Fife Health & Social Care Partnership
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AGENDA

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON FRIDAY 23 APRIL 2021 AT 10.00 AM

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

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

NO	TITLE	PRESENTED BY	PAGE
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS	Rosemary Liewald	
2	CHIEF OFFICERS REPORT	Nicky Connor	
3	CONFIRMATION OF ATTENDANCE / APOLOGIES	Rosemary Liewald	
4	DECLARATION OF MEMBERS' INTERESTS	Rosemary Liewald	
5	MINUTES OF PREVIOUS MEETING 26 March 2021	Rosemary Liewald	1–7
6	MATTERS ARISING - Action Note 26 March 2021	Rosemary Liewald	8
7	COVID-19 / REMOBILISATION UPDATE	N Connor/D Milne/C McKenna/J Owens/S Garden/K Murphy/P Dundas	Verbal Update
8	FINANCE UPDATE	Audrey Valente	9–18
9	PERFORMANCE REPORT – EXECUTIVE SUMMARY	Fiona McKay	19-32
10	FIFE INTEGRATION JOINT BOARD DIRECTIONS POLICY	Nicky Connor	33-56

11	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED** **Finance & Performance Committee** Confirmed Minute from 5 March 2021 Confirmed Minute from 18 March 2021 **Audit & Risk Committee** Unconfirmed Minute from 17 March 2021 **Local Partnership Forum** Confirmed Minute from 10 March 2021 Confirmed Minute from 24 March 2021	**David Graham / Eugene Clarke / Simon Fevre / Nicky Connor**	**57-85**
12	**AOCB**	**ALL**	
13	**DATES OF NEXT MEETINGS** **IJB DEVELOPMENT SESSION – Friday 28 May 2021 at 9.30 am** **INTEGRATION JOINT BOARD – Friday 18 June 2021 at 10.00 am**		
Members are reminded that, should they have queries on the detail of a report, they should, where possible, contact the report authors in advance of the meeting to seek clarification			

Nicky Connor
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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

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UNCONFIRMED

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

Present	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LBi), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Janette Owens (JO), Nurse Director, NHS Fife Chris McKenna (CM), Medical Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers Attending	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Fiona McKay (FM), Interim Divisional General Manager Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	HEADING	ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

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

The Chair then welcomed Janette Owens to her first Board meeting since being appointed to the role of Nurse Director.

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

2 CHIEF OFFICERS REPORT

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

Nicky updated on the appointment of the three new Heads of Service who will take up post on 7 June 2021.

Bryan Davies will take up the role of Head of Primary and Preventative Care Services, Lynne Garvey will be Head of Community Care Services and Rona Laskowski, Head of Complex and Critical Care Services.

NO	HEADING	ACTION

3 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Helen Hellewell, Dona Milne, Kathy Henwood, Steve Grimmond, Carol Potter and Jim Crichton.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 4 DECEMBER 2020

The Minute of the meeting held on Friday 19 February 2021 was approved.

6 MATTERS ARISING

The Action Note from the meeting held on 19 February 2021 was approved.

7 COVID 19 / REMOBILISATION UPDATE

The Chair introduced Nicky Connor and colleagues to provide updates on Covid-19 and Remobilisation.

Chris McKenna updated on behalf of Dona Milne, who was unable to attend. Public Health have undertaken a significant number of tests, both symptomatic and asymptomatic, in hospital and community settings. Positivity numbers in Fife are approx 2.6% which is lower that the Scottish average. Currently sitting at 67.7 cases per 100,000 (Scottish average is 70 per 100,000). This is a dynamic situation, with society reopening although the virus is still present. Everyone will need to continue to follow all safety precautions (FACTS).

Chris then gave an update on NHS Remobilisation. Elective and Outpatient Services are reopening at both Victoria and Queen Margaret Hospitals using safe and robust remobilisation plans. Patient pathways are being maintained to ensure patient and staff safety.

Janette Owens updated on Staff health and wellbeing remain a priority with staff being able to access Staff Hubs, Psychology services and the spiritual team. There are also lots of materials available to help staff including a new "going home" checklist, leaflets on stress, etc. A Culture of Kindness Conference is being organised for May 2021.

Scott Garden advised that on Thursday 25 March 2021 over 180,000 vaccinations had been delivered to Fife residents, this includes over 170,000 first vaccinations and 9,500 second vaccinations. Fife is on track to offer the first dose to all these cohorts by the end of March.

There have been some cases of people who have not been offered an appointment, but a process has been set up nationally for people who believe they should have been offered a vaccination and have not received an appointment.

NO	HEADING	ACTION

7 COVID 19 / REMOBILISATION UPDATE (Cont)

Unpaid carers can complete a self-registration form online and appointments will be set up as forms are received.

Second doses of the vaccination are currently being given to Care Home residents and staff and these should be completed by the end of March. GP's will then begin to offer second doses to over 80's and housebound residents.

Fiona McKay advised that currently there are less than 5 care homes in Fife closed due to the covid-19 pandemic. Visiting has restarted across sites which are open and the partnership is working closely with all homes to support the robust processes that are being put in place. A small number of Day Services have reopened to accommodate people with very complex needs and provide support to carers. The PPE Hub will continue to support carers and their families at least until June 2021.

Kenny Murphy provided an update from Fife Voluntary Action, which continues to work with the British Red Cross and pharmacies to provide and co-ordinate support. Some organisations are beginning to remobilise and restart services. Some services provided during the pandemic will be retained and there will be more flexibility going forward. Those working in the third sector have had good access to the vaccination.

Paul Dundas confirmed that the Independent Sector continued to work throughout the pandemic. Most Care Homes are open to visitors and this recognises the contribution of care home staff to support this. Support for mental health and wellbeing is a priority. The roll out of the vaccination programme is enabling services,

Nicky Connor updated on Primary Care in Helen Hellewell's absence. Close working is ongoing between in and out of hours primary care. Meetings are taking place with staff in dental services to support.

Rosemary Liewald offered her thanks to the entire partnership team one year into the pandemic for the work carried out during this time. She also thanked everyone for their updates today.

Tim Brett asked about funding which is being provided to support Fife Council staff. Fiona McKay advised that information has been received on this and staff have been surveyed on what practical supports can be offered. This information will be collated for the Senior Leadership Team (SLT).

Christina Cooper asked if support was being provided for third and independent sector staff. Nicky Connor confirmed that many of the Fife Council and NHS Fife supports were being opened up across the whole of the sector. Kenny Murphy advised that they were heavily promoting web resources which were useful to staff.

Morna Fleming raised a question in relation to dental services operating as normal and the importance of early intervention for issues. Nicky agreed to take this away and arrange for an update to Morna.

NO	HEADING	ACTION

7 COVID 19 / REMOBILISATION UPDATE (Cont)

David J Ross raised the issue of vaccinations for Cohorts 10-12 and whether the venues used would remain the same. Scott Garden advised that many of the same venues will be used for those receiving their second dose of the vaccination to ensure continuity. Four larger venues are being opened up and these, along with some of the original venues, will be used for the latest vaccinations. Communications on this will be produced once vaccination support information has been confirmed.

8 REVENUE BUDGET 2021-2024

The Chair introduced Audrey Valente who presented this report.

Audrey Valente noted that the paper outlined the Budget for 2021/22 along with the Medium-Term Financial Strategy and the PIDs associated to the savings for 2021/22. Audrey noted that there are no PIDs for Year 2 onwards savings as the detail is included within Appendix 3, the Medium-Term Financial Strategy.

There were 3 things that she wished to bring to the attention of the committee.

1. The Budget has been balanced by assuming that the unachieved savings from 2020/21 will be achieved in the next financial year.

2. There is no demographic growth included for 2 reasons, the first is affordability as further savings would require to be identified if they were included. Secondly transformation, it is anticipated that efficiencies will continue to be delivered managing any increase in demand.

3. There are no Directions in this paper, and the paper is detailed at activity level budgets. This is due to the NHS Budget not being approved until the end of March 2021 and therefore the Partnership is not in a position to provide this level of detail, however the plan is to bring this back to a future Board Meeting.

There are two entries included to demonstrate transparency.

- CRES (Cash Releasing Efficiency Savings), these tend to be approved year on year on a non-recurring basis. What has been presented this year is the CRES Savings but c.90% of these are being met on a recurring basis so they won't be brought back as they are being delivered on a recurring basis.
- MORSE – has been talked about at various committee meetings and development meetings. MORSE is an electronic patient system which will incur costs of c.£1M over the next 2 years. The Business Case suggested that there will be benefits to offset these costs and this has been reflected in the budget on this basis. Board Members should be aware that these savings may take some time to materialise and some of the reserves has been earmarked to meet these costs over the next few years.

NO	HEADING	ACTION

8 REVENUE BUDGET 2021-2024 (Cont)

Audrey noted that there is a budget gap of £8.669M after funding from both partners. There are savings of £8.723M and the detail of these can be seen in the PIDs in Appendix 4.

David Graham and Tim Brett advised that the budget had been discussed and scrutinised in detail at both the Finance & Performance Committee (18 March 2021) and the Clinical & Care Governance Committee (19 March 2021). Both Committees were happy to endorse the budget for approval at today's meeting.

Audrey Valente advised that the budget had also been discussed with staff and trade union representatives at a Local Partnership Forum Meeting (24 March 2021) and that two drop-in sessions had been arranged for IJB members to allow the opportunity to talk through the proposals in detail.

Confirmation was given that future strategies will be brought back to the IJB through due governance committees.

Eugene Clarke found the drop-in session useful and asked that something similar be arranged in future years to assist in the budget setting process. He then enquired about potential pay increases and how they would impact the budget. Audrey advised that the Scottish Government would cover the costs of the NHS pay increase.

The Board discussed and approved the savings proposed at Appendix 2. It also considered the medium-term financial strategy and instructed the Chief Officer to progress the plans and report back to a future meeting of the IJB.

9 IJB RECORDS MANAGEMENT ANNUAL REPORT

The Chair introduced Fiona McKay who presented this report which was an update of the plan approved by the IJB during 2019. It is a requirement of the National Records of Scotland and had been discussed at the recently Clinical & Care Governance Committee meeting.

The Board noted the content of the report and the supporting documentation.

10 PHARMACEUTICAL CARE SERVICES REPORT

The Chair introduced Scott Garden who presented this report which was for information only. The plan agreed with the IJB in 2020 was that focus would be given to the development of the report in the 3rd quarter of 2020 with the objective of having a refreshed report available for consultation early 2021. This would also have allowed the pharmacy team to start to consider the population health implications from COVID in line with our current and future pharmaceutical care services provision. However, we are now in the midst of a further wave of the Covid pandemic and the impact on the team is greater, due to completing priorities, not least that

10 PHARMACEUTICAL CARE SERVICES REPORT (Cont)

not least that Pharmacy is currently leading on delivery of Covid Vaccination Programme.

Further, a Community Pharmacy Core Group is in the process of being established. First meeting was held in early February 2021. One of the main objectives of the 'Core Group' will be to support development of the annual PCSR. Therefore, the IJB is asked to recognise this development and to expect an updated, revised report early 2022.

The Board recognised the decision within the report and expect an updated report early 2022.

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

The Chair asked Eugene Clarke, Tim Brett and David Graham for any items from governance committees that they wish to escalate to the IJB.

Tim Brett – Clinical & Care Governance Committee (C&CG) – 26 February 2021

1 The committee received an update on Covid-19.

2 An update on Winter was also provided.

3 Mental Health was a large part of the agenda. The annual Mental Health Commission report was discussed.

David Graham – Finance & Performance Committee (F&P) – 12 February 2021

1 The focus of F&P meetings has been the budget.

2 An update was provided on the Risk Register Annual Report.

3 The Performance Report was discussed including the impact of Covid-19.

Eugene Clarke – Audit & Risk Committee (A&R) – 22 January 2021

1 The Annual Audit Plan was reviewed.

2 Nothing to update from the A&R meeting on 17 March 2021.

Local Partnership Forum (LPF) – 10 February 2021

1 Nothing to escalate from this meeting.

2 Staff Health and Wellbeing is discussed at every LPF meeting.

3 Discussions have started on staff returning to the workplace and how best to manage this to ensure a safe return.

NO	HEADING	ACTION

12 AOCB

Rosemary Liewald advised Board members that Les Bisset was standing down from his position on the NHS Board with effect from the end of March 2021. She thanked Les for his incredible input to the partnership over the years and wish him well for his retirement.

13 DATES OF NEXT MEETINGS

IJB Development Session – Friday 9 April at 9.30 am

IJB Meeting – Friday 23 April at 10.00 am

ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 26 MARCH 2021

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	**Finance Update –** provide an update on Direct Payments to a future Development Session.	**Nicky Connor / Audrey Valente**	**Development Session during 2021**	

COMPLETED ACTIONS

Finance Update – meeting to be set up with IJB members to brief them on progress with budget setting for 2021-2022	**Nicky Connor / Audrey Valente**	**Prior to IJB on 26/03/21**	**Complete**

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Meeting Title:	**Integration Joint Board**
Meeting Date:	**23 April 2021**
Agenda Item No:	**8**
Report Title:	**Finance Update**
Responsible Officer:	**Nicky Connor, Director of Health & Social Care**
Report Author:	**Audrey Valente, Chief Finance Officer HSCP**

1 Purpose

This Report is presented to the Board for:

- Awareness
- Discussion

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

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

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

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- Finance & Performance Committee – 8 April 2021.

3 Report Summary

3.1 Situation

The attached report details the financial position of the delegated and managed services based on 28 February 2021 financial information. The forecast surplus is £4.851m. Although £6.939m relates to unachieved savings. Full funding has been made available by the Scottish Government in recognition of IJB priorities over this financial year to respond to the pandemic.

3.2 Background

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

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

3.3 Assessment

Financial Position

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

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

- Community Services
- Older People Residential and Daycare
- Adult Supported Living
- Nursing and Residential

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

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

3.3.1 Quality/ Customer Care

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

3.3.2 Workforce

There are no workforce implications to this report.

3.3.3 Financial

This paper provides an update in terms of both core expenditure and Covid-19 spend. The latest projection suggests an underspend position at March 2021 of £4.851m. Funding received from SG to meet Covid-19 expenditure and unachieved savings, a recovery plan and substantial cost reductions were achieved contributing to this projected outturn position that is now being reported.

3.3.4 Risk/Legal/Management

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

3.3.5 Equality and Diversity, including Health Inequalities

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

3.3.6 Other Impact

No other impact to report.

3.3.7 Communication, Involvement, Engagement and Consultation

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

3.4 Recommendation

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

4 List of Appendices

The following appendix is included with this report:

Appendix 1 – Finance Report – February 2021

5 Implications for Fife Council

There are financial implications for Fife Council as any overspend is to be split and funded by partners 28% FC/ 72%NHS. However, the suggested projected outturn as at February is an underspend position.

6 Implications for NHS Fife

There are financial implications for NHS as any overspend is to be split and funded by partners 72% NHS/ 28% FC. However, the suggested projected outturn as at February is an underspend position.

7 Implications for Third Sector

Not applicable

8 Implications for Independent Sector

Not applicable

9 Directions Required to Fife Council, NHS Fife or Both

Direction To:		
1	**No Direction Required**	✓
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
Audrey Valente, Chief Finance Officer, Health & Social Care Partnership
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APPENDIX 1

www.fifehealthandsocialcare.org

Fife Health & Social Care Partnership

Finance Report as at 28 February 2021

April 2021

NHS Fife

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Fife Council

FINANCIAL MONITORING

FINANCIAL POSITION AS AT FEBRUARY 2021

1 Introduction

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

a) Payments for the delegated in scope functions.

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

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

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

2 Financial Reporting

This report has been produced to provide an update on the projected financial position of the Health and Social Care Partnership core spend. A summary of the projected overspend 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 HSCP 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.

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

3 Additional Allocations for Year

Additional Budget allocations are awarded in year through Health which are distributed to the H&SCP where applicable. The total budget for the delegated and managed services has increased by £63.550m through additional allocations for specific projects as detailed below in Table 1 - £55.726m of this funding has been allocated to budgets and £7.823m remains in reserve to be allocated.

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

	Funding Received 2020-21	Funding B/F	Funding Allocated	Funding Earmarked	Funding Unallocated
	£	£	£	£	£
Alcohol and Drug Partnership	317,247	5,054,445	4,805,895		565,797
Mental Health Act	344,000		344,000		0
Integration Fund		631,442	556,252		75,190
Men C	-15,995		-15,995		0
Community Pharmacy Practitioner Champion	19,734		19,734		
Family Nurse Partnership	1,276,288		1,276,288		0
Capacity Building CAMHS & PT	455,623		455,623		0
Mental health innovation fund	287,601		287,601		0
Veterans First Point Transition funding	116,348		116,348		0
Primary Medical Services Bundle	1,717,797		1,717,797		0
Outcomes Framework	-27,450				-27,450
PCIF	6,978,278	273,000	4,727,404	-	2,523,874
Action 15 mental health strategy	2,134.902		819,169		1,315,733
Pre-Registration Pharmacist Scheme	-115,784				-115,784
Fife's Integration Authority share of £50m	3,413,000		3,413,000		0
Living Wage	680,242		680,242		0
Second tranche of Social Sustainability	1,706,000		1,706,000		0
Childhood Flu etc	546,601		546,601		0
Breastfeeding Project	57,890		57,890		0
School Nursing	115,000		115,000		0
Covid-19 Sustainability	300,000		300,000		0
GP premises funding	102,171		102,171		0
Perinatal funding	341,954		341,954		0
Primary Care Out of Hours Funding	340,911		340,911		
Covid-19	18,646,861		17,701,195		945,666
District Nurses Move	152,047				152,047
Adult Social Care Winter Plan	4,360,000		4,360,000		
Shingles/Fluenz	119,002		101,160		17,842
Additional Social Care	10,950,215		10,950,215		
Flu Vaccine	270,830				270,830
RT Funding :Earmarked Reserve	1,500,000				1,500,000
FSL Earmarked Reserve	500.000				500,000
	57,591,313	**5,958,887**	**55,826,455**	**0**	**7,723,745**

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 February.

Financial Performance Analysis as at February 2021

The combined Health & Social Care Partnership delegated and managed services are currently reporting a projected outturn underspend of £4.851m as below.

As at 28 February 2021

Objective Summary	Original Budget	Budget November	Budget February		Forecast Outturn November 2020	Forecast Outturn February	Variance as at November	Variance February
	£m	£m	£m		£m	£m	£m	£m
Community Services		113.867	119.885		110.408	116.605	-3.459	-3.280
Hospitals and Long-Term Care		55.471	56.610		56.543	56.911	1.072	0.301
GP Prescribing		70.607	70.708		71.357	70.708	0.750	0.000
Family Health Services		101.440	102.043		101.640	102.243	0.200	0.200
Children's Services	394.751	17.550	18.024		17.050	17.924	-0.500	-0.100
Resource transfer & other payment		59.931	83.505		64.0041	83.467	4.073	-0.038
Older People Residential and Day Care	14.134	14.651	14.651		14.207	13.997	-0.444	-0.654
Homecare Services	30.460	29.461	29.461		31.400	30.273	1.939	0.812
Nursing and Residential	33.789	34.092	34.092		33.312	33.312	-0.780	-0.780
Adult Placements	39.215	40.928	41.237		44.618	42.542	3.690	1.305
Adult Supported Living	22.576	21.729	21.728		20.202	19.801	-1.526	-1.926
Social Care Other	17.177	19.727	19.419		19.872	18.729	0.144	-0.690
Housing	1.646	1.556	1.556		1.556	1.556	0.000	0.000
Total Health & Social Care	**553.747**	**581.012**	**612.919**		**586.170**	**608.068**	**5.158**	**-4.851**

Revised Outturn figure					**586.170**	**608.068**	**5.158**	**-4.851**

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

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

The main areas of variances are as follows:

4.1 Community Services Underspend £3.280m

There is a forecast outturn of £3.280m underspend within Community Services which is due to staff vacancies in Health Promotion & Community Dental services (Fife Wide) as well as nursing vacancies in the East. There are also forecast underspends in Sexual Health and Rheumatology drug costs.

4.2 Hospital and Long-Term Care £0.301m Overspend

There is a forecast overspend of £0.301m comprising staff costs associated with additional demands relating to patient frailty/complexity. There are also staff shortages and vacancies within Mental Health which has necessitated additional expenditure in relation to medical locums and nursing overtime, bank and agency spend.

4.3 Older People Residential and Day Care £0.654m Underspend

The underspend is mainly due to £0.350m underspend on the additional funding received for Carers Act funding, due to delays in spending. There was an underspend on staffing of £0.538m due to absence and cover costs being funded by Covid-19, offset by a reduction in income from service-users of £0.318m.

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

4.4 Homecare Services £0.812m Overspend

The overspend in homecare mainly relates to £0.388m non-achievement of turnover allowance and the provision of additional critical packages at a cost of £0.460m.

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

4.5 Nursing and Residential £0.780m Underspend

The projected underspend is mainly due to additional income contributions from clients of £0.322m, following a significant exercise to complete and agree long-term care financial assessments. The completion of these had been delayed by Covid-19. There is also an underspend of £0.446m on payments to external suppliers for placements, which is mainly due to £0.300m now being allocated to Covid-19 Winter funding.

4.6 Adult Placements £1.305m Overspend

The overspend in adult placements mainly relates to a greater number of adult packages which have been commissioned in excess of budget. As spend exceeds the budget an additional level of escalation is required to control spend in this area.

Funding for unachieved savings of £2.285m is now being included in the forecast.

4.7 Adult Supported Living £1.926m Underspend

The projected underspend of £1.926m for supported living is mainly within employee costs due to vacancies across all areas. In addition to general vacancies there are £0.774m of vacancies within the Community Support Service which will be utilised going forward with a redesign of the services being provided. While Day Care services have been closed, some of the staff have been redeployed to cover vacancies, holidays and sickness within the group homes reducing the need to pay additional staff to provide cover.

4.8 Social Care Other £0.690m Underspend

Within Social Care Other there are underspends of £0.736m on employee costs within Fieldwork Teams and Adults Fife-Wide teams due to the non-filling of vacancies. This is offset by overspend of £0.150m on third party payments.

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

5 Savings

A range of savings proposals to meet the budget gap was approved by the IJB as part of the budget set in March. The total value of savings for the 2020-21 financial year is £13.759m. The financial tracker provides an update on all savings and highlights that anticipated savings of £8.254m (56.1%) will be delivered against the target.

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

6 Covid-19

In addition to the core financial position, there is a requirement to report spend in relation to Covid-19. Currently the actual spend to February is £20.118m. These costs have been fully funded through the local mobilisation plans.

7 Reserves

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

Significant funding from Scottish Government in respect of the costs of Covid-19 has been received in the final quarter of 2020-21. As a result of this, funding will be available to carry forward to offset the continued costs of Covid-19 in 2021-22. £2.7m was received for Adult Social Care Winter Plan – to be utilised to meet on-going sustainability payments and staff restriction policies, as set out in the Winter Plan. A share of £100m to support ongoing Covid-19 costs (£7m), including new ways of

working developed in year, and additional capacity requirements. Community Living Change Funding of £1.3m was also allocated to support discharge from hospital of people with complex needs, to support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid hospitalisation and inappropriate placements.

The Health and Social Care Partnership projected underspend of circa £5m will also be carried forward and utilised to fund cost pressures such as MORSE, GP prescribing tariff and CAMHS temporary posts.

Audrey Valente
Chief Finance Officer
31 March 2021

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**23 April 2021**
Agenda Item No:	**9**
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 Outcomes*:*

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

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

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

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

5 Health and social care services contribute to reducing health inequalities.

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

7 People who use health and social care services are safe from harm.

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

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

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

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

2 Route to the Meeting

Full Report to Finance & Performance Committee on 8th April 2021

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 appendix is included with this report:

- Performance Report – April 2021

5 Implications for Fife Council

Not applicable.

6 Implications for NHS Fife

Not applicable.

7 Implications for Third Sector

Not applicable.

8 Implications for Independent Sector

Not applicable.

9 Directions Required to Fife Council, NHS Fife or Both

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

10 To be completed by SLT member only

Lead	
Critical	
Signed Up	
Informed	

Report Contact:
Fiona McKay
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Fife Health & Social Care Partnership

Performance Report
Executive Summary

April 2021

NHS Fife

Supporting the people of Fife together

Fife Council

Contents

Executive Summary

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

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

Throughout the Covid Pandemic there has been significant pressure on the services – we have seen a drop in A&E attendances but these are now starting to rise. We also have continued to maintain a lower level of people delayed in hospital, although social work staff were unable to attend hospital, remote working and support from NHS staff allowed people to move from hospital in a timeously way.

People placed in care homes on an interm basis or into a STAR unit over the period of Covid remained longer this was due to guidance from public health that we should only move people from hospital after testing and for anyone moving between care homes, this should be avoided if possible, but should follow 14 days isolation and full PPE by care staff. This was a risk that the Partnership felt was too great so people stayed in the care facilities longer than anticipated. This is shown in some of the data which has length of stay longer than the target.

Overall, the Long Term Care population continues to fall, the period April 2020 – February 2021 has seen a 29% drop in new placements compared to the same period in 2019.

Demand for new Care at Home services has dropped both in terms of the number of people and the equivalent weekly hours of care at home since October. There was a 15% drop in the number of people waiting (200 in Feb from 235 in Jan) and the corresponding number of hours of care dropped by 28% (1646 hours in Feb from 2299 in Jan). December improved slightly but is still down on the October figures (17%) This can be partly explained due to a review of current service user referrals to establish if they were still required.

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 Rolling Year*	Fife Rolling Year diff from Previous Rolling Year	% Diff
1a.1	Emergency Admissions	Nov-20	Nov-19	44,926	37,882	↓ 7,044	-15.68%
1b.1	Emergency Admissions from A&E	Nov-20	Nov-19	23,685	19,284	↓ 4,401	-18.58%
1b.2	A&E Conversion Rate (%)	Nov-20	Nov-19	23.70%	24.73%	↑ 1.04%	1.04%
2a.1	Unscheduled hospital bed days	Oct-20	Oct-19	266,735	221,627	↓ 45,108	-16.91%
2b.1	Unscheduled hospital bed days - GLS	Oct-20	Oct-19	10,587	10,117	↓ 470	-4.44%
2b.2	Unscheduled hospital bed days - Mental Health	Oct-20	Oct-19	96,310	78,412	↓ 17,898	-18.58%
3a	A&E Attendances	Nov-20	Nov-19	99,951	77,967	↓ 21,984	-21.99%
3b	A&E % seen within 4 hours	Nov-20	Nov-19	93.30%	93.38%	↑ 0.08%	0.08%
4.1	Delayed discharge bed days: All reasons	Jan-21	Jan-20	41,169	31,195	↓ 9,974	-24.23%
4.2	Delayed discharge bed days: Code 9	Jan-21	Jan-20	10,904	11,799	↑ 895	8.21%
4.3	Delayed discharge bed days: Health and Social Care Reasons	Jan-21	Jan-20	29,907	18,910	↓ 10,997	-36.77%
4.4	Delayed discharge bed days: Patient/Carer/Family-related reasons	Jan-21	Jan-20	358	486	↑ 128	35.75%
5a.1	Percentage of last six months of life: Community	Feb-21	Feb-20	92.63%	94.05%	↑ 1.42%	1.42%
6.1	Percentage of population in community or institutional settings (65+)	2018/19	2017/18	92.89%	93.02%	↑ 0.13%	0.13%

* Takes the last 12 months from the date shown in column D, except for MSG 5 and 6, where the previous financial year before is taken for comparison ** Delayed discharge data definition change occurred in July 2016 - cannot use any previous financial year before Apr-18, so comparison starts after Apr-18

Improvement / Spread & Sustainability

Indicator 1:
The work that has begun with the localities will further evidence the need for a local solution, working closely with GP clusters and private/voluntary sectors to further support local people. Work on reducing Emergency Admissions will be developed in conjunction with acute colleagues.

Indictor 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 such as:

- Short Term Assessment and Reablement (STAR)
- Short Term Assessment and Review Team (START)
- Assessment Beds

As a partnership we are planning to undertake further work on performance against the current 72-hour target for delay to ensure we are fully capturing the activity in respect of delay.

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 2020/21 ***Target to be decided/developed**	Reporting Period	Year Previous		Previous		Current		Performance Assessment/RAG
Assessment Unit Beds	42 Days	Monthly	Feb-20	21	Jan-21	50	Feb-21	42	8 ⇩
Short Term Assessment and Reablement (STAR) Beds	42 Days	Monthly	Feb-20	68	Jan-21	66	Feb-21	87	21 ⇧
START (Short Term Assessment and Review Team)	42 Days	Monthly	Feb-20	104	Jan-21	76	Feb-21	149	73 ⇧
Nursing & Residential Care Population	*	Monthly	Feb-20	2,499	Jan-21	2,373	Feb-21	2,390	⇧
Demand for New Care at Home Services – No of Service Users	*	Monthly	Feb-20	268	Jan-21	235	Feb-21	200	⇩
Demand for New Care at Home Services – Hours per week	*	Monthly	Feb-20	2,414	Jan-21	2,299	Feb-21	1,646	⇩
Weekly Hours of Care at Home – Externally Commissioned Services	*	Monthly	Feb-20	14,629	Jan-21	17,577	Feb-21	18,477	⇧
Weekly Hours of Care at Home – Internal Services	*	Monthly	Feb-20	11,031	Jan-21	12,925	Feb-21	12,680	⇩
Adult Packages of Care – Externally Commissioned	*	Monthly	Dec-18	771	Jan-21	1,071	Dec-20	1,083	⇧
Technology Enabled Care – Total Provision	*	Monthly	Feb-20	8,685	Jan-21	8,778	Feb-21	8,803	⇧
Technology Enabled Care – New Provision	*	Monthly	Feb-20	226	Jan-21	224	Feb-21	213	⇩

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife		Scotland
Operational Performance	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-19	7.6%	Nov-20	5.9%	Dec-20	5.3%	↑ A	QE Jun-20	4.6%	●	3.8%
	473	Smoking Cessation	473	YTD	Oct-19	95.7%	Sep-20	49.6%	Oct-20	50.4%	↑ R	FY 2019/20	92.8%	●	97.2%
	90%	CAMHS Waiting Times	N/A	Month	Dec-19	71.3%	Nov-20	85.8%	Dec-20	85.8%	↔ A	QE Sep-20	63.9%	●	60.6%
	90%	Psychological Therapies Waiting Times	N/A	Month	Dec-19	75.8%	Nov-20	76.3%	Dec-20	80.8%	↑ R	QE Sep-20	76.6%	●	75.1%

Management Information Scorecard

Indicator	Target 2020/21	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-20	NHS – 5.45 FC – 8.70%	Feb-21 (NHS only) FC Oct-20	NHS – 4.96% FC – 8.70%	N/A
Complaints and Compliments	80% of Complaints responded to within statutory timescales	Monthly	Jul-19	65%	Jan-21	70%	Feb-21	74%	⇧
Information requests	80% of requests responded to within statutory timescales	Monthly	Q1-19	75%	Jan-21	78%	Feb-21	91%	⇧

Local Performance Indicators

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
Short Term Assessment and Reablement (STAR) Beds	42 Days	Dec-20	87 days	Feb-20	

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.

Average Length of Stay on discharge at 28th February 2021 was recorded at 87 days, which is above the target. There were 6 admissions and 9 discharges during the month of February 2021. The average length of stay on discharge continues to fluctuate. This is mainly due to a number of individual's first choice care home not having capacity to admit, resulting on a wait on this becoming available.
It is always the intention to provide an individual's first choice care home as part of a person-centred approach. 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

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
Short Term Assessment and Review Team (START)	42 Days	N/a	149 days	Feb-20	

The START service is delivered by Fife Health & Social Care Partnership Home Care and providers from the Independent sector. The data is measured on the number of individuals whose service has stopped in the month, and the average of days supported calculated for all.

In February 2021, START recorded 149 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.
In February 2021 there were 100 new services started and 101 discharges, compared to the previous month which had 107 starts and 116 discharges. Maintaining the high level of new services per month without impacting on the average days supported on discharge is proving to be a challenge for the service.
Capacity within care at home services is a challenge at the moment which is resulting in service users remaining within the START service due to ongoing care at home service not being available.

LDP Standards

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
Psychological Therapies Waiting Times	82%	N/a	80.8%	Dec-20	

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Current challenges: Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

Action 1- Trial of new group-based PT options - Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group underway. Very good participant retention rate to date. Very high intensity service; service capacity to run this specific group likely to be less than first anticipated.

Smoking Cessation	473	N/a	238	Oct-20	

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Current Challenges
Service Provision within GP practices, hospitals and community venues
Staffing levels
Unavailability of mobile unit (re-deployed during pandemic)
Inability to validate quits as part of an evidence based service

Action 1 - Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic - The aim of this action is to test a model of delivery that allows a smoking cessation advisor sitting within clinic to enable direct access to Champix for patients attending clinic. This has been paused due to COVID-19.

Action 2 - 'Better Beginnings' class for pregnant women. Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time. Initial outcomes (although small numbers) has shown positive outcomes to engaging with pregnant women.

Action 3 - Enable staff access to medication whilst at work - No progress has been made due to COVID-19

Action 4 - Assess viability of using Near Me to train staff -Near Me has the functionality to allow a few people to dial into a session, providing staff training which would previously have been done via ‘shadowing’ experience staff. We are currently asking patients if they have the technology and would be receptive to this option.

Action 5 - Support Colorectal Urology Prehabillitation Test of Change Initiative - Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. Rehabilitation ensures patients are actively managed against the pathway, and this delivery model also improves quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support.

Management Performance Indicators

	Standard/Local Target	Last Achieved	Current Performance	Benchmarking	
Complaints and Compliments	80% *	N/a	74%	Feb-21	

* 80% of Complaints responded to within statutory timescales

Response timescales have significantly increased during 2021 from 48% of complaints responded to within required timescales during December 2020, to 74% closed on time during February 2021. In addition, 74% of complaints closed on time is the highest performance for the Partnership over the last calendar year.

During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.

Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting Title:	**Integration Joint Board**
Meeting Date:	**23 April 2021**
Agenda Item No:	**10**
Report Title:	**IJB Directions Policy**
Responsible Officer:	**Nicky Connor, Director of Health & Social Care**
Report Author:	**Norma Aitken, Head of Corporate Services**

1 Purpose

This Report is presented to the Board for Discussion and Decision.

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

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

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

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

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

5 Health and social care services contribute to reducing health inequalities.

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

7 People who use health and social care services are safe from harm.

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

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

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

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

- Promoting mental health and wellbeing.

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

- Living well with long term conditions.

- Managing resources effectively while delivering quality outcomes.

2 Route to the Meeting

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

- IJB Development Session – 5 February 2021
- Audit & Risk Committee – 17 March 2021.
- Finance & Performance Committee – 8 April 2021.
- Clinical & Care Governance Committee – 16 April 2021.
- Discussed with Chief Executives of Fife Council and NHS Fife.

3 Report Summary

3.1 Situation

A new policy setting out the process for formulating, approving, issuing, monitoring and reviewing Directions has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government statutory guidance. The new Directions Policy is provided at Appendix 1. A summary process for issuing and monitoring Directions can be found in Appendix A to this document.

A template has also been developed to ensure the correct information is recorded with clear instructions to either or both partners. The blank template is illustrated in Appendix B of the Directions Policy.

The policy seeks to enhance governance, transparency and accountability between the Integration Joint Board (IJB) and its partner organisations, NHS Fife and Fife Council by clarifying responsibilities and relationships. The Policy has been developed to ensure compliance with the Statutory guidance on Directions issued by Scottish Government in January 2020. This guidance is provided as Appendix C of the Directions Policy.

3.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a Direction to a constituent authority to carry out each function delegated to the integration authority.

The Act further places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic plans and this mechanism takes the form of binding Directions from the Integration Authority to one, or both, of the Health Board and Local Authority.

Directions provide the mechanism for delivering the Strategic Plan, for conveying the decisions of the IJB, clarifying responsibilities between partners and improving accountability. The Directions Policy is intended to better formalise and clarify the process employed by IJB and the supporting partnership.

The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements in respect of Directions. As a result, revised statutory guidance on Directions was published in January 2020. This statutory guidance has been used to inform the development of the new Directions Policy.

3.3 Assessment

The revised statutory guidance on Directions underpins the policy. The policy complies with the guidance by setting out a clear framework for the setting and review of Directions and confirming governance arrangements.
Key elements of the new Directions Policy include:

- enhanced governance arrangements to ensure that Directions are clearly associated with an IJB decision.

- a focus on delivering change by ensuring that Directions are formulated or revised at any point during the year in response to service redesign, transformation and financial developments.

- a clear statement in respect of partner responsibilities around the implementation of Directions together with the process to be undertaken should issues arise.

- enhanced performance monitoring arrangements including the development of a Directions tracker.

- a commitment to reviewing the Directions Policy every two years or sooner in the event of new guidance or good practice becoming available.

Subject to IJB approval, the Policy will be implemented immediately and kept under review. Future iterations of the Policy will reflect the further work planned in respect of oversight and Direction setting.

3.3.1 Quality/ Customer Care
There are no quality/customer care implications.

3.3.2 Workforce
There are no workforce implications.

3.3.3 Financial
There are no direct financial implications arising from this report.

3.3.4 Risk/Legal/Management
Failure to comply with the legislative requirement in respect of Directions would place the IJB in breach of its statutory duties.

The lack of a comprehensive Directions Policy prevents the effective utilisation of Directions and adds to the lack of clarity around governance and accountability for integration.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed because there are no identified equalities implications arising from this report.

3.3.6 Other Impact

There are no other relevant impacts.

3.3.7 Communication, Involvement, Engagement and Consultation

This documentation was the subject of an IJB Development Session on 5 February 2020 which has representation from Fife Council, NHS Fife, Third Section and Independent Sectors.

3.4 Recommendation

The Board is asked to discuss the Directions Policy and approve the Policy, accompanying Guidance and Template.

4 List of Appendices

The following appendices are included with this report:

Appendix 1 – Directions Policy

5 Implications for Fife Council

The Use of Directions will strengthen and clarify the roles and responsibilities for the services which are delivered by Fife Council.

6 Implications for NHS Fife

The use of Directions will strengthen and clarity the roles and responsibilities for the services which are delivered by NHS Fife.

7 Implications for Third Sector

Not applicable.

8 Implications for Independent Sector

Not applicable.

9 Directions Required to Fife Council, NHS Fife or Both

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

Report Contact

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Fife Health & Social Care Partnership

Supporting the people of Fife together

DRAFT DIRECTIONS POLICY

FIFE INTEGRATION JOINT BOARD

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Purpose of Policy

This policy sets out the process for formulating, approving, issuing and reviewing Directions from the Fife Integration Joint Board (IJB) to our partner organisations ie NHS Fife and Fife Council. This policy has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government Best Practice guidance.

A summary of the process outlined in this policy is provided at Appendix A. Appendix B provides the template and instructions for approving and issuing Directions. Appendix C is the Statutory Guidance from Scottish Government on Directions from Integration Authorities to Health Boards and Local Authorities (January 2020).

Context and Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority.

The Act further places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic commissioning plans and this mechanism takes the form of binding Directions from the Integration Authority to one or both of the Health Board and Local Authority.

In February 2016, the Scottish Government issued a 'Good Practice Note' on the utilisation of Directions.

The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements. This statutory guidance has been used to inform the development of the IJB Directions Policy, to ensure it meets key requirements to improve governance, transparency and accountability between partners.

Definition and Purpose of Directions

Directions are a legal mechanism intended to clarify responsibilities between partners. Directions are the means by which the IJB directs NHS Fife and Fife Council what services are to be delivered using the integrated budget (ie the budget which is allocated to the IJB and for which the IJB is responsible).

Clear Directions must be given in respect of every function that has been delegated to the IJB. They must provide enough detail to enable NHS Fife and Fife Council to discharge their statutory duties under the Act. Specific Directions can be given to NHS Fife, Fife Council or both organisations depending on the services to be provided (see Appendix B for an example Direction). However, Directions should not be issued unnecessarily and should be proportionate.

Directions must identify the integrated health and social care function it relates to and include information on the financial resources that are available for carrying out this function. The financial resource allocated to each function is a matter for the IJB to determine. The Act makes provision for the allocations of budgets for the sums 'set aside' in relation to commissioned services within large hospitals and finance statutory guidance published in 2015 provides detail.

Directions must also provide information on the delivery requirements. Directions may, if appropriate, specify a service or services to be provided.

In summary, the purpose of Directions is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and therefore all Directions must be in writing. Functions may be described in terms of delivery of services, achievement of outcomes and/or the Strategic Plan priorities.

The legislation does not set out fixed timescales for Directions. A Direction will stand until it is revoked, varied or superseded by later Direction in respect in the same function.

Formulating Directions

As noted above, Directions provide the mechanism for delivering the Strategic Plan, for conveying and enacting the decisions of the IJB, clarifying responsibilities between partners, and improving accountability. Consideration will be given to the Clinical Strategy of NHS Fife and the Plan 4 Fife when formulating the IJB Strategic Plan.

Moving forward, Directions will be clearly associated with an IJB decision, for example to approve a specific business case or to transform a service. Directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production. A Direction should therefore not come as a surprise to either partner.

The development of new or revised Directions will be informed by a number of factors, including but not limited to:

- content of the IJB Strategic Plan which is reviewed annually via the Annual Report and reviewed every three years via the Strategic Planning Group.
- specific service redesign or transformation programmes linked to an approved co-produced business case.
- financial changes or developments (eg additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan).
- a change in local circumstances.
- a fundamental change to practice or operations.

As Directions will continue to evolve in response to service change/redesign and investment priorities, new or revised Directions may be formulated at any point during the year and submitted to the IJB for approval. Please refer to the section below 'Approving and issuing Directions' for further detail.

Approving and Issuing Directions

The IJB is responsible for approving all Directions.

All reports to the IJB will identify the implications for Directions and will make a clear recommendation regarding the issuing of Directions. For example, if the Direction will result in a significant strategic change and require the issuing of a new Direction, or an existing Direction is to be varied or revoked. The detail of the new or revised Direction will be appended to the IJB report using the agreed tracker template and will be submitted to the IJB for approval.

Once approved, written Directions will be issued formally by the Chief Officer, on behalf of the IJB, to the Chief Executives of both partner organisations (NHS Fife and Fife Council) as soon as practicably possible.

Partners will be asked to acknowledge receipt of Directions and advised of performance reporting arrangements (as indicated in the section below).

Directions will normally be reviewed and issued at the start of the financial year, in line with the budget setting process. However, in order to provide flexibility and take account of strategic and financial developments and service changes, or a change in local circumstances, Directions may be issued at any time, subject to formal approval by the IJB.

Implementation of Directions

NHS Fife and Fife Council are responsible for complying with and implementing IJB's Directions. Leadership will be provided by the Chief Officer and Joint Director. Should either partner experience difficulty in implementing a Direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer in the first instance.

Initially, the Chief Officer, as the Joint Director liaising with the relevant members of NHS Fife and/or Fife Council as appropriate, will seek to find local resolution. If not achieved the Chief Officer, as joint Director, will escalate the issue to the Chief Executives of NHS Fife and Fife Council for resolution.

Monitoring and Review of Directions

The Directions tracker will be used as the template for monitoring progress on the delivery of each Direction on a six-monthly basis. The IJB's Finance & Performance Committee will assume responsibility for maintaining an overview of progress with the implementation of Directions, requesting progress reports from NHS Fife and Fife Council and escalating key delivery issues to the IJB. The responsibility for maintaining an overview of Directions and ensuring that these reflect strategic needs and priorities sits with the Head of Strategic Planning & Commissioning.

Summary Process for Issuing and Monitoring of Directions

Depending on the type of Direction issued and the level of service or strategic change being undertaken monitoring of Directions with be determined by the appropriate governing group. Clarity will be sought to ensure the frequency of monitoring is proportionate to the level of service change. This may be frequently in the case of major service or strategic change or less in the case of smaller changes might may only be monitored on bi-annual or annual basis.

Appendix A seeks to show the sliding scale of operational oversight.

The Chief Officer will ensure that all Directions are reviewed annuallythrough the work of the Finance & Performance Committee. Recommendations for variation, closure and new Directions will be brought to the IJB at the start of each financial year.

This annual process does not preclude in-year formulation or revision of Directions. It is expected that new Directions will be brought forward throughout the year to reflect strategic developments and service transformation.

Review of Directions Policy

This Directions policy will be reviewed every two years or sooner in the event of new guidance or good practice becoming available.

Date of Policy Approval: _____ 2021

Date of Implementation: _____ 2021

Date of Review: _____ 2023

APPENDICES

Appendix A – Summary Process for Issuing and Monitoring Directions

Appendix B – Blank Template with Guidance on Completion

Appendix C – Scottish Government Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities (January 2020)

BACKGROUND READING / REFERENCE DOCUMENTS

Public Bodies (Joint Working) (Scotland) Act 2014

FHSCP Strategic Plan 2019-2022

Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration

APPENDIX A

Summary Process for Issuing And Monitoring Directions

Integrated Joint Board

- Responsible for planning of health and care of delegated services.
- Has full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes.

Fife Council

- Delegates specific services to the IJB
- Provides money and resources

Accountable to:

The electorate

NHS Fife Board

- Delegates specific services to the IJB
- Provides money and resources

Accountable to:

Scottish ministers and Scottish Parliament, and ultimately the electorate

Jointly accountable to:

Council and NHS Board through its voting membership and reporting to the public.

Service Delivery

- IJB directs the NHS Board and Council to deliver services.
- The extent of the IJB's operational oversight for delivering services is defined by the level of detail included in its direction to each partner. The more detailed its directions, the more it will monitor operational delivery of delegated services in line with strategic plan.

NHS Board and council accountable to IJB for the delivery of delegated services

IJB accountable for overseeing the delegated services in line with Strategic Plan

NHS Board & Council

Level of Operational Oversight

IJB

APPENDIX B

Blank Template with Guidance on Completion

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	**Reference Number**	Refer to Norma Aitken or Wendy Anderson for Reference Number
2	**Report Title**	Title of Report to IJB
3	**Date Direction issued by IJB**	Date of IJB Meeting
4	**Date Direction Takes Effect**	Date Determined by IJB, cannot pre-date the meeting where the Direction is made
5	**Direction To**	NHS Fife Fife Council NHS Fife & Fife Council Jointly (delete as appropriate)
6	**Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)**	No Yes (Reference Number: XXXX) Supersedes/Revises/Revokes (delete as appropriate)
7	**Functions Covered by Direction**	List all functions subject to direction, eg Residential Care for Older People, Occupational Therapy, Mental Health Services etc
8	**Full Text of Direction**	Outline clearly what the IJB is direction the Council, Health Board or both to do. Level of specificity is a matter of judgement to be determined locally.
9	**Budget Allocated by IJB to carry out Direction**	State the financial resources allocated to enable the Council, Health Board or both to carry out the direction. Where the direction relates to multiple functions or care groups, the financial allocation for each should be listed.
10	**Completion Criteria**	In the form of SMART objectives
11	**Completion Date**	
12	**Performance Monitoring Arrangements**	In line with the agreed Performance Management Framework of the Fife Integration Joint Board and Fife Health and Social Care Partnership. (us alternative text if different arrangements in place)
13	**Date Direction will be reviewed**	Date no more than 1 year in the future.

Health and Social Care Integration

Statutory Guidance

Directions from Integration Authorities to Health Boards and Local Authorities

Public Bodies (Joint Working) (Scotland) Act 2014

January 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

DIRECTIONS FROM INTEGRATION AUTHORITIES TO HEALTH BOARDS AND LOCAL AUTHORITIES UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1. What is this guidance about?

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control for which we have published statutory guidance: https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/. Integrated functions and budgets are those delegated by the Health Board and Local Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated: http://www.legislation.gov.uk/asp/2014/9/contents/enacted.

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-production approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of ***binding directions*** from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

1.4 In the case of an Integration Joint Board (IJB), a direction ***must*** be given in respect of every function that has been delegated to the IJB. In a ***lead agency*** arrangement, the Integration Authority ***may*** issue directions or may opt to carry out the function itself. In either case, a direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Not unexpectedly, only IJBs have made directions to delivery partners to date and this guidance is therefore mainly aimed at IJBs and their delivery partners in Health Boards and Local Authorities.

1.5 Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

1.6 Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions in order to properly discharge their statutory duties under the Act.

1.7 This guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Note on Directions issued in March 2016.

2. Why are we publishing this guidance now?

2.1 Directions are a key aspect of governance and accountability between partners. This has previously been largely unrecognised, with the effect that there is a lack of transparency, governance and accountability for integrated functions that are under the control of IJBs, and delivered by Health Boards and Local Authorities. This must be a matter of concern for all parties, each of which is responsible for ensuring that they are complying with their individual duties under the Act.

2.2 Scottish Government has worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. We have also discussed the use of directions with a range of local systems at our regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives.

2.3 In February 2019 the Ministerial Strategic Group for Health and Community Care (MSG) published its report on the review of progress with integration: https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/. This contains 25 proposals intended to increase the pace and effectiveness of integration. One of these proposals was that statutory guidance on directions would be published to support improved practice in issuing and implementing directions.

2.4 Chairs and Vice Chairs of IJBs have expressed a keen interest in improving practice and in better understanding how they can take responsibility for improvement, and in collaborating with partners to ensure accountability and effective governance. IJBs, Local Authorities and Health Boards must each take individual and several responsibility for complying with their statutory duties, and for being clear about lines of accountability between one another.

2.5 One issue appears to have been that directions have previously been regarded as being issued by Chief Officers to themselves as senior operational directors in Health Boards and Local Authorities. The Act confers the duty of issuing directions on the Integration Authority to constituent authorities. Directions may be issued on behalf of the IJB by an IJB Chief Officer, in their role as the accountable officer to the IJB, to Chief Executives in the Health Board and Local Authority in their roles as accountable officers to the Health Board and Local Authority. These are senior executives acting on behalf of the three statutory public bodies. It may also be helpful to copy the relevant IJB Chair, Council Leader and the NHS Chair into directions. See Appendix 1 on roles and responsibilities of each of the statutory partners and their accountable officers, under integration.

2.6 Directions are a legal mechanism and are intended to clarify responsibilities and requirements between partners, that is, between the IJB, the Local Authority and the Health Board. They are the means via which clarity on decision making is achieved under integration. Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.

2.7 As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory. How local systems are using them will be subject to internal and external audit and scrutiny. At the time of publishing this guidance, practice is evidently variable and needs to be improved, with any impediments overcome jointly by partners using a collaborative approach that properly acknowledges the roles of the different partners.

3. Process for issuing directions

3.1 It is essential that directions are understood to be the ***end point*** of a process of decision making by the IJB. Directions should not contain surprising or completely unknown information about service change or redesign and should follow a period of wider engagement on the function(s) that are the subject of the direction. This would normally be part of the service planning and design phase of strategic commissioning.

3.2 While directions are not a means of launching unheard-of service change onto delivery partners in the Health Board and Local Authority, nor are they something that can be ignored by delivery partners in the Health Board and Local Authority.

3.3 Directions are binding, which is why they come at the end point of a process of planning and decision making. The delivery partners are required to comply with all directions received from the IJB, and the law is clear that they may not amend, ignore, appeal or veto any direction. Neither the Local Authority nor the Health Board may use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended. This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability**. It is designed to help local partners improve quality and outcomes for local populations**.

3.4 Integration Authorities have been established to put in place plans to improve the health and wellbeing of their local populations and to make best use of the total resource available to them, hitherto managed and allocated separately by Health Boards and Local Authorities. They have an agenda of change and improvement, working in partnership with their delivery partners. It can therefore reasonably be expected that a number of decisions made by IJBs will impact on delivery partners that will require directions to be issued. Otherwise, nothing would be changing – which would not help integration's purpose to improve the sustainability and quality of care.

3.5 It has been the practice of most IJBs to issue generic directions to delivery partners at the point of agreeing their budgets for the following financial year. However, it is not possible for IJBs to make all decisions about all service change at this juncture, although they will still require to allocate funding across the functions they are responsible for.

3.6 IJBs make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly. The issuing of directions should be taking place at any time throughout the year, as well as at the start of the financial year.

3.7 Some duties conferred on IJBs also relate directly to duties on Health Boards and Local Authorities, such as Equalities, Best Value and Climate Change. This further enhances the need for collaborative working on a formal basis between the partner bodies.

3.8 To assist with the determination of when a direction should be issued, a number of IJBs have added a short section to their report format that requires the author to decide and record if the report requires a direction to be issued to the Local Authority, the Health Board, to both, or that no direction is required. This provides an initial prompt and should be adopted as standard practice across IJBs.

3.9 Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB. It would be helpful for IJBs to develop a directions policy, based on this guidance. The following might be considered when thinking about when a direction requires to be issued and what it might include:

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
    - Patients
    - People who use services
    - Carers
    - Local communities
    - Staff
    - Others
- Timescale for delivery

3.10 Overly general or ambiguously worded directions will not be helpful to delivery partners in understanding what they have to deliver. They will also cause problems in identifying whether a direction has been progressed or completed and therefore need to remain on a log of directions indefinitely and be unable to be closed off. This should be avoided by issuing clear directions, thoughtfully constructed and capable of being monitored effectively with delivery timescales, milestones and outcomes.

3.11 Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority of Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role.

4. Form and content of directions

4.1 Directions must be in writing and should be sufficiently detailed to ensure the intention of the IJB is adequately captured and effectively communicated. The direction should include information on the required delivery of the function, for example changing the model of care, as well as the financial resources that are available for carrying out the function. The direction may specify in some detail what the Health Board, the Local Authority or both are to do in relation to carrying out a particular function. A lack of detail or specificity in a direction may cause difficulties in performance monitoring and hamper the effective delivery of a function.

4.2 The primary purpose is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and to convey the decision(s) made by the IJB about any given function(s).

4.3 Directions must clearly identify which of the integrated health and social care functions they relate to. The IJB can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

4.4 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is a payment or a sum set aside and made available) is to be used. However, directions should not be seen as a mechanism only to advise the delivery partners of resources available to them. Rather, directions are intended to provide clear advice to delivery partners on the expected delivery of any given function, together with the identified resource available.

4.5 The exercise of each function can be described in terms of delivery of services, achievement of outcomes and/or by reference to the strategic commissioning plan.
4.6 The financial resource allocated to each function in a direction is a matter for the IJB to determine. The Act makes particular provision for the allocation of budgets for the sum “set aside” in relation to large hospital functions, which gives flexibility for the IJB to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes. This requires mature and collaborative working to achieve agreement on the best use of this budget, particularly with those responsible for the delivery of acute services, however the decision about the use of this budget lies with the IJB. The statutory guidance on finance issued in 2015 provides detailed advice on set aside: https://www.gov.scot/publications/finance-guidance-health-social-care-integration/

4.7 The content of a direction should be informed by the content of a report on the function(s) submitted to and approved by the IJB. For example, where an IJB discusses and approves a report that makes changes to arrangements for the provision of day services for people with a learning disability, the direction would draw on the report’s content. The direction should be contained in the same report, using a standard format, in order that it can be approved by the IJB at the same time as the report and its recommendations are approved. There should also be a process in place where the IJB is able to raise queries about the clarity or content of a direction and for these queries to prompt action by officials to make any necessary amendments to the direction.

4.8 The issuing of a direction following such a decision by the IJB is the means by which the IJB will let its delivery partners in the Local Authority, Health Board, or both, know what has been agreed and what is to change in the delivery of the function, together with any concomitant change to the allocation of resources.

5. Process for issuing and revising directions

5.1 Directions should be issued as soon as is practicable following their approval by the IJB.

5.2 A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. A log of all directions issued, revised, revoked and completed should be maintained, ensuring that it is checked for accuracy and kept up-to-date. This log should include, as a minimum, the function(s) covered, any identifier (such as a log number), date of issue, identify to which delivery partner(s) issued, any delivery issues and the total resource committed. The log should be regularly monitored and reviewed by the IJB and used as part of performance management, including audit and scrutiny. This should include monitoring the implementation and/or status of directions that have been approved by the IJB.

5.3 To assist with monitoring and reviewing directions issued, the IJB may seek information from either the Health Board or the Local Authority, or both, about the delivery of a function that is the subject of a direction, including, but not exclusively, when issues are identified in implementation and delivery of a direction.

5.4 The Act does not set out fixed timescales for directions. This flexibility allows directions to ensure that the delivery of integrated health and social care functions is consistent with the strategic commissioning plan and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in respect of particular functions.

5.5 A level of detail and specificity is highly desirable in directions, especially where a service is new or to be radically redesigned, or where a complex set of interdependent changes is planned.

5.6 Directions issued at the start of the financial year should subsequently be revised during the year in response to ongoing developments, including as a consequence of decisions made in year about service change by the IJB.

5.7 For example, should an overspend be forecast in either of the operational budgets for health or social care services delivered by the Health Board and Local Authority, the Chief Officer will need to agree a recovery plan to balance the overspending budget (this must be done in line with the Integration Scheme, which will detail arrangements for managing the balance of any over or underspends, and statutory guidance for finance under integration).This may require an increase in payment to either the Health Board or Local Authority funded by either:

- Utilising underspend on the other part of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance of the general fund, if available, of the Integration Joint Board.

5.8 A revision to the directions will be required in either case.

6. Multi-partnership co-ordination

6.1 Effective co-ordination arrangements between contiguous IJBs within a Health Board area is essential where directions for acute care are under consideration. This will assist in effective planning for services that may be destabilised by conflicting or incompatible directions from different IJBs within the one area.

6.2 When unscheduled acute care is being planned, Chief Officers and their senior teams from across local partnerships should be meeting regularly in a joint forum with colleagues from the acute system. This will ensure effective co-ordination and collaboration across the multi-partnership area. This will also enable a joint plan to be developed that recognises the context, complexity or features relevant to each IJB. There may be other services and functions that also require this level of co-ordination.

6.3 Detailed directions will be necessary and particularly important where one Chief Officer is the lead for operational delivery of any given function on behalf of other Chief Officers, usually within the confines of a Health Board area and often referred to as “hosted services” or less often, lead partnership arrangements.
6.4 In such arrangements, all decisions about delegated functions still require to be made by constituent IJBs, whatever the operational delivery arrangements are in place for hosting services. Detailed directions will facilitate a feedback loop and IJBs should be seeking from the delivery partners any necessary information regarding progress with service change, investment or disinvestment. The issuing of more detailed directions will also be important for any other services not under the direct operational management of the Chief Officer.

6.5 In addition to officer level co-ordination, IJBs also require a degree of co-ordination in terms of governance and decision making when considering plans and therefore directions that span more than their area of jurisdiction. An IJB cannot delegate its responsibilities to another IJB or back to a Health Board or Local Authority. This, therefore, may be best managed by the same report being considered by each relevant IJB supplemented with any additional information or reflections required by each to ensure very localised matters are taken account of. The sequencing and co-ordination of this will require the full support of relevant IJB Chief Officers and others.

6.6 It is essential in pursuing effective co-ordination and collaboration on operational arrangements for managing delegated services and functions through the Chief Officer that this is not conflated with the statutory duties of the IJB for governance, decision making and resource allocation.

6.7 IJBs should maintain active consideration of whether the effect of delivery partners carrying out any direction they propose to issue would have an undesirable impact on another IJB (and its population) or for the local health and social care system more broadly. A process of co-ordination and mitigation will be needed in circumstances where issues of this nature are identified.

7. Improving practice and summary of key actions

7.1 This guidance is intended to provide impetus to improving practice in the issuing of directions by IJBs and their implementation by Health Boards and Local Authorities, and to deliver the proposal made in the MSG review about providing statutory guidance on directions.

7.2 The importance of directions as a vital aspect of governance and accountability between partners cannot be overstated. The need to learn from and implement good practice is evident. Chief Officers, through their network, are well placed to facilitate the sharing of practice and are key to implementing this locally.

7.3 As practice develops further, IJBs should continue to develop and improve their practice in respect of issuing directions. Local Authorities and Health Boards as the key delivery partners also need to accept and work with these new arrangements, and respond positively to direction issued to them, including the provision of any information regarding the delivery of a function that is the subject of a direction.

7.4 This guidance has been prepared as part of wider work to accelerate the pace and impact of integration. This can only be achieved by the partners working closely together, in mutual regard, and demonstrating a strong, shared commitment to integration through concerted action to deliver sustainable, and improved health and social care services, capable of delivering good outcomes for the people of Scotland.

7.5 Key actions identified throughout this guidance, which should be implemented as consistent practice include:

- A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required.
- Directions should include detail on the required delivery of the function and financial resources.
- The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
- Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Beard or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
- A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.

APPENDIX 1

Statement of responsibilities and accountabilities of Integration Authorities, Health Boards and Local Authorities and their accountable officers under integration.

Integration Authorities bring together Health Boards, Local Authorities and others to ensure the delivery of efficient, integrated services. Demographic change, rising demand and growing public expectations means that radical service redesign is required in health and social care in order to deliver sustainable services that meet these challenges and improve outcomes for people.

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes governance and financial arrangements, together with principles and a set of outcomes. It is predicated on a collaborative approach between Integration Authorities, Local Authorities and Health Boards, each with their own accountabilities and responsibilities, to ensure effective delivery of integration.

Integration Authorities - are responsible for planning, designing and commissioning services in an integrated way from a single budget in order to take a joined up approach, more easily shifting resources to best meet need. They have a duty to publish a strategic (commissioning) plan for integrated functions and budgets under their control. Collectively, Integration Authorities manage almost £9 billion of resources that Health Boards and Local Authorities previously managed separately, and they have the power and authority to drive real change.

All requirements for quality and safety apply to the Integration Authority just as they do to the Local Authority and Health Board. Integration Authorities have available clinical and professional advice from a range of advisors to assist them in making decisions and explore issues of quality, supported by integrated clinical and care governance arrangements.

Directions are vitally important in clarifying responsibilities and requirements between partners, that is, between the Integration Authority, the Local Authority and the Health Board. Directions are the legal mechanism by which Integration Authorities action their strategic commissioning plans. These binding directions are issued to one or both of the Health Board and Local Authority. They are the means via which clarity and transparency on decision making and budgets is achieved under integration.

Chief Officers – are the chief accountable officer to the Integration Joint Board. Chief Officers also accountable to each of the constituent authorities, and report jointly to the relevant Chief Executive of the Health Board and Local Authority as senior operational directors.

Health Boards – are responsible for delegating functions and budgets to the Integration Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. They are jointly responsible with the Local Authority for the development of an Integration Scheme and for submitting these to Scottish Ministers for approval.

Health Boards must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. The Health Board may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended.

Health Board Chief Executives – are the chief accountable officer to the Health Board. They are jointly responsible, together with the relevant Chief Executive of the Local Authority, for the line management of the Chief Officer. They should ensure that directions issued to the Health Board by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated.

Local Authorities - are responsible for delegating functions and budgets to the Integration Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. They are jointly responsible with the Health Board for the development of an Integration Scheme and for submitting these to Scottish Ministers for approval.

Local Authorities must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. The Local Authority may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended.

Local Authority Chief Executives – are the chief policy adviser to the Local Authority and are the link between Local Authority officials and elected members. They are jointly responsible, together with the relevant Chief Executive of the Health Board, for the line management of the Chief Officer. They should ensure that directions issued to the Local Authority by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated.

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Fife Health & Social Care Partnership
Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 5 MARCH 2021 AT 10.00 AM VIA MICROSOFT TEAMS

Present:	David Graham [Chair] David Alexander Les Bisset, NHS Board Member Margaret Wells, NHS Board Member Martin Black, NHS Board Member Rosemary Liewald
Attending:	Nicky Connor, Director of Health & Social Care Audrey Valente, Chief Finance Officer Tracy Hogg, Finance Business Partner for H&SCP Fiona McKay, Interim Divisional General Manager Norma Aitken, Head of Corporate Service, Fife H&SCP Carol Notman, Personal Assistant (Minutes)
Apologies for Absence:	Helen Hellewell, Associate Medical Director Lynne Garvey, Interim Divisional General Manager (West) Scott Garden, Director of Pharmacy & Medicines

NO	HEADING	ACTION
1	**WELCOME AND APOLOGIES**	
	David Graham welcomed everyone to the meeting and apologies were noted as above.	
2	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
3	**MINUTE OF PREVIOUS MEETING – 12 FEBRUARY 2021**	
	The Committee discussed the minute of the meeting of 12 February 2021 and agreed they are an accurate record.	
4	**MATTERS ARISING / ACTION LOG – 12 FEBRUARY 2021**	
	David Graham noted action log.	

NO	HEADING	ACTION
5	**FINANCE PRESENTATION**	
	David Graham asked Audrey Valente to present the finance update. Audrey Valente advised that her presentation was in three sections, a finance update, review of Adult Packages including historical trend and an update on financial monitoring. It was agreed that the presentation would be anonymised then shared with the committee. It was agreed that a Special Meeting is to be organised for the week commencing 15th March, which will allow the committee members an opportunity to see the formal budget papers prior to submission to the IJB. Audrey Valente noted the funding gap highlighting that there is more accuracy for next year, and that the figures are likely to change for years 2 & 3. The funding model has been confirmed by both partners. Slide 3 highlights the potential savings of £3.2M, but it was noted that there is less certainty with the last three bullet points, these being: • Bed Based Model £0.500 • Medicines Efficiencies £0.500 • Supplementary Staffing £0.200 Audrey noted that although the savings requested from services for the next financial year is £3.244M, there is still unachieved savings of £5.5M from this financial year that still needs to be met. David Graham noted that the savings the Pharmacy Team have delivered in relation to Medicine Efficiency has been excellent over the last few years and is pleased that their target has been reduced for the next financial year and asked with regards supplementary staffing why the proposed changes had not been looked at previously. Nicky Connor noted that sometimes opportunities present themselves. There are some services which are difficult to recruit to and when looking at services there may be opportunities to recruit substantially or review the skill mix within the area. Different services require different responses to ensure that it is safe and wished to give the assurance that any change will be done in conjunction with the service and clinical leads to ensure that the priority for safe delivery of service is at the forefront of all reviews. Martin Black queried with regards alternative transport provision which is changing to people being paid mileage and asked what the current provision is. Fiona McKay noted that prior to Covid-19 Taxis were used and to go back to this model will be challenging with social distancing therefore the requirement for the change to families being reimbursed for their mileage. Martin Black queried what MORSE does that SWIFT is not able to do. Fiona McKay noted that SWIFT is a Fife Council programme and MORSE an NHS, both programmes hold very different information and currently it is not possible to have an electronic system that encompasses both the NHS and Fife Council. Fiona noted that MORSE is a huge step forward for district nurses and health	**CN** **CN**

NO	HEADING	ACTION
	visitors as currently they are using paper-based records. MORSE will allow them to change to electronic record keeping. Martin Black queried whether the £200K saving for supplementary staffing was enough and whether a larger target should be set. Audrey Valente noted that the £200K was on top of the £600k set for this financial year therefore in total the savings target was £800K. Rosemary Liewald noted the introduction of payment cards and queried what these would be used for. Fiona McKay advised that this was in connection with the High Reserves and for people receiving direct payments which will be explained in more detail in Item 8 of the agenda. Les Bissett noted that he would like more detail relating to the Bed Based Model and Medicine Efficiencies at the Special Meeting. He also noted that the Partnership shouldn't stop at £3.2M savings and would like to review at the Special Meeting what other areas will be looked at. If the unachieved savings is being carried forward how confident is the service that these can be achieved and queried whether these could be put into the COVID Plan to see if they can be funded that way? Audrey Valente noted that the PIDs will be submitted to the Committee at the Special Meeting. In terms of whether the unachieved savings should be part of the COVID Fund, Audrey Valente assured the Committee that there would be regular updates with regards to delivery of approved savings and that any unachieved savings will be added to the LMP. This approach will continue into the next financial year. Audrey Valente went on to describe the unachieved savings for financial year 2020-21 that have to be delivered in 2021/22. Martin Black queried with regards the review of Day Care Packages/Services and whether the impact of long-term Covid has been taken into consideration. Fiona McKay noted that this had been taken into account, not only the long-term covid symptoms but the significant mental health issues for people who have been very isolated over the last 12 months, so different ways of supporting people is being looked at in order to ensure that the care being given is the safest option. Margaret Wells noted concern in relation to the savings expected from the Mental Health Services and would like to have a discussion with Nicky Connor out with the meeting. Nicky Connor wished to seek clarity around the discussions around Mental Health and confirmed that the reductions is about supplementary staff, it is not to reduce what has been funded, but due to recruitment challenges agency staff was being utilised. Nicky Connor and Margaret Wells to discuss further out with meeting. David Graham asked with regards the Resource Scheduling and the challenge this has seen historically. Fiona McKay noted that previously there was difficulties from the sector, but they are starting to realise that it is not just about payment but also scrutiny and the Partnership needs the assurance that the care has been provided as highlighted in an audit report.	

NO	HEADING	ACTION
	David Alexander queried whether there would be any benefits of bringing services in-house, similar to that within Children's Services where there have been significant budget savings. Fiona McKay advised that Children's Services is very different, the cost of children's services from an external provider can be expensive, but within care homes this isn't the case due to the national care home contract which makes it more cost effective. David Alexander noted that it was not just the money it was the quality of care being provided. Nicky Connor noted an important part of work that is being undertaken with the Commissioning Strategy and Performance Framework, which go together with the Medium Term Financial Strategy is that quality outcomes are of high priority as well as the financial outcome to ensure that the best care is provided within the financial envelope that is available. These measures strengthen what was done historically and help to assure the committee that the whole picture is being looked at by the Service. Martin Black advised he agreed with David Alexander and noted concern that when there are issues the Private Companies are expecting local authorities to provide additional support such as Infection Prevention and Control. Fiona McKay noted that a balance was required, of the 75 Care Homes in Fife there are only 10 that are owned by Fife Council, in addition Fife Council can only provide residential care, nursing care must be purchased. Fiona confirmed that all Care Homes are regulated by the Care Inspectorate and any care home that falls below the expected care the Council stop placing people in the care until the Team at the Council, Care Inspectorate and Public Health are satisfied that the issues have been resolved. Fiona McKay noted since the pandemic a Care Home Hub has been set up with a Team to support Care Homes as there is a lot of anxiety around opening for visitors and supporting the scrutiny. Martin Black asked if the Care Homes is paying for the Care Hub as it has been set up to provide support for them. Fiona McKay noted that the funding for the Care Hub has come from the Government for both internal and external care facilities including Care at Home. Nicky Connor noted that it is anticipated that there will be national discussions following the recommendations outlined within the Feely Report in the coming months. Rosemary Liewald queried the quality of care and the continuity of care and what impact this has on clients who are residents in the care home, the constant change of staff and inconsistency can be very confusing for them. Fiona McKay noted that a new electronic system has been introduced and care home staff are required to submit information daily into an electronic programme called TURAS which outlines staffing levels and as it is electronic the Partnership Team are able to access the program and see the information. In addition, the Care Inspectorate has outlined a staffing schedule which the care home must keep to for each shift, but it is out with the remit of the Partnership to stop staff from moving from one company to another company. Audrey continued with the presentation and slides 7 outlines other considerations/risks. Audrey noted as the Committee has been asking for more in-depth detail for specific areas, slides 8-12 outline full year costs for Adult Packages which	

NO	HEADING	ACTION
	include care packages, nursing/residential and direct payments for the last 5 years. Slide 12 provides further analysis with the packages broken down to High (150K+), Medium (£80-150K) Low (£50-80K) and Very low (<£50K). Martin Black noted that he was under the impression that there had been a limit set historically of £178K yet there seems to be some packages that are higher than this. Fiona McKay advised there is not a National Contract for Adults and each placement needs to be negotiated and some require complex care with some packages being significantly higher than others which can distort the average figures. Fiona confirmed that Direct Payments are people receiving funding to manage their own service delivery. Audrey explained the bold total line at the bottom of the table gave the average cost per package, indicating that there has been 225 Direct Payment Packages averaging £20,962, but then it has been split down in the table above showing how many packages are within each of the high, medium, low or very low categories. Les Bissett noted that the information is very helpful, the issues that he would like explored in a covering paper include what the criteria is for someone to be High, Medium, Low or Very Low, who decides and what issues are considered. In addition, Les noted confusion that the average cost for nursing packages seem to be lower than those for residential packages and noted that it is anticipated that adult care packages will continue to increase in years to come therefore efficiency of spend needs to be looked at very carefully. Fiona McKay advised that the criteria is banding for the cost, but everyone has a social work assessment which is based on the eligibility criteria and based on risk and lots of different areas within the social work assessment. Fiona explained the difference between costs associated with nursing and residential care. Nursing care is normally within a care home and there are particular rates for people who are adults. Residential is more for the Units that are not classed as a residential care home, but they are 24/7 with overnight, waking night and sleeping night. Margaret Wells noted that this information is 'at a point of time' what do we know about the demographic and profile of the population going forward and what is the relationship between the transfer from the children's to adult services. Fiona McKay noted that she has pulled together a group that is looking at housing and the accommodation strategy going forward as the service needs to recognise what housing is available and what gaps there are before pulling together a strategy. Audrey Valente noted that she has commissioned a piece of work from the Council's Financial Services, they have a financial analysist who is been asked to look at the demographic growth which will take some time to complete but the findings will be shared with the Committee when available. Audrey noted slide 13 highlighted the revenue monitoring update but noted that the January position is available for only one of the Partners. She was pleased to note that the latest projection for the underspend for 2020/21 is £2.7M which	

NO	HEADING	ACTION
	would be carried forward and earmarked for MORSE, Prescribing Tariff/FSL and CAMHS posts. David Graham thanked Audrey Valente for her presentation and confirmed that from the discussions, a Special Meeting prior to the IJB is to be organised with associated PIDS being shared prior to meeting and Formal Paper for Adult Placement/Older People to distributed with the papers of the next meeting.	**CN/AV**
6	**GRANTS TO VOLUNTARY SECTOR**	
	David Graham asked Fiona McKay to present her report. Fiona McKay advised this report comes to the Committee on an annual basis with more detail being asked last year but due to COVID the voluntary organisations have had to work differently. Some examples of this is Day Care Services for Older People were required to close, but their staff were deployed to support their service users. It is acknowledged coming out of this lockdown a review of how the organisations operate is required and the organisations themselves are keen to look at how they can change investigating different ways that they can connect with people safely. Fiona McKay noted that the Voluntary Organisations will receive the same funding this financial year as last but noted that during this financial year the re-imagining of the Voluntary Sector will be undertaken but recommend that the committee agree the funding awards with the understanding that further scrutiny of the organisations will be undertaken with a staff member working closely with them and review different models of care going forward. David Graham noted that the voluntary organisations are a fundamental part of the services delivered across Fife and need to be congratulated for the level of work undertaken during the pandemic. Margaret Wells inquired whether, in agreeing the continuation of the funding that was provided last financial year if there is an impact such as an increase in staffing costs for the organisations. Fiona McKay noted that the Partnership has not been able to give an increase to funding to the services for several years and they have to manage within the financial envelope. The organisations do have to look at supplementing what they are given from which is not always easy but there is a finite budget. Martin Black asked if the grants being made were under the same criteria as last year regarding service provision as he was aware of a few voluntary organisations folding during the pandemic. Fiona McKay confirmed that none of the voluntary organisations that the Partnership work closely with has had to close but they have been working closely with the Link Officer as to how best they can be supported. There are a few who have furloughed or required to make some staff redundant. Rosemary Liewald noted, as an elected member over the last few months she had made more referrals to Castle Furniture than in previous years, she was aware that Castle Furniture picked up the immediate need for Fife locals such as cooker, fridge or freezers and was surprised that they only received £1,300	

NO	HEADING	ACTION
	from the Partnership and noted if there was any additional funding for voluntary sectors organisations such as Castle Furniture would benefit greatly. Fiona McKay confirmed that the Council provided Castle Furniture with over £100K and noted that a review of services will be picked up within the re-imagining process. A group is being established which will include Fife Voluntary Action, and service providers will be asked to join the group so they can share their experience from the pandemic. Nicky Connor asked that the commitment remained consistent in its decision making to reduce any challenges in relation to specific examples of funding to organisations. Les Bisset noted that on the surface there seems to be an imbalance across Fife with some areas receiving more funding than others and asked whether organisations got money on a first come first serviced basis or does the Partnership look for equality. Fiona McKay noted that the term review meant that services assumed that budgets will be cut and caused a lot of stress. Re-imagining says that the Partnership is here with you to re-imagine the service and confirmed that all funding provided to the voluntary sector sits within the priorities of the strategic and commissioning plans. With regards the imbalance across Fife, many of the organisations have been going longer than the Health and Social Care Partnership and as a first step of the re-imaging the partnership has mapped all the services to the physical map of Fife to look at where there are gaps. Going forward Organisations may be asked if they would be willing to widen their remit and work in another area. Nicky Connor noted that there is representation from the Voluntary Sector but how does this become a real strategic partner with this committee and the IJB going forward. How the Partnership will evidence, through the work it is doing, the 'golden thread' through the national outcome that we are required to deliver, how this goes through the strategic plan and how it delivers on the decisions made and ultimately how it will be seen and felt throughout Fife strengthening how the Voluntary Sector partners with the Partnership. David Graham noted the recommendation within the paper asked the Committee to approve the recommended funding awards equivalent to those made during financial year 2020/21 which was agreed.	
7	**JUST CHECKING – SUPPORTING ASSESSMENT AND REVIEWS THROUGH TECHNOLOGY (UPDATE)**	
	David Graham asked Fiona McKay to present the Just Checking – Supporting Assessment and Reviews through Technology report. Fiona McKay noted that the report was requested by the Committee for an update to give understanding of what Just Checking are doing and how we are working with them. There is another section of Just Checking which is called Just Roaming. Just Roaming can be used if the service decides that an overnight is not required	

NO	HEADING	ACTION
	and if people do get up an alarm will be set to ensure that help will be at hand shortly. The just checking assessment processes has started in Dunfermline area. Since the paper has been written the service has extended to include Cowdenbeath with over 50 more packages. The service is going very well, but it is acknowledged that there is some concern for people who have had an overnight or a sleeping night for many years so they are anxious, but the Partnership have to think about putting the right amount of care in at the right time and not burdening services that are not required. David Graham asked whether the individual needs of the service users are taken into consideration. Fiona confirmed that Just Checking is part of the assessment process and there is a lot of care packages that won't require Just Checking based on the needs of the individual. Margaret Wells noted it is a good use of technology in care and noted when changes are proposed that each one will be reviewed and that there is scope for discretion as minimal movement could mean that somebody is not able to get out of bed without someone there to help them and if people are inactive, you could be sitting still for a considerable period of time particularly during lockdown. Fiona McKay wished to reassure the Committee that the technology is not seen as the catalyst for removing services, there is a significant amount of discussion with families. When they are talking about inactivity, they are talking about people sitting in their chairs for 2-3 hours and it is looking to see if it safe for them to be sitting for this length of time or should they be getting up and trying to move. There are also people who have sleeping nights who are not waking the person who is sleeping therefore how much activity is there for the workers and is it the best use of the resources. Fiona McKay noted that the Partnership is taking gradual steps working with the families so that they do not feel threatened that the service is going to be removed. Rosemary Liewald queried the process of assessment and how clients were chosen. Fiona McKay noted for overnight everyone who receives the service, whether it is a waking or sleeping night is assessed. David Graham noted the paper was for information and the recommendation asked the Committee to note the progress of this project which it has done so.	
8	**SELF-DIRECTED SUPPORT OPTION 1 (DIRECT PAYMENT) – HIGH RESERVES**	
	David Graham asked Fiona McKay to provide the update on Self Directed Support Option 1 (Direct Payment) – High Reserves. Fiona McKay advised that the High Reserve and the Payment Cards are interlinked, it was recognised if someone had a direct payment, they could have 12 weeks allowance in their bank account which has been moved to 8 weeks and produced a saving. The aim is to get to a position where people will have 2 weeks sitting to pay bills, as we move to the payment cards. These cards are	

NO	HEADING	ACTION
	linked to an account that has money in, and the person can use the card like a debit card. The company maintains the bank balance and the payment must be used for the purposes given and there are restrictions on it. To support the improvement in scrutiny the team within the Partnership are able to see in real time what is being spent. David Graham asked if there had been historically been resistance from people if money had to be recalled back, and with the new system being card driven if people do struggle to use cards is there help and support available? Fiona McKay noted that there is resistance when people have money in their personal bank account so when the Partnership requires to get the money back negotiations are required and any halt to payments is a work intensive programme for the Partnership Team. Fiona advised that people who use this service have been advised that the cards are coming, and team members have been identified to support. Martin Black queried if protection against scams has been inbuilt into the process and who would be responsible in the event of a scam. Fiona McKay confirmed that the payments from cards come through a company and not from a bank account and all request for payments will be reviewed and any inappropriate payments will be stopped. David Graham noted the recommendation and confirmed the committee were happy with the update and noted that it would be good to have a future update and to be added to the workplan.	**CN**
9	**AOCB**	
	David Graham asked the thanks of the Committee to be passed to the staff for their huge amount of work for the Partnership and for the people of Fife. No other business was raised at the meeting.	
10	**DATE OF NEXT MEETING**	
	Post Meeting Note: *Special Meeting to be held Thursday 18th March at 3pm via Microsoft Teams*. Thursday 8 April 2021 AT 10.00am via Microsoft Teams	

Fife Health & Social Care Partnership
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CONFIRMED MINUTE OF THE SPECIAL FINANCE & PERFORMANCE COMMITTEE THURSDAY 18 MARCH 2021 AT 3.00 PM VIA MICROSOFT TEAMS

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

NO	HEADING	ACTION
1	**WELCOME AND APOLOGIES**	
	David Graham welcomed everyone to the meeting and noted that had been called to allow the Committee to review the Budget papers prior to them being submitted to the IJB for approval. Apologies were noted as above. David Graham took this opportunity to note that Les Bisset has decided to step back from his role within NHS Fife and the Partnership and wanted to thank him for all his help and support over the years and wished him and his family all the best. Les Bisset thanked David Graham for his kind words.	
2	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
3	**REVENUE BUDGET 2021-24**	
	David Graham asked Audrey Valente to present the Revenue Budget Paper which was circulated with the agenda.	

	Audrey Valente noted that the paper outlined the Budget for 2021/22 along with the Medium-Term Financial Strategy and the PIDs associated to the savings for 2021/22. Audrey noted that there are no PIDs for Year 2 onwards savings as this detail is included within Appendix 3, the Medium-Term Financial Strategy. There were 3 things that she wished to bring to the attention of the committee. 1. The Budget has been balanced by assuming that the unachieved savings from 2020/21 will be achieved in the next financial year. 2. There is no demographic growth included for 2 reasons, the first is affordability as further savings would require to be identified if they were included. Secondly transformation, it is anticipated that efficiencies will continue to be delivered managing any increase in demand. 3. There are no Directions in this paper, nor detailed activity level budgets. This is due to the NHS Budget not being approved until the end of March 2021 and therefore the Partnership is not in a position to provide this level of detail, however the plan is to bring this back to the Committee in June. There are two entries included to demonstrate transparency. The first is • CRES (Cash Releasing Efficiency Savings), these tend to be approved year on year on a non-recurring basis. What has been presented this year is the CRES Savings but c.90% of these are being met on a recurring basis so they won't be brought back as they are being delivered on a recurring basis. • MORSE – has been talked about at various committee meetings and development meetings. MORSE is an electronic patient system which will incur costs of c.£1M over the next 2 years. The Business Case suggested that there will be benefits to offset these costs and this has been reflected in the budget on this basis. Committee Members should be aware that these savings may take some time to materialise and some of the reserves has been earmarked to meet these costs over the next few years. Audrey noted that there is a budget gap of £8.669M after funding from both partners. There are savings of £7.23M and the detail of these can be seen in the PIDs in Appendix 4. Nicky Connor noted that not all IJB's are in the position across Scotland to be setting their budget and wished to commend Audrey and the Finance Team for the work that has been done to allow the Partnership to go into next year proposing a balanced budget with close monitoring arrangements in place which will allow us to be responsive in the unpredictable world that we live in at this time. David Graham thanked Audrey for her presentation and for the detailed report and agreed with Nicky Connor toward the staff and the huge amount of work putting the document together. David Alexander asked if CRES Savings were approved the year before, why are they showing as savings and not as a reduced cost of continuing service. Audrey confirmed that savings come forward year on year and are approved on	

a non-recurring basis and in order to ensure appropriate governance processes are in place they need to be approved year on year. But as 90% are now recurring there will only be a requirement to continue to seek approval for the non-recurring element (10%)

Les Bisset noted that the paper was very helpful and much clearer and more detailed than historically. He noted that he had 4 questions which was agreed would be responded to in turn.

1. SBAR, page 2 around the Set Aside. It notes there is an overspend of £2.4M can't see this being improved in the next year and the paragraph at the bottom of the page implies that it needs to break even before it can be transferred to the IJB. Les noted that he did not remember this being specified by the Ministerial Steering Group.
   Audrey Valente advised that this was the ambition and agreed that it was not part of the MSG Recommendations. Having faced financial sustainability issues it is hoped going forward that the set aside budget that transfers would deliver a break-even position, but realistically there is a lot of work to do before the Partnership get to this position going forward. Nicky Connor wished to assure that any discussion regarding the transfer of set asides is happening with both Partners.
2. Page 4, under Safe Staffing it says the potential cost hasn't been reflected but are they material, does the Partnership know what they are, and do we need to worry about them?
   Audrey noted to date she has only seen safe staffing for the Mental Health Team and noted that there is significant additional costing, but noted she was not sure of the implications for other departments. Nicky Connor noted that safe staffing legislation has been extended to wider than the nursing team which is causing uncertainty. Unfortunately, no-one is aware of the implications as the programme was put on hold during the pandemic along with the other national programmes. It is anticipated that this will come clearer over a period of time rather than an urgent surprise.
3. Page 5, 2022/24 Budget Position, it says in the second paragraph that no demographic growth has been built into the model, yet in page 20 in the medium term financial strategy document there is a list of top financial pressures that the Partnership face and number 1 is demographics so these two statements seem to be contradictory.
   Audrey agreed and noted that ideally the demographic growth would be reflected and noted that her ambition is this will be included in years to come as part of longer-term financial planning. It is hoped that the partnership will be on a more sustainable position and have the ability to grow some budgets to reflect demographic growth, but we are not in a position at the moment to do this. A baseline is required to support the transformational programmes which will potentially support savings such as technology-based care that will support decisions for demographic and growth going forward. There is work anticipated regarding forward planning around demographics which will be reflected in a future budget model and it is planned to commission a piece of work to support this.
4. Page 5, Reserves, the last paragraph on the page says that there will be an underspend of £3M which will be carried forward, but the paragraph

	above lists a various amount of money that has been received which adds up to £11M. Does this mean that the total reserves will be £14M next year, and if this correct will detailed proposals be submitted to this committee and the IJB for approval as these funds need to be earmarked for specific purposes rather than being in the general reserves. Audrey noted that the £3M is part of the core budget linked to the £581M that the Partnership started the year with. There is also underspends in relation to Covid funding which will be carried forward to mitigate any future Covid spend. Audrey confirmed that contingency and earmarked reserves will be reported back to the Committee. Rosemary Liewald noted that the report is detailed and was pleased to see that the RAG's outlined on page 11 were all Green or Amber. But added that the report was a measured report and advised that she was content and happy with what has been presented. Margaret Wells confirmed that it was a good position to be in but noted that the reserves sum will support the Partnership to undertake the planned transformation programmes where double running costs are sometimes required in order to do this. Audrey agreed that this does allow the opportunity for the Partnership to progress transformation opportunities and invest to save. David Alexander noted that having the reserves is a great opportunity but a one-off position therefore it is so important to use the money wisely. Audrey agreed and noted that discussions have started, and processes will be put in place to prioritise projects and ensure there is a return on investment. David Graham noted that there are two recommendations on page 6. The first being that the committee have been asked to approve the savings proposed in Appendix 2 which was approved. The second recommendation that the Committee Consider the medium-term financial strategy and instruct the Chief Officer to progress the plans and report back to a future meeting of the IJB which was agreed. Following the meeting it was agreed that the paper would be amended to reflect discussions around the set aside and the demographic growth. AV to amend document and send to DG for agreement prior to submission to the IJB.	**AV/DG**
9	**AOCB**	
	No other business was raised at the meeting.	
10	**DATE OF NEXT MEETING**	
	Thursday 8 April 2021 AT 10.00am via Microsoft Teams	

Fife Health & Social Care Partnership
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UNCONFIRMED MINUTE OF THE AUDIT AND RISK COMMITTEE
WEDNESDAY 17 MARCH 2021 - 10.00AM – VIRTUAL TEAMS MEETING

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

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

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

	Cllr Ross asked how reactive the risk register was and how relevant the longer standing items on the register was? He also noted that it would be better if the risk register was more proactive than reactive. Nicky Connor noted that these comments were well made and during the last 12 months have seen both elements of this play out. Having had a review of the risk registers what has been identified is that services locally had a red risk, and although it was a red risk to them it was not a red risk for the organisation and agreed work is required on when a risk would be categorised as red and how this would be defined. Nicky noted that the Partnership was more proactive with the risk management through the pandemic as a specific risk register was developed for Covid at the beginning as it was a significant risk for the organisation taking consideration the issue of PPE etc. Nicky noted that there is an opportunity to review how we want our standing risk register to be and how do we support staff to react, recognise and mitigate the operational risks for their individuals services which might be an issue for them but not necessarily a strategic risk for the organisation and is an important piece of work to investigate and links in with Margaret Wells comment on connecting this with the employing organisations and partners that we work with. Avril Cunningham noted that this was a very good overview of a complex area but had 1 point of clarification around the Integration Scheme, it says that the parties developed a shared risk management strategy. This had been picked up in the last risk management report and asked if it the IJB strategy that they formally approved or is it a new one? Nicky Connor advised that the IJB strategy had been approved but following the refresh of the Integration Scheme there is the opportunity to revisit and strengthen some of the areas. Eugene Clarke noted that Development Sessions have been noted a few times and commented that previously there had been a session on Risk Appetite with Helen that had been very helpful introduction to risk management while not being too technical and having further session would be an excellent opportunity to raise the awareness of risk for the Board Members. Nicky Connor noted part of this was supporting the committee in its responsibilities and another part was how we strengthen and develop further the risk approach and there has been some helpful suggestions that have come forward regarding wider discussion with the IJB and some work around Risk Appetite that is to be tested on this committee before it is shared with other committees taking into consideration the new committee structure going forward. Eugene Clarke agreed that having a specific discussion on Risk Appetite would be helpful. Cllr Ross noted that it would be beneficial to develop it further to ensure that this committee is comfortable before it is presented at an IJB Development Session. Margaret Wells noted that it would make sense to wait as there were changes ahead with new members joining when the tenure of some members coming to an end on 31 July 2021. Nicky Connor noted that with the changes ahead, looking at how this information could be used as an induction for new Board Members on various committees. It was agreed that Risk Appetite should be on the agenda for the next meeting to capture reflections of the presentation.	**CN**

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

	Margaret Wells noted that with regards the historical information it was often useful to have the original information from when the risk was commenced which shows how long the risk has been open and gives full perspective of the risk, and requested that the start point information remains within the report. Audrey Valente noted that it was good to have the discussion and debate and asked Cllr Dempsey's whether the finance risk shouldn't be included within the risk register or whether the scoring should be lower. Cllr Dempsey noted that he would like to think the response through as he still found the risk register challenging. Nicky Connor agreed to organize a meeting to discuss this offline. Nicky Connor noted that the last column highlighted which committee owned the risk and confirmed it would not be the responsibility of this committee to go through each risk in fine detail, but if they noticed that a risk had not been updated for some time then they could say that we do not feel assured that the risk is being managed appropriately. Avril Cunningham noted that the risk register was the first level of assurance and it is there to assure the management and other committees have everything in place. Margaret Wells suggested that if there is an issue of concern that this is highlighted in the covering report to bring attention to the issue. Nicky Connor advised that this could be added in. The Chair confirmed that the paper and risk register had been discussed and it had been agreed that Risk Appetite be added to the agenda for the next meeting.	**NC/DD** **NC**
7	**IJB DIRECTIONS POLICY**	
	Nicky Connor invited Norma Aitken who has undertaken a huge amount of work to develop the policy, and noted that it has been discussed at previous IJB Development Sessions therefore the majority of the document will be familiar to the committee members. There is one element which is new, Appendix A (page 35) attempts to outline the connections between Fife Council, NHS Fife and the IJB giving the framework for responsibilities for delivery and the responsibilities for oversight. There is recognition that the Council and NHS Board are accountable for delivery but the IJB is overseeing these delegated services so the level of reporting will vary depending on the direction which has been issued. The IJB would expect to receive regular reports on the implementation of large strategic changes but if it is a service which is well embedded there will be less oversight as this will feed through into the appropriate Partner. Norma Aitken advised that the policy strengthens the IJB responsibilities and the document has been seen by all with comments received to date being incorporated. Cllr Dempsey noted that he had 1 or 2 points about the report. The first that Directions should be reviewed and issued at the start of the Financial Year which he did not agree with as he felt that Directions should be issued and reviewed when required. The sentence relating to this is on pg 33 and he felt that this sentence shouldn't be included. On page 34 it notes 'depending on what type of direction' and asked if there had been definition on what types of directions there are?	

	Audrey Valente noted in response to first question regarding the Direction being issued and reviewed at the start of the financial year establishes a baseline and links it to the budget process. Nicky Connor noted that the rest of the paragraph explains and there will be 2 mechanisms in which Directions will be issued, the standard/routine proactive cycle which would be reviewed once a year, but over the course of the year if a change came forward a Direction could be issued at any time. The aim is to get to the Medium-Term Change Plan where we know what we want to do in Year 1, 2 & 3 linking it to the strategic plan to have the golden thread weave everything together. Nicky Connor noted that the wording can be reviewed if it is causing some confusion and to avoid an unnecessary glossary highlighting the different types. The key point the policy is trying to make is that some of the directions will be for significant transformational change while others will be routine service delivery. Cllr Dempsey noted within the diagram on pg 35, the service delivery box, bullet 2 notes the extent of the IJB operational responsibility for delivering services and asked if the IJB had operational responsibility. Nicky Connor noted that the IJB has responsibility for the operational oversight therefore the wording should be changed to reflect this. Cllr Dempsey suggested that within Appendix B (pg 36) suggested that an extra 2 lines are added between existing lines 9 and 10 to include succession criteria, completion date as well as monitoring and review. Nicky Connor agreed to take away and think about the suggestions whether there should be separate lines as avoiding confusions. Cllr Ross noted that the wording of the template is not sufficient to ensure that the IJB goes down the right path but this is a much bigger piece of work but confirmed that he was happy with the direction of travel and acknowledged that the pandemic had delayed the implementation of the policy. Margaret Wells noted that in the operation of the policy a review is required to ensure that it is working. Tim Bridle picked up on the term operational responsibility being potentially problematic previously and notes that it has been taking out of the draft and suggested the term operational oversight to avoid confusion The Chair thanked Nicky Connor and Norma Aitken for all the work they had undertaken to get the policy to this point and confirmed that the policy had been discussed and will be agreed taking into consideration the suggested amendments noted through the discussions are taking into place and revised document should be tabled at the IJB Meeting on 23rd April 2021.	**NA** **NA**
8	**FINANCE UPDATE**	
	Audrey Valente advised that the Budget Papers had been issued for the Special Budget Finance & Performance on 18 March 2021. In addition, a Special Clinical Care & Governance Meeting has been organised on 19 March 2021 and Special LPF Meeting on 24 March 2021 prior to being tabled at the IJB on 26 March 2021. The papers outline that the Partnership has a balanced budget for the next financial year and a Medium-Term Financial Strategy (MTFS). There is some detail that needs to be worked through on the MTFS but there are proposals that balance this budget. Audrey noted that the Partnership is reporting a gap of	

	£8M next financial year but £5M of this is CRES Savings that were approved the previous year. The paper talks of a programme of investment and there are quite a few transformation projects which need resources in order to implement the change. Audrey noted that this year's financial outturn is still being worked through, there will be an underspend this year which is anticipated to be c.£3M. The underspend is planned to be carried forward which will invoke the reserves policy for the first time ever. Audrey noted as well as the core budget, significant funds have been provided for covid from the Government and there will be underspends within this budget that will be carried forward into the next financial year. There were some specific funding provided from the Government such as £1.3M for Community Living Fund which will allow the service to invest over the next 3 year period. Audrey noted that there has been a hive of activity for the Finance Team as it is Year End and noted that the audit process will be similar to that of last year therefore won't be looking for approval of accounts by the end of September but end of November when the accounts will be brought back to this committee. Tim Bridle confirmed that Audit Scotland could not commit to the normal strategy timetable and was planning for this to be completed by November 2021. Cllr Ross asked whether it is the plan for the Audit and Risk Committee to approve the accounts this year or will it remain with the IJB. Audrey Valente noted that this had been discussed at a Development Session and did not think that there had been any agreement to date. Nicky Connor confirmed that there had been no agreement and there had been mixed views, and confirmed going forward, this will be reviewed as we bring forward the refreshed Terms of References for the new Committee Structure. Cllr Ross from his memory recalled that there was going to be further discussion at the A&R Committee and Tim Bridle was going to outline his reasoning. It was agreed that this should be added to the agenda for the next committee. The Chair thanked Audrey Valente for providing a Finance Update to the Committee.	**CN**
9	**TRANSFORMATION PROGRESS**	
	Nicky Connor recognising the frustration around the pace for the transformation work noting that it will feature in the review of transformation. She noted that she had committed to speak to both Chief Executives regarding the Integrated Transformation Board and when it was going to be meeting, the conclusion was that this needs to be reviewed and refreshed on how it will be taken forward. Nicky confirmed although there had been a delay, what the Committee will see going forward, as part of the budget setting for the Partnership is the aspirations for transformation. Work is going to be brought forward around bed-based modelling and other areas and wished to assure the Committee that they would see pace moving in terms of transformation priorities in the coming year. She acknowledged that the format for how this is going to be brought forward is no further forward from the last update, but all have committed that this needs to move forward.	

	Nicky advised that it is likely that the service will need to pause and review the Integrated Transformation Board. This was to make sure that we have the connections to Partners correct and that the goal of the IJB in terms of its Strategic Planning role defined more fully. Works such as that of the Directions Policy will help bring some clarity that was not there when the transformational journey commenced. Eugene Clarke noted that the new financial year is about to commence, fortunately from finance update we are in a good position but noted that he was not comfortable going into the new financial year without knowing how it ends. Nicky Connor noted that some of the mitigations and measure in place hopefully give a level of assurance. As previously noted in meetings there are fortnight meetings between the Chief Finance Officers and 6 weekly meetings with the Chief Operating Officers. Within this what will be brought forward is agreement to the bed-based model strategy. In terms of the conclusion with the risk share aspect, this is a matter which has been escalated to both Chief Executives because it is primarily agreement between these two organisations and not the IJB. When this was escalated late last year, the further lockdown in January had not been anticipated which has had an ongoing impact. Cllr Dempsey noted that ultimately the process to make change is issuing directions which Nicky advised did not exist before and is one of the key changes in having developed this policy. The Chair thanked Nicky Connor for her update.	
10	**ITEMS FOR ESCALATION**	
	There were not items for escalation.	
11	**AOCB**	
	No issues were raised under ACOB.	
12	**DATE OF NEXT MEETING**	
	Friday 4th June 2021 – 10.00am-12noon	

Fife Health & Social Care Partnership
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HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 10 MARCH 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Eleanor Haggett, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay, Interim Divisional General Manager (East)
Hazel Williamson, Communications Officer
Jackie Herkes, NHS HR (for Susan Young)
Kenny Grieve, Fife Council Health & Safety Lead Officer
Kenny McCallum, UNISON
Louise Noble, UNISON Fife Health Branch
Lynne Garvey, Interim Divisional General Manager (West)
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Norma Aitken, Head of Corporate Services
Sharon Adamson, RCN
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Andrea Smith, Lead Pharmacist, NHS Fife
Helen Hellewell, Associate Medical Director, H&SC
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Lynn Barker, Associate Nurse Director
Simon Fevre, Staff Side Representative
Susan Young, Human Resources, NHS Fife
Valerie Davis, RCN Representative

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 10 February 2021

The Minute from the meeting held on 10 February 2021 was approved.

2.2 Action Log from 10 February 2021

The Action Log from the meeting held 10 February 2021 was approved.

NO	HEADING	ACTION

3 JOINT CHAIRS UPDATE

Eleanor Haggett had nothing to update on. Nicky Connor advised that she would update on the recent Joint Remobilisation Plan during Item 7 Covid-19 Position.

4 FINANCIAL UPDATE

Audrey Valente presented a short set of slides on the current budget gap, funding available and potential savings areas which will be included in the forthcoming Budget proposals. The final Budget will be presented to the Integration Joint Board on Friday 26 March 2021 and it is proposed to hold a short session with LPF members prior to this date to cover the Budget and PIDS in more detail. **Update – meeting set up for Wednesday 24 March 2021 at 9.30 am.** **AV**

5 SLT UPDATE

Nicky Connor advised that, following a robust interview process, preferred candidates have been identified for the three new Head of Service posts. As soon as pre-employment checks have been finalised details of the postholders will be shared with LPF members.

Work is ongoing with the Professional Social Work Lead role and an update will be provided on this at a future meeting.

It is anticipated that the three new Heads of Service will be in their posts within the next 12 weeks.

6 HEALTH AND SAFETY UPDATE

Kenny Grieve advised that is team have been working on face fit testing of masks with Scottish Autism in Dunfermline. They have also been involved in setting up the recently opened asymptomatic testing centres and also risk assessing for the mobile test units which will be rolled out in the coming weeks. Council employees are being encouraged to undertake online DSE training as a result of working from home. Meetings with Service Managers continue as does ongoing support.

Craig Webster advised that guidance has been received from NSS on the need to hold stock of 1863 masks centrally rather than locally going forward. Meetings are ongoing with Procurement colleagues and guidance will be issued to staff once available. Work continues Ligature Risk Assessments to provide a more robust and consistent approach. Neil McCormick has been appointed as Director of Property and Asset Management at NHS Fife and has overall responsibility for Health and Safety.

7 COVID-19 POSITION

Current Position

Nicky Connor advised that although there are still pressures on systems and services, things are looking better. Work required on the wider implications on things such as long Covid, mental health, etc.

NO	HEADING	ACTION

7 COVID-19 POSITION (Cont)

Current Position (Cont)

As we move to working in a business as usual way, work will take place around avoiding duplication and increasing agility in the ways we work.

The Fife Joint Remobilisation Plan 3 was sent to Scottish Government at the end of February 2021 and once it has government approval it can be shared more widely. Nicky did a short presentation on the content of the Plan.

Staff Testing

Fiona McKay advised that this has been rolled out to Social Care staff in Care at Home as well as Group Homes and Care Homes. Low numbers of positive test results are being received, eg there were 11 from yesterday.

Visiting is due to restart in Group and Care Homes next week and plans are in place for visitors to be tested prior to start of visits. PPE (including face masks), social distancing and good hand hygiene will still be essential.

Lynne Garvey advised that GP Surgeries are the latest area to be issued with lateral flow test kits for staff use. So far there have been low numbers of positive tests within Acute.

Discussion took place around the efficacy of lateral flow tests. Staff who receive a positive result from a lateral flow test are then referred for an PCR test.

Workforce Sustainability

Lynne Garvey advised that the winter surge capacity will be stood down at the end of March.

Fiona McKay advised that there are currently less than 5 Care Homes closed and work is continuing with private care providers to ensure they are following guidance.

8 HEALTH & WELLBEING

Attendance Information

Elaine Jordan advised that Fife Council are still unable to provide attendance information, but this should be rectified within the next few weeks. This will then be shared with LPF members.

NHS attendance figures had been shared prior to the meeting and Jackie Herkes advised that rates of absence where down in January 2021 in most areas.

8 HEALTH & WELLBEING (Cont)

Staff Health & Wellbeing

Elaine Jordan advised that Fife Council has just concluded a two-week health and wellbeing programme, sessions were fully booked with high attendance. HR advisers have been working with Teams to support attendance and promote health and wellbeing.

Debbie Thompson asked about staff wellbeing in relation to home working and staff potentially returning to their normal workplace. Is considerable being given to how this will be managed. Nicky Connor undertook to speak to Elaine Jordan and Susan Young and bring this back to the next meeting for further discussion. Elaine will update on future work styles at next meeting. **EJ/SY**

Going Home Checklist

Jackie Herkes advised this could be used by staff as a way to switch off at the end of the day. The checklist would be circulated via e-mail following the meeting. Nicky Connor would encourage SLT members to take the checklist back to their teams to consider if/how this may be helpful including how this could be adapted for more remote or community working.

9 UNSCHEDULED CARE REVIEW UPDATE

Lynne Garvey gave an update in Lynn Barker's absence. Meaning data is now being generated about the Flow and Navigation Hub. Within Unscheduled Care work is ongoing to look at Community Nursing and to redesign community services.

10 LPF ANNUAL REPORT

Nicky Connor advised that the headings for the Annual Report have been agreed. Any LPF member who wishes to join the short life working group on this should contact Jim Crichton.

11 ITEMS FOR BRIEFING STAFF

Via Directors Brief

Lynne Parsons asked that information on the Remobilisation Plan be included to give staff a general idea of the direction of travel going forward.

Debbie Thompson asked that information on the budget be shared to reassure staff.

11 ITEMS FOR BRIEFING STAFF (Cont)

Via Staff Meetings

Eleanor Haggett asked if staff concerns around the efficacy of lateral flow testing be addressed. Fiona McKay and Lynne Garvey will draft.

Debbie Thompson asked if staff could be reassured that as government guidance changes that Risk Assessments / Health & Safety / PPE are in place to protect them. Fiona McKay and Hazel Williamson to draft.

12 AOCB

Jackie Herkes updated on TUPE changes to staff within two GP surgeries in Fife.

13 DATE OF NEXT MEETING

Special Meeting re Budget Wednesday 24 March 2021 at 9.30 am

Wednesday 14 April 2021 at 9.00 am

Fife Health & Social Care Partnership
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HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM

WEDNESDAY 24 MARCH 2021 AT 9.30 AM VIA TEAMS (VIRTUAL MEETING)

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

APOLOGIES: Helen Hellewell, Associate Medical Director, H&SC
Craig Webster, NHS Fife Health & Safety Manager
Hazel Williamson, Communications Officer
Jim Crichton, Interim Divisional General Manager (Fife-Wide)
Kenny Grieve, Fife Council Health & Safety Lead Officer
Mary Whyte, RCN

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 REVENUE BUDGET 2021-2024

Audrey Valente presented the Revenue Budget paper which had been was circulated with the agenda.

The paper outlined the Budget for 2021/22 along with the Medium-Term Financial Strategy and the PIDs associated to the savings for 2021/22. Audrey noted that there are no PIDs for Year 2 onwards savings as this detail is included within Appendix 3, the Medium-Term Financial Strategy.

2 REVENUE BUDGET 2021-2024 (Cont)

There were three things that Audrey wished to bring to the attention of LPF members:-.

- the Budget has been balanced by assuming that the unachieved savings from 2020/21 will be achieved in the next financial year.

- there is no demographic growth included for 2 reasons, the first is affordability as further savings would require to be identified if they were included. Secondly transformation, it is anticipated that efficiencies will continue to be delivered managing any increase in demand.

- there are no Directions in this paper, and the paper is detailed at activity level budgets. This is due to the NHS Budget not being approved until the end of March 2021 and therefore the Partnership is not in a position to provide this level of detail, however the plan is to bring this back to the Finance and Performance Committee in April.

Two entries had been included to demonstrate transparency:-

- CRES (Cash Releasing Efficiency Savings), these tend to be approved year on year on a non-recurring basis. What has been presented this year is the CRES Savings but c.90% of these are being met on a recurring basis so they will not be brought back as they are being delivered on this basis.

- MORSE – has been talked about at various committee meetings and development sessions. MORSE is an electronic patient system which will incur costs of c.£1M over the next 2 years. The Business Case suggested that there will be benefits to offset these costs and this has been reflected in the budget on this basis. Members should be aware that these savings may take some time to materialise and some of the reserves has been earmarked to meet these costs over the next few years.

Audrey noted that there is a budget gap of £8.669M after funding from both partners. There are savings of £7.23M and the detail of these can be seen in the PIDs in Appendix 4.

Nicky then opened the meeting to questions from members.

Simon Fevre asked for clarity around CRES savings which Audrey provided.

Debbie Thompson asked if staff implications had been considered with these proposals. Specifically, the media team review and Escorts. Fiona McKay advised that the media team was made up of two employees, one of whom has retired and the other has been redeployed. The Escort posts were not employed by the partnership but by taxi companies and other external providers. Dialogue on these issues is ongoing.

Debbie then asked about community service provision and electronic monitoring.

NO	HEADING	ACTION

2 REVENUE BUDGET 2021-2024 (Cont)

Fiona McKay advised that this review, which gives the opportunity to streamline the care for the most critical clients, will ensure that the correct level of care is being provided. Work on this was scaled back during the Covid-19 pandemic but was being scaled up again. Significant staff vacancies within the teams should mean that displaced staff can be redeployed easily.

In response to a question around the partnerships ability to respond to a potential third wave of coronavirus cases Nicky advised that resilience is good and that the proposed savings will not put the partnership at risk of not being able to cope. Should we require to do so for matters such as a third wave of coronavirus then we will review in year. Business Continuity and Resilience Plans are being refreshed by SLT following the Covid pandemic.

Audrey advised that the reserves which she will be able to create at the start of the new financial year will give flexibility should there be a further wave of cases. The partnership must push forward to deliver the savings.

Debbie asked for confirmation that the trade unions and staff side representatives will be included in any discussions which affect staff. Nicky Connor, Fiona McKay and Lynne Garvey all gave assurance that this would be the case.

Discussion took place around the unachieved savings for 2020-2021 which have still to be found during 2021-2022. Audrey confirmed that this is the case and the review of care packages and the use of sensor technology are both starting to move forward.

Nicky advised that NHS Fife Public Health and the partnership were currently looking at the future of the Immunisation Programme for Covid-19, which is likely to be ongoing and requires to be managed as part of a business as usual system. There needs to be a sustainable workforce for both immunisation and Test and Protect.

Nicky advised that the next steps for the Budget would be to seek approval at the Integration Joint Board (IJB) meeting on Friday 26 March 2021. Once NHS Fife has approved their Budget on 31 March 2021 Directions would then be issued. Financial updates would be provided to future LPF meetings. SLT will continue to track and monitor savings and these will be reported to both IJB and LPF meetings on a regular basis.

3 AOCB

An additional meeting of the LPF has been scheduled for Wednesday 12 May 2021 at 9.30 am.

4 DATE OF NEXT MEETING

Wednesday 14 April 2021 at 9.00 am