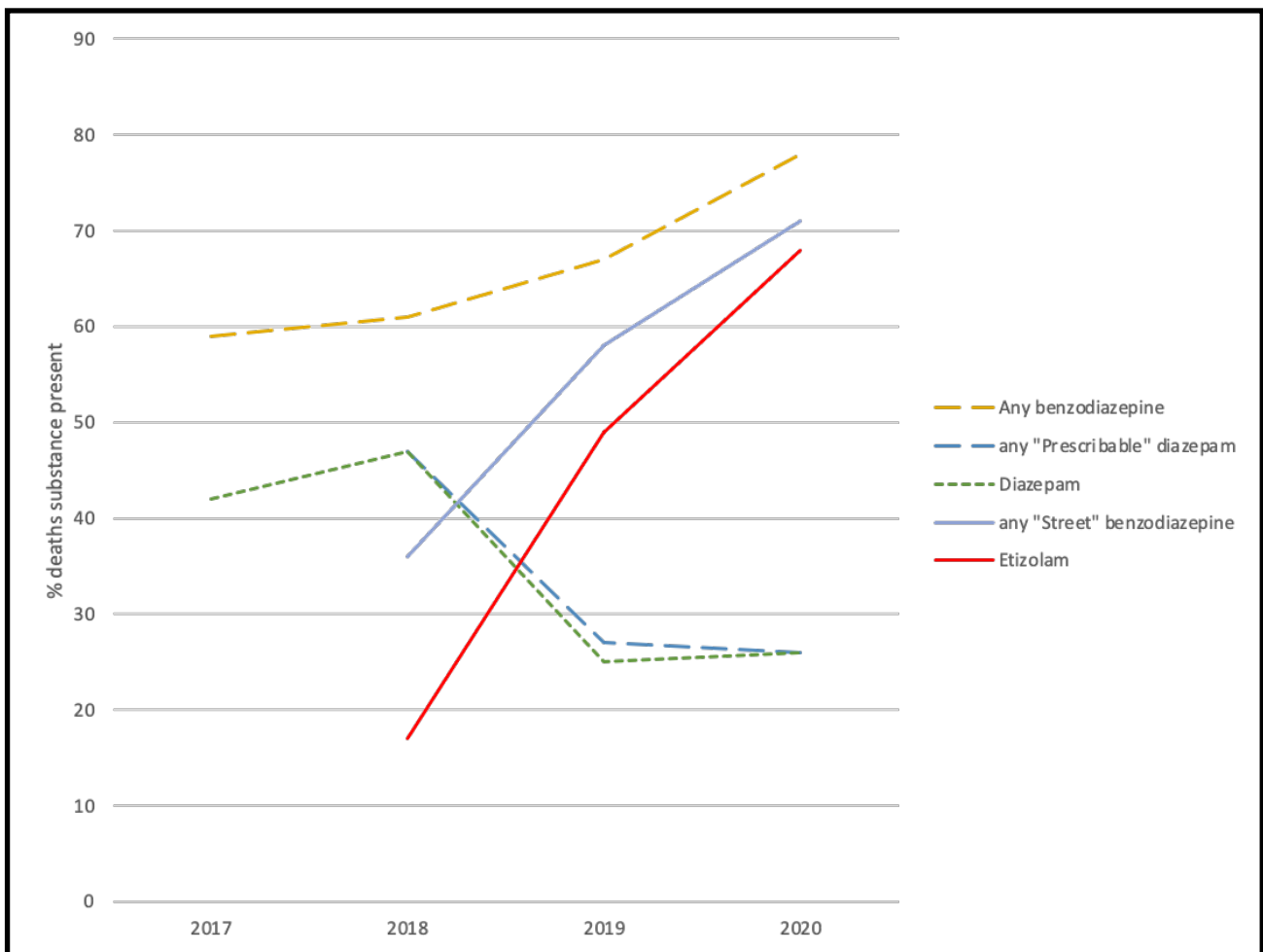


Fig 10

The rapid increase of these non-traditional benzodiazepines appearing in drug-related death toxicologies is of great concern and presents a considerable challenge for the ADP and services given that their effects are unpredictable

and they do not respond to opioid overdose reversal drugs such as naloxone. An antagonist for benzodiazepines does exist but is reserved for clinical use and not part of a wide public-facing campaign like naloxone. Fife ADP Overdose Prevention & Drug Death Monitoring Chair has communicated this issue to A&E departments within Fife and a stock of this antagonist is available to clinical staff. The ADP support team is monitoring the situation closely and issuing alerts to all services when new variants become visible.

The increase in the use of non-traditional benzodiazepines coincides with a decrease in traditional or prescribable variants. This may be due to prescribing policies leading to a reduction of available pharmaceuticals both as prescribed medications and diverted, but is difficult to say with any certainty and more research may be required.

The DDTF also recognises the impact the increase of benzodiazepines on drug-related deaths and is currently undertaking work to address this issue including the formation of a specialist team to gather, evaluate and disseminate evidence and best advice and guidance on benzodiazepine prescribing as part of an overall strategy for those in medication assisted treatment. NHS Fife Addiction Services do offer psychosocial and detox support to people using benzodiazepines but more psychology-based support is required for individuals. More information on the DDTF's benzodiazepine work can be accessed here:

<https://drugdeathstaskforce.scot/scotland-s-unique-challenge/tackling-benzodiazepines/>

The presence of stimulant type drugs such as cocaine and crack cocaine is also significant and rising. In 2020, cocaine was identified in 29% of drug-related deaths which is a 10% increase since 2019. The ADP Overdose

Prevention & Drug Death Monitoring subgroup became aware of anecdotal reports of increased and localised stimulant use in 2018 and worked with SDF to produce a report examining this issue. This report has now been tabled at the OPDDMG and feedback to the ADP is under consideration. Whilst the use of cocaine has increased, cheaper amphetamine-based alternatives has reduced by 50% since 2019. This may indicate a shift in market forces or demand.

The presence of gabapentinoids such as gabapentin and pregabalin decreased slightly by 3% since 2019 to 49% in 2020 however, this is still higher than the national average of 37%. Gabapentinoids were not reported on prior to 2018

Other drugs present in Fife drug-related deaths as a percentage

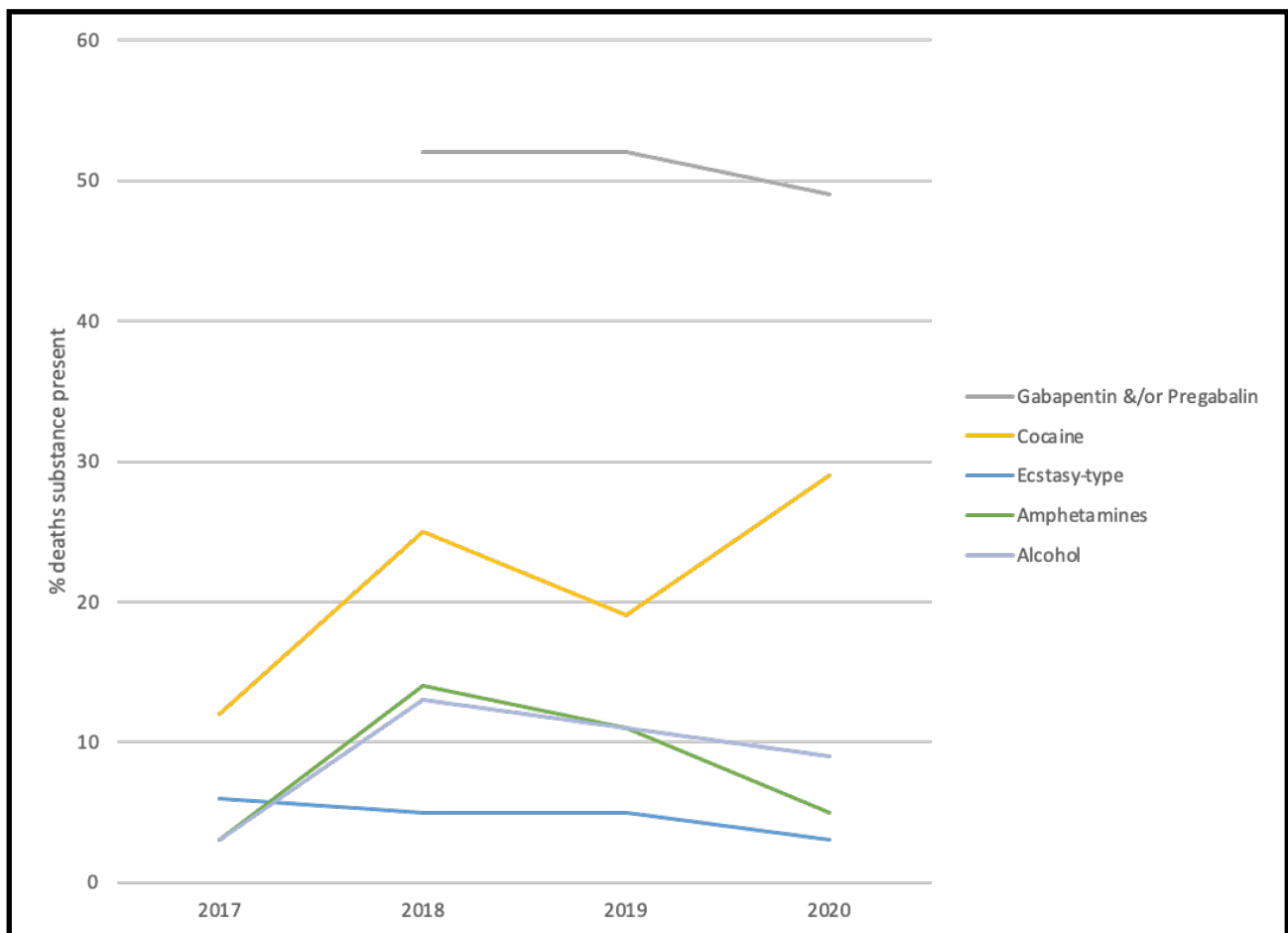


Fig 11

so no data is available.

Fig 11 shows the percentages for gabapentin, cocaine, ecstasy-type drugs, amphetamines and alcohol since 2017.

Contact with services

Fig 12 & 13 show the number of people who were engaged with or discharged from services at the time of their death. This data is only available for 2019 and 2020 and is to be used as a guide only. Information prior to 2019 was only able to specify whether a person was open to a service tier but doesn't specify service type.

For both 2019 and 2020, it is evident that the majority of those who died were not engaged with services at time of death and had been discharged. It is difficult without more detailed examination to draw definitive conclusions from this data and should be treated as anecdotal in its present form.

To further explore the relationships between drug-related deaths and a person's involvement with the Social Work teams, including impact on children, the care system, and the criminal justice system, data from the 65 drug-related deaths which occurred in 2020 was matched against data held in SWIFT, the social work recording system. Particular emphasis was placed on the following criteria:

- Number of adults who had been care experienced.
- Number of adults who had been parents.

Contact with services 2020

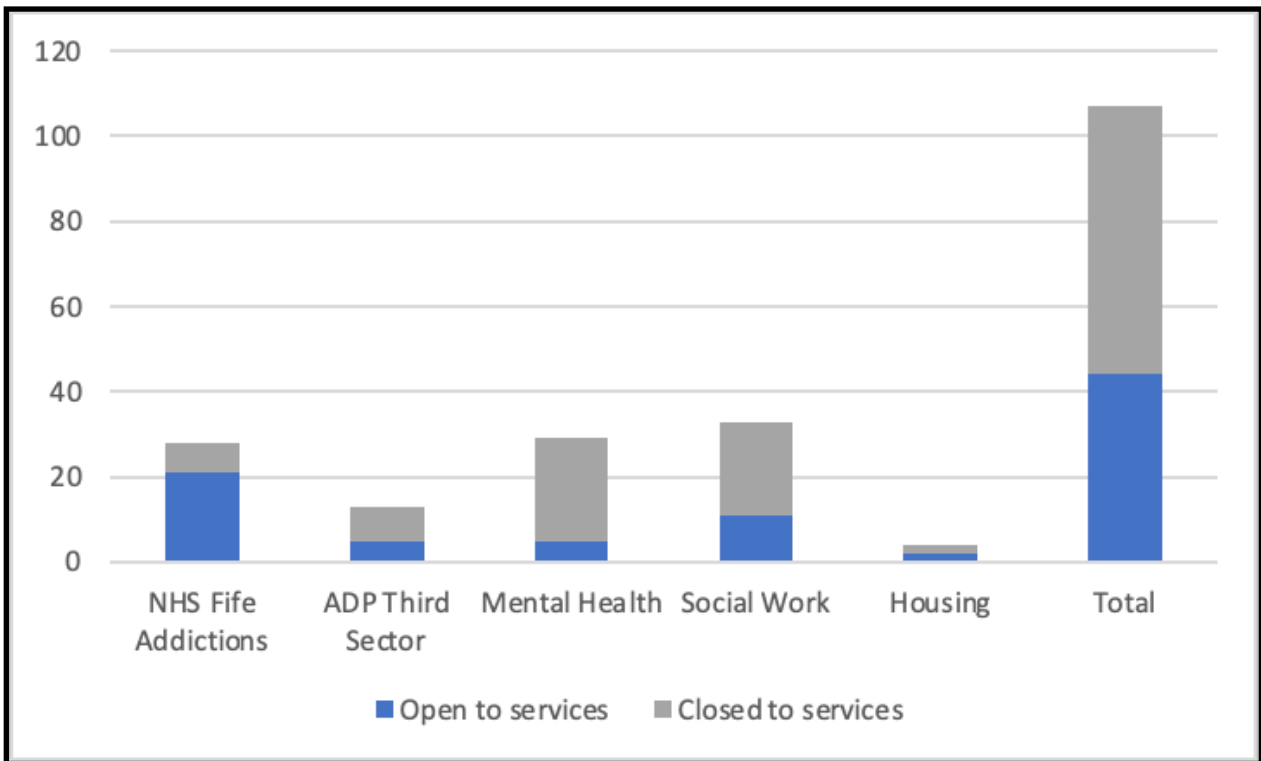


Fig 12

Contact with services 2019

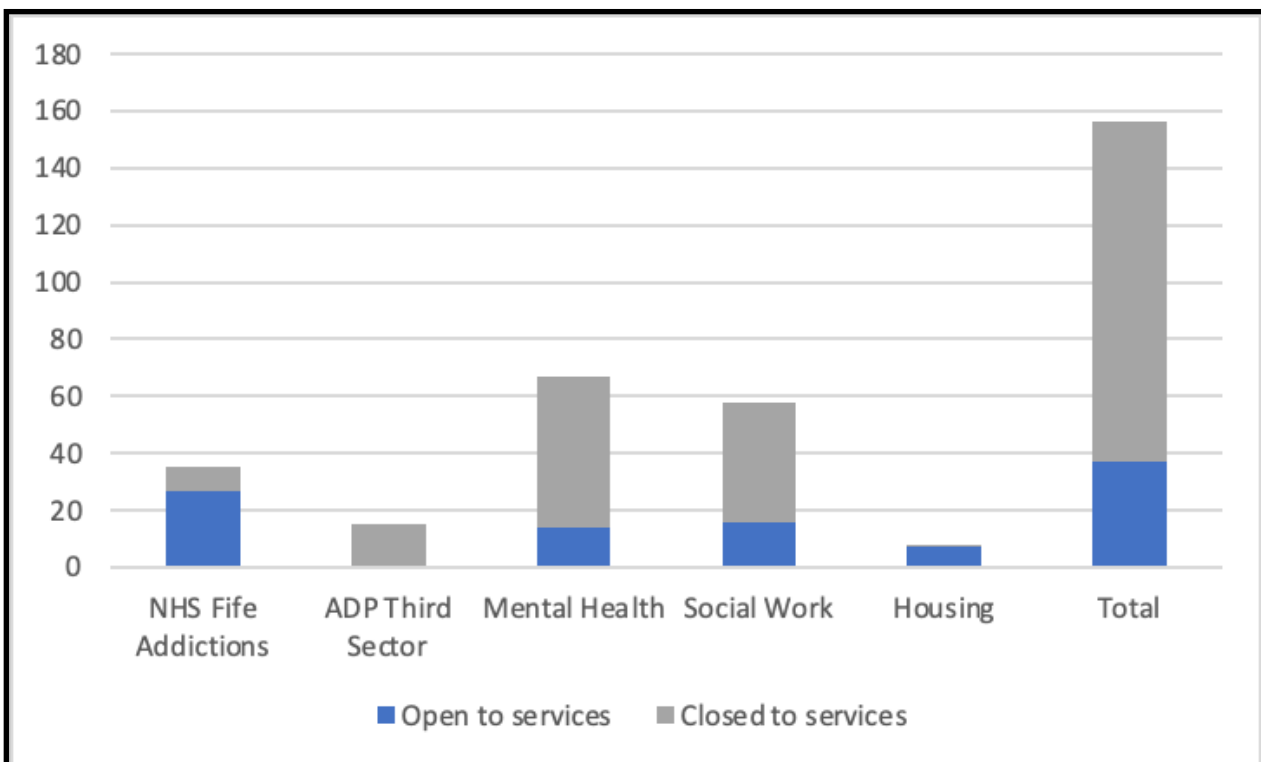


Fig 13

- Number of adults who were actively parenting at time of death.

- Number of adults whose children had become looked-after or subject to child protection registration.
- Number of adults who were known to criminal justice services.

Due to the small numbers involved in some of the above criteria, it is difficult to provide a detailed summary here. However, it is legitimate to say that the data in Fife is not currently evidencing a strong link between being looked after and going on to experience a drug-related death.

Furthermore, the examination of available data currently evidences that the majority of adults, who were parents and who died as a consequence of drugs, were not actively parenting at time of death. Given the relatively low numbers of children who were 'looked after' it is likely that these children were looked after by the non-drug using parent or other family members.

The examination of available data currently evidences an extremely high correlation (79%) between the death of an adult due to drug use and involvement in the criminal justice service.

It is worthy of note that 89% of the adults, whose death was reported, were known to the Social Work service in Fife.

It has been observed by the Fife ADP Multidisciplinary Drug Death Review Group, a multidisciplinary panel whose remit is to analyse recent drug-related deaths, that a loss of contact with one service can lead to a person withdrawing from other support they may be engaged with and becoming more vulnerable to drug-related death. It is well accepted that engaging with treatment services is a protective factor against harms such as drug-related death so it is important

to better understand the issues and challenges both services and the people who are using them face in order to more effectively engage people in support.

To better retain people in treatment, Fife ADP Support Team and ADAPT has developed a test of change for a 12-month period aimed at prevention of unplanned discharges within vulnerable groups, by trying to rapidly reengage individuals with NHS Fife Addiction Services and their recovery plan before worsening of their physical and mental health or lapse and relapse occurs. This is recognising that when people are about to leave the system of care in an unplanned way, the level of support provided needs to increase in frequency and be assertive and outreach in nature.

Optimising Medication Assisted Treatment (MAT) for those most at risk

NHS Fife Addictions Service, with the support and funding from an application to the DDTF fund completed by the ADP Support Team, have developed a test of change pilot for next day prescribing, where it is clinically safe to do so, for every new patient requiring opiate replacement therapy in the Kirkcaldy area. This project is critical to reducing drug-related deaths and worsening of all other harms to the individual, their family and community, given the well-established evidence base for opiate replacement therapy delivered safely and rapidly to people who require and request this intervention. This approach, which is largely aimed at removing barriers to treatment, will reduce attrition rates from referral to treatment start and in the longer term will attract larger numbers of people into the service – the Scottish Government is about to develop an in treatment target of 60% - and the overall system of care. If this test of change service model is successful, a transformational programme of service and system of care redesign will be required to roll this out across all community provision in Fife. The ADP

Committee will also need to consider careful investment planning to allow services to manage increased capacity, particularly the NHS Service.

Early outputs indicate 12 people have commenced on OST the next day and although it is difficult to ascertain the personal and strategic outcomes this will generate, the evidence as indicated by the DDTF in the MAT Standards, proves that rapid prescribing preferable same day retains people in services during the initial stages of their engagement. As in very much the case, engagement in services has become an outcome for those who are the most vulnerable to harm, overdose and drug related death.

Multidisciplinary drug death review group

In November 2020, the ADP support team established in partnership with Fife Public Health, a surveillance subgroup analysing each suspected drug-related death in real time for learning, immediate improvement and highlighting systematic and commissioning gaps to the ADP Committee. However, some of the learning is also applicable to services and systems of care out with the ADP remit. The subgroup meets regularly at six-week intervals and has representation from NHS Addiction Services, Pharmacy Services, A&E, Police Scotland, Third Sector, Adult Support and Protection Committee, Harm Reduction services and Social Work Criminal Justice Teams. Learning is being categorised into key areas to aid understanding of how deaths occur and highlight significant quality improvement developments most of which require systematic shifts in service delivery and workforce development. These findings will be tabled on a quarterly basis at the ADP Committee and are to be shared with relevant partnerships, directorates and other groups for action planning purposes.

Conclusion

Fife had a 20% reduction in drug-related deaths in 2020 at a time when the country saw a 5% increase.

Fife ADP support team are working in partnership with bodies such as the Drugs Death Taskforce, SDF and the Scottish Government to develop new and innovative approaches to this problem as well as ensuring established methods such as effective harm reduction messages and naloxone provision are maximised. It is noble but idealistic to hold abstinent recovery as a goal for all and whilst this should certainly be part of an effective treatment response, harm reduction messages, optimum dose MAT, low-threshold prescribing, and active support to increase the safety of people who continue to use drugs should be implemented.

Connectedness across ADP teams is to be encouraged and successful local initiatives replicated where possible to best effect. National organisations such as the Scottish Ambulance Service, Police Scotland and Public Health Scotland also have critical roles to play and local links to facilitate frictionless partnership working are to be encouraged and developed which should extend to simplified information sharing procedures across sectors where possible.

Fife ADP has already done a huge amount of work to increase partnership working across Fife and this work needs to be nurtured and developed to fully embed the work of the ADP into divisional workplans; drug-related deaths are a global responsibility for all services and not limited to ADP funded services.

In conjunction with a high-quality treatment service, an equally high-quality aftercare provision should be encouraged. People disengage from services for a number of reasons and safety of that individual should be paramount when this takes place and fast routes of re-engagement to services should be standard.

The ADP support team will continue to foster new relationships with national and local organisations, and innovative developments such as the ADP Lived Experience Panel, peer naloxone distribution, 24-hour naloxone and injecting equipment provision, digital inclusion, gender specific responses, focussed locality work, rapid access to substitute medication, and peer advocacy work amongst other work streams to further push the drug-related death response during 2021.

Appendices

1. National Records of Scotland Definition of Drug-related Death

The following is reproduced from the official NRS definition to provide an overview of the definition. The full document detailing the definition used by NRS and consequently this report in full can be accessed online:

<https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/20/drug-related-deaths-20-annex-a.pdf>

“The ‘baseline’ definition for the UK Drugs Strategy covers the following cause of death categories (the relevant codes from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision [ICD10], are given in brackets):

- a) *deaths where the underlying cause of death has been coded to the following sub- categories of mental and behavioural disorders due to psychoactive substance use :*

- (i) opioids (F11);
- (ii) cannabinoids (F12);
- (iii) sedatives or hypnotics (F13);
- (iv) cocaine (F14);
- (v) other stimulants, including caffeine (F15);
- (vi) hallucinogens (F16); and
- (vii) multiple drug use and use of other psychoactive substances (F19).

b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death (even if the pathologist did not consider the drug to have had any direct contribution to the death):

- (i) accidental poisoning by and exposure to drugs, medicaments and biological substances (X40 – X44);*
- (ii) intentional self-poisoning by and exposure to drugs, medicaments and biological substances (X60 – X64);*
- (iii) assault by drugs, medicaments and biological substances (X85); and*
- (iv) poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent (Y10 – Y14)."*

2. Overdose Prevention & Drug Death Monitoring Group

The Fife Overdose Prevention & Drug Death Monitoring Group (OPDDMG) is a multiagency strategic group reporting to the Fife Alcohol & Drugs Partnership. It combines the previous Overdose Prevention Group and the separate Drug Death Monitoring Group, and its aim is to make a major contribution to the reduction of drug-related deaths and near-fatal overdoses in Fife. The group will identify, support and develop initiatives that improve the quality of services and reduce the risk of drug-related death and near-fatal overdose in vulnerable people.

This report will be discussed by the OPDDMG to develop recommendations which will be reported to the ADP for consideration.

OPDDMG Mission Statement

The mission statement of the Fife OPDDMG is to facilitate a “Fife wide multi-agency approach to understanding and preventing drug-related deaths.”

3. Drug Death Taskforce

In 2019, the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice established the Drugs Death Taskforce to tackle the rising number of drug deaths in Scotland. From the DDTF website, the primary role of the group is to:

“Co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death. The taskforce will specifically:

- Examine and publish evidence of the triggers of drug deaths and what we have learned in Scotland about how they can be prevented*
- Collate and publish good practice about what has worked in other parts of the UK and internationally to prevent death and harm arising from drug use*
- Work with partners to identify, spread and sustain good practice in Scotland*
- Identify specific barriers in the planning, commissioning and delivery of addiction services in Scotland*
- Review whether the Misuse of Drugs Act 1971 affects the provision of a strengthened and consistent public health approach to drug use, recognising that this is reserved to the UK Parliament and any changes will require the agreement of the UK Parliament*
- Identify the extent to which the availability of appropriate programmes and treatment options limit the use of diversion from the criminal justice system or the use of constructive sentencing options within the criminal justice system*
- Identify the full range of support services which help to reduce harm and identify deficiencies in the delivery framework, availability and provision of such services*

- *Make recommendations for changes in current health and social care practice and on how a public health approach to drugs might be more fully realised across all relevant services and in the justice system”*

Fife ADP has been and is actively engaging with the DDTF in all it's work streams to improve the system of care in Fife as well as developing local initiatives based on national evidence to reduce the number of near-fatal overdose situations and drug-related deaths.

More information on the DDTF can be found on the Scottish Government website:

<https://www.gov.scot/groups/drug-deaths-task-force/>

4. Levenmouth plan

Workstream/Theme	High-Level Tasks
Community Engagement - <i>Engage whole community using an asset-based development model to encourage participation and foster an environment of community responsibility</i>	Speak to community leaders, principle services and key stakeholders to contribute and develop response and identify tasks
	Engage with community members to allow more open discussion about the issue whilst reducing stigma
	Encourage community members to identify potential solutions and be involved in the delivery of them
	Raise awareness of the issue and identify any potential contributions/assists from local teams such as Social Work, Housing, Midwifery, Children's Services, Kinship Carers, Community Nursing, Police Scotland, foodbanks, etc.
	Highlight and promote existence of key local ADP services
	Increase presence of appropriate services embedded within the community to enable easier, frictionless access to appropriate services at time of need
	Grow educational opportunities on harm reduction and overdose to family/friends/community-based professionals
	Develop/introduce bespoke family support response
	Place services within buildings frequently used by the community to enable easier access - community centres, pharmacies, GP surgeries
	Develop age appropriate awareness training to be delivered in local schools
	Identify non-traditional entry points to treatment/harm reduction education within community such as local family groups/foodbanks
Harm Reduction & Treatment - <i>People are able to access interventions to reduce harm</i>	Low threshold treatment access and engagement options to be developed
	Faster access to Medication Assisted Treatment (MAT) such as methadone and buprenorphine in line with newly published MAT Standards
	Locally embedded availability of sterile injecting equipment
	Increase availability of nasal as well as injectable naloxone to encourage family and friends uptake
	Near-fatal overdoses to be monitored and offered immediate treatment options such as MAT.
	DBST tests to be offered as standard to address BBV issues
	Develop peer-naloxone model
	Grow educational opportunities on harm reduction and overdose to PWUD
	Liaise with and support local GPs to enable streamlined referral process to ADP services (SCI Gateway), multidisciplinary team working methods including OD awareness and naloxone training/distribution
	Investigate need for, and potentially develop, gender-specific responses
	Develop support for prison-leavers and others (re)entering the area
Tackling Stigma - <i>Enabling and empowering local PWUD and their families and friends to engage with available treatment options</i>	Place services within buildings frequently used by the community to reduce stigma of visiting a drugs service
	Normalise naloxone uptake and encourage conversations about overdose
	Deliver a promotional campaign within the community in partnership with key local services such as pharmacy, community centres, GP surgeries, etc
	Reach those who don't traditionally approach services within the community by offering regular drop-in sessions within existing community buildings
	Utilise the power of lived-experience by seeking support and contribution from the ADP Lived Experience Panel as well as local PWLE
	Develop presence/prominence of recovery work in the area with Fife Recovery Communities

Fife ADP M/L Workplan v1.0 June 2021
Phillip Heaton - ADP Policy Officer

Sub-themes
Family & Friends
Naloxone & IEP
Precribing & Treatment
Education, Engagement & Training

5. Abbreviations used in this report

ADP - Alcohol & Drug Partnership

SDF - Scottish Drugs Forum

CNS - Central Nervous System

NFO - Near-fatal Overdose

SAS - Scottish Ambulance Service

HIV - Human Immunodeficiency Virus

DDTF - Drug Death Taskforce

OST - Opioid Substitute Treatment

NHS - National Health Service

IEP - Injecting Equipment Provision

WAWY - We Are With You

PWLLE - People With Lived & Living Experience

HSCP - Health & Social Care Partnership

GP - General Practitioner

MDT - Multidisciplinary Team

A&E - Accident & Emergency

OPDDMG - Overdose Prevention & Drug Death Monitoring Group

MAT - Medication Assisted Treatment

NRS - National Records of Scotland

Report contact

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Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 12TH NOVEMBER 2021, 1000hrs - MS TEAMS

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

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS Cllr Brett welcomed everyone to the meeting and urged Members to be mindful, Fife HSCP have not yet returned to normal working and asked Members to also remind the public of this. He advised he meets with Joy Tomlinson, Public Health on a bi-weekly basis and knows positive Covid cases in Fife are down a little, but not significantly.	
2	DECLARATION OF MEMBERS' INTEREST There were no declarations noted.	

3	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 01 OCTOBER 2021</p> <p>The minutes were agreed as an accurate record of the meeting.</p> <p>Cllr Brett reminded Members it was agreed CAHMS reports will now come to Committee on a 6 monthly basis, rather than bi-monthly.</p> <p>The report on Day Care will now come to the January 2022 meeting.</p>	
5	<p>ACTION LOG</p> <p>Cllr Brett asked Members if they would like to raise any points from the Action Log. He noted there were several items which had been completed and he would discuss with Helen/Jenny removal of these items.</p> <p>MB agreed this would enable easier reading. He queried the phrase “when time allows” relating to ‘person stories’ and asks if this is an acceptable phrase to use. NC recommended the ‘person stories’ should be deferred to April 2022, in anticipating of the current crisis situation alleviating. She advised the item should be removed from the C&CGC Action Log and shall discuss the matter with Lynn Barker, who leads on Person Stories, with the aim to bring the topic to a development session early 2022.</p>	NC/LB
6	<p>GOVERNANCE</p>	
	<p>6.1 Professional Lead Update</p> <p>LB confirmed the position across HSCP remains the same with significant pressure across the system in all teams. Senior Leaders are engaging and supporting staff in clinical and care setting areas, in addition to using MS Teams. Staff are working steadfastly through a particularly challenging time – daily workforce huddles take place with many partners, listening and responding with a delivery focus. This works well, however, challenges are tackled on an ongoing basis. Recruitment is taking place to support care delivery in various departments.</p> <p>Cllr Ross asked how the Vaccination Programme is progressing and if it is becoming easier to access GPs.</p> <p>BD confirmed the Vaccination Programme is on track and advised there has been a call from Scottish Government to submit acceleration plans, which Fife has complied with. BD ran through the various vulnerable cohorts which are included and advised Fife has given assurance they are in a good position to meet these changing and new requirements.</p> <p>BD told of a planned response model being developed for General Practice with a 3-tier approach to supporting and improving GP Practices. Also of working with other HSC Partnerships.</p> <p>There is no definitive guidance from SG regarding face-face appointments, other than to advise a blended model of face-face and digital appointments should be used. This will vary from Practice to Practice.</p> <p>MB was very keen to hear of service delivery stories, in addition to the person stories. He realised this was also for a later date, however, thought was worth promoting to negate some of the cynicism.</p>	

	<p>NC referred to the weekly staff briefing which draws on excellent service delivery stories from around Fife. How this could be brought to IJB was discussed and NC took an action to consider ways to further promote stories of the good work of staff across Fife.</p>	<p>NC</p>
	<p>6.2 Clinical Quality Report</p> <p>LB pointed out the report remains within the East, West and Fife-Wide Division Structure, the Team moved over to the new structure HSCP from 01.10.21.</p> <p>LB drew members attention to the weekly Quality Dash Board Huddle, chaired by LB, with participation from SLT members and key stakeholders. This meeting reviews data and utilises it as a test of change, LB told of good work across the services, resulting from this.</p> <p>SLT Walkabouts have been taking place. LG and LB recently visited Tarvit Ward in Cupar, witnessing the excellent work going on and supporting the Teams.</p> <p>Falls and pressure ulcers show random variation, a deterioration in falls data, particularly with harm. Pressure ulcer and medicines in the collaborative, which is being reviewed on a monthly basis, improvement work is ongoing. Pressure ulcers work is predominantly within the community nursing teams where 'hot spots' have been identified, commenced work with teams in the West, moving through to the East. In-patient areas, however, have seen sustained improvement.</p> <p>Medicines – in version 8 of SUMP. LB told of audits which have been successfully completed relating to use of medicines in clinical areas.</p> <p>FF told of the launch of a 3-year patient safety programme focussing on high-risk pain medicines. FF described what this would involve and how the aim of managing a patient's chronic pain would be supported.</p> <p>LB explained Q3 ratification of national comparative data for healthcare associated infections is awaiting. Q2 has been ratified with no red flags raised.</p> <p>Fife will be part of a new national collaborative for Mental Health to be launched in April 2022, looking at observation through to intervention. There is a deterioration in identification of Restraint, however, the data highlights the use of the 'prone' restraint has reduced. This feeds into education and training for the Team and also into the Restraint Adult Wards Group, where this data is reviewed weekly with appropriate follow up.</p> <p>RL added, there is an ambition to expand monitoring, reporting and analysis to include Social Care services in Fife. She advised, within Fife, there are a number of individuals with highly complex needs, a percentage of which require restraint, as part of their planned care and support.</p> <p>Cllr Wincott asked if the stats could perhaps be shown differently as they appear quite alarming until the detail of the report is read. This was confirmed by Cllr Brett. RL took this point on board.</p> <p>WB asked for more detail around falls, the impact of short staffing and the steps being taken. LB told, in some detail, of the work taking place within the Quality Improvement Programme.</p>	

6.3 Delay, Winter and Community Care 2021-2022

LG shared a Powerpoint presentation highlighting the key points of the Scottish Government funding stream relating to flow and delays across the System. BD covered the slides relating to Multi-disciplinary Teams.

The key points covered included:

- Additional funding to Fife
- Maximising capacity
- Staff wellbeing
- Ensuring system flow
- Improving outcomes
- Care at Home, Interim Care, Multi-disciplinary Teams
- Risks

Cllr Brett asked for the slides to be shared amongst Members. He commented it was useful to see local figures, in addition to National figures and felt the performance indicators were extremely helpful. However, he raised concern the Plan is being brought to Committee so late in the year, he felt it would have been more appropriate to bring in June. Additional staffing is also a serious concern.

Cllr Brett voiced concern regarding a bidding process for the £10M Primary Care funds. He queried whether preparing bids is a good use of Senior Staff's time. He asked NC if she can make representation to have funds divided amongst the 32 IJB's?

Cllr Ross agreed with Cllr Brett's concerns, particularly regarding staffing. He asked if Care Homes are happy to increase Interim care beds? Can pay rates attract external providers? START – is there confidence the 42 day target can be met, or will a backlog build up?

FMcK and LG gave assurance to the various concerns raised and explained the work which is taking place to address the risks.

MB suggested Third Sector involvement could somehow alleviate some of the staffing problems and hotels used for accommodation. LG thanked MB for his input and advised his suggestions will be given further consideration.

WM spoke of the risks around recruitment, she pointed out the rates of pay for healthcare workers is not particularly competitive, however, NHS offer very good terms of employment. She stressed 'selling' the job needs to become more of a priority, promoting flexible working. Staff wellbeing is also a major concern, although there are many wellbeing benefits in place, she felt, staff do not have time to take advantage of these. Additional staff are needed to alleviate the situation. WB also felt, the opportunity to buy back holidays sends very mixed messages to staff and will not help the situation with staff who are already exhausted.

CC spoke of lower-level intervention services which allow people to remain at home. FMcK told of investment in work for people to stay at home. She advised, this is not personal care, but is all the other things people need done to enable them to remain at home and a different type of person from

	<p>healthcare workers will be employed to fill these posts. A paper will be coming to the next Committee meeting regarding Day Services.</p> <p>NC advised, feedback from F&P and C&CGC meetings will be incorporated into a final paper which will be presented to IJB. She thanked MB and WB for their inspirational comments and would take forward the sentiment of 'thinking out of the box', promoting recruitment and careers within HSCP.</p> <p>NC thanked the SLT and colleagues for the immense work which has gone into the Plan and asked if the Committee were willing to support the Plan going forward.</p> <p>Cllr Brett supported the recommendation to take the updated Plan to the IJB, there were no objections from the Committee.</p>	<p>FMcK</p>
	<p>6.4 Primary Care Improvement Plan MoU2 Update</p> <p>BD introduced the Plan to the Committee. He advised, the purpose of the Paper is to give an update to the Committee, highlighting the risks associated with progress of MoU2 implementation and proposed mitigations.</p> <p>VTP is anticipated to be fully delivered by end March 2022, however CTAC and Pharmacotherapy, due to available funding and uncertainty around next years funding, will only be partially delivered by end of March 2022.</p> <p>BD stated, the main risks are recruiting of the workforce and recruiting on time, given the target date is end of March. Further guidance will be supplied by SG relating to this. There are also risks in terms of community treatment and teams linked to premises.</p> <p>Pharmacotherapy are currently working towards implementing 'Option 3'. Funding will go towards improving the planned implementation of MoU2.</p> <p>TBD advised, the broader recruitment challenges of the nursing workforce are being considered. Working collaboratively on campaigns and considering synergy within roles, ie CTAC can have synergy with VTP workforce.</p> <p>To enable funding for next year, HSCP are submitting a detailed schedule of recruitment, in terms of MoU1 and MoU2 implementation, to SG. This will enable SG to confirm funding for next year and indicate if there will be an increase.</p> <p>BD told of the work taking place to mitigate the risks and the Groups which have been formed to tackle the issues.</p> <p>Cllr Brett queried community care and treatment, will these procedures still be carried out in GP premises? BD advised, premises are a main challenge along with workforce. HSCP will be looking to facilitate treatment within Practices, however other premises are to be considered.</p> <p>Cllr Ross queried who will be making payments to Practices for specific treatments? BD's understanding is it will be the Partnership. If the full MoU2 is not implemented by end of March '22, a transitional arrangement will be required which will bring transitional payments into effect.</p>	

	<p>MB stressed there needs to be a clear plan of hours GPs are working and what services are being delivered.</p> <p>BD advised, there is a 3-tier plan which will consider:</p> <ul style="list-style-type: none"> • GP sustainability – understanding the pressures across the 54 practices in Fife. Data will be made available of what is being delivered, to help with our understanding. • Implementation of the Contract • Governance review with a new Primary Care Board and new ToRs <p>Cllr Wincott, stressed communication to the public must be given careful consideration from the beginning to avoid a deluge of complaints.</p> <p>Cllr Brett queried MoU No. 4 (<i>workstreams engaging stakeholders, involve patients, public and carer representatives</i>) he was interested to know how this will happen as he was unaware of it occurring currently.</p> <p>BD advised, this is only happening in part. He told of actions taking place, both nationally and locally. A GP survey has been agreed with PHS to gauge from GPs, as key stakeholders, their experience of MoU1&2 and GMS implementation. This will be broadened to include the public. Large events and other means will be also be used. BD told of an event which he is keen to organise around the future of PC in Fife, this will include all of Primary Care, not only GP Practices.</p>	
	<p>6.5 Integration Scheme Review</p> <p>NC gave a verbal update regarding the Integration Scheme Review, she advised the Review has been approved by FC and NHS and is currently sitting with SG. The update received indicated SG will take 4-6 weeks before feedback is available, therefore, this is expected in the New Year. NC advised she will bring this to the Board once feedback has been provided.</p>	<p>NC</p>
	<p>6.6 Safeguarding the Rights of MH Patients during the Covid 19 Pandemic</p> <p>RL advised the report comes for assurance. RL told of concern raised regarding the number of detentions under the Act being progressed without the presence of a MH Officer. The number of emergency detentions increased in Fife by 10% during the pandemic, this is low in comparison to the National average. Attendance levels of MH Officers dropped to 44%, compared to a National average of 34%. Analysis of current year activity, showed a return to 56% attendance for all emergency detentions. RL advised, these are the only restriction which can proceed without a MH Officer, covering a maximum period of 72 hours.</p> <p>RL discussed the analysis of the implications of Covid restrictions within the paper. She advised a further analysis to identify if there are any particular times of the week/24 hour period when attendance particularly dips, helping to identify if activity is less robust at weekend / overnight, etc.</p> <p>Assurance was given on delivery of Social Circumstances reports. The target is, 90% should be completed within 21 days. Fife consistently has a completion rate of 93%.</p>	

	<p>RL stated, although Fife has followed the trend and themes of the National picture, Fife did not become as 'risky' as other parts of the country. With the gradual return to face-face work, Fife's practice has improved considerably.</p> <p>CC thanked RL for the paper and agreed it gave assurance. She noted the age profile of existing MHOs will be a challenge in the future. Independent advocacy was queried and will be picked up outwith the meeting.</p>	
	<p>6.7 Autism Diagnostic Pathway</p> <p>RL introduced the Paper which Cllr Brett had requested. She stated the Autism Diagnostic Assessment was a service area which was under significant pressure pre-pandemic. Over the past 18 months, autism assessments were, largely, suspended. RL explained due to the long waiting list, assessments were attempted by video link. Referral requests continued throughout the pandemic by ~42/month.</p> <p>RL advised by Summer 2021, Fife reached a position of over 1,000 young people awaiting diagnosis. She advised support for the young people is a separate element and was available. In parallel, National work has been underway, to move away from diagnosis and for the support to be made available to families/individuals immediately. RL went on to explain National work and new funding which has become available. Outsourcing of diagnostic assessment will take place for a short time whilst recruitment processes are completed.</p> <p>The work taking place currently to mitigate the situation was explained, this involved - inflating capacity on a permanent basis, significantly increasing clinical diagnostic appointments, outsource for immediate term additionality for diagnostic assessments and initiate the test of change.</p> <p>Cllr Brett thanked RL for the Paper and was encouraged families are receiving support. He queried what percentage of people who go through the process, are diagnosed with Autism. RL advised she would seek clarification and advise Cllr Brett.</p> <p>Cllr Brett asked if an individual could go straight into FAST or is an assessment required. RL advised there would be a screening by the Autism Diagnosis Team, giving a clinical oversight and an identification the presenting needs were more complex and likely to have elements of mental ill-health before onward support from FAST.</p> <p>Cllr Ross supported the outsourcing of diagnostic assessment to help tackle the long waiting lists. MB queried involvement from schools and any training given to staff. RL assured MB, as part of the Test of Change, Clinical Psychologists are providing training to Education Psychology and to Head Teachers, which commenced Oct '21 and is ongoing. RL will seek details from Education colleagues and discuss with MB</p>	<p>RL</p> <p>RL</p>
	<p>6.8 Fife HSCP Annual Report 2020-2021</p> <p>FMcK introduced the report and apologised for late issue. She did not go into detail of the report but welcomed questions.</p> <p>Cllr Brett commended the work which has gone into the report and asked Members to email FMcK any questions relating to the Report.</p> <p>Cllr Brett queried whether feedback is received from SG or others who receive it. FMcK advised feedback/recommendations are received from</p>	

	<p>Scottish Government and Audit Scotland. Fife HSCP are measured against other Partnerships.</p>	
	<p>6.9 Care Inspectorate Report</p> <p>FMck introduced the Care Inspectorate Report which comes to Committee annually. The report highlights the Care Inspectorate Gradings, which during the pandemic have been less frequent and conducted in a different manner.</p> <p>Scoring from the last full inspection conducted by the Care Inspectorate was discussed. FMck was pleased to report, 2 of the external care homes have received scores of '6' which is excellent and 22 care homes scored '5', very good.</p> <p>One care home received a score of 1. Actions and support which have been put in place to improve the areas of concern were advised.</p> <p>Adult services, third sector/voluntary organisations and day services were also discussed.</p> <p>Cllr Brett queried the scoring criteria used by the Care Inspectorate. FMck advised cumulative scoring is used and due to the pandemic, the criteria used has changed.</p> <p>Cllr Ross was aware a Council care home in West Fife had a score of 3, also Mathew Fyfe and Henderson House have received negative press. FMck stated Mathew Fyfe was related to the building and is historical. Henderson House and Craig Head (received low score) are owned by the same company. FMck told of work and support going on around these care homes. She also commented there are 74 care homes in Fife, some of which are performing exceptionally well, especially in very difficult circumstances.</p>	
	<p>6.10 COVID Risk Register</p> <p>FMck advised the Covid Risk Register now falls under Audrey Valente's remit, however, FMck was happy to speak to the report at the meeting.</p> <p>The Covid Risk Register, which was last presented to Committee on 02.06.21, began in March 2020. It has been managed and reviewed regularly since this time. Risks are fed into senior management team meetings in HSCP, NHS and FC, where appropriate.</p> <p>FMck spoke of the current high scoring risks, she advised the risks will be reviewed alongside the IJB Strategic Risk Register and other Risk Registers within the Partnership at operational level. Once there is a return to the new 'business as usual' the aim is to retain, close or move risks onto one Risk Register which SLT will maintain.</p> <p>Cllr Brett asked if there was an update on international recruitment of staff. Also, he queried the resuscitation guidance and the length of time it takes to don the special PPE. LB advised, due to the aerosol generating nature of resuscitation, FFP3 PPE is used which can take a couple of minutes to don. She explained within the Community Hospital settings, cardiac arrest are fairly rare occurrences, Acute have specific teams trained, and on standby.</p> <p>LB advised, International recruitment of staff is ongoing, advertisements are out and responses are awaited. Current priorities are Adult nursing, specifics in MH and LD where there is a need for more registered nurses.</p>	

	She stated training is different from the UK, so the process is not straightforward.	
7	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 13.10.21</p> <p>No issues to draw to the attention of C&CGC.</p> <p>7.2 Minute of the Infection Control Committee Unconfirmed Minute from 06.10.21</p> <p>Cllr Brett asked for “items to be drawn to the attention of C&CGC” be added to the ICC meeting agendas. LB will take this back to the ICC.</p>	LB
8	<p>ITEMS FOR ESCALATION</p> <p>Cllr Brett commended the Delay, Winter and Community Care, for which there was a great deal of discussion, including the related risks.</p> <p>He also commended to the Board, the work which has been carried out around Autism Diagnostic Pathway.</p> <p>Cllr Brett thanked the Senior Leadership Team for all the work which had gone into the meeting.</p>	
9	<p>AOCB</p> <p>No issues were raised under ACOB</p>	
10	<p>DATE OF NEXT MEETING</p> <p>Friday 07 January 2022 at 1000hrs MS Teams</p>	



Fife Health & Social Care Partnership

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

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

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

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

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

		Action
1.	WELCOME AND APOLOGIES Cllr Graham thanked everyone for attending the first committee meeting of the year and welcomed Arlene Wood to her first committee meeting. He thanked Alan Adamson for attending to represent Fiona McKay in her absence.	
2.	DECLARATIONS OF INTEREST There were no declarations of interested noted.	
3.	MINUTE OF PREVIOUS MEETINGS – 10 NOV. 2021 Minutes agreed as an accurate record of the meeting	
4.	MATTERS ARISING / ACTION LOG – 10 NOV. 2021	

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

	<p>there are some roles that cannot change such as a health visitor as there is specific training required which is non-negotiable in order to undertake this role. Nicky noted that to support the health visiting teams nursery nurses are being utilised to free up the health visitor from roles that do not require a registered staff member to undertake.</p> <p>Arlene Wood queried whether the reserves would be required to cover the forecasted £1.050M overspend. Audrey Valente noted that the Partnership tries to identify where funding has been earmarked for specific purposes but noted that there was a £6.8 underspend from the core budget last year which has been carried forward and there is more flexibility with this. Audrey confirmed that the £6.8M was non-recurring but would continue to be carried forward until the commitments have been made.</p> <p>Audrey offered to have a separate meeting with Arlene Wood to outline in more detail the approved savings that has not been delivered to date. Cllr Graham noted that there is often good reason for the non-delivery of the savings and asked to be included in this meeting. Audrey and Carol Notman to organise meeting and all who would like to be included to advise Carol Notman.</p> <p>Cllr Graham confirmed that the committee were happy to approve the recommendations outlined in the report and confirmed that report could be amended prior to submission to the IJB to reflect the additional funding received to Fife Council relating to the living wage.</p>	AV/CN
<p>6.</p>	<p>PERFORMANCE REPORT</p> <p>Cllr Graham thanked Alan Adamson for attending and presenting the Performance Report in Fiona McKay's absence.</p> <p>Arlene Wood noted that the data is quite challenging for members and queried the STAR and Short-Term Assessment Beds noting since 2019 the target has not been met and asked if something needs to change in terms of improvement or is the target not achievable from the outset?</p> <p>Alan Adamson agreed that the data was challenging, and the team were striving to make improvements, but they relied on other services for the data and they too have been under significant work pressures. Alan acknowledged the STAR Bed situation and noted that the service will review the target and if there are any changes to be made a report would be brought back to this committee at a later date.</p> <p>Martin Black queried what actions could be taken to address the issue with delayed discharges as there is now 120 delayed discharges which is the highest number since the recording of statistics began. Nicky Connor noted that the number of delayed discharges is a concern for the Partnership and an area that the service is striving to see an improvement. She noted that a range of improvement actions have been put in place but over the Christmas period the Public Health Team has been working with the majority of care homes within Fife which has added significant pressures to the service.</p> <p>Martin Black noted that he had previously suggested thinking out with the box and moving people into hotel/hostel accommodation and queried whether there was additional capacity within Cameron or Stratheden Hospital. Nicky Connor noted that there are additional areas open at this time due to the pressures in the community hospitals but staffing them is a critical issue as registered medical and nursing staff is required to have a ward open. Alan Adamson explained utilising hotel and hostels would require to be regulated by the care inspectorate and this would need to be factored into any planning.</p> <p>Arlene Wood noted that the care at home service data looks fairly predictable in terms of demand and wondered if the capacity is fixed or is it flexible. Arlene</p>	

	<p>also noted that there is no performance data around mental health services and wondered if this would be included at a later date. Alan Adamson advised that the demand for Care at Home fluctuates daily and is a continual challenge and the team works collectively with external partners to maximise the service. He acknowledged there was a growing demand and staffing remains a challenge. Nicky Connor confirmed the Care at Home is a significant challenge that the Partnership is facing noting that demand is outstripping capacity. She advised that the Contracts Team is looking at the situation and investigating a collaborative approach with external providers.</p> <p>Alan Adamson advised that there is the intention to bring back Mental Health Service's performance data in future reports.</p> <p>Cllr Liewald asked if a fuller explanation with regards telecare could be given as the figures appear to be advising that there is only a 2% increase in the service at the end of the year and asked if there was any particular reasons why this could not be rolled out further as the pods set up in Rosewell were very successful. Alan advised that the community alarms is part of the assessment process and if telecare alarm is identified clients would be encouraged to get an alarm set up in their home. He advised that it is a self-referral assessment therefore the demand fluctuates but it confirmed that the overall numbers show that it has not changed much. Cllr Liewald confirmed that she would like to see an increase in the use of bed sensors as there is significant benefits for clients who have these installed in their homes.</p> <p>Martin Black noted that the psychological therapies waiting times chart on page 49 continues to concern him with 438 people waiting over 52 weeks to access the service which he noted much as an impact on the service user. Cllr Graham noted reluctance to discuss a report which the other committee members had not seen and noted that it would be helpful if the report could be shared with the wider committee to allow full discussion.</p> <p>Cllr Graham thanked Alan again for talking to the paper and confirmed that the committee had discussed the paper.</p>	
<p>7.</p>	<p>FIFE ALCOHOL AND DRUG PARTNERSHIP (ADP) UPDATE REPORT</p> <p>Cllr Graham welcomed Elizabeth Butters to the committee who advised that this paper was to raise awareness and support discussion regarding the funding that has been made available to the ADP from various Scottish Government funding allocations. She noted that the ADP budget had originally been £5.1M but with the recent funding allocation this has been raised to £7.1M which is a significant increase for the service.</p> <p>Arlene Wood queried how the outcomes are measured and reported to ensure that the services funded across the initiatives are value for money and making a difference for the service user. Elizabeth Butters noted that the service follows the Council's Contract and Monitoring process with Service Level Agreement in place with all outcome and output activity recorded. In addition, each provider is asked to report back on a 6-monthly basis, and is monitored on a regular basis. Elizabeth noted that some of the projects are independently evaluated and there is also a Lived Experience Panel that has been in place for over a year that sit as a sub-group under the ADP which monitor and scrutinise the service through this panel. Elizabeth assured that the Service was working with Scottish Recovery Consortium and SDF measuring output and activities to ensure that there is value for money and having a service that is making a difference for those who use it.</p>	

Martin Black noted that the report concentrated more on the drug issues and noted as the service is called Alcohol and Drug Partnership, he found this concerning. He asked how many deaths there had been in Fife related to alcohol. Elizabeth advised that in 2018, 58 people had died from alcohol specific death, in 2019 this increased to 70 people and in 2020 this reduced slightly to 69 people. She confirmed that the report has more information relating to drugs because this is where the funding has been made available from drug mission work. Elizabeth advised that the ADP has mitigated this as much as possible by ensuring that service is planning and auditing problems around alcohol on a local basis and a Alcohol Death Group has been set up. Public Health has been asked to undertake analysis for those who died last year, this project had been planned for prior to the pandemic and Caldicott agreement has been agreed. In addition, there is a hospital liaison service that has been able to engage with over 300 individuals who had been admitted to hospital due to alcohol problem. Elizabeth advised that places for residential rehabilitation has been increased and other work is planned with primary care to have early intervention in place and there is also a new social work service being implemented that will work with people who are struggling to get into the system of care who have complex needs.

Martin Black noted concern that the Finance Report advises that there is currently £1.3M unallocated funding for ADP and it is fast approaching the end of the financial year and asked if this funding had been committed. Elizabeth advised that most of this funding was provided in the second the third quarter last year and there had been much planning work with the Joint Commissioning Group that sits under the ADP to analyse gaps and undertake audits to consider how this money is used. Within the last month a request has been issued to the current providers to submit bids for dealing with waiting lists and a review of the submissions received will take place shortly. Elizabeth wished to stress to the committee that the service was being very careful with this £1.3M budget as it is recurring for the next 5 years it is so important that it is spent wisely.

Cllr Graham noted with regards the £1.3M, that this will result in an underspend and asked how much this will be and can it be carried forward. Audrey Valente advised that this means that the service is currently underspent by £2m and this will be carried forward until the ADP service is ready to spend the funds. Cllr Graham confirmed that the committee would not like to see the carry forward go towards the general funds and that it is ring-fenced for ADP.

Martin Black noted that Fife is the only major authority in Scotland who does not have an alcohol rehabilitation centre and has to pay other boards to use their services and suggested that the underspend is put towards the development of a centre within Fife. Elizabeth Butters noted that while it would be useful to have a centre within Fife it may indirectly limit the choice that the clinicians have for patients and how the service is currently set up allows people to make choices of what therapy they wish to support.

Cllr Liewald queried with regards the drug mission policy funding and the centring on family support in particular additional support or kinship care and asked if there would be additional support for care leavers. Elizabeth Butters noted that this was an important point and would investigate as the service was currently writing the kinship care proposals.

Cllr Graham confirmed that the committee was content with the recommendations outlined in the report and noted that he looked forward to receiving an update from the service.

<p>8.</p>	<p>SOCIAL CARE PACKAGES – TRANSITIONS</p> <p>Rona Laskowski advised that this report had been a long-standing request from the committee to bring clarity to the situation regarding the transition from Childrens to Adult Care. It has been acknowledged that the transitioning period is a difficult point for children, young people as well as their families but it is out with the gift of both organisations to make changes as the law in Scotland changes when the parental duties stop, and welfare guardianship commences. Rona advised that there is not always a direct pathway from children’s services and for the majority of care users their care changes to being co-ordinated by their General Practitioners as an adult service user.</p> <p>Rona advised that the number of young adults transition varies year on year and during 2021 there were 43 who transitioned all with different needs. It is anticipated that there will be 33 young adults transitioning in 2022 with the negotiations with them and their families currently ongoing.</p> <p>Rona Laskowski confirmed the service would like to put in place a 3-year forecast to anticipate the requirements of the young adults about to transition to the adult services as there are 18,000 children across Fife who have a registered disability. Rona recommended that a further report with the forecast is brought to a future committee.</p> <p>Arleen Wood noted 2 items from the report, the impact on the transition of the young person and their families as well as the fiscal implications and asked if there is any way that there could be a more seamless pathway?</p> <p>Rona Laskowski noted that the organisation Real Change advocates for multi-agency arrangements, but the discussions ideally should be triggered by the school at the age of 14 years, as they are the primary agency for the child. Rona noted that there are good relationships in Fife with the Special Needs Schools with robust arrangements in place, but further work is required to have the same robust arrangements in place with head teachers across all the schools.</p> <p>Cllr Liewald queried during 2021 the Health and Social Care Scotland had put out a vacancy asking for a post to be filled for a parent who had ‘lived experience’ working with parents during the transitioning period, she was not aware if this was a local or Scotland-wide initiative but would like to see someone in a similar role within Fife. Rona Laskowski noted that she was not aware of this post and would investigate.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report and confirmed that the Committee would be keen to see the further report at the March Committee and requested that item was added to the agenda for the meeting.</p>	<p>RL</p> <p>CN</p>
<p>9.</p>	<p>FOR INFORMATION</p> <ul style="list-style-type: none"> WORKFORCE PAPER <p>Nicky Connor advised that the Workforce Paper had been issued with the papers for information to ensure that the committee was sighted on the report and confirmed that it had been reviewed at the Scrutiny Committee.</p>	
<p>10.</p>	<p>ITEMS FOR ESCALATION</p> <p>It was agreed the only issue to escalate to the IJB is the staffing pressures across the whole service which is causing issues.</p>	

11.	AOCB No other issues were raised under AOCB.	
12.	DATE OF NEXT MEETING: 11 March 2022 at 10.00 AM via MS Teams	

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Fife Health & Social Care Partnership

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

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

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

4.

IJB STRATEGIC RISK REGISTER REVIEW

Audrey Valente wished to thank Avril Sweeney for all the work that has been undertaken with the Senior Leadership Team to get the Risk Register to this point.

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

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

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

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

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

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

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

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

AV/AS

	<p>Cllr Dempsey queried with regards Risk 3 where it notes a Finance Governance Board that is being created and asked who would be included within its membership. Audrey Valente advised that the Senior Leadership Team and Business Partners from both organisations will be members of the meeting.</p> <p>Cllr Dempsey noted that he had reviewed the actions column and highlighted that there are 34 actions to be completed by 2022 and asked whose task was it to monitor to ensure that the actions were completed in a timely fashion. Nicky Connor advised that the Senior Leadership Team will be responsible, and these will be reviewed and monitored against progress at the Assurance Senior Leadership Team Meetings that have been set up.</p> <p>Sinead Braiden queried if there had been or were there going to be any development sessions relating to risk. Norma Aitken advised that there had been a recent development session that had looked at risk appetite and noted that plans are being drawn up for 2022 development sessions which could include risks. Cllr Ross suggested waiting until after the Council Elections in May as there were likely to be new Council members on the committee following the elections. Audrey Valente/ Norma Aitken to ensure that follow up Risk Appetite Sessions is tabled at a future Development Session.</p> <p>Cllr Dempsey confirmed that the Committee were content that the risk register had been discussed and were happy to recommend the revised Risk Register to the IJB.</p>	AV/NA
<p>5.</p>	<p>PROGRESS ON INTERNAL AUDIT PLAN 2021/22</p> <p>Tony Gaskin advised that there was not much to update the committee on this occasion, the Internal Audit Team are currently working through the ongoing governance work but confirmed that he fully expected to be able to provide full report by year end.</p> <p>Cllr Dempsey noted that FO2 relating to liaison with management was an entry that was going to be static for the rest of time. Tony Gaskin confirmed that this was the case although the personnel would change with time.</p> <p>Cllr Dempsey asked what the notable changes were. Tony Gaskin confirmed that 2 assignments plans had been completed noting that the slow progress is expected at this time of year.</p> <p>Cllr Dempsey confirmed that the committee had noted the report.</p>	
<p>6.</p>	<p>AUDIT & RISK WORKPLAN 2022</p> <p>Audrey Valente advised that the work plan had been attached for information and asked if there were any reports or updates not noted that the committee would like to see that they contact Audrey to advise.</p> <p>Cllr Dempsey requested that the size of the columns are reduced to ease reading on the screen and noted that there appears to be a considerable amount of papers to be tabled at the March meeting but confirmed that this may be due to required deadlines. Audrey Valente agreed to review the</p>	

	<p>content and where possible postpone reports to April Meeting to reduce the burden for the End of Year committee meeting, but it was agreed that a longer meeting could be held if required.</p> <p>It was noted that due to the Council Elections the Meeting that was proposed to be held in May has been brought forward to April.</p> <p>Cllr Dempsey confirmed that the committee had noted the work plan.</p>	
7.	<p>ITEMS FOR ESCALATION</p> <p>Cllr Dempsey noted the requirement of this committee to recommend the revised Risk Register but agreed that there was nothing else requiring to be escalated to the IJB.</p>	
8.	<p>AOCB</p> <p>No items were raised under AOCB.</p>	
9.	<p>DATE OF NEXT MEETING</p> <p>9th March 2022 – 10.00 AM – 12.00 NOON</p>	

DRAFT



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM

TUESDAY 14 DECEMBER 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Debbie Thompson, Joint Trades Union Secretary
Alison Nicoll, RCN
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Chris Conroy, Clinical Services Manager (for Bryan Davies)
Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, HR Lead Officer, Fife Council
Frances Baty, Head of Psychology, NHS Fife
Jane Brown, Principal Social Work Officer, H&SCP
Karen Nolan, Clinical Services Manager. Community Care Services (for Lynne Garvey)
Kenny Grieve, Fife Council Health & Safety Lead Officer
Kenny McCallum, UNISON
Kevin Egan, NHS Fife
Lisa Cooper, Immunisation Programme Director
Lynn Barker, Associate Director of Nursing
Lynne Parsons, Society of Chiropractors and Podiatrists
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, Human Resources, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Bryan Davies, Head of Primary & Preventative Care Services
Eleanor Haggett, Staff Side Representative
Lynne Garvey, Head of Community Care Services
Mary Whyte, RCN
Valerie Davis, RCN Representative

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 3 November 2021 Subject to a small change suggested by Susan Young, the Minute from the meeting held on 3 November 2021 was approved.	

2.2 Action Log from 3 November 2021

The Action Log from the meeting held on 3 November 2021 was updated and approved.

3 JOINT CHAIRS UPDATE

Nicky Connor provided an update on the current situation with Covid-19. Modelling data has been collated which shows the best and worst-case scenarios for cases of the Omicron variant. Numbers have grown quickly over a short period of time and there is a level of uncertainty around how this will progress. Significant challenges to be expected around the health and wellbeing of individuals, how to sustain services and the impact on the workforce. Gold, Silver and Bronze Command Groups have been re-established and meetings are being put into diaries. Key priority is to protect critical services and maintain capacity for hospital admissions. There is to be significant acceleration of the vaccination programme (more detail in Item 9).

The Senior Leadership Team (SLT) have begun daily winter planning meetings and the Extended Leadership Team (ELT) will meet this afternoon to ensure the partnership provides a collective response and good communications. A whole system approach will be used.

It was agreed to increase the frequency of LPF meetings during the first part of 2022 to monthly. Simon Fevre and Wendy Anderson will identify suitable dates, the additional meetings will be for one hour only initially.

SF/WA

4 IMATTER – SURVEY UPDATE

The survey results had been discussed at the LPF and ELT and this update is a reflection on the key actions from the survey. The themes were Let's Celebrate, Let's Develop and Let's Act, over 61% of staff responded and there were many green areas in the feedback.

The three areas which were highlighted under Let's Act were Visibility of Senior Officers and Board members; employee involvement in decision making and Supporting Learning and Development. Work on these will be undertaken and they will be reviewed at the end of March 2022, with an update brought to the LPF in April 2022.

NC

It was agreed that in January 2022 the information contained in the action note would be converted to a SWAY document and shared with H&SC staff.

NC/HW

5 HEALTH AND SAFETY UPATE

Anne-Marie Marshall gave an update on an HSE campaign which began on 16 November 2022 to assists the mental health and wellbeing of employees.

There has been a large increase in requests for face fit testing of masks, recently this has been done once a week and has now increased to three sessions per week to deal increased numbers.

Manual Handling training is being carried out at Cameron Hospital and will continue over the festive period to allow night shift staff to be fully trained.

5 HEALTH AND SAFETY UPATE (Cont)

Simon Fevre asked for an update on see through face masks, which had been discussed at previous LPF meetings. Anne-Marie advised that we now have supplies of these and a group has been set up which meets weekly to discuss ordering and distribution of these.

Kenny Grieve shared some information via Power Bi on health and safety incidents. There has been a decrease in most areas over the past 12 months. Kenny met recently with John Cooper and Elaine Siggars to have an in depth look at slips, trips and falls. Work on this will continue until March or April 2022. Compliance visits and risk assessments in Group Homes will take place during the next financial year.

A discussion took place around under reporting of incidents of verbal and physical abuse and aggression. It was agreed that Rona Laskowski, as Health and Safety Lead on SLT would take this to the meeting of the HSCP Health & Safety Assurance Group (formally Health & Safety Forum) on 26 January 2022. It is envisaged that a campaign can be brought forward to encourage staff to record all incidents to allow a clear picture to emerge.

Update on Health and Safety Forum

Rona Laskowski had provided a written update on the HSCP Health & Safety Assurance Group (formally Health & Safety Forum). The first meeting of the group took place on 26 October 2021 and the next meeting is on 26 January 2022. Meetings will be held quarterly and the Forum will report to the SLT Assurance Meeting. Updates will be provided to future LPF meetings.

6 FINANCE UPDATE AND RECOVERY PLAN

Finance Update

Audrey Valente advised that the forecast deficit is £4.179m and it is expected that the costs of Covid-19 will be met in full through the use of Reserves and further Scottish Government funding. It has been confirmed that Scottish Government will provide support to IJBs to deliver break event on a non-repayable basis, providing there is appropriate review and control in place.

Covid-19 spend to date is £12.596m and is projected to be £32.476 by year end. Reserves of £15m will be used in the first instance to offset these costs.

Recovery Plan

Audrey Valente presented this report which updated on current progress on recovery actions in the medium and longer term. Work is ongoing to reduce non-essential spending in year but this would not affect front line working.

Four main areas of spending are under review:-

- Review and refine costs to ensure expenditure is coded correctly to Covid.
- Reduce in-year non-essential spend.

NO	HEADING	ACTION
6	FINANCE UPDATE AND RECOVERY PLAN (Cont)	
	<ul style="list-style-type: none"> • Impact on core services of Scottish Government additional funding. • Improved projected outturn position. 	
7	REFRESH OF WORKFORCE STRATEGY AND PLAN	
	<p>Roy Lawrence advised that the current timescale for completion of this Strategy and Plan is 31 March 2022, but it is envisaged that, due to ongoing Covid restrictions, Scottish Government will extend this deadline to either July or October 2022. The current three-year Strategy is still live and will continue to be used until the new version is approved. An HSCP Workforce Strategy Group has been formed with representatives from SLT, ELT, LPF, the 3rd and Independent Sectors and Fife College, including HR and Comms. Content will be developed by the group then agreed by individual services.</p> <p>Discussion took place around workforce planning, the recruitment/retention issues highlighted by covid and consultation on the Strategy.</p> <p>A draft version of the Strategy will be available early in 2022 and updates will be brought to the LPF regularly. The final Strategy will come to the LPF and Governance Committee(s) and then to the IJB for final sign off. Timescales will be dependent on Scottish Government deadline.</p> <p>Item 9 was taken before Item 8 on the agenda to ensure participants could provide updates before leaving for other meetings.</p>	
8	WORKFORCE UPDATE	
	Agile / Flexible Working	
	<p>Both Fife Council and NHS Fife have reinstated working from home / online meetings for staff until early 2022 in the first instance. Fife Council have issued updated guidance on the recording of absences in Oracle.</p> <p>Work is ongoing to support staff recruitment particularly in Care at Home, where different work patterns are now on offer to encourage applications.</p> <p>New starts in the partnership have been surveyed on their experience since joining.</p> <p>Debbie Thomson asked if consideration had been given to reinstating the Team Fife approach, which was used successfully earlier in the pandemic. This has not been done to date but may change going forward.</p> <p>Discussion took place on clear messaging for care self on self-isolating, high community transmission rates and communications for staff.</p>	

NO HEADING

ACTION

8 WORKFORCE UPDATE

Workforce, Winter and Investment

Karen Nolan gave an update on behalf of Lynne Garvey. Currently no covid-19 in community wards, although one area is closed because of norovirus. Recruitment challenges continue, significant surge capacity has been opened up and the teams are coping with the day to day challenges this presents.

The Community Nursing Team have completed giving vaccination boosters and flu jabs to housebound residents in Fife achieving a 96% vaccination rate.

Chris Conroy gave an update on behalf of Bryan Davies. Absence and self-isolation rates were down across all areas since last month. There is continued pressure in Children's Services which is being managed locally. Challenges continue with GP's but these are being closely monitored by the Primary Care Teams.

Rona Laskowski advised there are similar reductions in absence rates in her area. Levels of activity in out of hour social work are increasing and Rona will speak with Audrey Valente about resourcing this from covid-19 monies. Social Care have been remobilising services but these may have to be stepped down again.

Rona and John Cooper hosted their first Extended Social Work Management Team meeting last week which was well received and allowed collective consideration of current pressures and support.

9 COVID-19 POSITION

Current Position

Nicky Connor covered this item in Item 3.

Vaccinations

Lisa Cooper provided a high-level update on the Immunisation Service which was reviewed earlier in 2021. Nicky Connor is Senior Responsible Officer and Lisa is Immunisation Programme Director. The Fife Immunisation Strategic Framework 2021-2024 was approved by the Integration Joint Board on 24 September 2021.

An Immunisation Programme Board has been established and is currently meeting weekly, but this may become more frequent.

The immunisation programme is currently being accelerated to ensure all those who are eligible are offered a covid booster vaccination by the end of December 2021. This will require an additional 50,000 vaccinations to be delivered in the next three weeks and the workforce will be critical to the success of this. Also involved are the military, 3rd and Independent sectors and volunteers.

Discussion took place around stabilising the workforce, the percentage of the workforce who are not vaccinated, recording issues, the new guidance on self-isolating and the financial impact of covid on employees.

NO	HEADING	ACTION
9	COVID-19 POSITION (Cont)	SY/EJ
	<p>It was agreed that Susan Young and Elaine Jordan would link with Lisa Cooper and Paul Dundas to produce an article for the Director's Brief on vaccinations.</p>	
	<p>Simon Fevre and Nicky Connor expressed the thanks of the LPF to all those involved in the immunisation programme.</p>	
	Pregnant Workers	
	<p>Guidance on this had been circulated with the papers for the meeting. Risk Assessments and the potential for different ways of working are still in place. Both NHS Fife and Fife Council are working to the new guidance and managers are aware of the changes.</p>	
10	HEALTH & WELLBEING	
	Attendance Information	
	<p>Attendance information had been circulated on behalf of Fife Council and NHS Fife prior to the meeting.</p>	
	<p>Susan Young advised that absence rates in NHS Fife had dropped slightly overall but some areas had higher rates. Anxiety, stress and depression are still the main causes of absence.</p>	
	<p>Elaine Jordan advised that managers now have access to a number of absence reports and these are currently being broken down by portfolio and service area. By January monthly reports will be available.</p>	
	<p>The number of staff on long term absence has increased and this is an area which is being focused on. A large number of absences in Oracle had not been closed down by employees and managers have been contacted to remedy this. New reports on vacant positions and outstanding holiday entitlement are now available.</p>	
	Staff Health & Wellbeing	
	<p>Elizabeth Crichton provided an update on initiatives which are being undertaken including the exercise to close off absences on Oracle, reducing double entries due to staff holding more than one post, recruitment of a Management Support Officer to support attendance management on a temporary basis.</p>	
	<p>In the new year work will begin to deploy the HSE Stress Management Tool in some areas of the partnership. Managers are encouraged to use the HSE Talking Toolkit to support conversations with employees.</p>	
	<p>A pilot employee assistance programme has begun which will provide 24/7 access to a helpline (for staff and managers) as well as the ability to arrange a referral to physiotherapy.</p>	
	<p>Three Wellbeing Champions are now in place within the partnership.</p>	
	<p>Frances Baty advised that staff mental health, team cohesion and peer support from colleagues were priorities which should be encouraged.</p>	
	<p>Manager sessions on team cohesion have been held recently and feedback has been positive.</p>	

NO	HEADING	ACTION
10	HEALTH & WELLBEING (Cont) Staff Health & Wellbeing (Cont)	
	Posters have been produced to promote resources to staff who do not routinely use e-mail, staff are encouraged to seek out support when needed and the Access Therapies website has valuable resources.	
11	ITEMS FOR BRIEFING STAFF Via Directors Brief / Staff Meetings	
	Simon Fevre and Nicky Connor to discuss and agree items out with the meeting.	SF/NC
12	AOCB Nothing raised.	
13	DATE OF NEXT MEETING Wednesday 19 January 2022 – 9.00 am Additional Meetings will be added in February, April and June 2022.	